AYUSHDHARA
ISSN: 2393-9583 (P)/ 2393-9591 (O)
An International Journal of Research in AYUSH and Allied Systems

Research Article

ACHARYA VAGBHATTA'S IDEA OF *BASTI* AND *PICHU* IN *GARBHINI PARICHARYA*

Rajinder Kaur[1]*, Seema Shukla[2], Meena Parmar[3]
*[1]PG Scholar, [2]HOD, [3]AMO, Department of PTSR, Rajiv Gandhi Govt. Post Graduate Ayurvedic College, Paprola, Himachal Pradesh, India.

Article info
Article History:
Received: 21-07-2026
Accepted: 20-08-2026
Published: 10-09-2026

KEYWORDS:
Anuvasna Basti, Asthapna Basti, Yonipichu, Prasava Parichaya, Progress of Labor, *Sukh* and *Nirupdrava Prasav.*

ABSTRACT

A woman desirous of an uncomplicated antenatal, intranatal and postnatal period and of a healthy progeny hence it is important to take care of the pregnant women to begin her journey of becoming a mother. The concept of *Sukh* and *Nirupdrava Prasava* have been remarkably mentioned in ancient literature. Various rules and regulations were assigned by *Acharyas* known as *Garbhini Paricharya* and *Prasav Paricharya* respectively for the wellbeing of mother as well as foetus. It is known that *Apana* and *Vyan Vata* plays a significant role in *Garbha Nishkramana* and *Basti* is said to be the best measure for normalisation of *Vata*. Hence during *Garbhini Paricharya,* various *Acharyas* have mentioned *Basti* in later months of pregnancy. In *Ashtang Samgrah, Acharya Vagbhatta* mentioned the use of *Madhukadimadhuraushadh Sidha Talia Anuvasna Basti* and *Badrodak Asthapna Basti* in 8th month of pregnancy and *Yoni pichu* of *Madhukadimadhuraushadh Sidha Talia* in 9th month of pregnancy for the purpose of *Sukh* and *Nirupdrava Prasava.* **Objective:** To evaluate the effectiveness of *Garbhini Parichaya* mentioned in 8th and 9th month of pregnancy as mentioned by *Acharya Vagbhatta* on progress of labor. **Material and Methods:** A total of 80 subjects (pregnant women) fulfilling the inclusion criteria were randomly selected from the OPD of RGGPG Ayurvedic College, Paprola, Himachal Pradesh, and were divided into two groups i.e., trial group and control group. **Result:** Trial group showed early progression of Labor with least complications to mother and foetus. **Conclusion:** The traditional method used for *Sukh* and *Nirupdrava Prasava* was well applicable in modern times for early and easy progression of labor with least complications to mother and foetus.

INTRODUCTION

Labor is defined as the series of events that occurred in the genital organs in order to expel the viable product of conception (foetus, placenta and membrane) out of womb through vagina into outer world[1]. A normal labor should fulfill the following criteria[2] -1) Spontaneous in onset. 2) with vertex presentation. 3) Without undue prolongation. 4) Natural termination with minimal aids. 5) Without having any complications affecting the health of mother and/or the baby. The normal duration of pregnancy is 280 days or 10 lunar months or 9 calendar months 7 days[3]. The average duration of first stage of labor is 12hrs with cervical dilation rate of 1 cm/hr in active phase of first stage[4]. The average duration of second stage of labor is 2hrs[5] and the average duration of third stage of labor is 15 min[6].

In *Garbhini Paricharya*, *Acharyas* have mentioned the use of *Basti* and *Pichu* during 8th and 9th month of pregnancy for *Sukh* and *Nirupdrava Prasav*. *Acharya Vagbhatta* mentioned the *Asthapana Basti* made of decoction of *Badar* mixed with other drugs. This is followed by *Anuvasna Basti* of oil medicated with decoction of drugs of *Madhukadi Madhura* group. *Anuvasana Basti* with oil prepared with the drugs of *Madhura* group along with *Pichu* (vaginal tampoon) of this oil should be given for lubrication of *Garbhasthana* and *Garbhamarga.* This research work followed 8th and 9th month plans mentioned in the *Garbhini Paricharya* by *Acharya Vagbhatta* and its effect on the progress of

Access this article online
Quick Response Code
https://doi.org/10.47070/ayushdhara.v13i4.2945
Published by Mahadev Publications (Regd.)
publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

labor. The reference was taken from *Ashtang Samgrah*[7]. This period comes under 34-36 weeks of gestation age because *Chandermas* is fixed for 30 days. As per *Sadyoghrita Garbha Lakshna*[8], the period of gestational age is approximately 6 weeks and *Acharya* also mentioned that one day after 8th month upto 12 months is the time of *Prasav Kala*[9]. means that the *Acharya Vagbhatta* has mentioned ovulatory age of the fetus.

Drug Procurement: All the ingredients of the trial drug were procured from the pharmacy, Paprola and was validated by the respective Dept. of Dravyaguna and Dept. of Rasshastra. The trial drug was prepared specifically for clinical study at the Charak Pharmacy of RGGPG Ayurvedic College Paprola. After the sample was passed by Drug Testing Laboratory, Joginder nagar, the trial was started.

Criteria for Selection of Patients

Inclusion Criteria

1. Subject (pregnant women) with GA of 34-36 weeks.
2. Subject (pregnant women) who had given the consent for trial.
3. Both primigravida, nullipara.
4. Subject (pregnant women) within age limit of 18 to 40 years of age.
5. Subject (pregnant women) who had gynecoid pelvis, borderline pelvis and cephalic presentation.
6. Subject (pregnant women) who had Mild Pre-eclampsia (PIH)
7. Subject (pregnant women) who had hematological /routine ANC investigations within normal limits.

Exclusion criteria

1. Subject (pregnant Women) who were not willing for trial.
2. Subject who were multipara.
3. Subject (pregnant women) who had CPD.
4. Subject (pregnant women) who had mal-presentation.
5. Subject (pregnant women) who had APH.
6. Subject (pregnant women) who had Hb less than 8 gm%.
7. Subject (pregnant women) who had moderate to severe pre-eclampsia.
8. Subject (pregnant women) who had any associated gynaecological conditions or systemic disease.

Investigation

Haematological -CBC, ESR, BT, CT, OGTT, ABO Blood Group with Rh Factor, TFT

Biochemical- RFT, LFT

Urine -Routine & Microscopic

USG (Obstetrics)

Ethical Approval

The clinical trial was approved by the Institutional Ethical Committee (IEC) with IEC No.

Ayu/IEC/2022/1352.

CTRI Registration-The Clinical trial was registered in the Clinical Trial Registry of India wide CTRI registration no. CTRI/2023/05/053010.

DTL number DTL/PP/15/22-858 from Drug Testing Laboratory was obtained.

Informed Consent

The purpose of the study, the procedure to be carried out and potential risks and benefits were explained to the subjects in detail in non-technical term and in their language. Thereafter their written consent was taken before starting the procedure.

