

ROLE OF ERANDA TAILA (CASTOR OIL) MATRA BASTI AND YONI PICHU IN FACILITATING SUCCESSFUL VAGINAL DELIVERY IN A PRIMIGRAVIDA WITH BORDERLINE OLIGOHYDRAMNIOS: A CASE REPORT**Dr. Preeti Mandre^{1*}, Dr. Chini Jain², Dr. Reetu Pandey³, Dr. Meenakshi Singh⁴**¹P.G Scholar, Prasuti Tantra & Stri Roga Dept. R.D. Memorial Ayurveda P.G. College and Hospital Bhopal.²P.G Scholar, Prasuti Tantra & Stri Roga Dept. R.D. Memorial Ayurveda P.G. College and Hospital Bhopal.³Associate Professor, Prasuti Tantra & Stri Roga Dept. R.D. Memorial Ayurveda P.G. College and Hospital Bhopal.⁴Assistant Professor, Prasuti Tantra & Stri Roga Dept. R.D. Memorial Ayurveda P.G. College and Hospital Bhopal.***Corresponding Author: Dr. Preeti Mandre**

P.G Scholar, Prasuti Tantra & Stri Roga Dept. R.D. Memorial Ayurveda P.G. College and Hospital Bhopal.

DOI: <https://doi.org/10.5281/zenodo.21155288>

How to cite this Article: Dr. Preeti Mandre^{1*}, Dr. Chini Jain², Dr. Reetu Pandey³, Dr. Meenakshi Singh⁴ (2026). Role Of Eranda Taila (Castor Oil) Matra Basti And Yoni Pichu In Facilitating Successful Vaginal Delivery In A Primigravida With Borderline Oligohydramnios: A Case Report. World Journal of Pharmaceutical and Medical Research, 12(7), 440–445. This work is licensed under Creative Commons Attribution 4.0 International license.



Article Received on 05/06/2026

Article Revised on 25/06/2026

Article Published on 01/07/2026

ABSTRACT

Background: Oligohydramnios is a common obstetric condition characterized by reduced amniotic fluid volume and is associated with adverse maternal and fetal outcomes. Borderline oligohydramnios at term often necessitates timely delivery to prevent fetal compromise. Conventional induction methods may be associated with maternal discomfort and potential complications. Ayurveda emphasizes the role of *Apana Vayu* in the process of childbirth and advocates *Basti* as an important therapeutic modality for maintaining its normal function. **Case Presentation:** A 34-year-old primigravida at 38 weeks and 5 days of gestation presented to the Prasuti Tantra and Stri Roga Outpatient Department of R.D. Memorial Ayurveda Hospital, Bhopal. Ultrasonography revealed borderline oligohydramnios with an amniotic fluid index of 6 cm. The patient had been advised Cesarean section elsewhere and sought Ayurvedic management. **Intervention:** *Eranda Taila Matra Basti* (60 ml) was administered followed by *Eranda Taila Yoni Pichu*. Oral administration of castor oil with milk was advised during the observation period. Maternal and fetal parameters were monitored throughout labor. **Results:** Progressive cervical ripening, effacement, and dilatation were observed. The patient went into spontaneous labor and delivered a healthy live female neonate weighing 2.3 kg by normal vaginal delivery. Maternal and neonatal outcomes were satisfactory, and no significant complications were observed. **Conclusion:** In this case, *Eranda Taila Matra Basti* and *Yoni Pichu* were associated with favorable cervical ripening, spontaneous onset of labor, and successful vaginal delivery in a primigravida with borderline oligohydramnios at term. The intervention was well tolerated and no maternal or neonatal complications were observed. Further clinical studies involving larger sample sizes are required to establish the safety and efficacy of these interventions in labor facilitation.

KEYWORDS: *Eranda Taila*, *Castor Oil*, *Matra Basti*, *Yoni Pichu*, Oligohydramnios, *Apana Vayu*, Labor Induction, Vaginal Delivery.

