WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
SJIF Impact Factor 8.453
Volume 14, Issue 15, 1142-1149. Research Article ISSN 2277–7105

BRIDGING AYURVEDA AND MODERN OBSTETRICS: A PILOT STUDY ON *SUKHAPRASAVA* OUTCOMES

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Article Received on
12 June 2025,

Revised on 02 July 2025,
Accepted on 22 July 2025

DOI: 10.20959/wjpr202515-37768

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ABSTRACT

Introduction: Pregnancy phase is very precious phase in women life. Life of women is incomplete until and unless she conceives and gives birth. *Garbhini paricharya* is a systematic supervision of a *Garbhini* for overall development of mother as well as fetus. In Ayurveda the Antenatal care includes *Asthapana Basti* (enema with medicated decoction and oil), *Anuvasana Basti* (enema with medicated oil) and *Yoni Pichu* (vaginal tampon) in the last months of pregnancy for achieving *Sukhaprasava.* The aim of study is to evaluate the efficacy of integrated and individual approaches (Ayurveda and Contemporary) in achieving *Sukhaprasava*. **Material and Methods:** 30 patients were randomly divided in three groups. In Group A 10 patients were given ninth month Ayurvedic protocol along with tab misoprostol 25ug sublingual only during latent phase, in Group B 10 patients were given purely ninth month Ayurveda protocol and in Group C 10 patients were given only tab. Misoprostol 25ug sublingual during latent phase for enhancing *Sukhaprasava*. Ayurveda protocol for labor includes *Bala taila matrabasti* and *Kebuka taila Yoni Pichu* from 37th week of gestation onwards, twice a week and Eranda Taila *Asthapana Basti* during latent phase of labor. **Result:** The

result was assessed for the progress of labor and mode of delivery. Better result was found in Group A where both Contemporary and Ayurveda protocol were given for achieving *Sukhaprasava*. **Conclusion:** It concluded that both Ayurveda and Contemporary protocol when given together can become much more effective than individual protocols.

KEYWORDS: *Sukhaprasava, Asthapana Basti, Matra basti, Erand Taila, Kebuka Taila, Bala taila,* Misoprostol.

INTRODUCTION

Pregnancy is a transformative and significant phase in a woman's life, representing not only the beginning of new life but also a period of immense physiological, psychological, and emotional change. In Ayurveda, the science of life, this phase is approached with utmost care and reverence, recognizing the dual responsibility of nurturing both the mother and the developing fetus. The concept of *Garbhini Paricharya*—a comprehensive antenatal care regimen—is a distinctive contribution of Ayurveda that emphasizes dietary, lifestyle, and therapeutic interventions tailored to each month of gestation to ensure the well-being of both mother and child.[1] The ultimate goal of these regimens is to facilitate *Sukhaprasava*, or smooth and uncomplicated labor and delivery.

The ninth month of pregnancy is particularly crucial, as it prepares the body for the impending process of childbirth. Classical Ayurvedic texts recommend specific interventions during this phase to promote cervical ripening, uterine contractions, and overall readiness for labor. These include *Matra Basti* (enema with medicated oil), *Asthapana Basti* (enema with decoction and oil), and *Yoni Pichu* (vaginal tampon with medicated oil), which are believed to regulate *Vata Dosha*—the governing force for movement and expulsion in the body—and aid in a natural, timely, and less painful delivery.

Contemporary obstetric practices also offer various methods for labor augmentation, among which Misoprostol is commonly used for cervical ripening and induction of labor. While effective, it is not devoid of potential side effects, and the exclusive use of pharmacological methods may overlook the holistic needs of the birthing woman.[2] This opens a compelling avenue for integrative approaches that combine the time-tested Ayurvedic methods with evidence-based modern medicine to achieve optimal maternal outcomes.

The present study, aims to scientifically assess the efficacy of such integrative care. This study contributes valuable insights into the growing field of integrative obstetrics, suggesting that a collaborative model harnessing both traditional and modern knowledge systems may offer enhanced maternal comfort, reduced complications, and an overall smoother birthing experience—*Sukhaprasava* in its truest sense.

OBJECTIVES

Primary Objective: To assess the feasibility of integrated and individual approaches.

Secondary Objective: To evaluate preliminary outcomes related to labor progress and delivery.

MATERIALS AND METHODS

Study Design: Open-label, randomized pilot study.

Setting: OPD & IPD of Prasuti tantra & Stree roga department, National Institute of Ayurveda, Jaipur

PARTICIPANTS

Inclusion Criteria

Pregnant women at 37 weeks gestation with singleton, cephalic presentation, aged 21–40 years, height between 148–172 cm, hemoglobin ≥10 g/dL, and clinically assessed borderline or adequate pelvis were included.

Exclusion Criteria

Women with a history of LSCS within 3 years, bad obstetric history, precious pregnancy, or complications like PIH, pre-eclampsia, eclampsia, GDM, placenta previa (≥grade 2 posterior), abruptio placentae, severe oligohydramnios/polyhydramnios, or IUGR were excluded. Other exclusions included malpresentation, cephalopelvic disproportion, systemic illnesses (e.g., diabetes, renal/cardiac disease, TB, coagulopathies), genital tract tumors or fistulas, history of Fothergill repair, and those testing positive for VDRL, HIV, or HBsAg.

