International Research Journal of Ayurveda & Yoga Vol. 9(7), pp. 14-19, July, 2026
Available online at http://irjay.in
ISSN: 2581-785X
DOI: 10.48165/IRJAY.2026.90703

CASE SERIES

Role of *Madhura Aushadha Siddha Taila* in Cervical Dilatation – A Case Series

Pratibha[1]*, Seema Shukla[2], Charulata[3]

[1]PG Scholar, PG Department of Prasuti Tantra Evum Stree Roga, Rajiv Gandhi Government Post Graduate Ayurvedic College and Hospital, Paprola, Himachal Pradesh, India.
[2]Professor and Head, PG Department of Prasuti Tantra Evum Stree Roga, Rajiv Gandhi Government Post Graduate Ayurvedic College and Hospital, Paprola, Himachal Pradesh, India.
[3]Lecturer, PG Department of Prasuti Tantra Evum Stree Roga, Rajiv Gandhi Government Post Graduate Ayurvedic College and Hospital, Paprola, Himachal Pradesh, India.

ARTICLE INFO

Article history:
Received on: 03-06-2026
Accepted on: 07-07-2026
Published on: 31-07-2026

Key words:
Madhura Aushad Siddha Taila,
Normal Labor,
Sukha Prasava,
Yoni Picchu

ABSTRACT

India accounts around 25 million child births every year. Out of these birth, approximately 78% women give birth vaginally. 5–22% of these women need induction of labor and at least 50% of these population show cervical dystocia and are candidates for cervical ripening. The basic components of the cervix include proteoglycans, glycosaminoglycans, fibrillary collagen, and cellular components. Most of the cervical ripening methods used in modern practices incorporate breakdown or rearrangement of these components. A detailed description of *Prasava* has been given in our texts which greatly helps us in understanding the concept of *Prakrit Prasava* (normal labor). Our *Acharayas* have mentioned the administration of *Matra Basti* and *Yoni Pichu* in the 9th month of pregnancy which aids in cervical dilatation and hence *Sukha Prasava*. This study presents a series of different cases which were conducted under the Prasuti Tantra Evam Stree Roga department of Rajiv Gandhi Government Post Graduate Ayurvedic College and Hospital, Paprola, Kangra, HP, evaluating the role of *Madhura Aushadh Siddha Taila Yoni Pichu* in cervical dilatation aiding *Sukha Prasava*. *Pichu* was administered to both primiparous and multiparous females from 32 weeks of gestation onward. Majority of the patients were delivered vaginally without any complication. An effect was seen on the rate of cervical dilatation, and the duration of stages of labor was also reduced. *Acharaya Charaka* the normal period of initiation of labor and intrauterine stay of fetus is from the 1st day of 9th month up to the 10th month, and beyond this limit, it is abnormality. *Acharaya Susruta* has prescribed the use of *Asthapana* and *Anuvasana Basti* in the 8th month of pregnancy for normalizing *Apana Vata* while *Acharya Charaka* has advised *Anuvaasana Basti* along with the use of *Yoni Picchu* in the 9th month of pregnancy for Lubrication of *Garbhasthana* and *Garbha marga* for *Sukh Prasava.* The present collection of different thesis work describes the mode of action of *Madhura Aushadh Siddha Taila* in the process of *Sukh Prasava*.

1. INTRODUCTION

Pregnancy is the most unforgettable phase in the life of every woman. From the moment of conception, a female experiences a lot of changes be it physical or mental. Her adaptation with due regard to these changes so as to welcome her progeny is remarkable. Every woman faces different types of problems throughout their period of pregnancy and during the end of pregnancy. It is well known that the phenomenon of labor is a natural process but any obstruction at the level of Power, Passage, and passenger can be serious to both mother and the child. Our *Acharyas* have explained a month-wise regimen to be followed by *Garbhini* so as to have the best pregnancy experience. The regimen has been described under the chapter *Garbhini Paricharya*.[1-4] *Acharaya Sushruta* says that as the fruit ripens, it gets detached from its pedicle itself likewise as the fetus gets mature process of *Prasava* starts thereafter.[4,5] *Acharya Charaka* in the regimen of the 9th month has explained the use of *Anuvasan Basti* with oil prepared with *Madhura* group of drugs and also has indicated *Yoni Pichu* of this very oil to lubricate the *Garbhasthana* (uterus) and *Garbhamarga* (cervix, vaginal canal, and perineum).[6] The oil prepared by *Madhura* group

