

**An ayurvedic analytical view of *Prasava* (Normal labour)**
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**ABSTRACT** Pregnancy is a physiologic and natural event in the life of every woman. Passage through the birth canal is the most perilous journey made by a woman in her life, the misery and discomfort a woman has to face is far more than any pain imaginable. The normal labor can turn to pathological at any time; So it is necessary to know the causes of initiation of labor, duration of *prasava*, the various stages of labor and the proper mechanism to carry out process of labor normally in order to prevent life threatening complications to the mother as well as to the fetus. Description of *prasava* in *Ayurvedic* science, though found since the ancient era is a very less known concept to many people as they are not much in practice. An elaborate description of *Prasava* is given in *Ayurvedic samhitas*, *likely charak*, *sushrut etc.* which help us tremendously to understand the concept of *Prakrit prasava* (normal labor). People are not aware of the concept of labor in *Ayurveda*

though it is very scientifically described in *Ayurvedic* texts. By evaluating the complete knowledge of *Prasava* or the labor explained in *Ayurvedic* science, the same may be incorporated as an add-on in the future studies to make it evidence based and also to corroborate the authenticity of the science through research.

**KEYWORDS:** Pregnancy, Labour, Prakrit Prasava, Garbhini paricharya, Prasava paricharya

**INTRODUCTION**

Woman is the unique creation of Prakriti (Nature) and blessed the females with the most valuable gift of motherhood. Pregnancy and to bear a child are one of the most important events in the life of every woman. Passage through the birth canal is the most critical journey to the fetus and the amount of pain and discomfort faced by a woman is beyond imagination; However, despite it being

associated with the same fundamental physiological process, not all women experience labor pain in the same way. Women's evaluations of labor pain can range from excruciating to pleasurable in different individuals or on different occasions<sup>[1]</sup>. The risk and agony are enormously increased when labor is prolonged and the mother faces agonizing pain. There is anxiety and fear of operative interventions; So, to minimize this and to get a healthy child, Proper knowledge of the process of labor is essential. Keeping all these aims in mind, our *Acharyas* have described the *Masanumasik Garbhini Paricharya* from the Conception and *Prasava paricharya* till labor. Pregnancy, especially during the course of labor is the most critical stage. As *Acharya Kashyap* has described this as when a woman approaches labor at every moment there is fear of death to the mother<sup>[2]</sup>. So, to ease her at this juncture of time understanding of *Prasava Prakriya* (process of labor) is essential to provide proper care and management during this critical phase of life. The timely intervention of medications, management and complications, all depends on the proper knowledge of the process of labor.

### Aims and objectives

- To prove it is more comprehensive and scientific.
- To study about the concept of *Prasava* and its importance.
- To study the mechanism of labor described in various *Ayurvedic* texts.

### Material and Methods

Literary references are collected from *Charak*, *Sushruta*, and *Kashyap Samhita* and various other *Ayurvedic samhitas* and

books of modern medical science of obstetrics branch.

**Definition** The term '*Prakrit prasava*'<sup>[3]</sup> (normal labor) is applicable if it fulfills the below given criteria

- *Swabhavika* - Spontaneous onset
- *Upasthitha kala*- Onset on completion of term
- *Avakshira* - Cephalic presentation
- *Swabhavika kala* - Without undue prolongation
- *Upadravarahita*- Without having any complications

**Prasava Derivation** The term '*Prasava*' is derived from '*Shuyan Prani Prasave*' by prefixing "*Pra*" and applying *Panini Sutra "Ridrop"*. According to modern science, the term 'Labour' is derived from the Latin word which means 'to suffer' or 'to toil'.

At the onset of labor, the head of the fetus gets turned and comes forward due to the action of *Prasuti Maruta* and then is expelled out through *Apatyapatha* (birth canal). This is termed as "*Prakrit Prasava*" (normal labor). The same view is expressed by *Acharya Sushruta*<sup>[4]</sup> and *Dalhan* has clarified that *Poorvajanmakrita Karma* is responsible for this *Swabhavik Prasava*<sup>[5]</sup>.

