



ROLE OF MADANPHALA CHOORNA YONI DHUPAN CHIKITSA IN PROLONGED SECOND STAGE OF LABOUR – GARBHASANGA.

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ABSTRACT

Role of Madanphala Choorna Yoni Dhupan chikitsa in Prolonged second stage of labour. **Background:** Garbhasanga means cessation and so delay in progress of labour. Garbhasanga is seen in Prajanayishyaman awastha according to Sushrut. We can correlate this awastha with second and third stage of labour as per modern. Thus we can establish correlation between Garbhasanga and Prolonged second stage of labour as there is full dilatation of cervix but yet there is

inadequate descent of vertex. Sushrut and Vagbhat have mentioned Dhupan Chikitsa in this condition. Madanphala dhupan is sukshma strotogami hence advised by our acharyas in emergency condition like Garbhasanga where it acts locally without any systemic changes. It is used for stimulation that acts like local stimulant enhancing progress of labour.

Aims and objectives

1. To study the effect of madanphal choorna yonidhupan chikitsa in prolonged second stage of labour.
2. Literary study of madanphala choorna.
3. Literary study of Garbhasanga and prolonged second stage of labour.
4. To study the causes of Garbhasanga.

Assessment Criteria

1. Duration of second and third stage of labour.
2. Duration and frequency of contractions every 10 mins.
3. Station of vertex in relation to ischial spines.

Methods- For this projects, we have selected total 15 patients randomly came for delivery in obstetrical[IPD].

- Obstetrical history, paricharya, gestational age, foetal maturity, systemic examination were taken. By doing per abdominal and per vaginal examination characteristics of aavi and stages of labour were fixed. After our routine management for Active stage the patient was observed. No progress in aavi, descent of foetal head after full dilatation of cervix after the arbitrarily decided limit was chosen for study. The median duration of second stage is 50 mins for primi and 20 mins for multi(Ref-Gabbe Niebyl Simpson-Obs normal and problem pregnancy). Patients who exceeded this limit were chosen for study.

Yoni dhupan chikitsa was given

- a. 15 patients were selected for Yoni Dhupan chikitsa.

The drug used in yonidhupan chikitsa.

- Madanphala choorna.

Results

- Out of 15 patients 14 in both group delivered without any complication.

Conclusion

1. Madanphala choorna enhances progress of labour.
2. It increases the aavi and enhances the power essential for expulsion of foetus and descent of fetal head. So total outcome is good.
3. It has very good effect on third stage of labour.
4. No adverse effects seen on mother and foetus.

KEYWORDS: Prolonged second stage of labour, Garbhasanga, Prajanayishyaman awastha.

INTRODUCTION

Garbhasanga means cessation and so delay in progress of labour. Garbhasanga is seen in Prajanayishyaman awastha according to Sushrut. We can correlate this awastha with second and third stage of labour as per modern. Thus we can establish correlation between

Garbhasanga and Prolonged second stage of labour as there is full dilatation of cervix but yet there is inadequate descent of vertex. Sushrut and Vagbhat have mentioned Dhupan Chikitsa in this condition. Madanphala dhupan is sukshma strotogami hence advised by our acharyas in emergency condition like Garbhasanga where it acts locally without any systemic changes. It is used for stimulation that acts like local stimulant enhancing progress of labour.

AIMS AND OBJECTIVES

1. To study the effect of madanphal churna yonidhupan chikitsa in prolonged second stage of labour.
2. Literary study of garbhasanga and related topics according to ayurved and prolonged second stage of labour according to modern.
3. Literary study of mandanphal choorna.
4. To study the causes of garbhasanga.
5. To establish relation between garbhasanga and prolonged second stage of labour.

METHODS

• SELECTION OF PATIENTS

- For this project we have selected total 15 patients in labour came for delivery in obstretical (IPD) department.
- On admission History, General and Systemic examination and by doing per adbominal and per vaginal examination characteristics of aavi, stage of labour was fixed. progress of labour suggested according to partograph.
- Obstretical history, paricharya, gestational age, foetal maturity, systemic examination were taken. By doing per abdominal and per vaginal examination characteristics of aavi and stages of labour were fixed.
- After our routine management for Active stage the patient was observed. No progress in aavi, descent of foetal head after full dilatation of cervix after the arbitrarily decided limit was chosen for study. The median duration of second stage is 50 mins for primi and 20 mins for multi(Ref-Gabbe Niebyl Simpson-Obs normal and problem pregnancy). Patients who exceeded this limit were chosen for study.
- Then the diagnosis of prolonged second stage was done and treatment for it given.
- Provided foetal heart rate was regular with no distress.

INCLUSION CRITERIA

1. All parity patients in second stage of labour having Garbhasanga as described above are selected for study.
2. Patients age group between 18 – 35 years.

EXCLUSION CRITERIA

1. Noncephalic presentation.
2. Multiple gestation.
3. Faulty in passage – Cephalopelvic disproportion, pelvic tumour, vaginal atresia.
4. Fault in passenger -- Malpresentation, malpostion, Congenital anomalies, Foetal distress, Macrosomia etc.
5. Placenta previa, Abrutio placentae, previous uterine scar
6. High risk pregnancies like PIH, heart disease etc.

