

ROLE OF *DHANVANTARAM TAILA MATRA BASTI* IN *SUKHAPRASAVA* - A CASE STUDY

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ABSTRACT

Introduction- Every woman wants normal delivery without any complications. Statistics suggest that, 80% women deliver two weeks earlier & one week later & only 4% women deliver at expected date of delivery. Normal delivery is always beneficial to mother & baby, as compared to surgery because due to operative delivery women may face pre, intra & post operative surgical complications.¹ *Garbha niskramana kriya* being one of the important functions of *apanavata*, its normalcy is necessary for normal labor. Our ancient *acharyas* have explained *anuvasana basti* in the ninth month *garbhini paricharya*, where *basti* is meant for *vatanulomana*, particularly *apanavata* and for *garbhamarga snehanartha* hence helps in vaginal birth.^{2,3,4} **Aim& Objective-**To evaluate the effectiveness of *Dhanvantaram Taila matra basti* in *Prasava*. **Method-**A female patient aged 23 years primigravida with full term pregnancy coming to Sri Dharmasthala College Of Ayurveda & Hospital, Hassan for regular Ante Natal care and advised for 60 ml *Dhanvantaram taila matra basti* for 7 days after 38th weeks completed pregnancy. **Result-** Patient delivered normally without any complications. **Conclusion -** The drugs in the said *taila* can maintain the power, passage and the passenger in a co-ordinate way so that the outcome results will be fruitful. In this case it is observed that *Dhanvantaram taila matra basti* reduced the duration of first stage of labor. The *matra basti* can be adopted in term pregnancies with favourable parameters.

Keywords: *Prasava,matra basti, dhanvantaram taila*

INTRODUCTION

Motherhood is the essence of being a woman. It is state which is rewarded and worshipped even by the Gods. Motherhood is an important part of woman's

life without which her existence is felt as a meaningless one. Though becoming a mother is a beautiful dream of every woman, there is always a

fearful complex about the mode & complications of delivery. Everyone expects that pregnancy should end with safe labour without much complication.

All *Ayurvedic* texts from the earliest *Samhita* to late *Sangrahas* have been dealt with importance of *Apana Vata* in *Prasava*. The present study is a humble effort to evaluate how effective can be the use of *Matra Basti* (with *Taila* prepared of *Madhura Oushadi*) on *Prasava* as explained in the 9th month of *Garbhini Paricharya*.

One of the functions of *Apana Vata* is *Garba Nishkramana*. Any *Vaigunya* of *Apana Vata* in this period may lead to complications related to *Prasava*. *Vata's* role in abnormal labour is repeatedly described in different pathological instances like *Aparasanga*, *Mudhagarbha*, *Vilambita Prasava* and *Akala Prasava*. Thus an attempt has been made to normalize the

functioning of *Apana Vata* to ensure *Sukha Prasava*. *Matra Basti*, which has the property of *Vata Shamana*, *Anulomana*, *Garbha Marga Snehana* and strengthen the pelvic organs is being tried to see its role on *Prasava*. *Dhanvantaram Taila* is a *Madhuroushadhi Sidha Taila* and is a *Vatahara*, *Shoolahara*, and which has *Rasayana* qualities is selected for this.^{2,3,4}

AIM AND OBJECTIVE: To evaluate the effectiveness of *Dhanvantaram Taila Matra basti* in *Sukha Prasava*

Methodology- A Primi Gravida aged 23yrs with full term pregnancy. 60ml *Dhanvantaram taila matra basti* given for 7 days after 38th weeks completed pregnancy.

Dhanvantaram taila (AFI)

Serial no.	Name	Botanical name	Part used	Dose
1	Balamoola	<i>Sida cordifolia</i>	Root	4.608gm
2	Paya	cow milk		4.608gm
3	Yava	<i>Hordeum vulgare</i>	Seed	
4	Kola	<i>Zyziphus jujube</i>	Fruit	
5	Kulattha	<i>Dolichos biflorus</i>	Seed	
6	Dashamoola		Moola	
7	Bilva	<i>Aegle marmelos</i>	Root/stem bark	
8	Agnimantha	<i>Premna mucronata</i>		
9	Shyonaka	<i>Oroxylum indicum</i>	Root/stem bark	
10	Patala	<i>Stereospermum suaveolens</i>	Root/stem bark	
11	Gambhari	<i>Gmelina arborea</i>	Root/stem bark	
12	Brihati	<i>Solanum indicum</i>	Plant	
13	Kantakari	<i>Solanum xanthocarpum</i>	Plant	
14	Gokshura	<i>Tribulus terrestris</i>	Plant	
15	Shalaparni	<i>Desmodium gangeticum</i>	Plant	
16	Prishnaparni	<i>Uraria picta</i>	Plant	
17	tila Taila	<i>Sesamum indicum</i>	Oil	768gm
18	Meda	<i>Polygonatum cirrhifolium</i>	Root tuber	6gm
19	Mahameda	<i>Polygonatum verticillatum</i>	Root tuber	6gm
20	Daru	<i>Cedrus deodara</i>	Heart wood	6gm
21	Manjishta	<i>Rubia cordifolia</i>	Root	6gm
22	Kakoli	<i>Fritillaria roylei</i>	Sub root	6gm
23	Ksheerakakoli	<i>Lilium polyphyllum</i>	Sub root	6 gm
24	Chandana	<i>Pterocarpus santalinus</i>	Heart wood	6gm
25	Sariva	<i>Hemidesmus indicus</i>	Root	6gm
26	Kushta	<i>Saussurea lappa</i>	Root	6gm