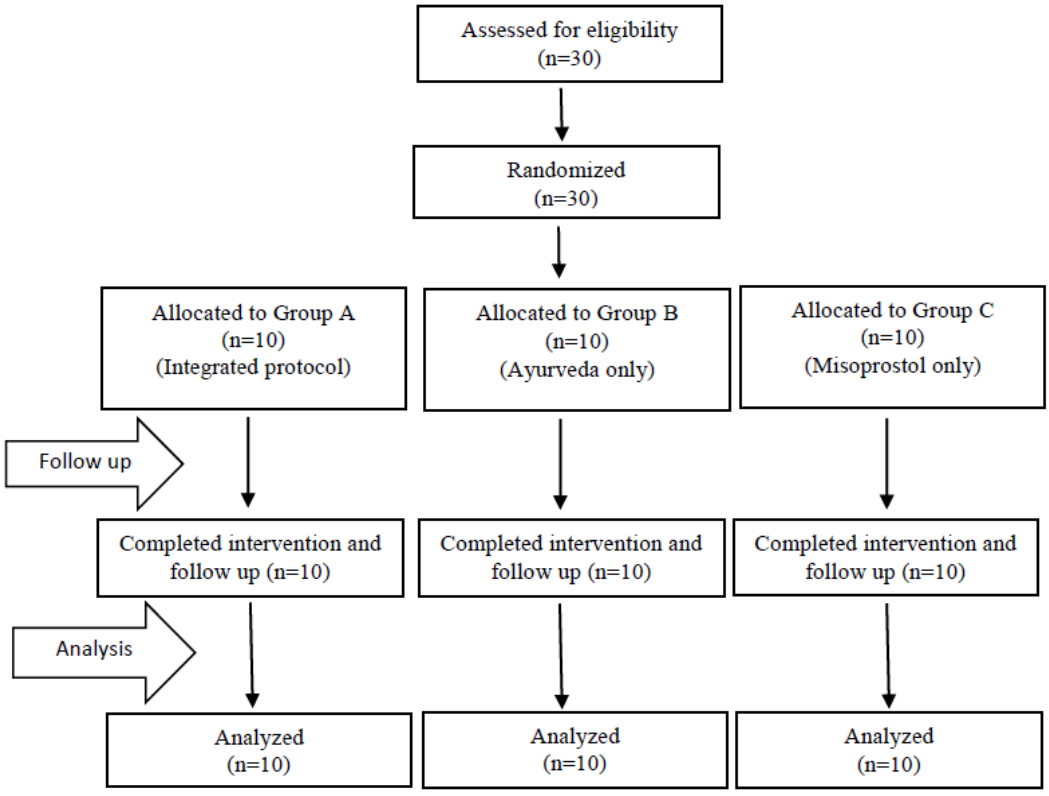
Grouping: (Table 1)

- Group A: Integrated approach (Ayurveda + Misoprostol)
- Group B: Ayurveda only
- Group C: Misoprostol only

Table 1: Interventions in the study.

Group	Intervention	Dose	Route	Timing & Frequency
A	*Bala Taila Matra Basti*	60 ml	Per rectal	From 37th week onward, twice weekly (minimum 2, maximum 8 times)
	Kebuka Taila Yoni Pichu	20 ml	Per vaginal	From 37th week onward, twice weekly (min 2, max 8 times) and every 2 hours during active labor until full cervical dilatation
	Asthapana Basti (Dashmoola Kwath + Eranda Taila)	350 ml	Per rectal	During the latent phase of labor (1–2 administrations)
	Tablet Misoprostol	25 µg	Sublingual	After labor begins, before 5–6 cm cervical dilation (1–4 doses as needed)
B	*Bala Taila Matra Basti*	60 ml	Per rectal	Same as Group A
	Kebuka Taila Yoni Pichu	20 ml	Per vaginal	Same as Group A
	Asthapana Basti (Dashmoola Kwath + Eranda Taila)	350 ml	Per rectal	Same as Group A
C	Tablet Misoprostol	25 µg	Sublingual	After labor begins, before 5–6 cm cervical dilation (1–4 doses as needed)

Outcome Measures: Progress of labor, mode of delivery, intervention tolerability.



No dropouts, withdrawals or losses to follow-up in any group

Figure 1: Participant Flow chart.

RESULTS (FIGURE 1)

Tolerability of Ayurvedic Procedures

The Ayurvedic interventions, including *Matra Basti*, *Yoni Pichu*, and *Asthapana Basti*, were well tolerated across participants in Groups A and B. No participants reported significant discomfort or procedural complications. Mild transient discomfort during *Basti* administration was reported in 2 cases but did not require discontinuation. No allergic or adverse local reactions were noted with the use of medicated oils.