### Synonyms of Labour

1. *Garbha mochana*, 2. *Garbha Mukti*, 3. *Garbha thyagam* 4. *Prasavam*, 5. *Delivery* 6. *Parturition* ***Samanya Prasava Kala*** According to *Acharya Charaka* normal period of labor starts from the first day of ninth month to tenth month and the stay of the fetus beyond this is considered as abnormal. The birth of the baby within a nine to ten months period is normal but birth beyond this is considered as abnormal and is associated with

difficulties and may cause problems to both mother and the fetus.

### ***Prasava Karana*<sup>[6]</sup>**

*Nadi nibandha Mukti* - As a fruit detached from its stalk comes down naturally due to time factor, *garbha* got separated from its “*nadinibandha*” and proceeds for labor due to its specific nature. Here, the *nadi* word denotes sensory and motor nerve fibers 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 [(*Nadinibandha Mukti*-The word *Mukta* means “to get free”)] causes anoxia in the fetus. This change in hormones occurs, and it initiates labor.

### ***Prasava Kaala***

<i>Acharya Charaka and Chakrapani</i>	9 and 10 months
<i>Acharya Sushruta</i>	9, 10, 11 and 12 months
<i>Vridha vagbhata &amp; Laghu vagbhata</i> <i>Acharya Bhavprakash &amp; Yogaratnakara</i>	9-12 month
<i>Acharya Kashyap</i>	9 months onwards
<i>Acharya Haritha</i>	10 and 11 months
Modern medicine: From the date of LMP	280 Days
From the date of conception	266 Days

### ***Prasava Lakshanas***

#### **According to *Charaka***

#### **Clinical features of *prasava-avastha* (*prajanan*)-**

- *Klam gatrnam* (feels exhausted)
- *Glanirnansya* (dopey)
- *Vimukt bandhanam* (feeling lightness)

4. *Garbha sampurnata* – When *garbha* becomes mature fully, it gets ready to deliver, and initiation of labor occurs

5. *Kala prakarsha* – After the end of *Prasavakala*, 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 fibers. And the uterus attains its maximum distention and starts contracting. All these happen after a specified time only. Therefore, *Acharyas* mentioned *kala-prakarsha* as one of the reasons

- *Aksano shaithilya* (eyes become lax)
- *Vakshasah Kukshiravasramsanam*
- *Adho gurutvam* (heaviness in the lower abdomen)

- *Vankshan-basti-kati-kukshi-parshwa-prushtha nistoda* (pain in the lower abdomen)
- *Yoni prasravanam* (per vaginum discharge)
- *Anana abhilasa* (anorexia)
- *Anantara aavi pradurbhav* (labor pain)
- *Praseka garbodak* (liquor amnii)

#### **Clinical features of *Parivartit garbha*<sup>[7]</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 labor pain increase.

*Bhel* included the symptoms of discharge per vaginum in clinical features of *parivartit garbh*.

*Acharya Charaka* has mentioned management for *asana prasava* and clinical features of *aparapatan* and its control if it gets obstructed (*apara sang*)

#### **According to *Sushruta***

##### **Clinical features of *prajayini***

- *Kukshi shithilata* (laxity in flanks and abdomen)
- *Hrudibandhan Mukti* (lightness in the heart region)
- *Jaghan shul* (pain in thighs)

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

- *Kati-prushtha pratisantata vedana* (pain in back, lower back)
- *Purish pravrutti* (urge to defecate)
- *Mutranpras-ichchate* (urge to micturate)
- *Yonimukh shleshma* (p/v discharge)

##### ***Prajayishmana***

- *Punamaphal hasta*
- *Abhyanga*
- *Ushnodak parishek*
- *Yavagu aakanthpana*
- *Sthitamabhugnasakti uttanshayana*

