



## Unit 1: Fundamentals of Prasava Karma

### Unit 1 — Fundamentals of Prasava Karma (Labor & Delivery)

#### Overview

*Prasava Karma* is the Ayurvedic science and art of guiding birth from the first true contractions to placental delivery, safeguarding both **Garbhīṇī** (the mother) and **Garbha** (the baby). Ayurveda frames labor as a **physiological Vāta-led event**—especially governed by **Apāna Vāta** (the downward-regulating force)—modulated by **Pitta** (heat/transformative power) and **Kapha** (cohesion/lubrication). When the mother's **Agni** (digestive-metabolic fire) is steady, **Srotas** (body channels) are patent, and mind is **Sāttvika** (calm, clear), labor tends toward **Sukha Prasava**—smooth, timely, low-intervention birth. This chapter lays the conceptual bedrock: definition and importance; classical loci in the texts; the doṣa-model of initiation and progress; Ayurvedic staging of labor; and the full meaning of **Sukha Prasava**—including the environment, posture, breath, touch, and gentle supports that keep physiology on track. Throughout, you will see *clinic-ready* notes and cautions consistent with modern safety.

#### 1) Definition and Importance of Prasava in Ayurveda

**Definition.** *Prasava* is the **physiological expulsion of the fetus and placenta** from the mother once gestation is complete and natural forces ripen the womb, cervix, and channels. It is not a disease; it is a **regulated peak event** of the reproductive system where **Apāna Vāta** orchestrates rhythm (contractions), direction (descent), relaxation-constriction alternations (cervical change), and expulsive effort (bearing down).

**Why it matters.** A clear Ayurvedic map allows clinicians to:

- Recognize **physiological** vs **pathological** labor patterns early.
- Correct subtle **Nidāna** (aggravators)—cold, fear, dehydration, constipation, over-stimulation—**before** they escalate to complications.
- Protect mother-baby safety by **integrating** with modern monitoring and timely obstetric interventions when red flags appear.
- Maintain maternal **Ojas** (vital essence) and **Stanya** (the forthcoming milk) by minimizing avoidable stressors.

**Scope of Prasava Karma.**

Ayurveda covers: preparation (late-pregnancy regimen), *prasava-pūrva* (latent), *prasava-mukha* (active and second stage), **Aparā-pāta** (placental stage), and early postpartum stabilization (*Sūtikā*). This unit focuses on **concepts** that inform all later units on complications and management.

#### 2) Classical References of Labor in Ayurvedic Texts

Ayurvedic obstetrics (*Prasūti Tantra*) is interwoven across *Caraka Saṃhitā*, *Suśruta Saṃhitā*, *Aṣṭāṅga Hṛdaya*, and *Kāśyapa Saṃhitā* (where available). Core themes include:

- **Determinants of conception & growth** (*Ritu-Kṣetra-Ambu-Bija-Sattva*), which also explain why some labors start and progress well.
- **Doṣa dynamics** by trimester and at term: Kapha (build), Pitta (ripen), Vāta (expel).
- **Prasava conduct**: calm environment, warmth without overheating, protection of Apāna flow, and avoidance of improper measures.
- **Sūtikā care** immediately after birth to re-anchor Vāta and rekindle Agni—protective of lactation and recovery.

Text study tip for students: read the *Śārīrasthāna* chapters of *Aṣṭāṅga Hṛdaya* alongside *Suśruta's* obstetric

passages to correlate pelvic physiology, doṣa logic, and bedside conduct.

### 3) Role of Doṣas—Especially Vāta—in Initiation & Progress of Labor

#### 3.1 The Vāta engine (Apāna, with Vyāna & Samāna support)

- **Apāna Vāta** (pelvic/downward) initiates and sequences **cervico-uterine activity**—contractions, descent, rotation, and **expulsion**.
- **Vyāna Vāta** (circulatory/propulsive) supports uterine perfusion and global stamina; dysrhythmia here shows as **incoordinate** labor.
- **Samāna Vāta** (gut/Agni interface) affects energy and nausea; gut spasm or bowel stasis **blocks Apāna**.

