

Shatavari Taila Pichu and Matra Basti with Pippalyadi Nabhigata Lepa for Sukhprasava: A Case Report

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Abstract

In Ayurveda, *Sukhprasava* (easy, natural childbirth) is the desired outcome of labour, as prolonged and painful labour often results from anxiety, inadequate uterine contractions, cervical rigidity, and modern lifestyle changes. This case report describes a 24-year-old primigravida at 39 weeks of gestation with a Bishop score of 5 who received *Shatavari Taila Yoni Pichu* (intravaginal tampon), *Shatavari Taila Matra Basti* (60 ml per-rectal oil enema), and *Pippalyadi Nabhigata Lepa* (umbilical paste containing *Pippali*, *Vacha*, and *Eranda Taila*) during active labour. Following the interventions, the Bishop score increased from 5 to 10, the first stage of labour lasted 6 hours, the second stage 35 minutes, and the third stage 10 minutes; APGAR scores were 8/10 at 1 minute and 9/10 at 5 minutes, with no maternal or fetal adverse events. The combined Ayurvedic protocol improved cervical ripening, regulated *Apana Vata*, shortened labour, and promoted *Sukhprasava* without complications, though larger studies are warranted.

Introduction

Sukhprasava refers to an easy, uncomplicated, and natural childbirth with minimal maternal and fetal distress [1]. Although vaginal delivery is a physiological process, stress, anxiety, inadequate uterine contractions, cervical rigidity, and modern lifestyles have made prolonged and painful labour increasingly

common [2]. In Ayurveda, labour is predominantly governed by *Apana Vata*, and any obstruction or vitiation of *Vata* can lead to delayed or difficult labour [3].

Ayurvedic classics describe various methods to facilitate labour, including *Yoni Pichu*, *Matra Basti*, and *Lepa* applications. These therapies help in *Vata Anulomana*,

cervical softening, relaxation of pelvic musculature, and enhancement of coordinated uterine contractions [4]. *Shatavari (Asparagus racemosus)* is classified under *Madhura Skandha* and possesses *Madhura Rasa, Guru-Snigdha Guna, Sheeta Virya*, and *Madhura Vipaka*. It is known for its *Garbhashaya Balya, Vata-Pitta Shamaka*, and *Yonishodhaka* properties [5]. *Shatavari Taila* administered through *Pichu* and *Matra Basti* may aid cervical ripening and facilitate smooth labour [6].

Nabhigata Lepa prepared with *Pippali Churna, Vacha Churna*, and *Eranda Taila* acts locally by stimulating *Apana Vata*, improving uterine contractility, and reducing labour duration [7]. This case report follows the CARE guidelines [8] and evaluates the combined effect of *Shatavari Taila Pichu, Matra Basti*, and *Pippalyadi Nabhigata Lepa* in promoting *Sukhprasava*.

Patient Information

5. Timeline

Time point	Event
Latent phase of labour (admission)	Bishop score 5; interventions started.

A 24-year-old primigravida woman was admitted to the labour room of an Ayurvedic hospital at 39 weeks of gestation with complaints of intermittent lower abdominal pain. Her antenatal period had been uneventful, and she had no history of medical or surgical illnesses. The presentation was cephalic, and the fetal heart rate was normal on admission. The patient had not received any prior labour-inducing agents. Written informed consent was obtained for the Ayurvedic interventions.

4. Clinical Findings

On general examination, the patient was afebrile with a pulse rate of 82 per minute and blood pressure of 120/80 mmHg. Per vaginal examination revealed a soft cervix that was 50% effaced and 2 cm dilated, with intact membranes. The baseline Bishop score was 5, indicating an unfavourable cervix. Fetal monitoring showed a normal cardiotocography pattern with no signs of fetal distress. Maternal vital signs remained stable throughout the latent phase of labour.

After 30 min (Yoni Pichu + Lepa)	Cervical dilatation progressed; patient reported reduced pain.
After 2 h (Matra Basti given)	Uterine contractions became regular and coordinated.
End of first stage	Full dilatation (10 cm) achieved in 6 h.
Second stage	35 min; spontaneous vertex delivery.
Third stage	10 min; complete placenta delivered.
Immediate postpartum	APGAR 8/10 at 1 min, 9/10 at 5 min.

