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## A Clinical Study to Evaluate the Efficacy of Mantra and Yantra Chikitsa on Sukhaprasava

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### ABSTRACT:

Childbirth is the most powerful and beautiful experience in a women's life. Although the experience of labor pain and childbirth is the most severe and agonizing events of her existence. Description of labor in Ayurvedic science, though found 500yrs ago is a very less known concept and not much in practice. Currently labor is managed with conventional medicines with some interventions of yoga and some Ayurvedic Preparations. This article focuses on one such practice used in Ayurveda for conduction of labor. *Yantra* and *Mantra Chikitsa* for *Sukhaprasava* is mentioned in our classics, Observational clinical study was conducted to see the effect of *Mantra* and *yantra Chikitsa* on the progress of labor (in terms of bishop's score, duration of labor, intensity of pain, operative and forceps delivery, fetal heart sound monitoring, healthy outcome of fetus, post-partum complication). A total of 40 primi patients; 20 in each groups were taken. Out of which 20 patients were given *Chyavanmantra siddha jala* and other 20 patients were given allopathic management for induction and augmentation of labor. As mentioned in the classics the use of *Mantra (Chyavanmantra)* showed positive outcome in the process and progress of labor. Keen observation was made and it concluded that *Mantra* and *yantra Chikitsa* given to patients in group A helped *sukha* and *nirupadrava Prasava*, by making cervix favorable, shortening duration of stages of labor and good fetal outcome also post-partum complication like post-partum hemorrhage, incidents of cervical tear were reduced.

**Keywords:-** *Ayurveda, Sukhaprasava, Chyavanmantra, Yantra and Mantra Chikitsa, ubhayatrinshaka yantra, ubhayapanchadasha yantra, normal labor, stages of labor.*

### INTRODUCTION

Labor is defined as the process in which regular painful contractions bring about effacement and dilation of cervix and descent of the presenting part, ultimately leading to expulsion of fetus and placenta. This is also called as

'Prasava' or 'Garbha nishkriman', this *kriya* is the *karya* of *Apana vayu*, also *Vyana vayu* helps in induction of labor or *Aavi* (uterine contraction).<sup>1,2</sup> Acharya *kashyapa* mentions labor as an intense process where one foot of the lady is in this *loka* and other in *yamaloka* and hence



maximum assistance and minimal intervention must be made to achieve the stage of *Sukhaprasava*.<sup>3</sup> Mother; during the process of labor suffers from tremendous intensity of pain and this pain is ranked high on pain rating scale when compared to other painful life experiences.<sup>4,5</sup> But this experience changes from excruciating to pleasurable in different individuals. On different occasions several factors affect a woman's perception of labor making each experience unique; hence she must be physically and physiologically prepared for the same; as it requires time, patience, strength and endurance.<sup>6</sup> Labor is a natural and spontaneous process where in the time required for the 1st stage of labor (onset of true labor pain to full dilation of cervix) in primi counts to 12 hours and 6 hours in multigravida, whereas the second stage (full dilation of cervix to delivery of the baby) consist a time periods of 2 hours in primigravida and 30 minutes in multigravida. The risk is associated only when the labor is prolonged, or is induced or augmented, or any changes occurring to previously recorded regular FHS/reactive Non stress test. While in most of the cases there is sufficient reserve to maintain oxygenation of the fetus in the second stage of labor even though the uteroplacental circulation is reduced. Close monitoring is required to offer timely intervention that can prevent any fetal complications like, still birth, fetal hypoxia etc. Also, maternal complications like hypersensitive disorders, eclampsia, Post-Partum Haemorrhage, perineal tear etc. Therefore, along with the joy of becoming a mother there is a fear of suffering due to the above mentioned reasons and many more.<sup>7</sup> WHO is has been warning about the rate of increasing C-Section and that countries should maintain a rate of 10-15% deliveries for LSCS. As per National Family Health Survey (2015-2016) the rates are 17.8%. Ayurvedic texts enlist detailed description of *ahara vihara*, *upachara* for antenatal care and during labor (*Prasava*) and also enlist methods at every stage of labor for *Sukhaprasava*.<sup>8</sup> Ayurvedic texts like *Ashatanga sangraha*, *Yogaratanakara*, *Bhaishajyaratnavali* explains the method of *Mantra Chikitsa* for *Sukhaprasava*. The word *Mantra* comes from the ancient *sanskrit* language, "Man" means mind and "tra" means release.<sup>9</sup> A study done by the institute of Behavioral science at the University of Helsinki found that the newborns have experience and memories of the surrounding world even before they leave the womb. At 28 weeks, fetuses are capable of hearing and reacting to sound stimulation. Neurosciences studies have accepted the impact of *Mantra* on mind: chanting of *Mantra* light up the frontal lobe of human brain leading to increase flow of