INTRODUCTION

Amniotic fluid is an essential component of pregnancy and plays a significant role in fetal growth, development and protection. It facilitates fetal movement, prevents umbilical cord compression and contributes to pulmonary maturation. Oligohydramnios refers to a reduction in amniotic fluid volume below the expected level for gestational age and is associated with increased maternal and fetal complications, particularly during the third trimester of pregnancy.^[1]

Borderline oligohydramnios, defined as an amniotic fluid index (AFI) between 5 and 8 cm, has been associated with an increased incidence of fetal distress, meconium-stained liquor, operative delivery and adverse perinatal outcomes.^[2] Recent studies have also demonstrated that idiopathic oligohydramnios at term may increase the likelihood of obstetric intervention and neonatal morbidity.^[3]

Timely delivery is often recommended when oligohydramnios is diagnosed near term because continuation of pregnancy may increase the risk of placental insufficiency, umbilical cord compression and fetal compromise.^[4] Induction of labor remains one of the most commonly employed obstetric interventions in such situations. However, conventional induction methods including oxytocin and prostaglandins may occasionally be associated with uterine hyperstimulation, abnormal fetal heart rate patterns and maternal discomfort.^[5]

According to Ayurveda, childbirth is governed predominantly by *Apana Vayu*. The normal functioning of *Apana Vayu* is responsible for *Garbha Nishkramana* (expulsion of the fetus).^[6] *Basti Karma* is regarded as the most effective therapeutic modality for the management of *Vata Dosha* and restoration of normal physiological function.^[7]

Eranda Taila possesses *Ushna, Tikshna, Sukshma* and *Vatahara* properties. Classical Ayurvedic texts describe *Eranda* as a drug capable of promoting *Vatanulomana* and facilitating the downward movement of *Apana Vayu*.^[8] Modern pharmacological studies have demonstrated that ricinoleic acid, the principal active component of castor oil, activates prostaglandin EP3 receptors and promotes smooth muscle contraction, thereby enhancing uterine activity.^[9] A systematic review and meta-analysis reported that castor oil may facilitate cervical ripening and increase the likelihood of spontaneous onset of labor in term pregnancies.^[10] Similar observations have been documented in a Cochrane review evaluating castor oil as a natural labor-promoting intervention.^[11]

NEED OF STUDY

The incidence of caesarean section has increased considerably over the past few decades. Although operative delivery is lifesaving when appropriately indicated, unnecessary surgical intervention may increase maternal morbidity and healthcare burden. Borderline oligohydramnios often prompts early intervention due to concerns regarding fetal well-being. Exploring safe and effective measures that support normal vaginal delivery is therefore of clinical significance. Ayurvedic interventions such as *Matra Basti* and *Yoni Pichu* have traditionally been utilized for maintaining the normal function of *Apana Vayu* and promoting *Sukhaprasava*.^[6,7] However, documented clinical evidence regarding their role in facilitating labor remains limited. This case report was undertaken to evaluate the potential contribution of *Eranda Taila*-based therapies in promoting favorable labor outcomes in a term pregnancy complicated by borderline oligohydramnios.

AIMS AND OBJECTIVES

Aim: To evaluate the role of *Eranda Taila Matra Basti* and *Yoni Pichu* in facilitating vaginal delivery in a primigravida with borderline oligohydramnios.

OBJECTIVES

- 1) To observe the effect of *Eranda Taila* on cervical ripening and labor progression.
- 2) To evaluate maternal and fetal outcomes following the intervention.
- 3) To assess the feasibility of vaginal delivery in borderline oligohydramnios.

MATERIALS AND METHODS

Literary Study- Literary references collected from Ayurveda i.e. classics, commentaries, modern literatures, research journals available in institute library, online portals like PubMed central, Ayush research portal, Google scholar and analyzed to frame conceptual work.

CASE STUDY

Study Details

1. Name of Patient- XXX
2. Registration no. – 2450441
3. Date of 1st visit- 07.10.24
4. Age- 34 years
5. Gender- Female
6. Religion- Hindu
7. Occupation- school teacher

Chief complaints

1. Term pregnancy (38 weeks 5 days).
2. Borderline oligohydramnios (AFI 6 cm).
3. Occasional lower abdominal pain.
4. No history of leaking or bleeding per vaginam.

