



Review Article

A CRITICAL ANALYSIS ON CHARKOKTA SUTIKAGARA IN COMPARISON TO MODERN LABOR ROOM

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ABSTRACT

Sutikagara refers to a specially designed room for a pregnant woman who is about to deliver a baby in few months. This room is a place for residence of a woman a few days before labour, during labor (*Prasava kala*) and few days after labor (*Sutika kala*). In Ayurveda, *Acharya Charaka* in *Shareerasthana* 8 has paid detailed attention to its structure (*Nirmaan vidhi*), facilities (*Upkarana*) and other relevant details as *Pravesha vidhi*. Modern labor rooms are designed based on certain guidelines on upgradation of labor rooms which includes constructing new or reorganising the existing labor rooms. They are standardized for delivering high quality services during childbirth. Both *Sutikagara* and labor room aim to create a safe environment for childbirth but they embody fundamentally different philosophies.

INTRODUCTION

The Charaka Samhita, a foundational text of Ayurvedic medicine, provides invaluable insights into various aspects of health and wellness, including maternal care. Central to this discussion is the concept of *Sutikagara*, or the labor room, which reflects ancient wisdom in creating an environment conducive to childbirth. This article delves into the principles outlined by Acharya Charaka regarding the construction and preparation of labor rooms, linking traditional practices with modern guidelines and practices.

In Ayurveda, childbirth is called "*Prasav*", and the mother is referred to as "*Sutika*". Ancient texts provide a detailed account of the entire process, covering everything from conception to the delivery of the newborn and beyond. *Sutika* is a woman who has recently given birth and has had her placenta expelled. Ayurveda opines that *Sutika* be isolated and kept in separate ward and taken care of.

This ward is called as *Sutikagara*. *Sutikagara* is built to accommodate a near term woman who gives birth to a newborn in presence of experienced midwives and to take care of the mother and child postpartum. According to *Acharya Charaka*, it should be established before ninth month of pregnancy well in advance of the date of delivery of the child and describes the equipment and instruments that should be used along with procedures and protocols of *Sutikagara* in detailed manner.

Modern labor rooms focus on delivering healthcare services at optimum standards in obstetric practice. And there is a focus on creating a system to reduce risks that may occur during labor. The guidelines for upgradation strongly recommend the need of qualified persons to conduct a labour as well as the list of equipment and instruments for the same.

By examining both historical texts and modern healthcare standards, we aim to highlight the significance of an inviting and well-equipped environment for labor, ultimately promoting safer and more supportive birthing experiences. Through this integration of traditional wisdom and current medical practices, we can foster a holistic approach to maternal care that respects cultural heritage while ensuring safety and efficacy in childbirth.

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MATERIALS AND METHODS

A comprehensive review of *Charaka Samhita*, internet, research portals related to the concept of *Sutikagara* along with its modern counterparts was done. Research articles, papers and NHM guidelines in the context of the topic were referred and discussed in detail and conclusion was drawn.

➤ *Sutikagara Nirmaan Vidhi (Construction of labor room as per Acharya Charaka)* [1]

The labor room should be constructed before the onset of the ninth month of pregnancy. The selected site must be cleared of any debris such as bones, sand, earthen pot or *Khapada*, etc. The place should have an appealing appearance, with access to good water, and pleasant smell. The main door of the room should face towards east or north direction. The room should be made using woods like *Bilva*, *Tinduka*, *Ingudi*, *Bhilawa*, *Varuna*, or *Khair*, in addition to these, other woods which the learned Brahmins of *Atharvaveda* has mentioned should be used; and also, the room should be built as per the law of house construction. The house should have all the necessary tools for use such as: clothes, ornamentation, covering (covering, laying etc.), *Apidhan* (doors and grille or window curtains) etc. With the help of an engineer who knows the secret (heart) of *Vastu Vidya* (architecture and design), determine the place of keeping the fire igniting, the place of water, the place of keeping the boil, the toilet, the bathroom and the kitchen in that house and construct them accordingly. That room should also be soothing from the point of view of the childbearing season.