Drug Review

Contents of *Badarodak Basti*- *Badar, Madanphala, Palal,* milk*, Dadhi* and *Dadhimastu.*

Contents of *Madhukadi Sidha Taila*-*Til taila, Madhuk, Draksha, Gokshura, Ashwagandha, Gambhari, Shatavari* and *Shatpushpa.*

Madhukadi Sidha Taila -First of all, *Moorchan* of *Til Taila* was done. After *Moorchan, Taila Paka* was done by adding seven drugs selected from *Madhur Skand* of *Ashtang Samgrah* to *Moorchit Til taila.* The prepared *Taila* was named *Madhukadi Sidha Taila.*

Clinical Study design

Type of Study- Open Study

Method of Selection- Random Method

Objective

To evaluate the effect of *Madhukadi Sidha Taila Anuvasna Basti* and *Badarodak Asthpana Basti* in 8th month of pregnancy in *Yogbasti Krama* and *Madhukadi Sidha Taila yonipichu* in 9th month of pregnancy as mentioned by *Acharya Vagbhatta*.

Treatment Protocol

Grouping Patients

80 patients fulfilling the inclusion criteria were randomized.

Group I (Trial Group): Subjects (pregnant women) between GA of 34-36 weeks of pregnancy were registered and were given *Madhukadi Sidha Taila Anuvasana Basti and Badarodak Asthapna Basti* in *Yog Basti Krama* followed by *Madhukadi Sidha Taila Yonipichu* once daily till delivery.

Group II (Control Group): Includes the Subjects (Pregnant women) under observation by following standard protocol used for ANC and normal labor (non-interventional) as per WHO guidelines.

Nature of Drug administration: Per rectal (*Basti*)

Per vagina (*Yonipichu*)

Basti Pratyagaman Kala
Anuvasana Basti: 3-4 hrs
Asthapna Basti: 1-2 hrs
Yonipichu Dharan Kala

Subjects were advised to insert *Pichu* per vaginum once daily before bedtime for 2hrs or till urge to void the urine, whichever was earlier.

Dosage of Drug administered in Trial Group I

Anuvasana Basti (*Matrabasti*): 60ml
Asthapna Basti: 290ml
Yonipichu: 30ml

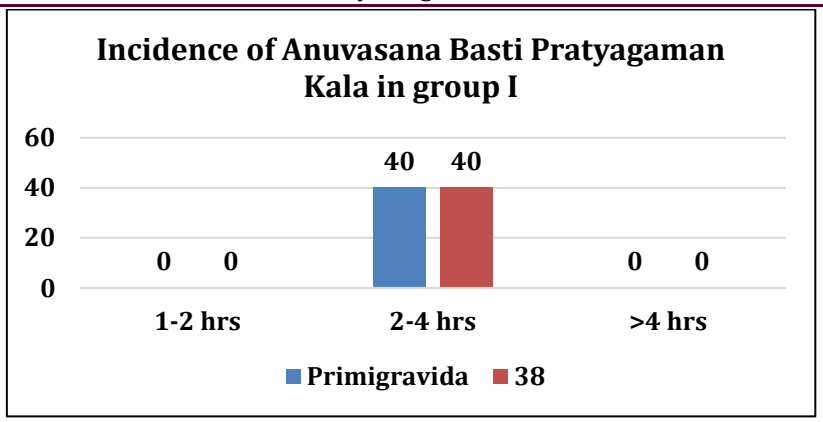
Criteria of Assessment

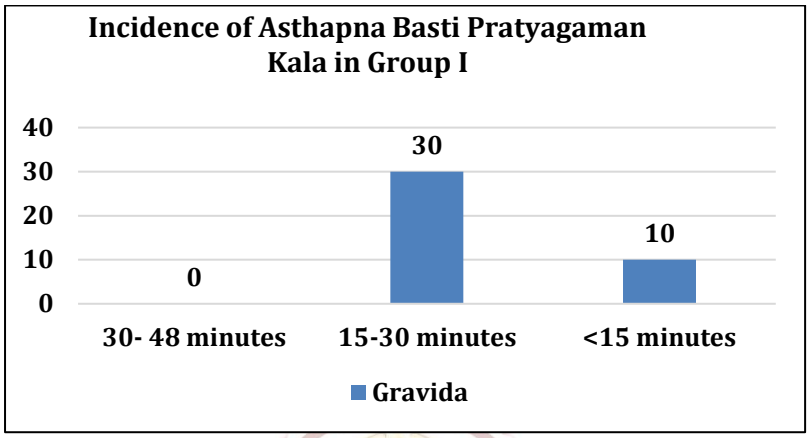
Criteria		**Grade**
Onset of Labor	Spontaneous	0
	Induced	1
Bishop Score	Favourable (6-13)	0
	Unfavourable (0-5)	1
Uterine Contraction	Mild	0
	Moderate	1
	Severe	2
F.H.S	Between 120-160	0
	Foetal Bradycardia	1
	Foetal Tachycardia	2
Partograph	Before alert line	0
	Between alert and action line	1
	On or after-action line	2
Duration of stages	Less than standard duration	0
	Equal to standard duration	1
	More than standard duration	2
Type of Delivery	Normal delivery with or without episiotomy	0
	forceps	1
	operative	2
Postpartum Complications	No PPH	0
	Third stage PPH	1
	True PPH	2
APGAR	7 or >7 normal	0
	4-6 Fairly low	1
	3 or <3 critically low and need immediate resuscitative efforts	2

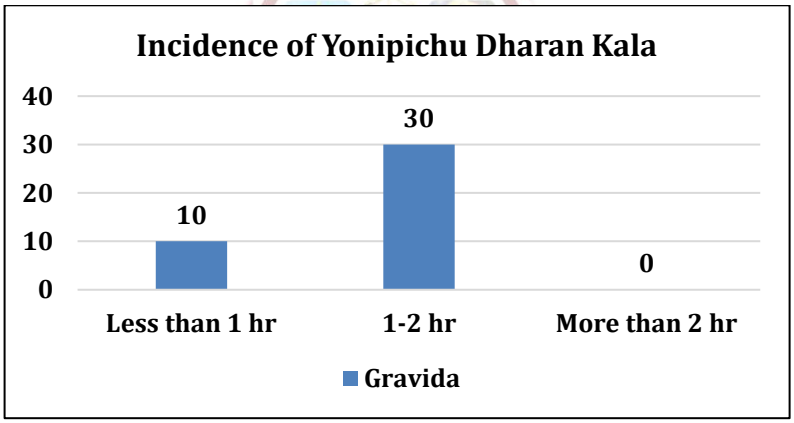
Grade I (Score 0) Grade II (score 0-3) Grade III (score 4-12) Grade IV (13-19)

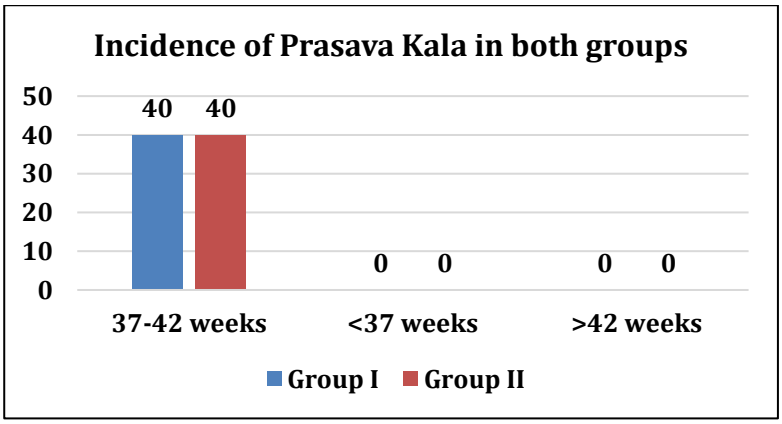
OBSERVATION

A total of 80 patients were registered and 80 completed the trial. When present at onset of labor 3 patients in group I were referred, 37 patients were left under observation and in group II, after referral of 6 patients, 34 patients were left under observation.