6. Diagnostic Assessment

The diagnosis of latent phase labour with an unfavourable cervix was made based on per vaginal examination (cervix soft, 50% effaced, 2 cm dilated, intact membranes) and a Bishop score of 5 [9]. Fetal wellbeing was confirmed by normal fetal heart rate (140-150 bpm) and cephalic presentation on ultrasound. No laboratory investigations were required as this was a normal physiological labour. The APGAR score was used to assess neonatal outcome [10].

7. Therapeutic Intervention

All interventions were performed during the active phase of labour in an Ayurvedic hospital labour room under aseptic precautions.

7.1 Shatavari Taila Yoni Pichu

A sterile cotton swab was soaked in lukewarm *Shatavari Taila* (prepared as per

standard Ayurvedic pharmacopoeia) and inserted into the posterior fornix. It was retained for approximately 30 minutes. This provides local lubrication, cervical ripening, and reduction of pain perception [6,11].

7.2 Shatavari Taila Matra Basti

Sixty millilitres of lukewarm *Shatavari Taila* was administered per rectally using a disposable syringe and catheter. This dose is standard for *Matra Basti* in labour. The procedure was performed under aseptic conditions. The oil acts systemically to regulate *Apana Vata* and improve uterine contractions [12].

7.3 Pippalyadi Nabhigata Lepa

A smooth paste was prepared by mixing 6 g of *Pippali Churna* (*Piper longum*), 6 g of *Vacha Churna* (*Acorus calamus*), and

5 ml of *Eranda Taila* (castor oil). The paste was applied around the umbilical region (*Nabhi Pradesh*). The *Ushna* (hot) and *Tikshna* (sharp) properties of these ingredients stimulate uterine contractions, relieve pain, and facilitate the downward movement of *Apana Vata* [13,14].

8. Follow-up and Outcomes

The patient was monitored continuously during labour and for 24 hours postpartum.

Bishop score: Before treatment, the score was 5 (cervical dilatation 2 cm, effacement 30%, consistency medium, position posterior, station -2). After the interventions, the score rose to 10 (dilatation 8 cm, effacement 80%, consistency soft, position anterior, station 0). This improvement indicates effective cervical ripening [9].

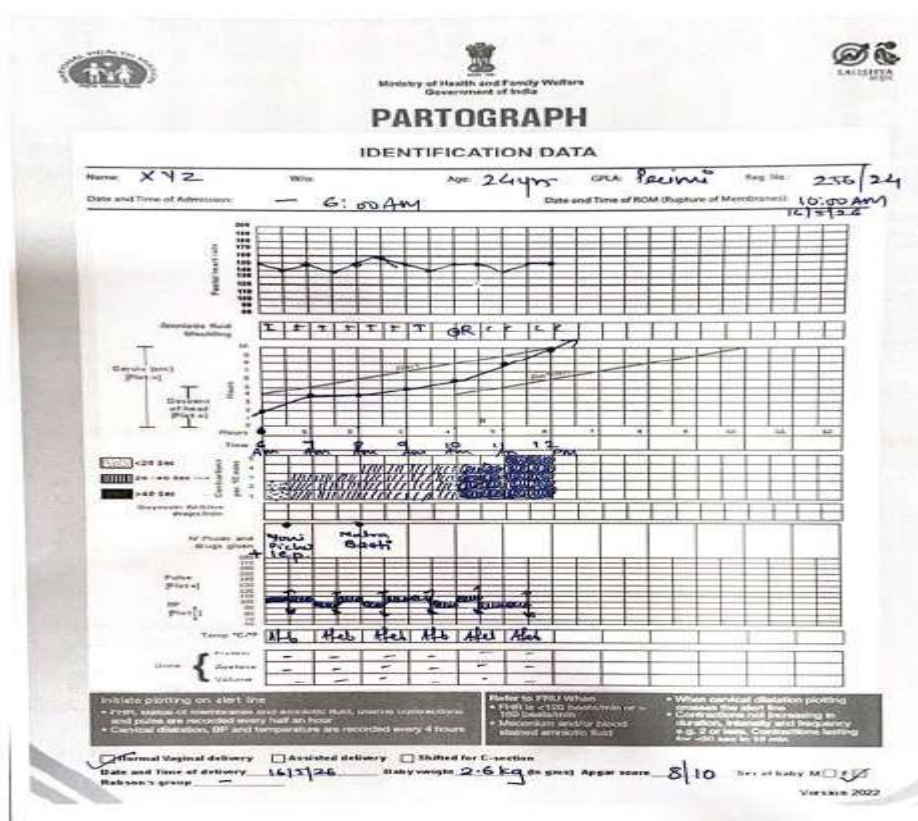


Figure 1. Partograph of a normal labour demonstrating progressive cervical dilatation, fetal head descent, uterine contractions, maternal monitoring parameters, and successful vaginal delivery.

