



## EDITORIAL

### PRACTICE OF OBSTETRICS AND GYNAECOLOGY IN AYURVEDA: SCOPE, LIMITATIONS AND GUIDELINES

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**Introduction:** Noticeable rise in the gynaecological disorders in India during the last few decades has drawn interest of all medical sciences to search for an effective alternative in the treatment of female reproductive tract disorders with minimal untoward effects. Ayurveda aims at preservation and maintenance of health and hence there is a tremendous scope of Ayurveda practitioners in Gynaecology to face the challenge of making Ayurveda as primary and only care for many benign disorders.

**Present Practices:** Prasuti and Stri roga consultants at hospitals attached with government, self finance colleges and other private clinics have been practicing Ayurveda gynaecology since ages. Management of menstrual irregularities, infertility, Menopause and associated conditions, urogynaecology disorders, benign tumours of genital organs, breast diseases, genital infections is done satisfactorily. The management includes *Shodhana* i.e. *Panchakarma* including *Vamana*, *Virechana*, *Basti* especially *Uttarbasti* and *Shirodhara*. Local procedures like *Yonidhavana*, *Avachurnana*, *Agnikarma*, *Pichu*, *Dhoopana* are also being applied with exceptional outcome in terms of cure without recurrence.

*Garbha Samskara* techniques and prenatal counseling for couples planning for healthy progeny, proper antenatal care with *Ayurveda* is a demand from the society. Many hospitals and private clinics run such workshops for couples instructing them regimen and other techniques including Yoga and dietetics to beget a healthy offspring. *Garbha Samskara* clinics are on mushroom blooming due to no – medicine techniques and successful results.

**Limitations:** Obstetrics practice related with delivery and postpartum care varies from state to state in India. The state rules regarding use of emergency allopathic medicines for parturition and post partum care are different. Even the Central Council of Indian Medicine regulations are under debate till date. During recent workshop for syllabus reforms at Jamnagar, it has been suggested by peers for use of emergency medicines to be applied for all Prasuti and Stri roga consultants. *Ayurveda* hospitals in states where use of such medicines is permitted conduct Normal deliveries, Forcep delivery, Vaccum and Caesarean section. But for states where the norms are different conduct deliveries under medical guidance. Similar condition is present in case of operatives indicated in Gynaecology and Obstetrics.

**Scope:** Subfertility, Polycystic ovarian disease, psychosexual problems, menstrual irregularities, maternal mortality are on significant rise. With increase in life expectancy, unique age related complications in women like osteoporosis, malignancies and cardiovascular diseases, urogynaecology disorders incidences have increased.

*Ayurveda* practitioners have to play an important role in modern women's life to prevent such morbidities and help her in journey towards better health. It is the need of time to address the above issues by planning diet and lifestyle changes as a mode of prevention. Awareness of *Paricharyas*, do's and don'ts for *Rajaswala* (menstruating women), *Garbhini* (antenatal), *Sutika* (Postnatal) female should be done. Lifestyle changes and diet itself has potency in preventing many reproductive tract disorders and maintaining health.

**Guidelines:** Gynaecology practice in *Ayurveda* is least explored and documented. Apart from OPD and IPD department of *Prasuti* and *Stri roga*, each hospitals / clinics should have a separate centre for spreading awareness and counseling for women of all age groups. Guidance and education should be given in form of workshops or weekly counseling clinics. Education and counseling to overcome depression caused by work pressures, social conflicts, post partum and menopausal time. Removal of myths related with menstrual taboos and stating the facts with scientific explanation is the need of present time where girls blindly follow campaigns which are misleading and having direct effect on reproductive health.

Clinical practice of Infertility, Menstrual related disorders and other benign conditions should aim at quick recovery with minimal medications and zero recurrence. Hence *Panchakarma* practice should be incorporated wherever indicated. *Uttarbasti* is considered as an alternative to artificial reproductive techniques. It is cost effective and gives quick results. The incidence of hysterectomy due to benign conditions like fibroid, cervical erosion, DUB, Adenomyosis is on rise. *Ayurveda* can cure these ailments and prevent woman from hysterectomy.

Gynaecological malignancies especially Breast carcinoma and Cervical carcinoma present dilemma for all practitioners. *Ayurveda* compounds used as an adjuvant and in post Radio-Chemo patients have given substantial improvement in life quality of such patients.

Apart from these, all consultants should remain updated about the diseases and new emerging treatments. Profound knowledge of *Dosha*, *Dhatu*, *Agni*, *Oja*, *Srotas* involvement is essential to diagnose the disease according to *Ayurveda* and treat accordingly. Extensive use of *Shatavari* in all female age group will maintain reproductive health of female and prevent future morbidities by its *Rasayana* property and by virtue of Phytoestrogens. Promoting healthy lifestyle by adapting *Dincharya*, *Ritucharya* with possible modifications to be inculcated in today's modern women.

**Cite this article as:** Jasmine Gujarathi. Practice of Obstetrics and Gynaecology in *Ayurveda*: Scope, Limitations and Guidelines, *J of Ayurveda and Hol Med (JAHM)*.2016;4(3):1-2