

**NORMAL LABOUR IN AYURVEDA- AN AYURVEDIC REVIEW****Nekib Hussain<sup>1\*</sup> and Kaushalya Khakhlyar<sup>2</sup>**

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**ABSTRACT**

Child birth is a natural process and not a medical procedure. The rates of cesarean deliveries have more than doubled in India, from 8% of deliveries in 2005 to 23.9% of deliveries in 2021-2022. The incidence of labour induction has also increased due to failure of spontaneous onset of labour at term or to shorten the duration of labour according to the convenience of healthcare workers. This intervention affects the natural labour process and may be associated with an increased risk of complications. A safer way to facilitate the process of normal labour is therefore needed. Ayurveda described normal labour in details. One of the aims of garbhini paricharya given in the third trimester is sukhaprasava. For this aim, Ayurveda described giving the niruha vasti

in the 8th month by Acharya Sushruta and anuvasana vasti & yoni pichhu in the 9<sup>th</sup> month by Acharya Charaka. Ayurveda also mentioned the Prasava Paricharya ensure the normal process of labour. So that the complications caused during labour can be prevented by using the tools advised in Ayurveda Samhitas. So this study is undertaken to through the light on classical reference of Normal labour and its Ayurvedic approach of management given in Samhitas.

**KEYWORDS:** Prasava, Normal labour in Ayurveda, Prasava paricharya, Garbhini paricharya.

**INTRODUCTION****Prasava**

According to Ayurveda Prasava means 'to get rid of/release of/ free of garbha<sup>1</sup>'. The process

when the women expels a fetus is called *prasava*.

### **Prasavakala**

According to Acharya Charaka and Kashyapa, the normal *prasavakala* is from the 1<sup>st</sup> day of the 9<sup>th</sup> month to the 10<sup>th</sup> month<sup>2</sup>. Acharya Sushruta and Vagbhata opine the normal *prasavakala* from the 1<sup>st</sup> day of the 9<sup>th</sup> month to the 12<sup>th</sup> month. Chakrapani states it as the 9<sup>th</sup> and 10<sup>th</sup> months.

### **Causes of *prasava***<sup>[3]</sup>

Sushruta has mentioned 5 causes of *prasava* *prarambh*

1. **Nadi nibandhamukti:** As a fruit detached from its stalk due to time factor comes down naturally, *garbha* got separated from its “*nadi nibandha*” and proceeds for labour due to its specific nature. Here, the *nadi* word denotes sensory and motor nerve fibres and umbilical cord. *Nibandha* means the release of obstructions in their normal functions.
2. **Swabhava:** The cause of *prasava* is unknown; it occurs naturally.
3. **Garbha vasa vairagya** – Detachment of the umbilical cord (*nadi nibandha mukti*) causes anoxia in the fetus. This change in hormones occurs, and it initiates labour.
4. **Garbha sampurnata:** When *garbha* becomes fully mature, it gets ready to deliver, and initiation of labour occurs.
5. **Kala prakarsha:** After the end of *prasava kala*, necessary changes occur to deliver a *garbha* at a specific time. As conjugation becomes free, estrogen gets inactivated and sensitizes myometrium for the action of oxytocin and helps in myometrial stimulation. Actinomycin also gets optimum deposition and starts contractions of myometrial fibres. And uterus attains its maximum distention and starts contracting. All these happen after a specified time only. Therefore, all Acharyas mentioned *kala prakarsha* as one of the reasons.

### **Role of *vata* in *prasava***<sup>[4]</sup>

The function of *vata* is *garbha-nishkramana*, as described by Charaka. Mainly the *apanavayu* helps in *prasava*, and it is called “*prasutamaruta*” by Acharya Charaka, which allows for intrauterine movements of the fetus and expulsion through the vaginal passage. *Prasuta maruta* functions in *sukha prasava* with association with *vyana vayu*. The word *parivrutya* denotes the internal rotation of the fetus, which is done by *vyana vayu*.

As shown in the above tables, vyana vata are upward, downward, oblique movements, so vyana vata helps in the descent and nine fetus movements in utero. The contractions and expansion function of vyan vayu allows contract and dilatation of uterine muscles during prasava. Apana vayu helps eliminate vata and garbha(fetus) during prasava. Therefore, the role of prakrita vayu during labour is essential.