oxygen and blood to mind. Since frontal lobe is responsible for thoughts, learning and perception and emotions a positive mind can develop through chanting.<sup>10</sup> The reference used for study is from *Bhaishajyaratnavali; Garbhini rogadohikar, Chyavanmantra* that states, “ॐ क्षिप निक्षिप उन्मथ प्रथम मुञ्च मुञ्च स्वाहा |” This *Mantra* is to be repeated 7 times and then the *Mantra siddha jala* is given to the mother.

The literal meaning of the *Mantra* is as follows<sup>11</sup> *Muncha* means to loose, set free, release. *Unmanthanam* is shaking off, throwing off or down. *Nishipta* means thrown or put down sent off deposited. *Shipana* says sending, throwing, casting. *Ubhayatriunshaka Yantra* (Fig 1) is as follows, horizontally in 1st column 16, 6, 8 2nd column 2, 10, and 18. 3rd column 12,14,4 respectively. *Ubhayapanchadasha yantra* (Fig 1) is as follows 1st column 8, 3, 4 2nd column 1, 5, 9 and 3rd column 6, 7, and 2.

## METHOD

A random group of 40 primi patients, 20 patients in each group in true labor where taken with average height of 150-170 cms, with 40-70 kg weight and with negative VDRL, HIV, HBsAg were included. Only patients with severe anemia, hemoglobin below 6gm% were excluded.

Group A patients were made to drink *Chyavanmantra siddhajala*, 4-6 sips at an interval of 15-20 min and were asked to watch the *yantra* from dilation of approximately 2-3 cms until the completion of second stage of labor.

Group B patients were made a watchful assistance for spontaneous onset and delivery onset of labor after induction or augmentation of labor with standard labor and delivery management.

### Assessment criteria

- 1) Bishop's score. (Table 1)
- 2) Pain intensity (uterine contraction). (Table 2)
- 3) Rupture of membranes. (Table 3)
- 4) Duration of labor. (Table 4)
- 5) Mode of delivery. (Table 5)
- 6) Foetal outcome. (Table 6)
- 7) Post-partum complication. (Table 7)
- 8) Fetal heart sound monitoring. (Table 8)

## DISCUSSION

A normal labor passes through three stages, the aim of a *Vaidya* is to see that the women pass through the three stages uneventfully and delivers a healthy baby safely. In

the 1st stage the duration plays an important role, prolonged labor can be a reason of ineffective uterine contraction, ROP (Right Occipital Posterior Position), DTA (Deep Transverse Arrest) and CPD (Cephalopelvic Disproportion), short cord etc. Proper analysis by maintaining partograph must be done. Labor being a natural process requires minimal assistance, however due to altered anatomy and physiology a perfectly normal labor may suddenly become abnormal and even fatal. Thus, the present study deals with aiding the woman to pass through all 3 stages of labor without any hinderance and complications.