**Aggravators of Vāta during labor:** cold room, fear/anxiety, bright/noisy surroundings (sensory overload), **full bladder/constipation**, dehydration/long fasting, coercive coached breath-holding too early, multiple observers.

#### 3.2 Pitta & Kapha as modulators

- **Pitta** lends heat and intensity; **excess** presents as **“hot and hurried”** labor—irritability, thirst, little rest between surges, risk of heat-exhaustion or bleeding. Cool the *stimulus*, not the mother.
- **Kapha** provides mucus, lubrication, and stamina; **excess** yields sluggishness/ somnolence, **thick secretions**, and prolonged latent phase. Mobilize with posture cycles and light warm sips—**not** heavy foods or stimulants.

#### 3.3 Doṣa-Nidāna map at the bedside

Pattern	Likely Doṣa error	Key correctives
Irregular, painful, unproductive surges	<b>Vāta</b> dysrhythmia	Warm, dim, quiet, <b>empty bladder</b> , external oiling, long relaxed exhale, upright/forward-leaning
Hot, irritable, thirsty labor	<b>Pitta</b> overlay	Cool the room's <i>stimulus</i> , room-temp coriander-fennel sips, gentle touch
Sluggish, thick-mucus latent	<b>Kapha</b> overlay	Brief ambulation, posture cycles, light warm broths, avoid heavy meals

### 4) Stages of Labor in Ayurveda (With Practical Correlates)

Ayurvedic texts do not always lay a strict three- or four-stage scheme as in modern obstetrics, yet the **physiology maps cleanly**:

#### 4.1 Prasava-pūrva (latent/ early)

- **Signs:** back/low abdominal ache, irregular mild surges, cervical softening; mucus show.
- **Doṣa:** Vāta begins to stir; Kapha loosens.
- **Guidance:** **Sleep protection**, small warm meals, **warm sips**, keep bowels moving, avoid crowds. Encourage **left-lateral rest** and **hands-and-knees rocking** if comfortable.

#### 4.2 Prasava-mukha (active labor, until full dilatation)

- **Signs:** regular, stronger surges; progressive cervical change; increased focus/withdrawal.
- **Doṣa:** Apāna Vāta in rhythmic waves; Pitta supplies transformative heat; Kapha provides lubrication.
- **Conduct:** **Upright/forward-leaning** postures, **position changes every 30-40 minutes**, **empty bladder q2-3 h**, **long exhale with low-pitched humming**, warm compress/oiling to lumbosacral area.

### 4.3 Garbha-niṣkramana (expulsion/second stage)

- **Signs:** expulsive urge, descent, crowning.
- **Doṣa:** Peak Apāna Vāta.
- **Conduct:** **Urge-led bearing down** (avoid early forced Valsalva), **side-lying or all-fours** are often protective; **warm perineal compress**; slow, **controlled crowning** with verbal coaching.

### 4.4 Aparā-pāta (placental stage)

- **Signs:** gush of blood, cord lengthening, fundal rise then firming—**separation signs**.
- **Doṣa:** Apāna Vāta completes expulsion; Kapha re-coheres.
- **Conduct:** **Skin-to-skin**, warm quiet room; wait for separation signs; **no cord traction**; fundal tone checks by trained staff.

**Clinical pearl:** Ayurveda emphasizes **privacy, warmth (not heat), rhythm, and respect for Apāna's direction**. These four pillars convert many borderline patterns back to physiology.

## 5) Concept of Sukha Prasava (Normal Delivery)

**Definition.** *Sukha Prasava* is **timely, smooth, safe labor** with minimal suffering, intact maternal reserves, and a vigorous newborn—achieved by **non-violent** conduct, appropriate positioning, and **Vāta-Pitta-Kapha** harmony. It is more than a “vaginal birth”; it is **quality of the process**.

### 5.1 Terrain factors that produce Sukha Prasava

1. **Steady Agni and clear Rasa** in late pregnancy: early light dinner, simple warm foods, regular bowel routine.
2. **Vāta containment:** warm clothing, protected sleep, no late-night screen/arguments, avoidance of cold drafts.
3. **Mind-Sattva:** known caregivers, kind words, single trusted companion, **digital sunset**; brief **Nāḍī-śodhana** (no retentions) & **Bhrāmari** practice in the last weeks.
4. **Pelvic readiness:** gentle daily mobility—**hands-and-knees rocking**, pelvic tilts, supported squats if comfortable; **no force**.