27	<i>Tagara</i>	<i>Valeriana wallichii</i>	Root/rizome	6gm
28	<i>Jeevaka</i>	<i>Malaxis acuminata</i>	Root tuber	6gm
29	<i>Rishabhaka</i>	<i>Manilkara hexandra</i>	Root tuber	6gm
30	<i>Saindhava Lavana</i>	<i>Rock salt</i>		6gm
31	<i>Kalanusari</i>	<i>Valeriana wallichii</i>	Root/rhizome	6gm
32	<i>Shaileya</i>	<i>Convolvulus pluricaulis</i>	Plant	6gm
33	<i>Vacha</i>	<i>Acorus calamus</i>	Rhizome	6gm
34	<i>Agaru</i>	<i>Aquilaria agallocha</i>	Heart wood	6gm
35	<i>Punarnava</i>	<i>Boerhaavia diffusa</i>	Root	6gm
36	<i>Ashwagandha</i>	<i>Withania somnifera</i>	Root	6gm
37	<i>Shatavari</i>	<i>Asparagus racemosus</i>	Root tuber	6gm
38	<i>Ksheerashukla</i>	<i>Ipomoea mauritiana</i>	Root tuber	6gm
39	<i>Yashti</i>	<i>Glycyrrhiza glabra</i>	Root	6gm
40	<i>Haritaki</i>	<i>Terminalia chebula</i>	Pericarp	6gm
41	<i>Vibhitaki</i>	<i>Terminalia bellirica</i>	Pericarp	6gm
42	<i>Amla</i>	<i>Emblica officinalis</i>	Pericarp	6gm
43	<i>Shatahva</i>	<i>Asparagus</i>	Fruit	6gm
44	<i>Mashaparni</i>	<i>Teramnus labialis</i>	Plant	6gm
45	<i>Mudgaparni</i>	<i>Phaseolus trilobus</i>	Plant	6gm
46	<i>Ela</i>	<i>Elettaria cardamom</i>	Seed	
47	<i>Twak</i>	<i>Cinnamomum camphora</i>	Stem bark	
48	<i>Patra</i>	<i>Cinnamomum tamala</i>	Leaf	6gm

Method of Preparation:

Kalka has to be prepared from *kalka dravyas* and *Kwatha* from respective *Kwatha dravyas* and *Kwatha* from respective *Kwatha dravyas*. To *murcchita taila* add *kalka, Kwatha* and milk. Boil on moderate heat; and stir continuously *sneha paka* should be compiled on third day; after confirming the *sneha siddha lakshanas*. The prepared oil has to be filtered and preserved.

Packaging & labeling

Dhanvantaram taila was packed in 200 ml bottles at Sri Dharmasthala Manjunatheshwara College Of Ayurveda And Hospital, Udipi. Bottles will be properly labelled with the name of the drug, reference, details of the manufacturer, batch number.

CASE REPORT-

A female patient aged 23yrs with obstetrics history primi and full term pregnancy admitted to Sri Dharmasthala Manjunatheshwara College of Ayurveda And Hospital on 14th march 2018 with complaint of intermittent pain in abdomen since 4 hours. Patient was given *Dhanvantaram taila matra basti* from 38th week completed for 7 days.

Rajo vritanta- Regular

Marital History- 3yrs

Prasava vritanta- Primigravida

LMP- 24/6/2017

EDD- 28/3/18

POG- 38th Weeks

Contraceptive History: Nil

Investigation –

Table 1: Haematological report-

Haemoglobin	10.8gm/dl
Blood Group And Rh factor	A Positive
Bleeding Time	3'00"
Clotting Time	2'55"
Human Immunodeficiency Virus	Non Reactive
HBsAg	Non Reactive
Venereal Disease Research Laboratory	Non Reactive
Random Blood Sugar	80.8mg/dl
Blood Urea	14.5mg/dl
Platelet count	3.40L/cmm

Table 2: Urological report-

Pus Cells	Nil
Epithelial Cells	Nil
Albumin	Nil

Table 3: Ultrasound report (13/3/18)