- 4 *Paricharika* – *asankaniya, parinaya vaya, prajanan kushala, kartitanakha*

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

1. *Asana prasava*
2. *Parivartit garbha*<sup>[8]</sup>

##### **Clinical features of *asana prasava***

- *Klam* (feels exhausted), *Glani*
- *Mukt bandhanam*
- *Nishthivika* (spitting repeatedly)
- *Mutra-purisha-bahulya* (increased frequency of micturition and defecation)
- *Ivakshini* (protruded eyes)
- *Sithila kukshita* (lax abdomen)
- *Adho gurutvam* (heaviness in the lower abdomen)
- *Aann abhilasha* (anorexia)
- *Vedano-Udara-hriday-kati-basti-vankshan* (pain in abdomen, chest, back, bladder, sacral region)
- *Yoni todh bheda shul sphuran stravan* (tearing pain in the vagina)
- *Anantara aavi pradurbhav* (onset of labor pain)
- *Garbhodaka pravahashcha* (liquor amnii leakage)

##### **Clinical features of *parivartit garbh***

*Acharya Vagbhata* explains *parivartita garbh*, the same as *Charaka*

#### **According to *Bhavprakash*: 2 *avastha***

1. *Prasav Otsuka*
2. *Asana prasava*

##### **Clinical features of *prasav otsuka***

*Bhavprakash* explains the features of 1st stage, same as *Sushruta*.

The only difference is they named it *prasav otsuka*.

##### **Clinical features of *Asana Prasava***

- *Kati prushthatu savyatam* (pain in sacral region, back)
- *Muhuhu pravruttsch mutrasya malasya* (frequency of micturition and defecation)

**According to Ashtanga Hridaya:2  
avastha**

1. *Aadya Prasava*
2. *Upasthita prasava*

**Clinical features of aadya prasava**

- *Glani kukshi akshi shlathata klama* (tiredness, lax eyes, laxity in abdomen, languidness)
- *Adho guruta* (heaviness below the umbilicus)
- *Aruchi* (anorexia)

- *Prasekobahu mutrata* (frequency of micturition)
- *Yonirujasphuranastravana* (pain in vagina, discharge from vagina)
- *Garbhodaka sruti* (vaginal discharge)

**Upasthita prasava**

- *Hastastha punnam phalam*
  - *Abhyanga* with *vatanashaka taila*.
- Prasava Avastha<sup>[9]</sup>**

Author	Avastha	Probable stage of labor
Acharya Sushruta And Bhavmishra	Prajayini Prasavoutsukha	One or two days before the labor (Prelabour stage) or just beginning of the 1 <sup>st</sup> stage of labor (Premonitory stage)
Acharya Vagbhata And Charaka	Asana prasava or Prajanana Kaalabhimata	1 <sup>st</sup> stage of labor
Acharya Sushruta And Bhavprakasha	Upasthita prasava	End of 1 <sup>st</sup> stage or Beginning of 2 <sup>nd</sup> stage of labor
Charaka, Vagbhata and Kashyap	Prajanishyaman Parivartita Garba	2 <sup>nd</sup> stage of labor
By all Acharyas	Apara Patana, Prajata, Prasuta, Sutika	3 <sup>rd</sup> stage of labor

**Garbhini paricharya**

**According to various acharyas**

Name of the Acharya	Garbhini paricharya in eighth month	Garbhini paricharya in Ninth month
Charak <sup>[10]</sup>	❖ Rice gruel prepared with <i>dugdha</i> and ghee	❖ Anuvāsana basti + <i>taila</i> prepared with <i>Madhurgana dravya</i>