### 5.2 Intrapartum environment for Sukha Prasava

- **Space:** dim light, quiet, minimal observers; room **warm**, not hot.
- **Positions:** default **upright/forward-leaning** with cycles to **side-lying** rest.
- **Touch:** **external oiling** (pregnancy-safe oils like **Kṣīrabala/Nārāyaṇa Taila**) to lumbosacral region between surges; avoid slippery floors; **no deep abdominal massage**.
- **Fluids & food-form:** **jeeraka-siddha jala** (cumin-infused warm water) sips; **thin rice gruel** between surges if desired; **no iced** beverages; avoid heavy, oily meals.
- **Bowel/bladder:** **void q2-3 h**; ensure soft stool earlier in labor; avoid enemas in active labor.

### 5.3 What Sukha Prasava does not include

- **No** castor-oil purgation, **no** emmenagogues (e.g., **Rājapravartini Vaṭī**), **no** strong Śodhana, **no Daśamūla** during pregnancy/intrapartum.
- **No** coercive breath-holding early; **no** crowd/control-heavy coaching that spikes adrenaline.
- **No** delay in **obstetric escalation** when red flags appear.



## 6) Integrative Safety: Red Flags & Immediate Actions (Memorize)

- **Non-reassuring fetal status**, meconium with abnormal tracing, **constant severe abdominal pain**, **heavy fresh bleeding**, fever with uterine tenderness, **sudden severe headache/visual changes**—call **obstetric escalation**.
- While awaiting higher-level care: left-lateral rest, calm voice, small sips if allowed, **empty bladder**, avoid pushing unless instructed.

## 7) Prescriber's Margin (Fundamentals-Level, Pregnancy-Safe Adjuncts)

**These are adjuncts to physiology.** Start **one at a time**, **external or food-form** only; stop with any adverse cue. Do **not** use to delay indicated obstetric interventions.

- **Kṣīrabala Taila (external only):** Warm 1-2 tsp; slow strokes over lumbosacral area/hips **5-7 min**, repeat **hourly** between surges for back-ache and Vāta calm.
- **Nārāyaṇa Taila (external only):** As above if Kṣīrabala unavailable.
- **Jeeraka-siddha jala:** Simmer 1 tsp cumin in 500 mL water → reduce to ~400 mL; **warm sips** intermittently.
- **Coriander-fennel phāṇṭa** (room temperature) for Pitta overlay (thirst/irritability).
- **Strictly avoid:** internal Daśamūla, castor oil, Rājapravartini Vati, strong astringents/purgatives intrapartum.

## 8) Putting It Together — A Pocket Algorithm for Normal Labor

1. **Confirm true labor** and stability; rule out red flags.
2. **Set the room:** dim/quiet/warm, one companion, reduce observers.
3. **Open Apāna:** empty bladder; check bowel comfort; long exhale + low hum practice; external oiling to back.
4. **Mobilize smartly:** upright/forward-leaning ↔ side-lying rest every **30-40 min**; hands-and-knees when back pressure is high.
5. **Fuel & fluids:** warm sips; tiny food-form portions; avoid heavy meals and all iced drinks.
6. **Perineal phase:** warm compress; urge-led bearing down; slow crowning.
7. **Placenta:** skin-to-skin; observe separation signs; **no cord traction**.
8. **If any deterioration:** escalate without delay; Ayurveda shifts to **supportive** role.

## Summary (Rapid Revision)

- *Prasava* is a **physiological** Vāta-led event with Pitta and Kapha as modulators; **Apāna Vāta** governs contraction-descent-expulsion.
- Ayurvedic labor staging—*prasava-pūrva*, *prasava-mukha*, *garbha-niṣkramana*, *aparā-pāta*—maps cleanly to modern phases.
- **Sukha Prasava** arises from steady **Agni**, clear **Rasa**, calm **Sattva**, and an environment that honors **privacy, warmth, rhythm, posture, and breath**.
- **Avoid drugging to hasten labor.** Pregnancy/intrapartum: **no Daśamūla, no castor oil, no emmenagogues, no strong Śodhana**.
- Always integrate: keep **red-flag thresholds** foremost; Ayurveda enhances comfort and physiology but never replaces timely obstetric care.



