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## MANAGEMENT OF PREMATURE CONTRACTION WITH SAHACHARADI TAILA MATRABASTI - A CASE STUDY

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### **ABSTRACT**

Premature contraction of the uterus is the very first sign of premature labour, which is followed by progressive changes in cervix such as effacement and dilatation. Four or more uterine contractions with or without pain per hour is a major biophysical predictor of preterm labour. According to the WHO statistics, every year, an estimated 15 million babies are born preterm and this number is rising. Although tocolytic agents are used to suppress premature contractions and prevent preterm labour, it is not proven to be efficacious in preventing preterm birth or reducing neonatal mortality or morbidity. As per Ayurveda, Akala Prasava (preterm labour) results due to the malfunctioning of Apana Vayu (a type of Vata Dosha which is responsible for the excretory action). Basti (medicated enema therapy) is considered the best for managing the deranged Apana Vayu. Basti is also indicated in Garbhini Paricharya (routine antenatal care) after completion of seven months of pregnancy. In this present A case study, **SAHACHARADI TAILA MATRABASTI** was administered in a 28 year old multigravida patient of 34 weeks gestation with premature contractions, Perrectal Basti with 60 ml/days for 5 days. **SAHACHARADI TAILA MATRABASTI** administered for 5 consecutive days was found to be effective in preventing the uterine contractions and further advancement to preterm labour. The drugs in **SAHACHARADI TAILA MATRABASTI** possess balancing of vata dosha properties which may effectively in the progress of premature contractions.

**Keywords:** Akala prasav, premature contraction, preterm labor, sahacharyadi tailamatra basti

## **INTRODUCTION**

Preterm labour is defined as the one where the labour starts before the 37th completed week. Preterm labour is a leading cause for maternal and perinatal mortality and morbidity. India contributes about 3.6 million preterm deliveries in the world, accounting 23.6% of the total deliveries. Many preterm babies end up with complications like Respiratory distress syndrome, necrotizing enterocolitis, cerebral edema, mental retardation etc. as a result of lung immaturity. In spite of meticulous care taken to prevent preterm labour, success rate of the treatment is not very encouraging and usually land up in preterm delivery. Premature contraction of uterus is the very first sign of premature labour, followed by progressive changes in cervix such as dilation and effacement. Tocolytics are most widely used in the management of preterm labour. Though these drugs are proved to produce adverse effects such as fluid overload, pulmonary edema, myocardial ischaemia, hyperglycaemia, hypocalcaemia etc., there are no substitutions available for tocolytics till date to prevent preterm labour. Although delivery may be delayed long enough for administration of corticosteroids, this treatment does not result in improved perinatal outcome. Therefore there is a definite need for alternative, safe and effective treatment to arrest the preterm contractions right from the beginning. In Ayurveda classics, the preterm labour can be related to Viprasava according to Madhukosha commentary of Madhava Nidana and Akala Prasava according to Arunadatta commentary. Normalcy of Shukra (male

reproductive factors), Artava (female reproductive factors), Ashaya (uterus), Kala (Suitable timing for conception) and diet along with life style of mother is essential for the full term delivery of matured fetus. Any abnormality in any of these factors may cause Akala Prasava. Acharya Harita opines that delivery can take place before completing full term, due to the abnormalities of Dosha especially propelled by Vayu. Apana Vayu is responsible for the expulsion of fetus. Premature labour occurs due to derangement of Prasuti Maruta (Apana Vata responsible for expulsion of foetus) due to various causes. Prachalita Garbha and Prasamsamana Garbha are the terms used by ancient Acharya for denoting the displaced fetus from its normal position such as low lying etc. Many formulations are described for

the treatment of Fetus displaced from normal position and for the prevention of Garbhasrava (abortion) in each month of pregnancy by Sushruta, Vagbhata, Yogaratnakara, Harita, Bhavaprakasha etc. Majority of the Acharya indicated the formulation for excessive pain due to Chalita Grabha or Garbhasrava as various medicated formulations.