Presentation	Cephalic Presentation
Placenta Position and Grade	Upper Segment Anterior, Grade II
Liquor	Adequate AFI- 11.2cm
Anomalies and other remark	Single Live Intra Uterine Foetus of 36 weeks 6days seen in cephalic presentation

Table 4: Vital Signs-

Pulse	80/min
Blood Pressure	120/80mmhg
Temperature	97 F
Respiratory Rate	17/min
Height	5.2feet
Weight	65kg

Udara Pareksha –

Inspection-Striae Gravidarum
 Palpation: Fundal Height- uterus term
 Presentation-Cephalic Presentation
 Head Engagement-Engaged
 Auscultation-FHS-regular

PROCEDURE:-

Purva Karma: Patient was advised to take meals and walk a while. 60 ml of *Dhanvantaram Taila* was taken and slightly heated over hot water. Later this *Taila* was taken in a syringe of 60 ml capacity to which a sterilized rubber catheter no 8 was attached.

Pradhana Karma: Now the patient was advised to take left lateral position with left lower limb straight and right lower limb flexed at knee and hip joint. The patient was asked to keep his left hand below the head. Then lubrication is done using oil at *Guda* and catheter and little amount of oil is made to flow out in order to get rid of air bubbles if at all was present. The rubber tube was passed up to 4.5 inches inside the rectum. While inserting the catheter patient was advised to take deep breath and to relax his body. Then the *Basti Dravya* was pushed inside slowly with the constant speed without shaking then slowly catheter was removed.

Paschat Karma: Tapping is done on the buttocks and minutes.
patient was made to lie in left lateral position for 30

Table 5: Dhanvantaram Taila Matra Basti for 7 days-

Date	Time of Food Intake	Time of Administration Of Matra Basti	Basthi Nirgamana	Retention
1 st Day	10:00am	10:45am	1:45pm	3Hrs
2 nd Day	9:00am	9:45 am	12:00pm	2hrs 30 min
3 rd Day	10:00am	10:45am	1:00pm	2hrs 30 min
4 th Day	10:30am	11:00am	1:00pm	2hrs
5 th Day	10:00am	11:00am	1:00pm	2hrs
6 th Day	10:30 am	11:00am	2:00pm	3hrs
7 th Day	10:15am	10:30am	12:00pm	2hrs

Table 6: P/V Examination-

Parameters	Before treatment	After 7 days
Cervical Dilatation	2-3 cm	4-5cm
Effacement	10-20% effaced	30-40% effaced
Consistency	Firm	Soft
Position of Cervix	Anterior	Anterior
Head Station	-2	-2
BISHOP SCORE	3	6

Table 7- Examination

Hourly monitoring	Contraction	Fetal heart sound	Blood pressure	Pulse
1 st hr	2/10'/30''	138bpm	120/80mmhg	80bpm
2 nd hr	2/10'/30-35''	140bpm	120/80mmhg	80bpm
3 rd hr	2-3/10'/30-35''	135bpm	120/80mmhg	82bpm
4 th hr	2-3/10'/30-35''	140bpm	120/80mmhg	80bpm
5 th hr	3/10'/35-40''	138bpm	120/80mmhg	82bpm
6 th hr	3-4/10'/35-40''	135bpm	120/80mmhg	82bpm
7 th hr	4/10'/40''	138bpm	120/80mmhg	80bpm