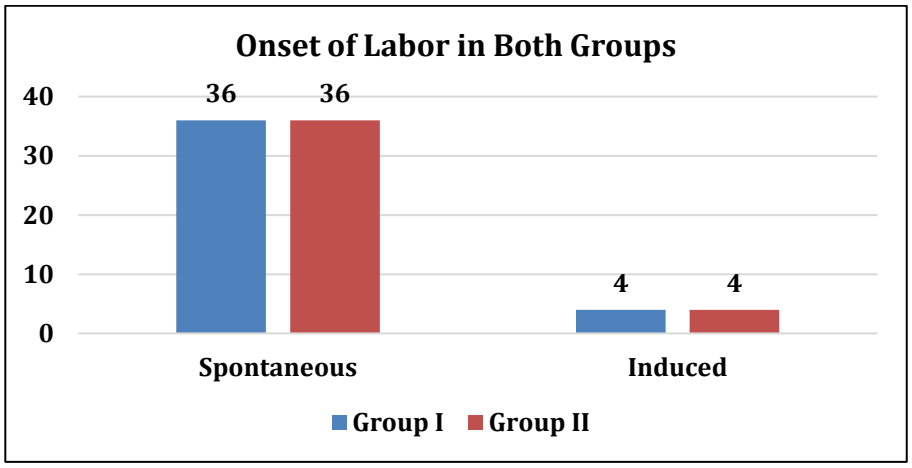

Incidence of Anuvasana Basti Pratyagaman Kala in group I
60
40
20
0
0 0
40 40
0 0
1-2 hrs
2-4 hrs
>4 hrs
Primigravida
38

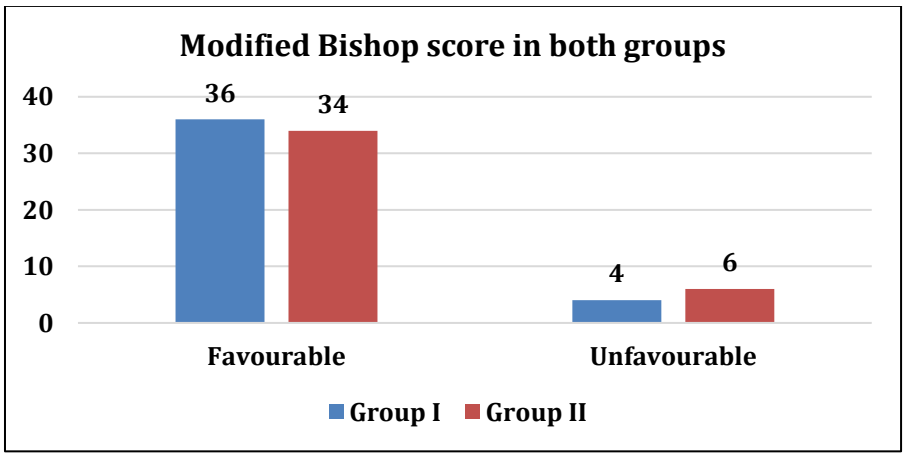

Incidence of Asthapna Basti Pratyagaman Kala in Group I
40
30
20
10
0
0
30
10
30- 48 minutes
15-30 minutes
<15 minutes
Gravida

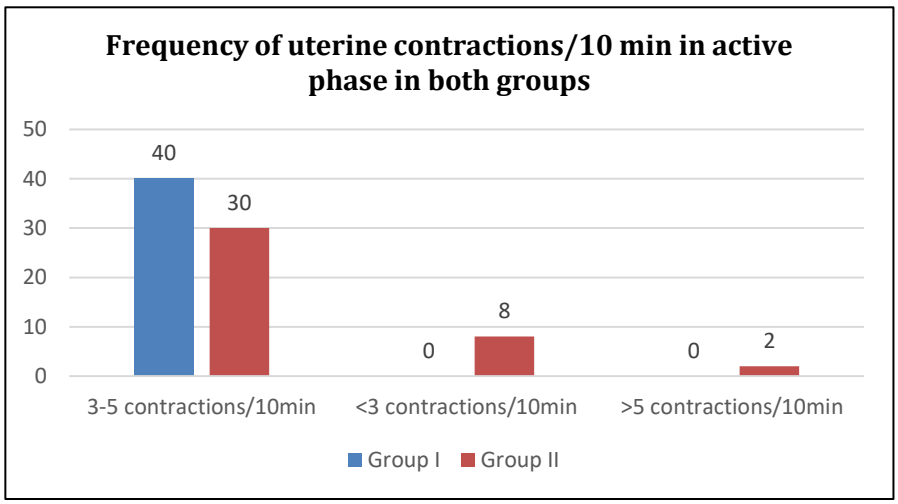

Incidence of Yonipichu Dharan Kala
40
30
20
10
0
10
30
0
Less than 1 hr
1-2 hr
More than 2 hr
Gravida


Incidence of Prasava Kala in both groups
50
40
30
20
10
0
40 40
0 0
0 0
37-42 weeks
<37 weeks
>42 weeks
Group I
Group II

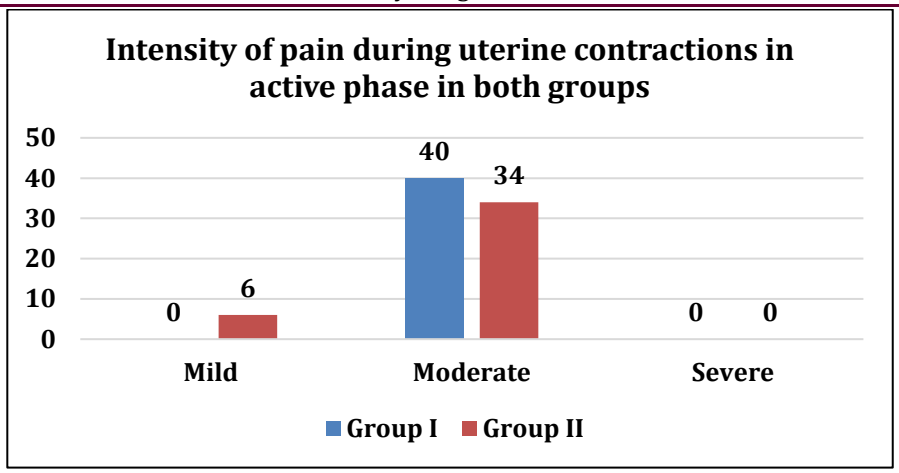
It was observed that 100% of the subjects had 2-4 hrs of *Anuvasana Basti Pratyagamana Kala.* 75% of the subjects had 15-30min of *Asthapana Basti Pratyagamana Kala* and 25% had <15 min. 75% of the subjects had *Yonipichu Dharan Kala* of 1-2 hr and 25% had *Yonipichu Dharan Kala* of less than 1hr. 100% of the subjects in Group I and Group II had *Prasav Kala* at gestational age of 37-42 weeks.