		❖ <i>Yoni pichu</i> of same <i>taila</i>
<b><i>Sushrut<sup>[11]</sup></i></b>	<ul style="list-style-type: none"> <li>❖ <i>Lodhra, pippali powder with honey and milk.</i></li> <li>❖ <i>Milk processed in Kapittha (Eeronia elephantum) , Laghu Kantakari and snake gourd, Bruhat Kantakari, Cane Sugar.</i></li> <li>❖ <i>Asthapana Basti</i> (decoction enema) – <i>Berry Kashaya, Bala, Atibala, Milk, oil, salt, honey and ghee</i> for clearing the retained feces and <i>anulomana</i> of <i>vayu</i></li> <li>❖ Followed by <i>Anuvasana Basti</i> (Oil enema) of milk, <i>madhuraushadhi siddha kashayam</i> and oil (decoction prepared with drugs of sweet taste)</li> <li>❖ Diet – <i>Yavagu</i> in milk, <i>mansarasa</i> of wild animals.</li> <li>❖ <i>Basti</i> facilitated the <i>anuloman</i> of <i>vayu</i> in the right direction. The lady delivers a baby without difficulty (<i>Sukha Prasava</i>) and remains free from complications.</li> <li>❖ <i>Snigdha dravya</i> strengthens the body and facilitates <i>sukha prasava</i> and <i>anupadrava</i></li> </ul>	
<b><i>Ashtanga Hrudaya<sup>[12]</sup></i></b>	<ul style="list-style-type: none"> <li>❖ Ghee and milk prepared liquid diet</li> <li>❖ <i>Anuvasana basti madhuraushadhi siddha ghrut.</i></li> <li>❖ <i>Niruha-basti</i> with <i>amla, berry, muli dravya</i> mixed with <i>shatapushpa kalka, ghrut, taila</i> and <i>saindhav.</i></li> </ul>	<ul style="list-style-type: none"> <li>❖ <i>Mansarasa + sneha, yavagu</i></li> <li>❖ <i>Anuvasana basti</i> is given in the 8th month.</li> <li>❖ If women are with <i>ruksha prakriti anuvasana basti</i> should be given only after <i>snehapana</i></li> <li>❖ <i>Yoni pichu</i> with the same <i>taila.</i></li> </ul>
<b><i>Ashtanga Sangraha<sup>[13]</sup></i></b>	<ul style="list-style-type: none"> <li>❖ <i>Kshirayavagu</i> (rice gruel processed in milk) mixed with ghee.</li> </ul>	<i>Yoni pichu</i> with <i>madhuraushadhi siddha taila</i>

	<ul style="list-style-type: none"> <li>❖ <i>Asthapana basti</i> with <i>dugdha</i>, <i>badar</i>, <i>masa</i>, <i>madanaphala</i>, <i>ghee</i>, <i>saindhav</i>, <i>taila</i> &amp; <i>Madhu</i>.</li> <li>❖ <i>Anuvasana basti</i> with <i>Madhur dravya aushadhi</i> like <i>madhuk</i>, etc.</li> <li>❖ <i>Yavagu</i> with <i>Jhangal mansa</i>, <i>mansa rasa</i></li> </ul>	
<b>Bhel</b>	-	<ul style="list-style-type: none"> <li>❖ <i>Anuvasana basti</i> with <i>Masha taila</i>, <i>kadamba</i></li> <li>❖ It does the downward movement of <i>feces</i> and <i>vayu</i> which ensures expected delivery</li> <li>❖ After <i>yavagu</i></li> </ul>
<b>Harit<sup>[14]</sup></b>	<i>Ghrutapuraka</i>	<p>Different types of cereals can be used</p> <p>(<i>vividha anna</i>)</p>

### Mechanism of Prasava

Ayurvedic references	Mechanism of Labour As Per Modern View
<p><i>Kuskhi Avasaram Sanam</i></p> <p>} (heaviness in</p> <p>lower part of } abdomen)</p> <p><i>Adhobhaga Gauram</i></p>	
<p><i>Vimukt bandhanam</i></p> <p><i>Adhogurutvam</i></p> <p><i>Vaksha Kukshiravasramsanam</i></p> <p><i>Purisha Pravrut</i> □ <i>Mutram</i></p> <p><i>BahuMutrata</i></p>	Engagement
<i>Vimuchya hrudaya Udara vimshati</i>	Descent