➤ *Upkarana in Sutikagara (Accessories in the Labor Room)* [2]

Before the delivery, the following items should be stored in the labor room:

- Ghee, oils, honey, rock salt, *Souvarchal lavan*, *Kalanamak*, *Vida lavana*, *Vaiyavidang*, *Kustha*, deodar, dry ginger, *Pippali*, *Pippalimool*, *Gajpippali*, *Mandukparni*, small cardamom, *Langli*, *Vacha*, *Chavya*, *Chitrakmoola*, *Karanj*, asafoetida, yellow mustard, garlic, *Kataka*, *Kanakanika*, *Kadamb*, *Atisi*, *Balvaj* (*Truna* special), *Bhurjapatra*, *Kulatha*, *Maireya*, *Sura* and infusion (*Aasava*).
- Two grinding stones, two pestles, and two mortars for preparations.
- Animals including a donkey and a bull.
- Vessels made of gold and silver to keep two sharp needles, along with sharp iron instruments.
- Two beds constructed from *Bilva* wood, along with *tinduka* and *ingudi* wood for lighting fire.

Personnel in *Sutikagara*

- Presence of multiparous women who are kind, compassionate, cheerful, are of good conduct, able to overcome crisis when the hour of crisis come, pain tolerant and adaptable.
- *Brahmanas*- possessing the knowledge of *Atharvaveda*.

➤ *Entry into Sutikagara (Pravesha Vidhi)* [3]

To enter the labor room, when all necessary items are collected then cows, *Brahmanas*, fire, and water should be brought in first. Once the ninth month begins, on an auspicious day with a favourable *Nakshatra* and constellation and during a *Maitra muhurta* (time period), a peace invocation (*Shanti*) should be performed. The pregnant woman should offer fodder, grass, water, honey, and paddy lava to the cows. After that, she should wash the hands and feet of the *Brahmanas*, seat them comfortably, and offer them flowers, and fruits, along with respectful salutations.

Following this, the pregnant woman, accompanied by *Brahmanas* and cows, should enter the labor room, stepping in with her right foot while reciting sacred verses, and await the onset of labor.

➤ *Guidelines for Upgradation of Labor Room* [4]

Space and layout, equipments and accessories, human resources, protocols for entry.

Space and Layout for Construction of Labor Room

2 types of labor rooms: labor rooms with labor-delivery-recovery (LDR) room concept (a pregnant woman spends the duration of labor, delivery, and 4 hours postpartum in the same bed) and conventional labor rooms (a pregnant woman is typically admitted to the labor room only when she is at or near full cervical dilation. After delivery, she is usually transferred to the postpartum ward after 2 hours).

Having adequate space is one of the most important aspects of upgradation of labor rooms.

For defining space and layout of the labor room, number of labor beds in the facility is an essential factor.

Number of labor tables is decided on the basis of number of deliveries conducted per month.

Each labor bed should have the following specifications:

- Adjustable side rails
- Facilities for Trendelenburg and reverse positions.
- Height adjustment features (preferably using a hydraulic pump).
- Stainless steel IV pole
- Mobility with swiveling caster wheels and brakes.
- The mattress should consist of three sections, each seamlessly designed with thin cushioning at the

joints. It should be detachable at the perineal end. It should be washable, waterproof, with an extra set, along with a disposable draw sheet.

- Attachments for steel basins.
- Calf support, hand grips, and leg support.

Following facilities should be available while constructing new labour rooms

- Labour areas
- Nursing Station
- Newborn care area (NBCA)
- Toilets
- Handwashing area
- Washing area
- Lighting
- Power supply
- Waiting/registration area
- Staffroom
- An area designated for changing shoes before entering the labor room.
- Store
- Doctor's room
- Clean utility room
- Dirty utility room
- Air Handling unit
- Biomedical waste management unit
- Sterilization unit

Equipments and Accessories

All labor rooms should have the following equipments and accessories in adequate quantities:

Radiant warmer, hand held foetal doppler, fetoscope, autoclaved delivery tray for each labor table, stethoscope, protein urea test kit, glucometer, digital bp instrument, adult and baby digital thermometer, baby forehead thermometer, paediatric resuscitator bag with masks, cheek forceps, tags for mother and baby, disposable sterile gloves, disposable utility gloves, plastic buckets of which the inner bucket should be perforated for chlorine solution, mops with stands, overhead water soakage tank, wall clock with seconds hand, wall mounted thermometer for measuring room temperature, blower, color coded bins, hub cutter, autoclave, baby weighing scale, mucus extractor, sterilized swabs and instruments, HB and HIV test kits, sanitary napkins, sterile pads, safe motherhood booklet, standardization case sheet, disposable- gowns, facemasks, caps, shoecovers, baby receiving sheets, baby socks and caps, cord clamp, sheet for covering labor table, protective eye cover, refrigerator, wheel chairs, stretchers.