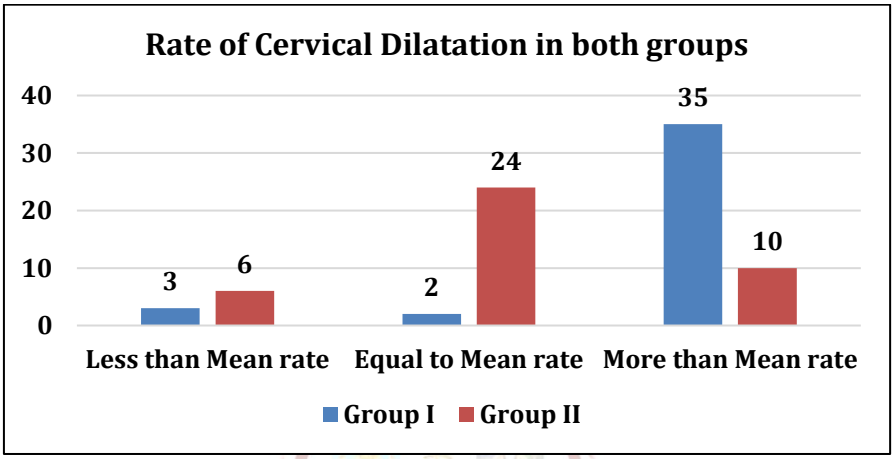


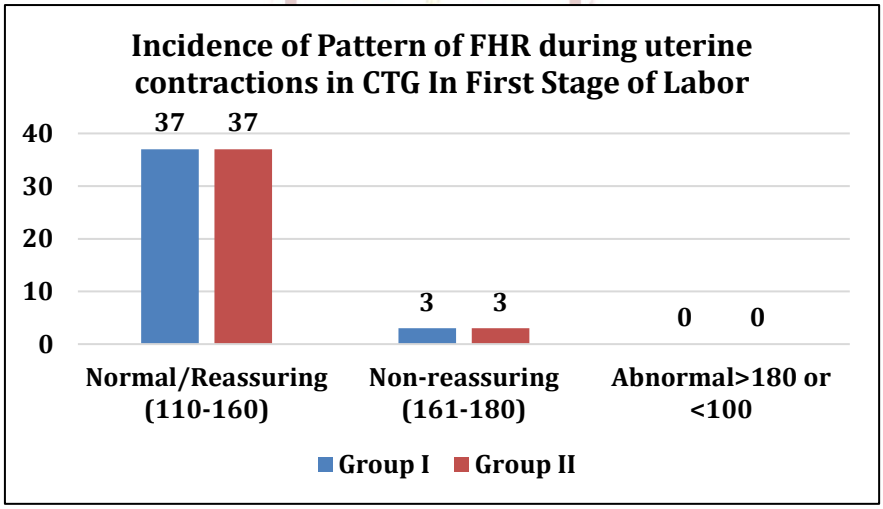




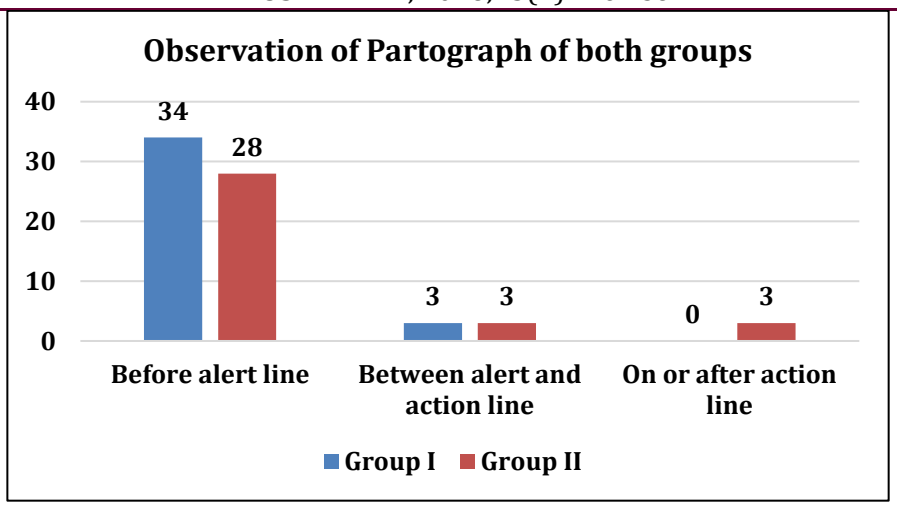
90% in Group I had spontaneous onset of labor and 10% required induction. In Group II,90% had spontaneous onset of labor and 10% required induction. 90% in Group I had favourable bishop score and 10% had unfavourable bishop score. In Group II, 85% had favourable score and 15% unfavourable score. In Group I, 100% of subjects had uterine contractions of duration 40-60 secs. In Group II, 90% had uterine contractions of duration 40-60 seconds followed by 10% had duration of <40seconds.