As per trimester wise, in the III trimester, there is vata predominant. Apana vayu is responsible for normal labour. So, to maintain the normal state of vata, management is given during garbhini paricharya in the 8<sup>th</sup> and 9<sup>th</sup> months. Vasti in the 8<sup>th</sup> and 9<sup>th</sup> months of Garbhini paricharya will facilitate the normal labour by ensueing the prakrita vayu in the body. Variation in apana vayu causes difficulty in the descent of the fetus and obstruction in the expulsion of the fetus, the term called mudha garbha. Therefore, garbhini should follow the garbhini paricharya to facilitate the Normal labour (Sukhaprasava).

**Table 1: Functions of Apana vayu.**

	<b>Charaka Samhita</b> <sup>[5]</sup>	<b>Sushruta Samhita</b> <sup>[6]</sup>	<b>Ashtanga Hridaya</b> <sup>[7]</sup>	<b>Ashtanga Sangraha</b>
Sthan	Vrushan (testicles), basti (urinary bladder), medhra (penis), nabhi (umbilicus), uru (thighs), vankshana (inguinal region), guda (anus)	Pakvadhana (large intestine)	Apana desha (perineal region) and transverse along Shroni, basti, medhra, uru	The rectum moves along the urinary bladder, pelvis, scrotum, and groin.
Karman	Shukra nishkraman, artava nishkramana, shakrita nishkraman, mutra nishkraman, garbha nishkramana.	Elimination of samirana, shakrita, mutra, shukra, garbha, artava	Shukra nishkraman, artava nishkramana, shakrita nishkraman, mutra nishkraman, Garbha nishkramana.	Elimination of samirana, shakrita, mutra, shukra, garbha, artava

**Table 2: Functions of Vyana vayu.**

	<b>Charaka Samhita</b> <sup>[8]</sup>	<b>Sushruta Samhita</b> <sup>[9]</sup>	<b>Ashtanga Hridaya</b> <sup>[10]</sup>	<b>Ashtanga sangraha</b> <sup>[11]</sup>
Sthan	All over body	Occupies all over the body and helps in the circulation of rasa throughout the body	Located in hridaya and travels along the whole body	Situated in the heart moves all over in body with great speed
Karma	Responsible for gait, flexion, extension, etc.	Responsible for sweating, blood circulation, and five types of movements like expansion, contraction, upward, downward,	All motor functions of the body, such as maha java (rapid movement), avakshepana (flexion), utkshepana (extension),	Responsible for movements, expansion, contraction, upward, downward trend, closing and opening of eyelids yawning, feeling the taste of food, clearing

		oblique movement, blinking and opening of eyelids.	unmesha and nimesha.	the flow of sweat and blood, bringing the male reproductive tissue into the uterus, separating the nutrient portion and waste portion of the food after digestion, and supplying nourishment to all dhatus.
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**Table 3: PrasavaAvastha.**

Avastha	Charaka (prajanana) <sup>[12]</sup>	Sushruta: 3 avastha <sup>[13]</sup>	Ashtanga Hridaya: 2 avastha <sup>[14]</sup>	Ashtanga Sangraha: 2 avastha <sup>[15]</sup>
1)	Charaka has not mentioned any avastha	Prajayini	Aadya prasava	Aasanna prasava
2)		Upasthita prasava	Upasthita prasava	Parivartita garbha
3)		Prajanayishmana		

**According to Charaka**

Clinical features of prasava avastha (prajanana)

- Klama gatrnam (feels exhausted)
- Glanirnanasya (languid)
- Akshnoshaithilya (eyes becomes lax)
- Vimukta bandhanam (feeling lightness)
- Vakshasahkukshera vastransanam
- Adhogurutvam (heaviness in the lower abdomen)
- Vankshan basti kati kukshi parshwapeu sathanis toda (pain in the lower abdomen)
- Yoni prastravanam (discharge per vaginum)
- Ananna abhilasha (anorexia)
- Anantaraavipra durbhava (labour pain)
- Praseka garbhodaka (liquor amnii)

**Clinical features of Parivartita garbha<sup>[16]</sup>**

When the fetus descends further, it leaves the cardiac region and shifts to the lower abdomen. It feels lightness in the heart region and puts pressure over the basti-shiro(neck of the urinary bladder), and the frequency and duration of labour pain increase.