Labor Duration

Group A showed a trend toward shorter total labor duration compared to Groups B and C. The latent phase was relatively shorter in the integrated group, and the active phase progressed smoothly in most cases. Average labor durations (mean ± SD) were:

- **Group A:** ~7.5 ± 1.2 hours
- **Group B:** ~8.3 ± 1.4 hours
- **Group C:** ~9.0 ± 1.6 hours

Although the differences were not statistically analyzed due to the pilot nature of the study, a favorable trend was observed in the integrative group.

Mode of Delivery

Spontaneous vaginal delivery was highest in Group A, with 9 out of 10 women delivering normally. One case delivered through caesarean section due to fetal distress. In Group B, 8 had normal delivery and 2 required emergency caesarean section due to fetal distress and early rupture of membrane. In Group C, 6 women delivered vaginally, while 2 required assisted delivery and 2 underwent emergency caesarean section due to non-progression of labor and fetal distress. These trends suggest a possible benefit of integrative protocols in facilitating uncomplicated vaginal delivery.

Adverse Events

No serious adverse events were reported in any group. Minor side effects such as nausea and abdominal cramping were reported in the Misoprostol-only group (Group C) in 2 cases, consistent with known drug effects. No adverse outcomes were associated with Ayurvedic therapies.

Feasibility Outcomes

The study interventions were found to be feasible and acceptable. Participants in the Ayurvedic groups expressed a high degree of satisfaction and comfort with the procedures, particularly *Yoni Pichu*. Administration logistics were manageable within a clinical setting. Key challenges included the need for trained staff for *Basti* procedures and patient hesitation during the first administration. Overall adherence was high, with most participants completing at least 6 out of 8 scheduled Ayurvedic sessions, supporting the feasibility of incorporating traditional practices into antenatal care.

DISCUSSION

This pilot study aimed to evaluate the relative effectiveness of integrative (Ayurveda combined with contemporary medicine) and individual approaches in promoting *Sukhaprasava*, or smooth and uncomplicated childbirth. The results suggest that the integrated protocol (Group A) demonstrated favorable trends, including reduced labor duration and increased rates of spontaneous vaginal delivery, compared to either Ayurvedic or contemporary approaches alone. These observations support the idea that combining Ayurvedic therapies with modern obstetric interventions may offer synergistic benefits in preparing the birth canal and facilitating effective uterine contractions.

In Ayurvedic literature, therapies such as *Matra Basti*, *Asthapana Basti*, and *Yoni Pichu* are traditionally employed to pacify *Vata dosha* and promote softening of the reproductive tract (*yoni-mardavata*), thereby aiding in the natural course of labor. In the current study, regular administration of *Bala Taila Matra Basti* and *Kebuka Taila Yoni Pichu* from the 37th week of gestation, along with *Eranda Taila Asthapana Basti* during the latent phase of labor, appeared to promote cervical ripening and improve labor progression. These effects were enhanced when used in conjunction with Misoprostol, a well-known prostaglandin analogue used to induce uterine contractions and cervical effacement.

Comparable findings have been reported in earlier studies. Thorat et al. found that *Bala Taila Matra Basti* significantly reduced the duration of labor and improved maternal outcomes when administered during the ninth month of pregnancy in a controlled cohort of 100 women.[3] Similarly, It was observed that the combination of *Bala Siddha Taila Matra Basti* and *Yoni Pichu* promoted uncomplicated labor in a case-based report.[4] Additionally, *Eranda Taila* used as part of *Asthapana Basti* has shown positive effects in cervical softening and labor facilitation without adverse outcomes in mother or child.[5]

In terms of feasibility, Ayurvedic interventions were generally well accepted by participants. Most women completed the prescribed number of therapy sessions, and procedures like *Yoni Pichu* were particularly appreciated for their local soothing effects. While a few participants initially expressed discomfort or hesitation, appropriate counselling and support helped alleviate concerns. The requirement of trained staff for proper administration of *Basti* was a notable logistical challenge, especially in settings with limited resources.

However, several limitations must be acknowledged. The small sample size (n=30) restricts the statistical power of the findings, and the single-center design limits generalizability. Blinding could not be implemented due to the nature of interventions, introducing potential observer or performance bias. Furthermore, the short-term follow-up and lack of neonatal outcome assessment prevent conclusions regarding long-term safety or efficacy.

Despite these limitations, the study provides important preliminary insights and demonstrates the feasibility of conducting larger, well-controlled trials on integrative labor management. Future studies should be multicentric, include larger and more diverse populations, and use standardized outcome measures. Assessing additional factors such as maternal satisfaction, neonatal outcomes, and cost-effectiveness would provide a more comprehensive evaluation of integrative care models.

CONCLUSION

This pilot study indicates that integrative protocol combining Ayurvedic therapies with conventional obstetric support appears to be a feasible and potentially more effective approach to achieving *Sukhaprasava* than individual methods alone in terms of reduced labor duration and higher rates of normal delivery. These encouraging findings warrant further exploration through larger randomized controlled trials to substantiate efficacy and safety and to guide the development of standardized integrative care guidelines.

Future Directions

- Modifications needed for full-scale study.
- Need for larger sample, long-term follow-up, or additional parameters.

ACKNOWLEDGMENTS: National Institute of Ayurveda, Deemed to be University, Jaipur (Raj).

CONFLICT OF INTEREST: None declared.

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