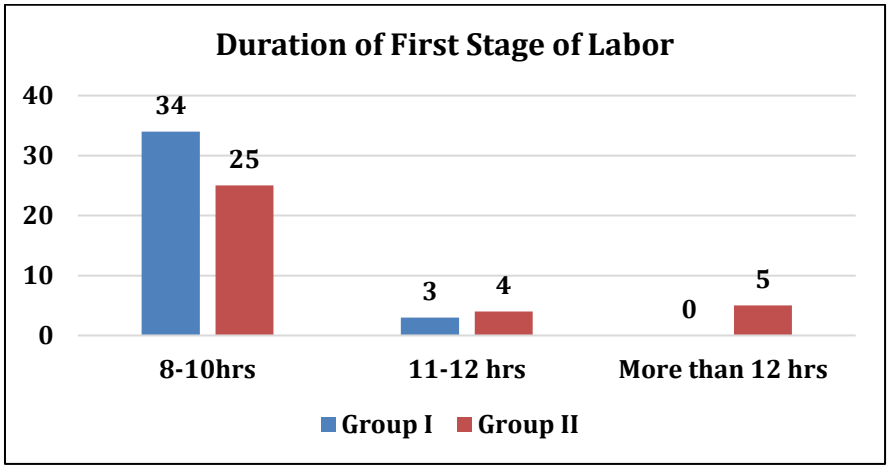


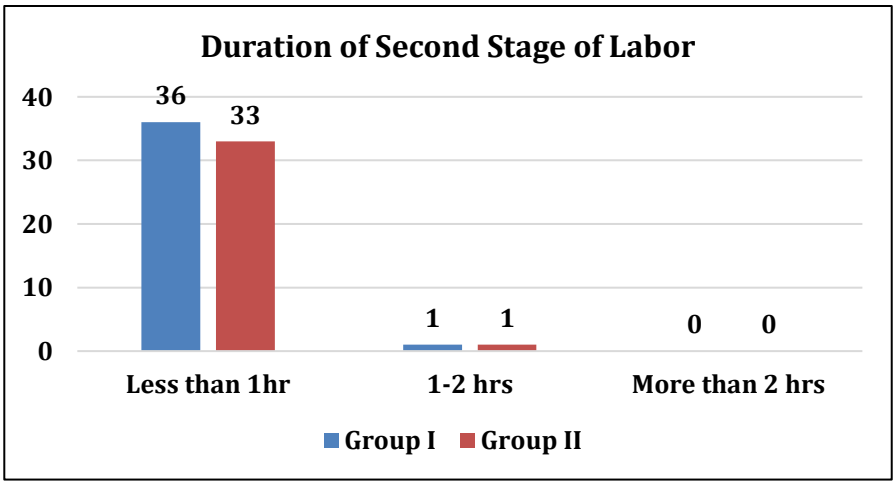




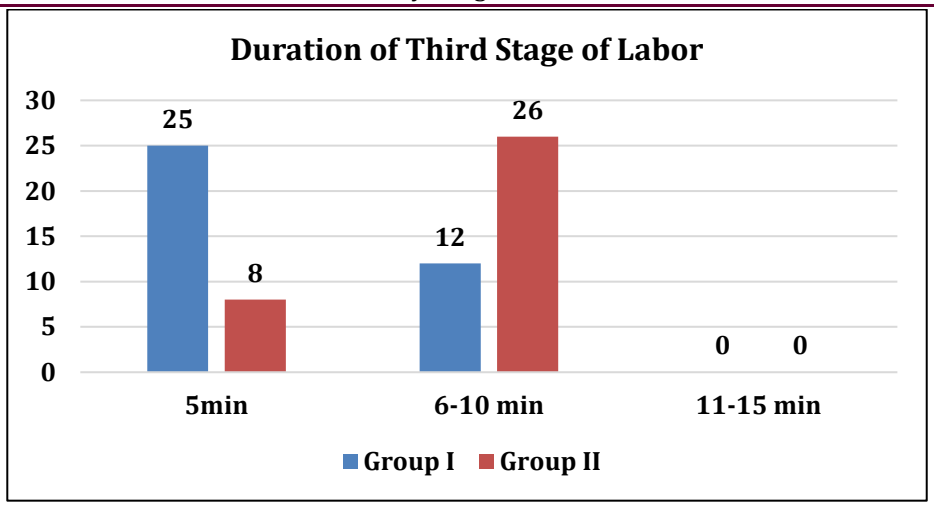
In Group I, 100% of subjects had moderate intensity of pain during uterine contractions. In Group II, 85% had moderate intensity of pain during uterine contractions followed by 15% who had mild intensity of pain. In Group I, 87.5% of subjects had rate of cervical dilatation more than mean rate and 5% had rate of cervical dilatation equal to mean rate and 7.5% had rate of cervical dilatation less than mean rate. In Group II, 60% of the subjects had rate of cervical dilatation equal to mean rate and 25% had rate of cervical dilatation more than rate of cervical dilatation and 6% had rate of cervical dilatation less than mean rate. The above table revealed that In Group I ,92.5% of the subjects had normal/reassuring fetal heart rate and 7.5% had non-reassuring fetal heart rate. In Group II, 92.5 % of the subjects had normal/reassuring fetal heart rate and 7.5% had non-reassuring fetal heart rate.

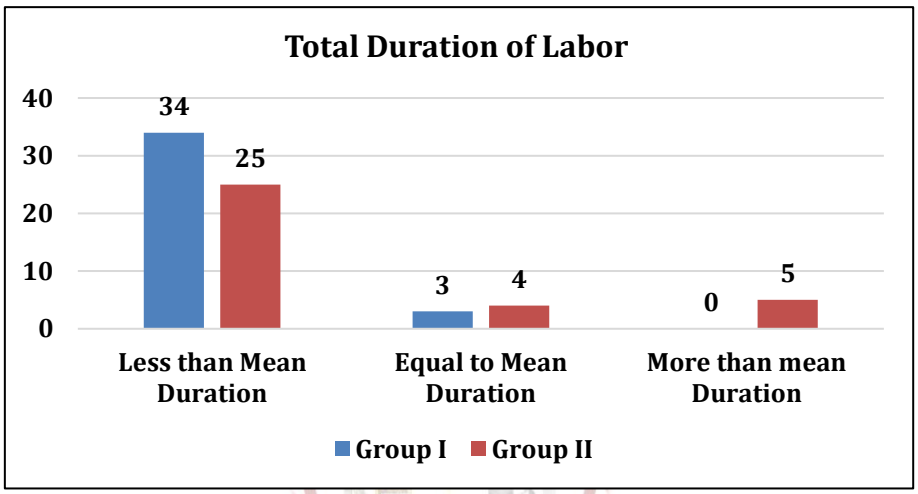


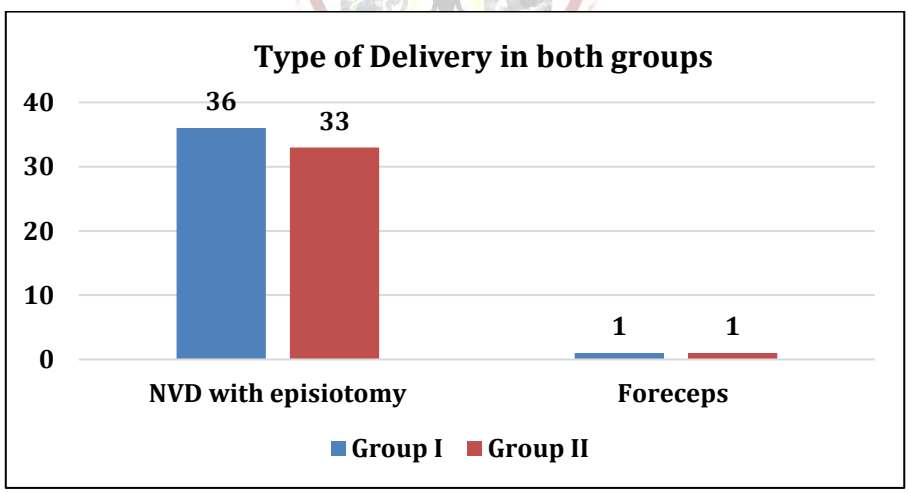




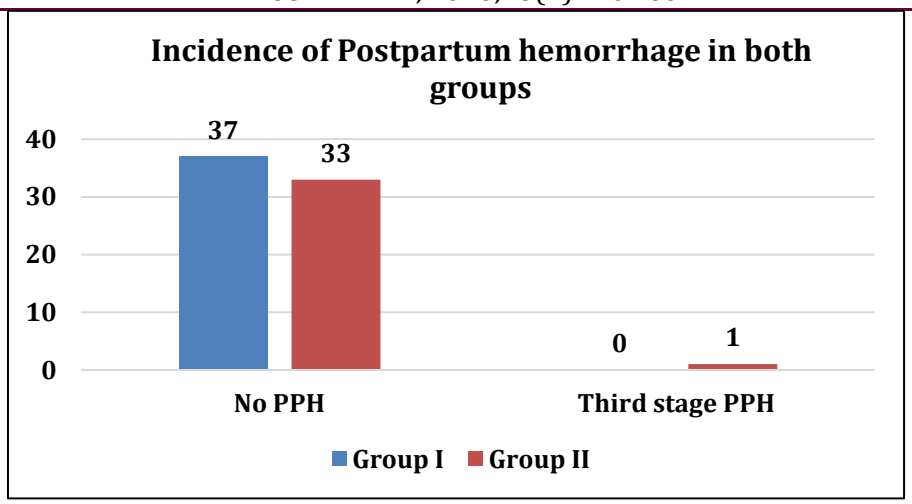
In Group I, 91.8% of the subjects had partograph before alert line followed by 8.2% had between alert and action line. In Group II, 82.3% of the subjects had partograph before alert line followed by 8.82% had between alert and action line and 8.82% had on or after action line. In Group I, 91.8% of the Subjects had duration of first stage of labor of 8-10 hrs and 8.2% had 11-12 hrs. In Group II, 73.5% of the subjects had duration of first stage of labor of 8-10 hrs and 14.7% had more than 12 hrs followed by 11.7% had duration of labor equal to 12 hrs. In Group I, 97.2% of the Subjects had duration of second stage of labor of less than 1hr and 2.7% of the Subjects had duration between 1-2 hr. In Group II, 97% of the Subjects had duration of second stage of labor of less than 1hr and 2.9% of the subjects had duration between 1-2 hr.