Bhela included the symptoms of discharge per vaginum in clinical features of parivartita garbha.

Acharya Charaka has mentioned management for aasannaprasava and clinical features of aparapataana and its control if it gets obstructed (aparasang).

### **According to Sushruta: 3 avastha**

1. Prajayini
2. Upasthita prasava
3. Prajanayishmana

### **Clinical features of prajayini**

- Kukshi shithilata(laxity in flanks and abdomen)
- Hrudbandhan mukti(lightness in the heart region)
- Jaghan shool(pain in thighs)

### **Clinical features of upasthita prasava**

- Katiprushtha pratisantatavedana (pain in back, lowback)
- Purish pravrutti (urge to defecate)
- Mutran prasichchate (urge to micturate)
- Yonimukh shleshma(per vaginal discharge)

### **Prajayishmana**

- Punnamaphalahasta
- Abhyanga
- Ushnodaka parisheka
- Yavagu aakanthpana
- Sthitamabhugna sakthiuttanshayana
- 4 Paricharika–ashankaniya, parinayavaya, prajananakushala, kartitanakha

### **According to Ashtanga Hridaya: 2 avastha**

1. Aadya prasava
2. Upasthita prasava

### **Clinical features of aadyaprasava**

- Glanikukshiakshishlathataklama (tiredness, laxeyes, laxity in abdomen, languidness)
- Adhoguruta (heaviness below the umbilicus)
- Aruchi (anorexia)
- Prasekobahumutrata (frequency of micturition)

- Yoni ruja sphuranastravana (pain in vagina, discharge from vagina)
- Garbhodakasruti (vaginal discharge)

### **Upasthitaprasava**

- Hastastha punnam phalam
- Abhyanga with vata nashaka taila

### **According to Ashtanga Sangraha: 2 avastha**

1. Aasannaprasava
2. Parivartitagarbha<sup>[17]</sup>

### **Clinical features of aasanna prasava**

- Klama (feels exhausted)
- Glani (languid)
- Muktabandhanam
- Nishthivika (spitting repeatedly)
- Mutrapurishabahulya (increased frequency of micturition and defecation)
- Ivakshini (protruded eyes)
- Shithilakukshita (lax abdomen)
- Adhogurutvam (heaviness in the lower abdomen)
- Anannaabhilasha (anorexia)
- Vedanoudarhriday katibastivankshan (pain in abdomen, chest, lowback, bladder, sacral region)
- Yonitodbhedashul sphuran astravan (tearing pain in the vagina)
- Anantaraavipradurbhava (on set of labour pain)
- Garbhodaka pravahashcha (leakage of liquor amnii)

### **Clinical features of parivartita garbha:**

Acharya Vagbhata explains parivartita garbha, the same as acarya Charaka.

### **According to Bhavaprakash: 2 avastha**

1. Prasavotsuka
2. Aasannaprasava

**Clinical features of prasavotsuka**

Bhavaprakash explains the features of 1<sup>st</sup> stage, same as Sushruta. The only difference is they named it prasavotsuka.

**Clinical features of Aasanna Prasava**

- Katiprushthatusavyatam (pain in sacral region, back)
- Muhuhupravruttschmutrasyamalasya (frequency of micturition and defecation)

Acharya Charaka has not mentioned the avastha, but we can differentiate it into three avastha. He has given symptoms at the starting can be considered prathamavastha. Next, he was treated for obstructed labour if there was a delay in normal prasava. Afterwards, he mentioned the aparapatan and aparasang chikitsa, i.e., the stage of placenta separation. So, we can differentiate it into three stages.

**Effect of Aavi on Prasava<sup>[18]</sup>**

Acharya Kashyap mention the word Grahishool. The word Grahi means which is seized or hold and shool means pain. The obstructed or grabbing like pain called aavi is caused in labour.

For the expulsion of the fetus, power is required, and this power is provided by aavi. Aavi is considered normal uterine contractions, and grahi is viewed as a contraction of abdominal muscles. And women having aavi is likely to be ready to deliver the fetus.

Three critical factors are responsible for the expected uncomplicated full-term delivery of a fetus. These are power/force(cervical dilatation and uterine contractions), passage (cervix to vaginal passage), and passenger (position of fetus). The power mentioned here is aavi, i.e., grahi shool. The power or force does cervical dilatation and uterine contractions, which prepare the passage for delivery by retracting the upper segment and dilating the lower part and effacement and dilatation of the cervix so that easy descent of the fetus can occur.