## Assessment

### A. Multiple-Choice Questions (MCQs)

1. The **principal doṣa** orchestrating the mechanics of labor (descent/expulsion) is:  
A. Kapha  
B. Pitta  
C. **Apāna Vāta**  
D. Udāna Vāta

**Answer: C**

2. A “hot and hurried” labor pattern points to excess of:  
A. **Pitta**  
B. Kapha  
C. Vāta  
D. Sādhaka Kapha

**Answer: A**

3. A key **environmental pillar** for Sukha Prasava is:  
A. Bright lights and frequent observers  
B. **Dim, quiet, warm room with a single trusted companion**  
C. Ice water to reduce pain  
D. Supine immobility for all

**Answer: B**

4. During active labor, the **default posture strategy** is:  
A. Continuous supine rest  
B. **Upright/forward-leaning with position changes every 30-40 minutes**  
C. Head-down inversion  
D. Rigid knee-chest for hours

**Answer: B**

5. For perineal protection at crowning, the best cue is:  
A. Forced early breath-holding  
B. **Urge-led bearing down with warm compress and slow emergence**  
C. Deep abdominal massage  
D. Cord traction to speed delivery

**Answer: B**

6. Which is **NOT** part of Sukha Prasava conduct?  
A. Warm sips and thin rice-gruel between surges  
B. External oiling to the back between surges  
C. **Castor-oil purgation to hasten labor**  
D. Left-lateral rest cycles

**Answer: C**

7. Intrapartum **internal Daśamūla** use in this program is:  
A. Recommended routinely  
B. Allowed only if mixed with ghee  
C. **Avoided during pregnancy and labor**  
D. Mandatory in late labor

**Answer: C**

8. Signs of **placental separation** include all EXCEPT:  
A. Gush of blood  
B. Cord lengthening  
C. Fundal rise then firming  
D. **Sharp constant abdominal pain with shock**

**Answer: D**

9. A **simple Vāta-opening** step during labor is:  
A. Skipping voiding to maintain energy  
B. **Emptying the bladder every 2-3 hours**



- C. Tight abdominal binding
- D. Iced drinks

**Answer: B**

10. Which pairing best summarizes the **doṣa-corrective** logic?
- A. Kapha excess—give heavy meals
  - B. Pitta excess—hot bath and chilies
  - C. **Vāta dysrhythmia—warmth, rhythm, posture cycles, external oiling**
  - D. None of the above

**Answer: C**

## B. Case Vignettes (Applied)

### Case 1 — “Lights, Noise, No Progress”

A primigravida in active labor has irregular painful surges, minimal cervical change in 4 hours, cold feet, and a very full bladder. The room is bright and crowded; fetal status is reassuring.

#### Tasks:

1. Identify the doṣa pattern and two aggravators.
2. Write a **step-wise plan** to restore physiology (room, posture cycles, breath-sound, bladder care, external oiling, warm sips).
3. Name **one** sign that would trigger immediate obstetric escalation.

### Case 2 — “Hot & Hurried”

A multipara labors in a hot, noisy room; she is thirsty, irritable, and has little rest between surges.

#### Tasks:

1. Call the overlay and list **three** environmental corrections.
2. Specify a **pregnancy-safe sip** and the **touch/oil** strategy you will choose.
3. State **two** conditions under which you would stop adjuncts and call for obstetric intervention.

### Case 3 — “Placenta to Follow”

After birth, the baby is on mother’s chest, uterus is firming, bleeding minimal, placenta not yet delivered.

#### Tasks:

1. Outline **physiological support** steps for *aparā-pāta*.
2. Note **two** signs of separation you will observe.
3. Mention **one** threshold that mandates obstetric management.

## End of Unit 1 — Fundamentals of Prasava Karma