Details of Jarayu-

At Admission-Present/absent: Time of Rupture-12:30pm

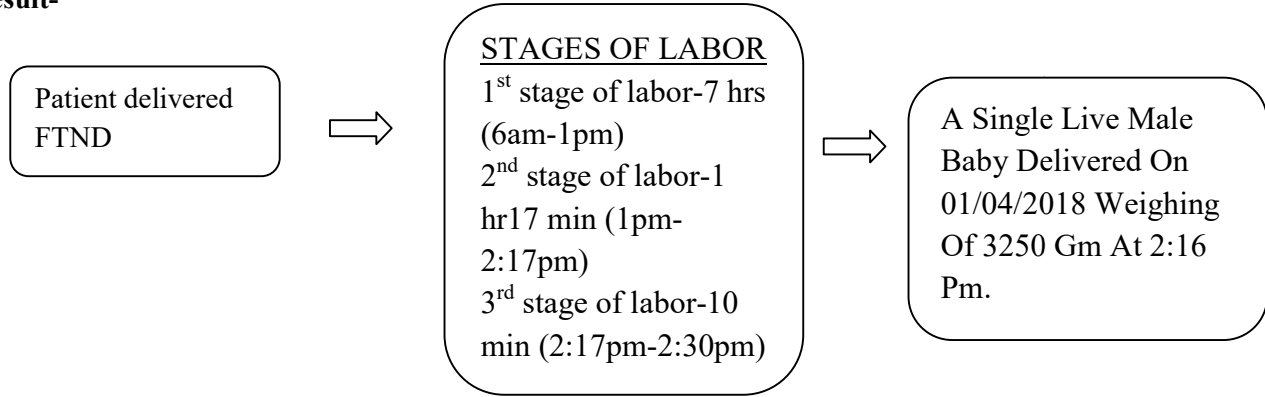
Colour-clear

Table 8: Pv examination-

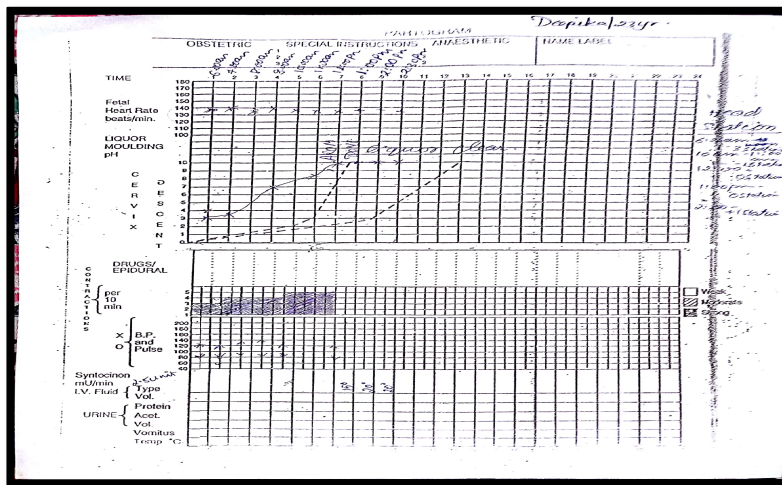
Parameters	1 st 4hrs(6:00am)	2 nd 4hrs(10:00am)	3 rd 4hrs (2:00pm)
Cx Dilatation	2 Finger loose	3 finger tight	9-10 cm
Cx Effacement	10-20% effaced	30-40% effaced	80% effaced
Cx Consistency	Firm	Soft	Soft
Head Station	-2	-2	-1
BISHOP SCORE	3	6	14

Note-As in this case good progress was seen in 1st stage of labor, oxytocin intervention was not done. In 2nd stage of labor intensity of contraction was not satisfactory; hence intervention by oxytocin drip was started.

Result-



Partograph-(Figure 1)



DISCUSSION

The process of mechanism of labour depends on Apana Vata. One of the functions of Apana Vata is Garbha Nishkramana, Akunchana Prasaarana which can be considered as uterine contraction, relaxation and retraction and the normalcy of the Vata in a Garbhini is maintained by the Garbhini Paricharya. Highlighting this, Acharyas have given importance to the different regimens in different months of pregnancy to normalizing this main factor and it's Anulomana in Prasava Kaala for Sukha Prasava. Apana Vata controlling specifically the process of expulsion of foetus has been referred as Prasuti Maruta. So for Prasava, normal functioning of both Apana and Vyana Vata is essential and any vitiation may land up in complications. Basti is the principle treatment for the disorder of Vata predominance.

Sneha is the first line of treatment for Vata Dosha. Dhanvantaram Taila which is a Madhuraoushada Siddha Taila and which has the properties of Vata Shamana. As, the ingredients of Dhanvantaram Taila are Balya, Brahamaneeya, Snehana, Garbhaposhaka, and Rasayana properties provides strength to the Mamspeshi of Garbhasaya and Yoni. Shoolhara and Vedana-sthapana property of Shatavari and Ashwagandha plays important role in relieving backache and lower abdominal pain. Tila taila maintains normal vaginal flora and krimighana action help to prevent Premature Rupture of Membrane (PROM). Madhura Aushdha siddha Taila has the properties of Vedana-Sthapana, Deepana, Mootrala, Rasayana, Anulomana, Krimighna, Shothahara. Hence when Madhura Aushadha Siddha Taila is used on

patient in the form of *Matra Basti* then that give the combined effect.

The *Matra Basti* improves *Snigdha* property in the mother's body parts like abdomen, flanks, and sacrum and genital organs. It also promotes the natural functioning of *Apana-Vayu* and *Prasooti maruta* and helps in *Sukha prasava* as *Apana Vayu* plays an important role in the act of contraction and relaxation of uterus.

Dhanvantaram taila coordinated the uterine contractions properly so reduced the duration of labour and also effective on preparing the birth canal.

CONCLUSION

All the ingredient of *Dhavantaram taila* initiates and stabilizes uterine contraction. These drugs maintain the power, passage and the passenger in a co-ordinate way so that the outcome results will be fruitful one. *Matra Basti* regulates the function of *apana vayu*. *Matra basti* reduced 1st stage of labour. No much effect on second stage and third stage of labour seen.

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