Aavi can be mild, moderate, or active, depending upon its intensity. It varies in frequency concerning time in different stages of labour. It is gentle at the onset of labour, and then it starts increasing in duration, frequency, and intensity as the stages of labour proceeds. In effective or delayed in aavi causes fetal and maternal distress and complicated the labour.

**Sangrahaniya Padartha in Sutika Griha<sup>[19]</sup>**

Ayurveda described various drugs and instruments used during prasava kala. Sarpi and madhu (for suvarna prashana in the fetus), taila (vatahara property so used in various obstetrics emergencies) 5 types of lavan (use along with ghrita for ulbaparimarjana), vidanga, kushtha, devadaru, nagar, pippali, pippalimula, hastipippali, mandukparni, langli, vacha, chitraka, chirbilwa, chavya, hingu, sarshapa, lashun, katak (arrest bleeding), atasi (anti-inflammatory), bhurjapatra (haemostatic, effective in convulsions) kulattha, sura-aasava-maireya, musli, ulukhala, khara, vrushabha, ardhadhara shatra (for cutting the umbilical cord), kshauma sutra (for ligation of the umbilical cord), needles (for suturing), vilva (wooden cot having antifungal property), tindukaandingudi (used as fire wood for fumigation), paricharika, brahmana, jala, gau (as a symbol of dignity, strength) two stones (used as stimulation of auditory reflex for pranapratyagamana of the baby).

All these drugs have various properties that have importance in managing labour, managing neonates, managing sutika upadravas, and managing sutika. Therefore, all these drugs act as emergency drugs in sutikagara.

**Time of Entering the Prasuti Griha**

At the beginning of the 9<sup>th</sup> month of pregnancy, on a predetermined auspicious day, maitra muhurta, women should enter the Sutikagriha followed by gau, brahmana, agni, jala workshop.<sup>[20]</sup>

Acharya Vagbhata mentioned the time same as Charaka. Acharya Sushruta mentioned entry in the 9<sup>th</sup> month in prashastatithi.<sup>[21]</sup>

**Prasava Paricharya<sup>[22]</sup>**

- Aavi pradurbhavetu bhumoshayanai (with the onset of labour, made her sit or lie down on the ground or bed).
- She should be surrounded by friendly, experienced females who will counsel her about the labour.
- Acharya Sushruta said that the women who have recited auspicious hymns for her welfare and prosperity, ready to deliver, should be encircled by kumarasand hold fruit bearing a masculine name. She should be given a massage with oil and a bath with luke warm water, making her drink suitable liquids that will provide her good strength.<sup>[23]</sup>
- Acharya Vagbhata has described the same as Sushruta except for the presence of



kumaras. He has specified the hymn as “kautukamangala”.<sup>[24]</sup> He repeatedly advised us to inhale powdered kushtha, ela, langli, vacha, chavya, chitraka, and chirbilwa, the same as Charaka.

- When the woman has symptoms of aasanna prasava (good uterine contractions) but does not deliver the baby at the right time, it is called anaagat prasava.
- To relieve the anaagat prasava, Charaka explains that the management asked the woman to get up and hold the pestles like heavy things, strike the paddy filled in mortar, yawning repeatedly, and walk-in between. Inhalation of powdered kushtha, ela, langli, chavya, vacha, chitraka, chirbilva, bhurjapatra or shimshipa should be given.
- An experienced midwife should instruct garbhini not to bear down in the absence of labour pain as this will only exhaust her energy without any labour progress. Instead, it is liable to cause abnormalities in the fetus.
- Exercise sneezing, yawning, flatus, urine, and faeces in the presence of urge only. If she suppresses these urges is harmful. Therefore, garbhini must bear down only in the company of aavi.
- After the expulsion of the fetus, observe if the placenta is expelled. If it is not followed, measures should be followed-the suprapubic region, hips, and buttocks should be pressed downward. The throat and palate should be irritated with the patient's hair.
- Yoni dhoopan with bhurjapatra, kacamachi and slough of black sarpa.
- Kwath of balwaja, kulattha, mandukparni, pippali and kalka of kushtha, talisa should be given.
- Yoni pichhu and anuvasana vasti with oil processed with shatpushpa, kushtha, madana, hingu.
- Asthapana vasti with balwaja kwatha mixed with kalka of phala, jimuta, ikshwaku, dhamargawa, kutaja, kritvedhana, hastipippali.
- Acharya Sushruta has mentioned the same management as described by Charaka.
- He has given the management after the descent of labour. He advised giving massage over genitalia in the direction of hairs.
- If the placenta is not expelled over a time, he has mentioned the treatment as follows-
- Throat should be tickled with fingers wrapped with hair.
- Yoni dhoopana with katuki, alabu, kritvedhana, sarshapa, a slew of black snake Siddhakatu taila.
- Lepa of langlimulakalka over limbs.

