

## A CASE STUDY FOR SUKHAPRASAVA WITH PIPPALYADI LEPA

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**ABSTRACT**

Labour can be defined as the process by which regular painful contractions bring about effacement & dilatation of the cervix & descent of the presenting part, ultimately leading to expulsion of the fetus and placenta from the mother. 'Prasava' or Garbha nishkramana is the function of 'Apanavayu'. Along with Apana vayu, vyana vayu also takes part in induction of labour or Aavi (uterine contractions). If function of both these vayus alters then 'Aavi' becomes exaggerated or diminished or irregular causing vilambita prasava. So any cause which vitiates apana vayu is cause for abnormal uterine function. The labour is said to be prolonged when the combined duration of first and second stage is more than the arbitrary time limit of 18 hours. In day today practice of obstetrics many patients are observed undergoing lscs because of inadequate uterine contractions so to avoid this I have selected from our classical preparation pippali, vacha and eranda taila which is mention in yogaratnakara for sukhaprasava.

**KEYWORDS:** Prasava, Garbha Nishkramana, Pippali, Vacha Eranda Taila.

**INTRODUCTION**

The childbirth should be an event of joy and satisfaction. Expected mother always wishes to have a normal vaginal delivery which is valid and safe. Every pregnancy has a healthy outcome with proper antenatal care, but still incidence of caesarean section is on the rise. To bring about safe and normal delivery ayurvedic garbhini paricharyas have their positive effect Labour is natural physiological process and it is observed that the time taken for normal labour in primi is 12-14 hours. The latent phase of labour should not exceed more than 8 hours, thus any intervention that eases the function of labour is well accepted providing comfort to mother and fetus.

Child birth is regarded as a medical condition many women opt for caesarean section even when it is not recommended by the doctors. As the rate of caesarean section is increasing over the time recent statistics suggest that women deliver on EDD is only 4% where as 80% of women deliver 2 weeks earlier and one week later.

Now a days, there is great increase in percentage/ratio of LSCS comparative to normal labour hence to prevent the increasing rate of LSCS there is need of ayurvedic intervention for the ease of labour.

In order to enhance the contractions drugs are mentioned in ayurvedic literature such as inhalation of powder of kushta, ela, langali, chavya, chirabilva each or separately or in combination of all and internal medications such as matulunga moola, madhuka powder mixed in equal quantity along with ghruta taken internally.

According to yogaratnakara pippali, vacha and eranda taila lepa is applied over umbilicus to enhance contractions. It has properties such as katu rasa, ruksha and tikshna guna, ushna veerya may also contribute in cervical dilatation and myometrial contractions. So I have selected pippali, vacha and eranda taila lepa preparation for sukhaprasava.

**CASE REPORT**

A female patient aged 26 years of age with history of 9 month amenorrhea complaints of pain in abdomen came to SSCH, Bidar for further management.

**Hospital particulars**

DOA: 06-02-2020

DOD: 08-02-2020

Date of delivery: 06-02-2020

**1. Atur Vivaran**

a) Name of patient: xxx

b) Husband Name: xxxxx

- c) Age: 26 years
- d) Sex: female
- e) Religion: hindu
- f) Occupation: housewife
- g) Socio economic status : middle class
- h) Address: bidar,Karnataka

**Vedana Vishesh****2. Pradhana vedana: (chief complaints)**

Patient complaints of pain in abdomen since night with H/o 9MA.

**3. Anubhandha vedana: (associated complaints)**

Pain in groins: present Backache :present.

**4. Vedana vrittanta: (H/o present illness)**

Patient was apparently normal since yesterday night she developed pain in abdomen which didn't subside and it was in increasing nature so she came for further management.

**5. Sagarbhaavashtaitihās: (h/o present pregnancy)**

O/H-primi

Anartava kala: 9months amenorrhoea

LMP-1-5-2019

EDD- 8-2-2020

Immunization: done

**6. Rajo vrittanta: (previous menstrual history)**

Prathama rajo darshana (age of menarche): 14 years age

Rituchakra: Regular Raja kalaavadi: 3-4 days Pramana:

Madhyama

Raja kalaantar kala: 30 days.

**7. Poorvavyadhi vrittanta: (H/o past illness)**

Nothing significant.

**8. Poorva shastrakarma vrittanta: (past surgical history)**

Nothing significant

**9. Kula vrittanta: (family history)**

Patient mother has all normal deliveries.

**10. Vaiyaktika vrittanta:(Personal history)**

Bowel: 1-2 times a day Appetite: normal

Diet:vegetarian

Micturation:3-4 times/day and 1time/night Sleep: sound sleep

Habits:nothing significant

**11. Contraceptive history: NO**

Physical Examination

**12. General examination**

Built: average

Nutrition: good

Height: 5.4 inches Weight: 64kg Pallor:absent

Jaundice:absent Tongue,teeth,gums:normalNeck:normal

Oedema of legs: present

B.P:110/70 mmofhg

Pulse: 78bpm

**13. Systemic examination**

Cardiovascular system – NAD Respiratory system–NAD  
C N S –NAD

**14. Garbhini Pariksha: (Obstretical examination)****Udara Pariksha: (P/A) Examination**

- **Darshana(inspection)**

Contour: Globular

Striae gravidarum: present Linea nigra: present Previous scar marks :absent

- **Sparshana (palpation)**

- **Fundal grip**

Fundal height -38-40 weeks

Pole of the fetus lying in fundus:

Podalic pole

- **Lateral grip:**

Lie: longitudinal lie Position: cephalic

Fetal movements:present

Nature of the uterus: moderately contracted

- **Pawlik's grip:**

Engagement: head engaged

- **Pelvic grip:**

Presentation: cephalic Fetal movement: present

- **Nature of contractions:**

Interval between contractions: 5 minute interval

Duration of contractions: 10-15 second

- **Shravan (Auscultation) FHS Rate :143 bpm Rhythm :Regular**

**Vaginal Examination****Darshana (inspection)**

Vulval oedema-absent Discharge-present

**Sparshana (Bimanual examination)**

Cervix: Long

Dilatation of OS: 3-4 cms Effacement: 40%

Station:"0" Membranes :+ + Presenting part :head Show :++

**Investigations**

**Haemoglobin:** 12.3gms%

**WBCcount:** 10,100cell/cumm

**Platelet count:** 1.98lakhs cells/cumm

**RBC count:** 4.43 million/cumm

**Blood group-o+ve**

**HIV:** negative

**HBSAg:** negative

**V.D.R.L:** negative

**USG done on 13/01/2020**

Single live intra uterine fetus in cephalic presentation at scan and average gestation of 36 to 37 weeks duration.

AFI: 11 to 12 cms FHS: 146 bpm EFW:2694 grams

EGA: 36 weeks 4 days as per USG PLACENTA:

posterior upper segment calcification grade 3 maturity.

**CHIKITSA**

Duration of treatment: 4 hrs

Lepa applied at: 8:30 am

Lepa removed at: 11:00 am Quantity of Medicine:  
sufficient quantity

**OBSERVATION**

Duration of all three stages:

First stage –9hrs

Second stage –1:15 min Third stage –30 min

**RESULT**

This patients responded to the given trial treatment without any complications. The present study showed significant result.

**CONCLUSION**

The present trial treatment considered as a better therapy for Sukhaprasava.

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