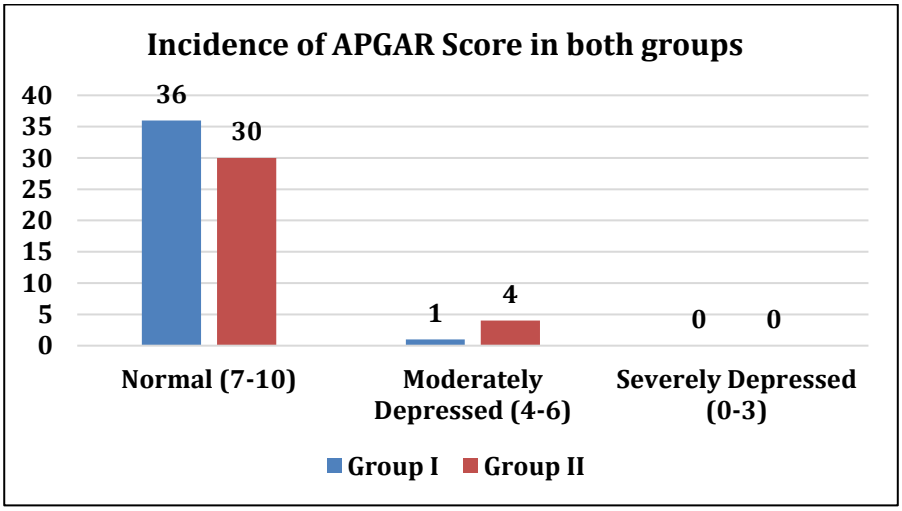






In Group I, 78.3% of the subjects had duration of third stage of labor equals to 5 min and 32.4% had 6-10min. In Group II, 64.7% of the subjects had duration of third stage of labor equals to 5min and 23.5% had 6-10 min. In Group I, 91.8% of the subjects had duration of labor less than mean duration and 8.2% had duration of labor equal to mean duration. In Group II, 73.5% of the subjects had duration of labor less than mean duration and 14.7% had duration of labor more than the mean duration followed by 11.7% had duration of labor equal to mean duration. In Group I ,97.2% of the subjects had NVD with episiotomy and 2.7% had forceps application. In Group II, 97.0% of the Subjects had NVD with episiotomy and 3.03% had forceps application





In Group I, 100% of the subjects had no PPH. In Group II, 97.0% of the subjects had no PPH and 3.03% had third stage PPH. In Group I, 97.2% of the subjects had normal APGAR Score. 2.7% had moderately depressed APGAR Score. In Group II, 88.2% of the subjects had normal APGAR Score and 11.8% had moderately depressed APGAR Score.

RESULT

Effect of Therapy on Progress of Labor

In Group I, the rate of cervical dilation in active phase was 2.8cm/hr and In Group II, the rate of cervical dilatation was 2.2cm/hr. In both groups, the mean rate of cervical dilatation during active phase was found to be more than standard mean rate thus showing highly significant results statistically.

In Group I, by the effect of therapy the mean duration of first stage of labor was 8.85hr, second stage was of 25 min and third stage was 6.62 min. So 'p' value was highly significant statistically in all three stages of labor.

In Group II, the mean duration of first stage of labor was 9.8hr, second stage was of 27.3 min and Third stage was 8.82 min. So 'p' value was highly significant statistically in all three stages of labor.

In Group I, by the effect of therapy the mean duration of active phase of first stage of labor was 2.5hr and in Group II, the mean duration of active phase of first stage of labor was 3.2 hr. So 'p' value was highly significant statistically for both groups.

It was seen that in both groups although the observed mean duration of all three stages of labor was less as compared to the standard mean duration of labor. But in intergroup comparison statistically significant results as per p value is seen in active stage of labor and statistically highly significant result as per seen in third stage of labor in Group I.

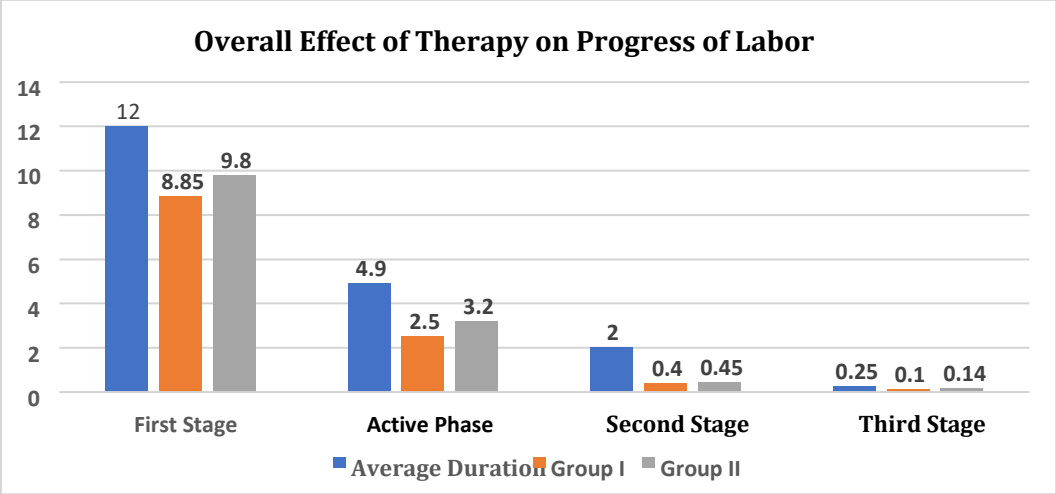
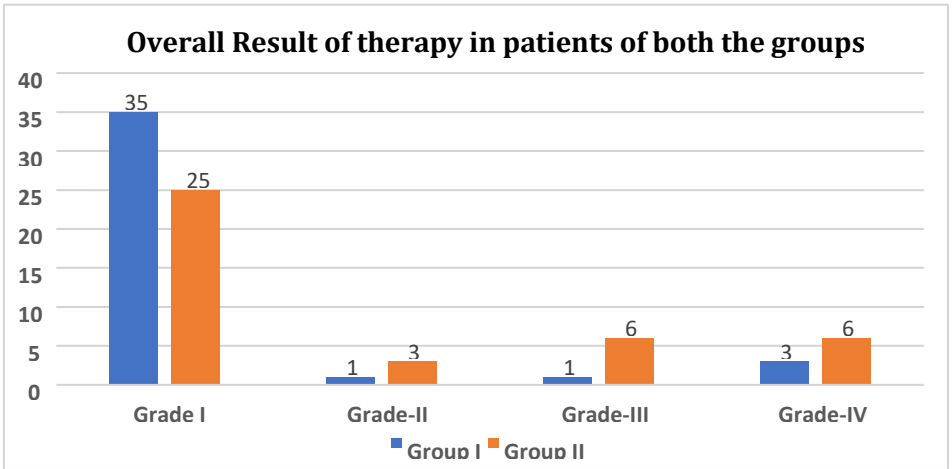


Table 1: Intergroup Comparison of Overall Effect of Therapy on Progress of Labor In 71 Subjects

S.No.	Stages Labor of	Average Duration	Duration of labor		SD	SE	Mann Whitney test	p	Result
			Group I	Group II					
1.	First stage	12hrs	8.85hrs	9.8hrs	4.5	0.7	1521	0.14	NS
2.	Active phase	4.9hrs	2.5hrs	3.2hrs	1.80	0.29	1614	0.007	S
3.	Second stage	2hrs	0.4 hr (25min)	0.45hr (27.3min)	9.4	1.54	1454	0.471	NS
4.	Third stage	0.25hr (15m in.)	0.1hr (6.62 min)	0.14hr (8.82 min)	3.02	0.49	1720	<0.001	HS