History of Present Pregnancy- A primigravida female patient of age 34 years first came to Prasuti tanta evam stree rog opd of R.D. memorial hospital on date 07th October 2024. The patient was apparently healthy before conception. Following a missed menstrual period, she confirmed pregnancy through a urine pregnancy test. She underwent regular antenatal check-ups and received routine antenatal care. At 38 weeks and 5 days of gestation, ultrasonography revealed borderline oligohydramnios (AFI 6 cm), for which she had been advised caesarean section elsewhere. Seeking an alternative approach, she presented to the Prasuti Tantra and Stri Roga OPD of R.D. Memorial Ayurveda Hospital.

History of the Patient

Personal History

1. Diet- Mixed
2. Appetite- Satisfactory intake
3. Bowels- No complaints
4. Micturition- No complaints
5. Sleep- Sound
6. Medications- Nil
7. Habits- No history of using alcohol or tobacco.

Medical & Surgical History – Not Significant.

Family History- Not Significant.

Menstrual & Marital History

1. Menarche at age of 14 years.
2. Past Menstrual cycles: 4/ 30-35 days. Regular, moderate flow and painless.
3. Last menstrual period (LMP): 10th January 2024
4. Expected Date of Delivery (EDD): 17th october 2024.
5. Period of gestation (POG) : 38 weeks 6 days as on (08/10 /24)

Obstetric History

O/H- primigravida
 Married life: 1 year
 Patient conceived naturally

Physical Examination**General Examination**

Blood Pressure: 100/70 mm of Hg
 Pulse Rate: 78/ min
 Temperature: 98°F
 Height: 148 cm
 Weight: 47.2 kg
 Pallor: absent
 Icterus: Absent
 Pedal Edema: Absent
 Lymph nodes: No lymphadenopathy was noted.
 Tongue: Uncoated

Systemic Examination

Cardio-vascular system, Respiratory system and Central nervous system were normal

Antenatal Investigations

Blood Group: O positive
 Haemoglobin (Hb): 12.5 gm% (on 04/10/2024)
 Complete Blood Count (CBC): Within Normal Limits
 HBsAg test: Non-Reactive
 H.I.V. screening: Negative
 VDRL test: Non-Reactive
 Random Blood Sugar (RBS): 92 mg/dl
 Urine: Routine- within normal limits
 Bleeding time- 2min 10 sec
 Clotting time 5min 16 sec
 TSH- 3.90 (3/07/2024)

Obstetrical Examination

Per Abdominal Examination Inspection - Striae gravidarum present

Palpation - Lie: longitudinal.
 Fundal height: uterus term size.
 Presentation: cephalic.
 Head: fixed.
 Auscultation - FHS +, Regular, 140 beat per minute.

Per Vaginal findings

Inspection: Vulva and vagina appeared healthy with no visible abnormality.
 Pelvis: adequate
 Dilatation: os closed
 Station: - high
 Consistency: soft
 Position: posterior
 Show: present

Bishop Score Assessment

Cervical dilatation: Closed (0)
 Cervical effacement: 0-30% (0)
 Fetal station: -3 (0)
 Cervical consistency: Soft (2)
 Cervical position: Posterior (0)
 Total Bishop Score = 2/13 indicating an unfavourable cervix.

USG REPORTS

(01/10/24) Single live intrauterine fetus with head presentation and mean gestational age 35 weeks +/- 1 week seen in uterine cavity with less liquor AFI 6cm.

Management prior to the onset of labor: 60 ml castor oil *Matra basti* followed by castor oil *yonipichu* was given on her first visit on 07/10/24 and was removed after 4 hours. The patient was advised to take approximately 30 mL of castor oil orally with warm milk at bedtime until the onset of labor.