<i>Basti Shiro Avagrahanaati</i>	
<i>Basti Shiro Avagrahanaati Sankochitangam</i>	Flexion
<i>Evam Avak Parivartate garbhaha Yoni bheda ruja toda spuranam</i>	Internal Rotation
<i>Sravana Anicha Yoni Utpeedana Bhednam</i>	Crowning
<i>Abhimukhi bhuta garbham</i>	Extension

### IMPORTANCE OF GARBHINI PARICHARYA

In the third trimester, *Vata dosha* is predominant; that is why *vata shamak*, *vatanulomaka*, *bruhana*, *balya*, *snigdha dravya* and diet is mentioned. In the 3rd 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 *udavarta-like* symptoms. To prevent these complications and ensure *sukha prasava*, *vata anulomana* is very important, and therefore the drugs used are of *vatanulomaka* property.

- ❖ Eighth month of pregnancy, *niruha basti* is mentioned by the *Acharya Sushruta* for *vata anulomana* to attain the *prakriti* state of *vata-dosha*. Due to this, women deliver without any complications
- ❖ Ninth month of pregnancy, *anuvasana basti* and *yonipichu* are mentioned by *Acharya Charak*. *Yonipichu* helps soften the vaginal passage, facilitate

relaxation during labor, and prevents a perineal tear. *Anuvasana basti* helps in *anuloman* of *vata* and *garbha nishkramana* with ease that is *sukha prasava*.

The drugs given for *asthapana basti* are *vata shamak*, *vatanulomaka*, *garbha uttejak*, *garbha nishkramanaka*, *garbhashaya sankochan*, *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 intrauterine movements and descent of the fetus from the uterus to the outer world. By following this, *garbhini* restored all the functions of *vayu*, and deliver a healthy progeny at term.

### IMPORTANCE OF PRASAVA PARICHARYA

The exercises like walking, sneezing help the fetus's descent downwards and facilitate the *sukha prasava*. The karmas like *dhupana*, *lepan* works as antibacterial and antifungal to prevent any infections and complications. The drugs used for



*lepan* and *dhupana* have properties like *garbha uttejak*, *anulomak* and *garbha sankochaka* which help dilate the cervix and contraction uterus for easy delivery of the fetus. The measures mentioned in *prasava paricharya* like *anuvasana basti*, *niruha basti*, and *uttarbasti* help expel the placenta and prevent delay in the expulsion of the placenta in the 3rd stage of labor.

Thereof the measures given in *prasava paricharya* help in *sukha prasava* and prevent complications. The *Acharyas* have mentioned the standard action to be followed during *prasava* and the management of complications caused during *prasava* like *mudhagarbha chikitsa*.

## DISCUSSION AND CONCLUSION

So, after this elaboration of *Prasava Prakriya* (Normal labor), it can be said that our *Acharya* had described a scientific description about the *prasava* and explained in texts which help to prevent any untoward phenomenon during *Prasava*. The exact knowledge gives the physician an idea about the mechanism and correct management during the process of parturition by which complications can be prevented.

This review suggests that *garbhini paricharya* in the third trimester positively affects the labor and can also promote expected vaginal delivery with minimum aid by analyzing the above available data. It provides insight both to *Ayurveda* and *Allopathy* regarding the concept of labor that is described in detail in *Ayurvedic science*.

The Proper knowledge may help the physician to manage the *prasava* with the holistic approach with the help of *Ayurvedic principles* likely *prasava*

*avastha*, exact treatment, proper intervention and can help to prevent maternal mortality and morbidity by correct medication so to get healthy baby. It concludes that the concept of *Ayurveda* can be proved in modern aspects as a very scientific description provided by the *Acharya*.

As per evolution it got advanced but the roots are the same, change is natural and progressive, it should be adaptable; ultimately it is all for a patient centric approach.

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