### **Case Details**

A 28 year woman visited the Prasuti tantra and Streeroga Outpatient Department (OPD) of Govt Ayurvedic college and Hospital, Jalukbari, Guwahati on January 07, 2021 with the complaints of lower abdominal pain radiating to both thighs and low back, at 34<sup>th</sup> week of gestation. . She was second gravida with last menstrual period on 23<sup>rd</sup> May, 2020 and had estimated date of delivery on 3<sup>rd</sup> March, 2021. Her antenatal period throughout was uneventful with normal **ultrasonographic (USG)** findings. Obstetric history revealed a previous normal delivery of a female child 9 years back with no history of abortion.

Hematological, biochemical and microbiological investigations were found to be within normal limit.

**On examination**, the General condition of the patient appeared healthy. Blood pressure (BP) was 120/80 mmHg and pulse was 70 bpm. No pallor and edema were present. Per abdomen examination revealed longitudinal lie with cephalic presentation and fundal height corresponding to 33-34 weeks of pregnancy. Fetal head was found to be floating. Mild uterine contractions lasting for 10–15 s in every 30–45 min associated with severe pain was noted. Fetal heart rate was found to be 138 bpm.

**Pervaginal examination** was withheld with the fear of inducing further uterine contraction. Considering the premature contractions, she was advised admission in the Prasuti tantra and Streeroga ward in inpatient department. She was advised complete bed rest with foot end elevation and light diet. Sahacharadi taila matra Basti was planned. Sahacharadi taila 60 ml/day for 5 days was administered through rectal route very slowly in the left lateral position on 7<sup>th</sup> January, 2021. After evacuation of Basti, the patient got relief from the abdominal pain within 3–4 h. the matra basti was continued for 5 day and the patient got complete relief with no further uterine contractions or backache. She was

under observation for 1 more day and was discharged on January 12, 2021. The patient was advised to report OPD weekly for regular antenatal check-up.

### **Procedure of Basti**

Sahacharadi taila MatraBasti was administered to the patient lying in the left lateral position. First, the Enema can was attached with the tube along with nozzle having regulator for controlling the flow of the contents of Basti. The nozzle was then attached with rubber catheter no. 8 and used for administration of Basti. After that, Basti material was taken in the enema can. Anal orifice and tip of the catheter were lubricated with the Taila (medicated oil) and air was removed from tube, nozzle and the rubber catheter. Then, the flow of Basti material was adjusted with the help of the regulator in the nozzle, i.e., approximately 80–100 drops/min (approximately 8–10 ml/min). After that, the tip of catheter was inserted into anal canal of the patient steadily and slowly following the curve of the vertebral column until it reached inside up to 3–4 inches. The patient was encouraged for deep breathing. Approximately 50–55 min were taken for the completion of procedure. After administration, the patient was asked to lie in supine position and rest on the table till she feels the urge for defecation. Basti was evacuated within 4-5 hrs . Pre operative procedures such as Abhyanga (body massage) and Swedana (fomentation) were withheld.

### **Discussion**

Increased premature contractions (Avi) are induced due to vitiation of Vata mainly Apana Vata. For alleviating Vata, the best method is Basti. Basti causes evacuation of stools and thereby relieves premature contraction caused due to constipation. Basti is also indicated in the pregnant women after the completion of the 7th month. Moreover, the drugs given in Basti form have specific target action and quick absorption. Sahacharayadi taila matra basti is planned in this case study as it shows vata balance and relieving the uterine contractions. It is given in Basti form, as larger quantity of drug can be administered for effective action and quick absorption through this route.

## **Conclusion**

In this case study, Sahacharadi taila matrabasti is found to be very efficient in preventing premature contractions when administered in 8th month of pregnancy. It is given in Basti form as larger quantity of drug can be administered for effective action and quick absorption through this route. In severe cases of premature contractions, it is better to use Sahacharadi tailamatrabasti after stabilizing the patient with tocolytics initially. To scientifically validate the efficacy of Sahacharadi taila matrabasti in premature contractions, further clinical studies with appropriate methodology are necessary.

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