ASSESSMENT CRITERIA

4. Duration of second and third stage of labour.
5. Duration and frequency of contractions every 10 mins.
6. Station of vertex in relation to ischial spines.

STUDY DESIGN

Clinical study will be done. 15 patients will be selected for study.

DRUG

Madanphala choorna is used for chikitsa.

1. Collection: Collection of dravya is from reputed local market.
2. Authentication: Authentication of dravya is done.

PREPARATION

Choorna of madanphala pippali was prepared.

No objection certificate and standardization of drug is done, Pune.

DOSE

10 grams. Dose was decided after pilot study. 10 grams choorna required 5 mins to burn out completely. Frequency and Duration of Dhupan was also finalized after pilot study.

DHUPAN VIDHI

Madanphala choorna was put in Dhupan yantra containing gauri and burnt for 5 mins and yoni dhupan was given to a patient who was in headup position lying down to bear down in semi-Lithotomy position. As Dhum is urdhwagami and fills up the awakash and here as PrathamAwarta is Vivruta it is easy to enter the strotasa and act locally to stimulate the factors responsible for labour....

METHOD OF YONI DHUPAN

NOC for photographs essential for study was taken from the patient.



Patient was given semi lithotomy position to beardown, headup was given and after taking all aseptic precautions Dhupan chikitsa with Madanphala choorna was given by holding Dhupanyantra close to vaginal orifice.

OBSERVATION

Test used for analysis

We compare 1st if treatments are effective using paired t-test. If both the treatments are effective then to check which one is more effective we use 2nd test i.e. unpaired t-test. These tests are used when we are using gradation but if the data is qualitative like colour, Present/absent one has to use proportion test.

Test of Hypothesis for pre and post test of data

We are interested in testing whether there is significant difference between scores of pre and post test in each group. As sample size is less than 30 test based on t distribution is used.

Observation noted is as follows**Freq. and duration of aavi**

It was found to increase score from 1-2 contractions every 10 mins to score 3-4 contractions every 10 mins interval in the duration of second stage of labour in Primi similarly the duration of aavis shows gradual increase from 20sec to 30 sec to 60 secs in the duration of second and third stage.

It was found to increase score from 2-3 contraction in every 10 min to score 3-4 contractions in every 10 mins interval in the duration of second stage of labour in Multi.

Station of head

It was found that there was desirable change in station of vertex in primi. station of head before treatment was -1 and After treatment it was upto +2 to +3.

It was found that there was desirable change in station of vertex in multi. station of head before treatment was -1 and After treatment it was upto +2 to +3.

Frequency of Dhupan

Freq of Dhupan in primi to increase the score 1-3 in primi. Freq of Dhupan in multi the score was 1-2 .

Condition of Garbhasanga can be co-related to the condition of prolonged second stage of labour according of to convential medicine.

- Prolonged Labour is not diagnosis but is manifestation of abnormality. In this condition there is sluggish or non descent of presenting part.
- Causes are 1. Fault in power: Uterine Inertia, Inability to Bear down, Epidural analgesia
2. Fault in passage: C.P.D, Undue resistance of pelvic floor or perineum due to spasm or old scarring.

Causes seen clinically: Women with post datism, Elderly Primi, With H/O Prolonged labour, Anaemia, Huge Baby, Oligoamnios, leaking are prone to prolonged labour.

This study reveals that Madanphal choorna yonidhupan is effective in augmentation of labour and descent of head.

- **Effects of the drug on maternal vital data:** Through out the study the drug shows no adverse reaction affecting maternal pulse, BP or no other systemic alteration were noted. The labour was normal and uneventful, no PPH or any complication recorded in any patient.

- **Effect on foetus:** The drug has no adverse effect on fetus the condition of neonate after delivery were normal Apgar score satisfactory.
- However in my study favourable results were appreaicted but it requires further extensive research to understand the efficacy of Madanphal choorna Yonidhupan. Futher study with large sample size should be conducted.

RESULTS

- Out of 15 patients 14 in both group delivered without any complication.

CONCLUSION

1. Madanphala choorna Yonidhupan chikitsa performed on 15 patients showed good results delivered without any complication.
2. Causes studied were women with Postdatism, Anaemia, H/O Prolonged labour, Elderly Primi, Oligoamnios, Leaking, Huge baby, Avar Bala are more likely to have Prolonged Labour.
3. It is evident that minimum time required for second and third stage of labour after treatment was 80 and 50 mins in Primi and Multi respectively.
4. It dramatically shortened Third stage of Labour.
5. Contractions increased in both Duration and Frequency as mentioned above.
6. It enhances progress in descent of station.
7. It has no adverse effect on garbhini and foetus.
8. Here we can establish correlation between Garbhasanga and Prolonged second stage of Labour and Prajanayishyaman avastha with second and third stage of labour.
9. Madanphala choorna yonidhupan is sukshma strotogami chikitsa hence advised by our Acharyas in emergency condition like Garbhasanga where it acts locally with expected results without any systemic changes.
10. Hence we can conclude that this drug is effective in Garbhasanga.