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ANUVĀSANA BASTI IN THE PREPARATION FOR SUKHAPRASAVA: A CRITICAL REVIEW

Dr. Shivani P. Kale*

MS Obstetrics Gynaecology (Ayu), Assistant Professor at P R Pote Patil College of Medical Science Ayurveda Amravati.

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***Corresponding Author**

Dr. Shivani P. Kale

MS Obstetrics Gynaecology (Ayu), Assistant Professor at P R Pote Patil College of Medical Science Ayurveda Amravati.

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ABSTRACT

The third trimester is a crucial period of fetal growth, cervical maturation, increasing pelvic pressure and preparation for labour. Ayurveda describes Garbhini Paricharya for maintaining maternal and fetal health and promoting Sukhaprasava. In the ninth month, Acharya Charaka recommends Anuvāsana Basti with Madhura-gana-siddha Taila along with Yoni Pichu. Its Ayurvedic basis is Sneha, Vāta Śamana and Apāna Vāta Anulomana. Preliminary human studies suggest possible benefits in cervical favorability and labour progression, but current evidence is limited. Therefore, it should be considered a complementary intervention under qualified supervision rather than a proven method of labour induction or cervical ripening.

KEYWORDS: Anuvāsana Basti, Mātrā Basti, Garbhini Paricharya, Apāna Vāta, Sukhaprasava, labour, cervical ripening.

1. INTRODUCTION

Pregnancy involves progressive maternal and fetal changes, particularly during the third trimester. Increasing uterine size, pelvic pressure, constipation and cervical remodeling prepare the woman for childbirth.

Ayurveda describes specific month-wise Garbhini Paricharya. For the ninth month, Charaka states.

“Thus, Madhura-gana-siddha Taila Anuvāsana Basti and Yoni Pichu are described as part of antenatal preparation for Prasava.

2. Ayurvedic Concept

Anuvāsana Basti is a Sneha-based Basti administered through the rectal route and is primarily used for Vāta Śamana.

Main principles

* Sneha → Vāta Śamana
* Apāna Vāta Anulomana
* Regulation of downward physiological movements
* Support of Prasava
* Maintenance of bowel function

Apāna Vāta governs Mala, Mutra, Artava and Prasava.

Therefore:

Apāna Vāta Anulomana → proper Prasava Mārga gati → Sukhaprasava

It is intended to support physiological labour rather than artificially induce labour.

3. Role of Sneha and Madhura Gana

नवमे तु खल्वेनां मासे मधुरौषधसिद्धेन तैलेनानुवासयेत् ।
तैलमेव च योनौ पिचुं दद्यात् ।

Sneha is traditionally considered

* Snigdha – unctuous
* Mṛdu – softening
* Sūkṣma – subtle
* Sāra – facilitating movement

Madhura-gana is associated with Bṛṃhaṇa, Balya, Jīvanīya and Vāta-Pitta Śamana properties.

Thus, the classical rationale is

Sneha + Madhura Dravya → Vāta Śamana + nourishment → Apāna Anulomana → support of Sukhaprasava

4. Anuvāsana Basti and Yoni Pichu

Therapy	Route	Main objective
Anuvāsana Basti	Rectal	Vāta Śamana, Apāna Anulomana
Yoni Pichu	Local vaginal	Snehana of Prasava Mārga

Together they represent

Systemic Vāta management + local Snehana → preparation for childbirth

5. Possible Modern Interpretation

Modern medicine does not recognize Apāna Vāta as a physiological entity. Possible biomedical effects of Anuvāsana Basti may include.

* Improved bowel evacuation
* Reduction of constipation-related discomfort
* Reduced straining and pelvic pressure
* Possible pelvic relaxation

However, a direct effect on cervical ripening, uterine contractility or labour induction has not been scientifically established.

6. Human Evidence

Small clinical studies, case reports and case series have reported.

* Improved Bishop score
* Favorable cervical changes
* Spontaneous labour progression
* Possible reduction in labour duration
* Favorable vaginal delivery rates
* Generally reassuring neonatal outcomes

Reported examples include Eranda Taila, Bala Taila and Tila Taila Mātrā Basti, often combined with Yoni Pichu.

However, these studies are limited by.

* Small sample sizes
* Lack of adequate controls
* Heterogeneous formulations and protocols
* Potential confounding by normal term labour

Hence, current evidence remains preliminary.

7. Cervical Ripening and Labour

An increased Bishop score after treatment does not necessarily prove pharmacological cervical ripening because cervical maturation naturally occurs near term.

Similarly, labour duration depends on:

* Parity
* Cervical status
* Fetal position and size
* Pelvic factors
* Uterine contractions
* Induction/augmentation
* Analgesia and obstetric interventions

Therefore, Anuvāsana Basti cannot presently be considered an established cervical-ripening, labour-inducing or labour-shortening method.

8. Safety and Clinical Approach

It should not be performed as a routine home procedure.

Before administration

* Confirm gestational age
* Assess maternal and fetal well-being
* Establish low-risk status
* Assess bowel function and Koṣṭha
* Select appropriate Sneha and dose
* Obtain qualified Ayurvedic and obstetric assessment

Avoid/caution in

* Preterm labour
* Antepartum hemorrhage/placenta previa with bleeding
* Suspected abruption
* Significant vaginal bleeding
* Ruptured membranes with risk
* Severe unexplained abdominal pain

* Fetal compromise
* Maternal instability
* Active anorectal/GI disease
* Infection
* High-risk pregnancy

9. Evidence Summary

Parameter	Evidence
Classical basis	**Strong**
Ninth-month use	**Well documented**
Apāna Vāta rationale	**Strong traditionally**
Constipation benefit	**Plausible**
Cervical ripening	**Preliminary**
Shortening labour	**Suggestive, low-quality evidence**
Reduction in LSCS	**Insufficient evidence**
Fetal safety	**Limited evidence**
Routine use	**Not evidence-based**

10. Research Gaps

Future RCTs should assess

* Bishop score and cervical length
* Onset and duration of labour
* Mode of delivery/LSCS
* Maternal constipation and comfort
* APGAR and birth weight
* NICU admission
* Maternal and fetal adverse effects

Large, standardized randomized controlled trials are required.

CONCLUSION

Anuvāsana Basti is an important component of classical ninth-month Garbhini Paricharya. Its Ayurvedic rationale is based on Sneha, Vāta Śamana and Apāna Vāta Anulomana, with Yoni Pichu providing complementary local Snehana.

Preliminary human evidence suggests possible benefits in cervical favorability and labour progression, but evidence is currently insufficient to establish definite effects on cervical ripening, labour duration or LSCS reduction.

Thus, Anuvāsana Basti may be considered a complementary birth-preparation measure in selected low-risk pregnancies under qualified supervision, and should not replace standard antenatal and obstetric care.

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