Table 2: Overall Result of therapy in patients of both the groups

S.No	Result	Effect of therapy (Score)	No. of Patients		Group I	Group II
			Gr. I	Gr. II	%	%
1.	Grade I	0	35	25	87.5%	62.5%
2.	Grade-II	0-3	1	03	2.5%	7.5%
3.	Grade-III	4-12	1	06	2.5%	15%
4.	Grade-IV	13-19	03	06	7.5%	15%



In Group I, out of 40 subjects, 87.5% i.e., 35 subjects had achieved Grade I (score=0) with NVD with episiotomy and duration of labor less than mean duration and 2.5% i.e., 1 subject had achieved Grade II (score 0-3) due to moderately depressed APGAR Score. and 2.5% i.e., 1 subject had achieved Grade III (score 4-12) due to forceps delivery and prolonged duration of first stage and 7.5% i.e., 3 subjects had attained Grade IV (13-19) due to LSCS.

In Group II, out of 40 subjects, 62.5% i.e., 25 subjects had achieved Grade I (score=0) with NVD with episiotomy and duration of labor less than mean duration and 7.5% i.e. 3 subjects had achieved Grade II (score 0-3) due to moderately depressed APGAR score. and 15% i.e., 6 subjects had achieved Grade III (score 4-12) in which 1 subject delivered with forceps delivery and 5 subject had NVD with episiotomy but the partograph lies between alert and action line and 15% i.e. 6 subjects had attained Grade IV (13-19) due to LSCS.

DISCUSSION

The probable mechanism of action of *Basti* can be explained as the majority of drugs of *Basti* were having *Madhura Rasa* which were *Garbhasthapaka, Sarvadhaatuvardhaka, Balya, Brimhaniya, Tarptka* and *Vatashamaka* which provided nourishment to the mother and foetus and hence maintained pregnancy. The *Guru* and *Snigdha Guna* had *Vatahara* and *Kaphavardhaka* property which helped in the lubrication and helped in smooth dilatation and descent of fetus. Due to *Sar Guna* helped in the easy descent of fetus which was also facilitated by the counteraction of *Sneha Guna* to the *Rukshta* of *Vata*. *Sheetaveerya* drugs had *Balya, Brimhaniya* and *Sandhaniya* properties, so provided strength to perineal muscles, nourishes whole body. Maximum drugs were having *Madhura Vipaka,* had *Vatapittaghna, Kaphavardhaka, Balya* and *Brimhaniya* properties and the drugs had *Vatashamaka* effect. Hence *Vyana Vayu* and *Apana Vayu* functions were normalised which were responsible for efficient uterine contractions and expulsion of fetus. The ingredients in *Madhukadi Sidha Taila- Balya, Brihmniya, Snigdh, Rasayan, Garbhposhak,* and *Garbhsthapak-* which nourished the fetus and strengthened *Garbhasaya*, and supported the *Yoni*. *Badar* fruit is a rich source of vitamin C which acted as *Rasayan* and as antioxidant and helped in providing the nourishment and strengthened the uterine musculature. *Goghrita* apart from *Mridukar* and *Snehan* properties, protected the mucous membrane from the untoward effect of irritating drugs in the *Basti dravyas*. The *Suksham Guna* of the *Saindhav Lavan* and *Madhu* helped *Basti* in reaching upto molecular level through microchannels. Also, the *Asthapna Basti* removed the retained faeces and helped in normalisation of *Apana Vata* along with *Vyan Vata* and *Madhukadi Sidha Taila Anuvasana Basti* helped in *Anulomana* of *Vata.* The synergistic effect of the drug strengthened uterine musculature and resulted in adequate and effective uterine contractions during labor and produced *Sukh* and *Nirupdarav Prasav.*

Ancient literature explained that *Basti* produced the systemic effects through absorption from the *Guda. Basti* therapy exerts its effects by stimulating the enteric nervous system (ENS) through direct action on the gastrointestinal tract, primarily within the large intestine. This localized stimulation of the ENS can activate sensory afferent pathways, which in turn influence the autonomic nervous system (ANS), particularly the parasympathetic branch. The parasympathetic activation leads to a cascade of physiological responses, including the modulation of uterine contractility via vagal innervation, enhancing uterine tone and contractions. This systemic effect underscores *Basti*'s role in promoting autonomic balance and facilitating targeted therapeutic outcomes, especially in conditions related to uterine function.

As *Madhukadi Sidha Taila Yonipichu* exert mild and continuous stretching pressure on the cervix and vaginal wall there may be possibility that this pressure may cause the fergueson reflex in the mild form and helped in cervical ripening. Ferguson reflex is the neuroendocrine reflex comprising the self -sustaining cycle of uterine contractions initiated by pressure at the cervix, more precisely the internal end of cervix or vaginal walls. It is an example of Positive feedback in biology. Also, *Til Tail* a principal constituent of *Madhukadi Sidha Taila* has high percentage of polyunsaturated fatty acids like linoleic, stearic, palmitic, oleic acids and role of fatty acids in cervical ripening and parturition has been established. These acids are precursors of arachidonic acid from which prostaglandins are synthesized which ultimately cause cervical ripening. *Taila* acts as lubricant so makes the vaginal passage and cervix soft.

One of the important points to notice that *Basti* had been indicated in the 8th month of pregnancy by *Acharyas* and 8th month is mentioned as not suitable for labor. Understanding of the facts led to a remarkable inference that *Basti* (*Asthapna and Anuvasna basti)* and *Pichu* (vaginal tampon) had acted upon by different mechanisms during preparation of Labor and during process of Labor although the same drugs were used in both the phases. This could be possibly explained as *Badarodak Asthapana Basti* and *Madhukadi Sidha Taila Anuvasana Basti Dravya* might possesses some properties which helped uterus to remain in quiescent state in 8th month and had prepared and strengthened uterine musculature for labor.

In the mechanism of uterine contraction, For the initiation of uterine contractile mechanism, actin and myosin is essential for muscle contraction. The key process in actin-myosin interaction is Myosin Light Chain Kinase (MLCK). Oxytocin acts on myometrial receptors and activates phospholipase C, which increases intracellular calcium level. Calcium is essential for the activation of MLCK and binds to the