- Lepa of snuhik shir over the forehead.
- Anuvasana vasti with shweta sarshapa, kushtha, langli, snuhi mixed with suramanda.
- Uttarvasti with taila processed with the drugs mentioned for asthapana vasti.
- When all measures are not willing to expel the placenta, the anointed hand is used to remove the placenta.

### Garbhini paricharya

**Table 4: Garbhini paricharya according to various acharyas.**

Name of the Acharya	Garbhini paricharya in 8th month	Garbhini paricharya in 9th month
Charaka <sup>[25]</sup>	Rice gruel prepared with dugdha and ghee	<ul style="list-style-type: none"> <li>• Anuvasana vasti with taila prepared with madhuragana dravya.</li> <li>• Yoni pichhu of same taila</li> </ul>
Sushruta <sup>[26]</sup>	<ul style="list-style-type: none"> <li>• Asthapana vasti with a decoction of badar mixed with bala, atibala, shatpusha, patala, dugdha, dadhi, masti, taila, lavan, madanphala, madhu and ghee for clearing the retained faeces and anulomana of vayu</li> <li>• Followed by anuvasana vasti with oil medicated with dugdha and decoction of madhuravarga dravya</li> <li>• Followed by snigdha yavagu, mansa rasa of wild animals.</li> <li>• Vasti facilitated the anulomana of vayu in the right direction. The lady delivers a baby without difficulty (Sukhprasava) and remains free from complications.</li> <li>• Snigdha dravya strengthens the body and facilitates sukha prasava and anupadrava.</li> </ul>	—
Ashtanga Sangraha <sup>[27]</sup>	<ul style="list-style-type: none"> <li>• Kshiryavagu (rice gruel processed with milk) mixed with ghee.</li> <li>• Asthapana vasti with badar, masa, dugdha, taila, lavan, madanphala, ghee and honey.</li> <li>• Anuvasana vasti with madhura dravya aushadhi like madhuka, etc.</li> <li>• Yavagu with jangalamamsa, mamsa rasa</li> </ul>	Yoni pichhu with Madhur aushadhi siddha taila.
Harita <sup>[28]</sup>	Ghritapuraka	(vividha anna) Different types of cereals can be used

Bhela	—	Anuvasana vasti with kadamba, masha oil. It does the downward movement of faeces and vayu, which ensures expected delivery. After vasti rice gruel
Ashtanga Hrudaya <sup>[29]</sup>	<ul style="list-style-type: none"> <li>Liquid diet prepared with ghee and milk</li> <li>Anuvasana vasti with madhur dravya aushadhi siddha ghrit.</li> <li>Niruhabasti with muli, badar, amla dravya mixed with shatapushpakalka, ghrita, taila and saindhav.</li> </ul>	<ul style="list-style-type: none"> <li>Mamsa rasa with sneha, rice gruel with fat.</li> <li>Anuvasana vasti with taila as given in the 8th month.</li> <li>Yoni pichhu with same oil.</li> <li>If women are with ruksha prakriti anuvasana vasti should be given only after snehapana.</li> </ul>

Table 5: Dravya used in Garbhini paricharya.