Management after onset of labor (date- 09/10/24, time - 6 am)

- Explain the entire labor process to the patient
- A sterile cotton swab soaked in *Eranda Taila* was placed in the vaginal canal as *Yoni Pichu* and retained for approximately 4 hours. The procedure was repeated at 4-hour intervals during the active phase of labor.
- Watch for vitals, contractions, FHS.
- Maintain proper hydration

LABOR PROGRESS- Date 09/10/24

TIME	BP	PULSE	TEMP.	FHS	CONTRACTIONS	P/A	P/V	REMARKS
6:00am	120/70 mmhg	80/min	97.2 F	142b/min	Mild intensity(2) 25 sec 30 sec	3/5 th	Cx : 2finger loose Eff : 30-40% Station -3 Show + Membrane +	Castor oil yoni pichu applied
09:45am	110/70 mmhg	78/min	97.8 F	130b/min	Mild intensity(3) 28 sec 25 sec 30 sec	3/5 th	Cx: 4-5cm dilated Eff- 50% Station -1 Show + Membrane +	Castor oil yoni pichu applied

11:40am	110/80 mmhg	74/min	96.8 F	138b/min	Moderate intensity(4) 30 sec 40 sec 35 sec 38 sec	2/5 th	Cx: 7-8cm dilated Eff- 60-70% Station - 0 Membrane Rupture Liquor-clear	Castor oil applied
12:15pm	110/70 mmhg	82/min	97 F	140b/min	Strong intensity(4) 40sec 45sec 45sec 42sec	1/5 th	Cx- full dilatation, fully effaced station +1	Castor oil applied

OBSERVATION AND RESULT

Pain threshold during labor was moderate. Bearing down efforts (*Pravahana*) – good effort. No evidence of maternal exhaustion was observed during labor. The duration of the first stage of labor was approximately 6 hours and cervical ripening progressed satisfactorily. A healthy female baby weighing 2.3 kg was delivered vaginally without maternal or fetal complications on 09/10/24. The neonate cried immediately after birth, was active, and exhibited good neonatal adaptation. APGAR Score at the end of 1 min was 7, at 5 min was 8 and at 10 min was 10. Placenta delivered completely after 15mins with all its membranes and cotyledons intact. The favorable labor progression observed in this case may be attributed to the *Vatanulomana* effect of *Eranda Taila Matra Basti* and the local lubricating effect of *Yoni Pichu*, which may facilitate *Garbha Nishkramana*, hence the expulsion of fetus was not much difficult. Uterus contracted well, no cervical tear seen and no post-partum haemorrhage (PPH) found. The patient was kept under observation for one hour postpartum, and no complications were observed.

Rationality Of Selection Of Trial Drug

Eranda Taila has been extensively described in Ayurvedic literature as a potent *Vatahara* formulation. The process of labor is predominantly governed by *Apana Vayu*, and normalization of its function is considered essential for smooth fetal expulsion.^[6] *Matra Basti* acts directly on the principal site of *Vata Dosha* and assists in restoring physiological activity.^[7]

Castor oil contains ricinoleic acid, a biologically active fatty acid that has been shown to stimulate prostaglandin EP3 receptors. This mechanism contributes to enhanced smooth muscle activity and may facilitate uterine contractions and cervical ripening.^[9] *Yoni Pichu* provides local lubrication and softness to the birth passage, potentially reducing resistance during labor.^[8] Therefore, *Eranda Taila* was selected as the intervention of choice in this case.

DISCUSSION

Borderline oligohydramnios at term is frequently associated with increased obstetric intervention due to concerns regarding fetal well-being and intrapartum complications.^[2,3] In many such cases, induction of labor or operative delivery is considered. In the present case,

the patient had been advised caesarean section elsewhere because of borderline oligohydramnios; however, she achieved successful vaginal delivery following Ayurvedic intervention.