kinase as Calmodulin-Calcium Complex. The phytochemistry studies evaluated that the saponins Jujubosides A extracted from Ziziphus mauritiana (*Badar*) is a non-competitive inhibitor of Calmodulin, which is ubiquitous, calcium binding protein that can bind to and regulate a multitude of different protein targets thereby affecting many different cellular functions such as muscle contraction[10]. The saponin rich fraction obtained from *Shatavari* was found to inhibit oxytocin induced uterine contractions. Alcoholic extract of *Shatavari* was found to produce a specific block of pitocin induced contraction, confirming its action as uterine sedative[11]. The *Basti Dravyas* of *Badar* might have affected muscle contraction through competitive inhibition of Calmodulin and *Shatavari* through their anti- oxytocic effect and resulted in uterine quiescence during 8th month of pregnancy. Also, both alpha and beta adrenergic receptors are present in the myometrium. Estrogen causes the alpha receptors and progesterone the beta receptors to function predominantly. The contractile response is initiated through the alpha receptors of the postganglionic nerve fibres in and around cervix, and the lower part of uterus[12]. *Madhukadi Sidha Taila* was given in the form of *Pichu* (tampon per vaginum) had the contents that contained phytoestrogenic compounds. The phytoestrogen have structures similar to endogenous estrogen and be able to bind with alpha and beta receptors of estrogen. Also, during gestation estrogen is necessary for prolifertaion of the myometrium as well as for myometrial contractions associated with labor. The *Taila* probably might have acted through their phytoestrogenic property and bind to Estrogen Receptor alpha and stimulated the estrogen receptors and promoted the synthesis of myometrial receptors for oxytocin. The *Taila* through its phytoestrogenic properties probably accelerated the lysosomal disintegration in the decidual and amnion cell resulting in increased prostaglandins (PGF2alpha) synthesis and enhanced gap junction formation. Also, estrogen is one of the essential factors for softening of cervix and dissolution of collagen and water content of cervix. The phytoestrogen through their estrogenic effect probably have played a significant role for cervical ripening which is important factor for eutocia. Moreover, constituent of *Anuvasana Basti* contains high number of polyunsaturated fatty acids like linoleic acids, stearic acid, palmitic acid, oleic acids. These fatty acids especially linoleic acid is precursor to Arachidonic Acid which is precursor to prostaglandins. Prostaglandins play a prominent role in myometrial contractility, relaxation and inflammation.[13] It is possible that the prostanoids contribute to myometrial relaxation at one stage of pregnancy and to myometrial contractions after parturition initiation.[14] Hence there could be strong possibility that there may be factors that contributed to uterine quiescent through *Basti Dravyas* at one stage and same factors lead to uterine contractions during labor through *Basti* and *Yonipichu.*

CONCLUSION

The mechanism of labor was not clearly mentioned in Ayurvedic text but the scattered references gave some idea to correlate these stages with mechanism of labor mentioned in modern texts*. Vata* had crucial role in the *Prasav.* Normalisation of *Apana Vayu* along with *Vyan Vayu* helped in *Garbha Nishkramana* (expulsion of fetus) and facilitated easy delivery. The contents of the trial drugs were mostly *Madhura Rasa*, *Sheeth Virya*, *Madhura Vipaka* and *Snigdh Guru Guna* and contained saponins and polyunsaturated acids. *Basti* along with *Yoni Pichu* was highly effective in fetal descent and cervical ripening and provided significant result in shortening of duration of stages of labor. A difference of 0.8 hr (48min) in active phase of Group I as compared to Group II and a difference of 0.04 hr (2.2 min) was noted in third stage of labor in Group I as compared to Group II. This showed early progress of Labor In Group I. Subjects of Group I felt moderate intensity of pain. This might be due to the *Vednasthapaka* properties of *Madhukadi Sidha Taila* and *Badarodak Asthapna Basti Dravyas.* The Group I had high intrauterine pressure during first and second stage of labor. Despite raised intrauterine pressure maximum number of subjects had normal and reassuring FHS. This showed *Basti* had no adverse effect on FHR. Normalisation of *Apana Vata* resulted in effective contractions of myometrium and expulsion of placenta. Hence no incidence of PPH was noted in Group I. Maximum subjects had normal APGAR score that might be due to early progression of labor that resulted into early rescue from pains which helped to prevent fetal hypoxia. Lesser incidence of injuries were noted in Group I despite of the episiotomy might be due to *Snigdha* properties of *Dravyas* of *Basti* and *Yonipichu* that resulted in proper stretching of perineal muscles and birth canal. All the investigation before and after trial were within normal limits suggesting no adverse effect of trial drug. The idea of *Sukh* and *Nirupdrava prasav* was achieved successfully through this research work.

REFERENCES

1. Konar H, editor DC Dutta's Textbook of Obstetrics, 10th ed. New Delhi: J.P. Brothers Medical Publishers, 2023.Normal Labor. Chapter 13. p. 108
2. Konar H, editor DC Dutta's Textbook of Obstetrics, 10th ed. New Delhi: J.P. Brothers Medical Publishers, 2023. Normal Labor. Chapter 13. p. 108

3. Konar H, editor DC Dutta's Textbook of Obstetrics, 10th ed. New Delhi: J.P. Brothers Medical Publishers, 2023.Normal Labor. Chapter 13. p. 61
4. Konar H, editor DC Dutta's Textbook of Obstetrics, 10th ed. New Delhi: J.P. Brothers Medical Publishers, 2023.Normal Labor. Chapter 13.p. 111
5. Konar H, editor DC Dutta's Textbook of Obstetrics, 10th ed. New Delhi: J.P. Brothers Medical Publishers, 2023.Normal Labor. Chapter 13.p. 111
6. Konar H, editor DC Dutta's Textbook of Obstetrics, 10th ed. New Delhi: J.P. Brothers Medical Publishers, 2023.Normal Labor. Chapter 13. p. 111
7. Lalchander Shastri V, commentator. Ashtang Samgrah of Vagbhatta. Sharir Sthana. Garbhopcharniyam Shariram. Chapter 3, Verse 11-12. 1st ed. Nagpur: Baidyanath Ayurved Bhawan Pvt. Ltd.; Nagpur 1989, p. 65.
8. Tewari P. Ayurvediya Prasuti Tantra Evam Striroga Part 1. 2nd ed. Varanasi: Chaukhambha Orientalia; 1999, Garbhini Chinha Evam Garbhini Paricharya. Chapter 5. p. 197.
9. Tewari P. Ayurvediya Prasuti Tantra Evam Striroga Part 1. 2nd ed. Varanasi: Chaukhambha Orientalia; 1999, Prasava Vigyaniya: Chapter 8. p. 423
10. Goyal M, Nagori BP, Sasmal D. Review on ethnomedicinal uses, pharmacological activity and phytochemical constituents of Ziziphus mauritiana, Spatula DD. 2012; 2(2): 107-116
11. Anu MS, Kunjibettu S, Archana S, Dei L. Management of premature contractions with Shatavaryadi Ksheerpaka Basti: a Case Report. Ayu. 2017; 38(3-4): 148–152. doi:10.4103/ayu.AYU_ 200_17.
12. Konar H, editor DC Dutta's Textbook of Obstetrics, 10th ed. New Delhi: J.P. Brothers Medical Publishers, 2023 Normal Labor. Chapter 13. p. 109
13. Journal article (ScienceDirect): Condon JC, Kyathanahalli C, Anamthathmakula P, Jeyasuria P. Estrogen/Estrogen receptor action & pregnant myometrium. Curr opin Physiol.2020; 13: 135-140. doi:10.1016/j.cophys.2019.10.017.
14. Gary Cunningham FG, Leveno KJ, Dashe JS, Hoffman BL, Spong CY, Casey BM. Physiology of Labor. In: Williams Obstetrics. 26th ed. New York: Mc Graw Hill; 2022 p.400

Cite this article as:
Rajinder Kaur, Seema Shukla, Meena Parmar. Acharya Vagbhatta's Idea of Basti and Pichu in Garbhini Paricharya. AYUSHDHARA, 2026;13(4):126-138.
https://doi.org/10.47070/ayushdhara.v13i4.2945
Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**
Dr. Rajinder Kaur
PG Scholar,
Department of PTSR,
Rajiv Gandhi Govt. Post Graduate Ayurvedic College, Paprola, Himachal Pradesh.
Email: rajinderkaur833@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.