The study showed that the effect of *Chyavanmantra siddha jala* and *yantra* were as follows, Pattern of uterine contraction showed that the frequency and duration of contractions gradually increased, and the time taken in every stage of labor significantly decreased. Also, the pain threshold was increased. The bag of membrane was comparatively formed earlier in group A than B. Duration of completion of labor (delivery of fetus) was comparatively shortened in the trial group. Incidence of C-section and assisted forceps or ventose delivery were less in group A. While labor, the monitoring of FHS (Foetal Heart Sounds) showed regular FHS (Foetal Heart Sounds) ranging from 120-160 bpm no significant bradycardia or tachycardia was noted in maximum patients of group A. A regular reactive Non stress test was seen in group A, Compared to fetal drops (towards the end of 2nd stage of labor) in few patients and also a significant tachycardia in some patients of group B. The current study showed some changes in behavioral pattern of women during labor as there was reduction in perseverance of pain and anxiety during labor, hence fetal outcome of group A was comparatively better than group B with minimal aids.

## CONCLUSION

As mentioned in the classics the use of *Mantra* (*Chyavanmantra*) showed positive outcome in the process and progress of labor. Keen observation was made, and it concluded that *Mantra* and *yantra Chikitsa* given to patients in group A helped *sukha* and *Nirupadrava Prasava*, by making cervix favorable, shortening duration of stages of labor and good fetal outcome also post-partum complication like Post-Partum Haemorrhage, cervical tear was reduced. The method used for *Sukhaprasava* seems to have a good oxytocin effect on uterus to initiate and stabilize uterine contractions. In high concentration it is oxytocic throughout the uterus, producing contractions

which differ in their pattern from those of spontaneous activity. <sup>13</sup>Women who feel threatened during labor (For example by fear or severe pain) may produce high levels of adrenaline. Adrenaline is the “Fight or Flight” hormone that human body produces to help insured survival. Adrenaline inhibits uterine activity, by diminishing the force of contraction and uterine tone, thus disturbing the rhythmicity of uterine contractions. Thus, it is necessary for a woman in labor to stay calm comfortable and relaxed. Based on above study, it was observed that there was reduction in anxiety, stress & pain in the cases where *Chavyanmantrasiddha* was given, and it helped in *Sukhnirupdravaprasava*. The age-old classics hold well when tried and presented, although a deep and recurrent research is necessary in this field. As the role of *Mantra Chikitsa* is very complex and this study gives only an imperial evidence.

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**Fig 1**

८	३	४
१	५	९
६	७	२

*Ubhayapanchadasha Yantra*

१६	६	८
२	१०	१८
१२	१४	४

*Ubhayatriunshaka Yantra*

**Table 1 shows Bishop's Score-**

Bishop's score	No. of Patients	
	Group A	Group B
Favourable	20	20
Unfavourable	0	0

**Table 2 shows Duration of Labor-**

Group A	Group B
6-10 Hours	8-12 Hours

**Table 3 Shows Mode of Delivery-**

	Group A	Group B
EPISIOTOMY	15	9
FORCEPS	0	2
VENTOUSE	1	3
NORMAL VAGINAL(Unassisted without episiotomy)	2	0
C-SECTION	2	6

**Table 4 shows FHS Monitoring-**

	Group A	Group B
REGULAR	18-19	12-14
FOETAL TACHYCARDIA/BRADYCARDIA	1-2	6-8
FHS Monitoring (Reactive Non stress test/Regular Foetal heart sounds).		

**Table 5 shows Pain Intensity Comparison-**

	Group A	Group B
MILD	3	0
MODERATE	13	11
SEVERE	4	9

**Table 6 -Shows Foetal Outcome-**

	Group A	Group B
BCIAB (Baby Cried Immediately After Birth)	20 (Good cry)	18 (Good cry) 2 (Weak cry)
MSL (Meconium-Stained Liquor)	3	0
NICU (Neonatal Intensive Care Unit) INTERVENTION	1	2-3

**Table 7 shows Rupture of Membrane-**

Group A	Group B
Bag of membrane was formed earlier	Bag of membrane was formed later than group A

**Table 8 Shows Post-partum complications-**

	Group A	Group B
No Complication	19	14
POST-PARTUM HAEMORRHAGE(Atonic)	1	2
Traumatic	0	2
Obstructed Labor	0	1
Vaginal Lacerations	0	1