According to Ayurvedic principles, *Apana Vayu* plays a pivotal role in *Garbha Nishkramana* (expulsion of the fetus).^[6] Proper functioning of *Apana Vayu* is essential for cervical ripening, uterine contractions, and the progression of labor. *Matra Basti* is regarded as one of the most effective therapies for the regulation of *Vata Dosha* and restoration of physiological functions.^[7]

Eranda Taila possesses *Ushna*, *Tikshna*, *Sukshma*, and *Vatahara* properties, which may facilitate *Vatanulomana* and support the normal downward movement of *Apana Vayu*.^[8] From a modern perspective, castor oil contains ricinoleic acid, which has been shown to activate prostaglandin EP3 receptors and promote smooth muscle contraction.^[9] This mechanism may contribute to cervical ripening and enhancement of uterine activity.^[10,11]

In the present case, the initial Bishop Score was 2, indicating an unfavourable cervix. Following administration of *Eranda Taila Matra Basti* and *Yoni Pichu*, progressive cervical ripening and labor progression were observed, ultimately resulting in successful vaginal delivery. Progressive cervical dilatation, satisfactory uterine contractions, and spontaneous labor progression were documented. Maternal vital parameters and fetal heart rate remained stable throughout labor. A healthy female neonate was delivered vaginally without significant maternal or neonatal complications.

Although the findings are encouraging, conclusions cannot be generalized from a single case. Well-designed clinical studies with larger sample sizes are required to evaluate the effectiveness and safety of *Eranda Taila Matra Basti* and *Yoni Pichu* in facilitating labor and promoting vaginal delivery.

CONCLUSION

The present case demonstrated favorable maternal and neonatal outcomes following the administration of *Eranda Taila Matra Basti* and *Yoni Pichu* in a primigravida with borderline oligohydramnios at term.

Progressive cervical ripening, adequate labor progression, and successful vaginal delivery were observed without the use of pharmacological induction agents. The intervention may assist in supporting the physiological actions of *Apana Vayu* and facilitate *Garbha Nishkramana*. Although the findings are encouraging, larger prospective studies and randomized controlled trials are necessary to establish the safety and effectiveness of *Eranda Taila*-based interventions in labor facilitation.

CONSENT - Written informed consent was obtained from the patient for publication of this case report.

REFERENCES

1. Cunningham FG, Leveno KJ, Bloom SL, Dashe JS, Hoffman BL, Casey BM, Spong CY. Williams Obstetrics. 26th ed. New York: McGraw-Hill Education, 2022.
2. Magann EF, Chauhan SP, Doherty DA, et al. Predictability of intrapartum and neonatal outcomes with oligohydramnios. *American Journal of Obstetrics and Gynecology*, 2021.
3. Gao H, Zhang Y, Wang X, et al. Pregnancy outcomes in idiopathic oligohydramnios at term: A multicenter retrospective cohort study. *BMC Pregnancy and Childbirth*, 2025.
4. American College of Obstetricians and Gynecologists. Practice Bulletin No. 225: Induction of Labor. *Obstetrics and Gynecology*, 2020; 136(5): e110-e127.
5. Dutta DC. Textbook of Obstetrics. 10th ed. New Delhi: Jaypee Brothers Medical Publishers, 2022.
6. Vagbhata. Ashtanga Hridaya, Sharira Sthana. Edited by Kaviraj Atrideva Gupta. Varanasi: Chaukhambha Surbharati Prakashan, 2021.
7. Agnivesha. Charaka Samhita, Siddhi Sthana. Edited by Yadavji Trikamji Acharya. Varanasi: Chaukhambha Surbharati Prakashan, 2020.
8. Vagbhata. Ashtanga Hridaya, Sutra Sthana. Edited by Kaviraj Atrideva Gupta. Varanasi: Chaukhambha Surbharati Prakashan, 2021.
9. Tunaru S, Althoff TF, Nusing RM, Diener M, Offermanns S. Castor oil induces laxation and uterus contraction via ricinoleic acid activating prostaglandin EP3 receptors. *Proceedings of the National Academy of Sciences of the United States of America*, 2012; 109(23): 9179–9184.
10. Moradi M, Rafieian-Kopaei M, et al. Effect of Castor Oil on Cervical Ripening and Labor Induction: A Systematic Review and Meta-analysis. *Complementary Therapies in Clinical Practice*, 2022; 48: 101615.
11. Kelly AJ, Kavanagh J, Thomas J. Castor oil, bath and/or enema for cervical priming and induction of labour. *Cochrane Database of Systematic Reviews*, 2013; (7): CD003099.