Duration of stages of labour: The first stage (from onset of active labour to full

dilatation) lasted 6 hours. The second stage (full dilatation to delivery) lasted 35

minutes. The third stage (delivery to placental expulsion) lasted 10 minutes. These durations are within normal limits for a primigravida [15].

APGAR scores: The neonate cried immediately after birth. The APGAR score was 8/10 at 1 minute and 9/10 at 5 minutes, indicating no fetal distress [10].

Maternal outcomes: The patient had no perineal tears, no excessive bleeding, and reported good comfort with effective bearing-down efforts. No adverse effects (allergic reactions, infection, or excessive pain) were observed.

9. Discussion

Labour is predominantly governed by *Apana Vata* [3]. Any obstruction or vitiation of *Vata* can lead to delayed or difficult labour. Ayurvedic interventions that normalise *Apana Vata* can facilitate smooth vaginal delivery [4]. In the present case, the combined use of *Shatavari Taila Yoni Pichu*, *Matra Basti*, and *Pippalyadi Nabhigata Lepa* resulted in improved cervical ripening, shortened labour, and good neonatal outcomes.

Shatavari Taila (Asparagus racemosus) possesses *Snigdha* (unctuous) and *Balya* (strengthening) properties, which help soften the cervix, lubricate the birth passage, and reduce tissue resistance [5].

Administered as *Yoni Pichu*, it provides local action on the cervix and vaginal canal. As *Matra Basti*, it acts systemically by regulating *Apana Vata* and improving uterine contractility [11]. Modern pharmacological studies confirm that *A. racemosus* has immunomodulatory, anti-inflammatory, and uterotonic effects, which may contribute to reduced pain perception and better cervical ripening [16].

Pippali (Piper longum) contains the alkaloid piperine, which enhances bioavailability, stimulates uterine activity, and improves local circulation [13]. *Vacha (Acorus calamus)* has documented analgesic, antispasmodic, and anti-inflammatory properties, thereby reducing labour pain and muscular spasm [17]. *Eranda Taila* (castor oil) is *Ushna* (hot), *Tikshna* (sharp), and *Vatahara* (pacifies *Vata*); it relieves obstruction of *Apana Vata* and softens tissues [14]. Castor oil has been traditionally used to initiate labour, with some evidence suggesting it stimulates prostaglandin release [18].

The Bishop score rose from 5 (unfavourable) to 10 (favourable) after the interventions. A score of ≥ 6 is generally considered favourable for labour induction [9]. The total labour duration (approximately 6 hours 45 minutes) is well

within normal limits for a primigravida, and the second stage of 35 minutes is shorter than the average (50-60 minutes) for a first-time mother [15]. The APGAR scores of 8 and 9 confirm good neonatal adaptation and absence of hypoxia [10].

No adverse events were observed, supporting the safety of this combined Ayurvedic protocol during labour. However, this is a single case study, and the results may not be generalisable. Large-scale randomised controlled trials are needed to confirm efficacy and safety [19,20].

10. Conclusion

The present case study suggests that *Shatavari Taila Yoni Pichu* and *Matra Basti* along with *Pippalyadi Nabhigata Lepa* are effective in promoting *Sukhprasava*. These therapies help in cervical ripening, regulation of *Apana Vata*, enhancement of uterine contractions, and reduction in labour duration without maternal or fetal complications. Further large-scale clinical studies are required to validate these findings.

11. Informed Consent

Written informed consent was obtained from the patient for the publication of this case report and any accompanying clinical

data. The patient's identity has been anonymised.

12. Financial Support

Nil

13. Conflicts of Interest

The authors declare no conflicts of interest.

14. Acknowledgements

None

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