Dravya	Botanical name	Guna	Karma
Badar	Ziziphus jujuba	Snigdha, guru, vata pitta nashak	Vatanulomana, malabhedana
Madanphala	Randiadumetorum	Madhur, tikta rasa, ushna virya, laghu	Lekhana, dwimargavamanakaraka
Bala	Sida cordifolia	Madhur, sheet veerya, snigdha	Balya, vryshya, vatapitta hara,
Atibala	Abutilon indicum	Same as bala	Vatahara, beejsnehana, mruduvirechaka, vedanahara
Langli	Gloriosa superba	Katu, ushna, deepana	Vamak, rechaka, garbhaghatak
Vacha	Acorus calamus	Deepana, pachana	Vatanulomaka
Chitraka	Plumbago zeylanica	Katu, ushna, laghu, ruksha, tikshna	Garbhashayasankochaka, garbhastravakar
Chavya	Piper retrofractum	Pachaka	Vatahara, garbha uttejaka
Bhurjapatra	Betula utilis	Stambhana	Garbhauttejaka, Vatanulomaka, graham dosha nashaka
Chirbilva	Holoptelea integrifolia	Tikhta, kashaya, ushna, laghu, ruksha	Anulomana, bhedana
Ela	Elettaria cardamomum	Katu, madhur, sheeta, laghu, snigdha, sukshma	Vataghna
Shatpushpa	Anethum sowa	Katu, ushna, laghu, ruksha, tikshna	Vatanulomana, vedanasthapana
Kushtha	Saussurealappa	Tikhta, katu, ushna, laghu, tikshna, snigdha	Garbhauttejaka
Amla vargadraya	Dhatri, amlika, matulunga, amlavetasa, dadima, etc.	Amla vipaka, ushnaveerya	Vatashamaka, srushtamalamutravata
Madhura varga dravya	Ghrita, guda, shatavari, madhuka, vidari, etc.	Madhura vipaka, sheetaveerya, snigdha, guru	Bruhana, vatpittashamaka, srushtamalamutravata

### IMPORTANCE OF PRASAVA PARICHARYA

The exercises mentioned, like sneezing, walking, etc., help the fetus's descent downwards and facilitate the sukha prasava. The karmas said, like dhoopana, lepana works as antibacterial and antifungal to prevent any infections and complications. The drugs used for lepana and dhoopana have properties like garbha uttejaka, anulomaka, and garbha sankochaka, which help dilate the cervix and contractions uterus easy delivery of the fetus. The measures mentioned in prasava paricharya like anuvasana vasti, niruhavasti, and uttarvasti help expel the placenta and prevent delay in the 3<sup>rd</sup> stage of labour i.e., the expulsion of the placenta.

Hence the measures given in Prasava paricharya help in sukha prasava and prevent the complications of prasava. All the Acharyas has mentioned the standard action to be followed during prasava and the management of complications caused during prasava like mudha garbha chikitsa.

### IMPORTANCE OF GARBHINI PARICHARYA IN NORMAL LABOUR

In the 3<sup>rd</sup>-tri mester, vata dosha is predominant; therefore, vata shamaka, vata anulomaka, balya, brimhana, snigdha drugs and diet is mentioned. In this trimester, fetal weight weighs over the urinary bladder and compresses the intestine causing obstructions and constipation. It also obstructs vata and due to pratiloma of vata causes udavartalike symptoms. To prevent these complications and ensue the sukhaprasava, vata anulomana is very important, and therefore the drugs used are of vata anulomaka property.

In the 8<sup>th</sup> month of pregnancy, niruha vasti is mentioned by the Acharya Sushruta for vatanulomana to attain the prakrita state of vata dosha. Due to this, women deliver without any complications.

In the 9<sup>th</sup> month of pregnancy, anuvasana vasti and yoni pichhu is mentioned by Acharya Charaka. Yoni pichhu helps soften the vaginal passage, facilitate relaxation during labour, and prevents perineal tear. Anuvasana vasti helps in anulomana of vayu and garbhanishkramana with ease i.e., sukhaprasava.

The drugs given for asthapana vasti are vatashamaka, vatanulomaka, garbhauttejaka, garbhanishkramanaka, garbhashaya sankochaka, mala-mutra anulomaka. As we know, vata dosha is responsible for the formation of passage, to get it ready for the expulsion of the

fetus, it is responsible for dilatation and contractions of the uterus, for intra uterine movements and descent of the fetus from the uterus to the outer world. Therefore, by following this, garbhini restored all the functions of vayu, and she delivered a healthy progeny at term.<sup>[30]</sup>

## CONCLUSION

This review suggests that Prasav paricharya and Garbhini paricharya in the third trimester positively affects the labour phenomenon by analyzing the above mentioned Ayurvedic descriptions and datas. It promotes expected vaginal delivery with minimum aid.

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