Consumables: Cotton, thread, gauze, catgut, IV drip sets, needles, medicines- oral and parenteral, leucoplast, soap, hand wash, betadine solution, mosquito repellent, etc.

Human Resources

- Doctors (OBG, Paediatrician, Anaesthetist)
- Nursing staff
- ANM
- Cleaning staff
- Guard

Protocols for Entry into the Labor Room

- Buffer Zone Creation: Establish a designated area before entering the labor room for changing shoes and donning masks and caps.
- Access restrictions: Only allow entry to the labor room for the pregnant woman, her chosen support person, on-duty medical staff (doctors, nurses, and ANMs), and authorized support personnel. Cleaning staff may enter periodically in accordance with established cleaning protocols.
- Visitor requirements: All visitors, including birth companions, must wear slippers, caps, and masks before entering the labor room.
- Limiting non-staff visits: Visits from individuals not directly involved in care should be brief and purpose-driven, such as for cleaning.
- Male staff access: Male personnel should only enter if they are on duty or have been specifically called for tasks. They must maintain a respectful demeanor, upholding the dignity and privacy of the women in labor.

DISCUSSION

A comparison between the traditional *Sutikagara*, as described in Ayurveda by *Acharya Charaka* and modern labor rooms reveals significant differences in design and purpose, though both share the common goal of providing a safe environment for childbirth.

The *Sutikagara*, referenced by *Acharya Charaka*, is a designated space designed for women who are close to giving birth. It was designed to accommodate the pregnant lady from the start of the ninth month of pregnancy, through delivery and the early postpartum period for following *Sutika Paricharya*. Constructed with careful consideration of materials like wood from specific trees (such as *Bilva* and *Tinduka*) which are believed to have protective and purifying qualities, the *Sutikagar* is meant to ensure both physical and mental well-being. Rituals associated with entry into this space including Ritual elements like placing fire inside the room and using antiseptic materials such as cow dung is also a part of

its design, believed to provide protection and promote healing.

In contrast, modern labor rooms are part of hospital complexes, designed with advanced medical technology and evidence-based practices to manage childbirth efficiently and safely. Facilities like adjustable labor beds, monitoring systems, and sterilization units cater to the clinical needs of childbirth, ensuring a sterile and functional environment. Modern labor rooms focus on factors like proper lighting, ventilation, sterile environments, and access to immediate medical interventions. These rooms are also equipped with surgical tools, medicines, and electronic monitoring systems to ensure continuous observation of both mother and baby during labor. The space is optimized for medical teams to intervene in case of complications, which is a primary distinction from the traditional *Sutikagara*.

However, the emotional and cultural dimensions emphasized by Charaka are often overlooked in contemporary settings. While modern practices are grounded in evidence-based medicine, they can sometimes neglect the psychological support aspects crucial for a positive childbirth experience. The presence of supportive personnel, as advocated by Charaka, can play a significant role in addressing the emotional needs of women during labor.

CONCLUSION

The *Sutikagara* mentioned by *Acharya Charaka* embodies a holistic, ritual based approach to childbirth, prioritizing environmental harmony and emotional well-being, while modern labor rooms leverage advanced technology and sterile conditions, emphasizing safety and efficiency. A balanced

integration of both philosophies could pave the way for a more humane and comprehensive childbirth experience, honoring both the medical and emotional needs of mothers. Modern labor rooms can benefit from incorporating elements of traditional practices, such as community support and spiritual rituals, which can enhance the emotional well-being of expectant mothers. By blending the best of both worlds—modern medical technology and the Ayurvedic principles of *Sutikagara*—healthcare providers can create a more compassionate and effective labor environment that honors the diverse needs of women during childbirth.

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