Corresponding author:
Partibha, PG Scholar, PG Department of Prasuti Tantra Evum Stree Roga, Rajiv Gandhi Government Post Graduate Ayurvedic College and Hospital, Paprola, Himachal Pradesh, India.
Email: rana.pratibha123@gmail.com

has specific properties by virtue of which it aids in cervical dilatation at a faster rate much superior to the modern practiced techniques used for cervical ripening. There is a direct impact on the cervical ripening and dilatation which favors easy delivery of the baby. *Picchu* of oil prepared from *Madhura Aushadha* promotes the strengthening of perineal muscles by providing *Snigdhta* and hence resists multiple perineal injuries which are inevitable in many cases. It ultimately eases the process of normal vaginal birth.

1.1. Aims and Objectives

The aim of the study is to see the role of *Madhura Aushadh Siddha Taila Yoni Pichu* in cervical dilatation aiding *Sukha Prasava*.

Yoni Pichu was administered to both primiparous and multiparous females from 32 weeks of gestation onward.

Majority of the patients were delivered vaginally without any complications.

The effect of *Yoni Pichu* was seen on the rate of cervical dilatation and duration of stages of labor also.

Acharya Charaka has mentioned *Taila* among the four main *Sneha, which* has properties of *Yonivishodhanam*.[7] *Acharya Sushruta* has mentioned *Taila* as *Garbhashayashodhak.*[8] Both the *Acharyas* have mentioned *Tila Taila* as the best *Taila*.[9] Hence, *Tila Taila* was used for the formulation of *Bala Tailal* for *Yoni Picchu* in this study. *Tila* (Sesamum indicum Linn.) is *Madhura Rasa*, *Madhura Vipaka*, *Snigdha Guna*[9] which negotiates the *Rukshata, Sheetata,* and *Laghuta* of *Vata* and regularizes *Prasuti Maruta* toward the right direction during labor. *Tila Taila* also has *Sukshama* and *Vyavayi Guna*, which promote its faster and easy penetration. *Acharya Charaka* has described *Bala* under *Madhura Skandha* in *Viman Sthana* and *Prajasthapana Mahakashaya* and *Brimhaniya Mahakashaya* in *Sutra Sthana*. *Bala* is considered *Madhura Rasa, Madhura Vipaka, Snigdha Guna, and Balya* in properties. *Bala* is also considered a rejuvenative (*Rasayana*).[10] It strengthens the uterine muscle fiber and perineal muscle by its *Balya*, *Brimhana,* and *Rasayana* properties. These collectively aid in the act of labor and in the promotion of *Sukha Prasava*. These properties of oil signify that oil works on the uterus and vagina, making it more flexible and easy passage for the passenger. Hence, its use for *Yoni Picchu* might be helpful in easy delivery with minimal aids.

1.2. *Yoni Picchu*

Yoni Picchu is a method of *Snehana,* i.e., oleation therapy. Yoni *Picchu* is made with a small circular cotton swab covered with a sterile gauze piece which is tied with a knot around the cotton swab. A small tail is left for its easy removal. The yoni *Picchu* dipped in medicated oils is placed deeply inside the vagina and in contact with the cervix (*yoni*) for the *Snehana Karma.* The *Madhura Aushadh Siddha Taila Pichhu* will cause *Snehana* (unctuousness), *Vishyandana* (fluidity), *Mardavata* (softness), and *Kledana* (moistness) as per the definition of *Snehana* mentioned by *Acharya Charaka*.[11] Hence, all in all, the effects of *Yoni Picchu* can be explained as follows: *Picchu* lubricates the whole vaginal canal due to its *Snehana* and prevents unnecessary friction. *Yoni Picchu* with medicated oil is *Vatashamak* and causes softness in the channels and increases the elasticity of muscles and thus facilitates easy expulsion of the fetus without obstruction. *Acharya Charaka* has described *Bala* under *Madhura Skandha* in *Vimana sthana* and *Prajasthapana mahakashaya* and *Brmhaniya mahakashaya* in *Sutra Sthana. Bala* possesses *Madhura rasa*, *Madhura Vipaka*, *Snigdha Guna*, and *Balya* in properties. *Bala* is also considered a rejuvenator *(Rasayana)*.[10] *Acharaya Sushruta* has also described it among *Madhura Dravya*.[12] According to the modern point of view, this *Taila* has properties such as anti-microbial, anti-oxidant, anti-inflammatory, anti-bacterial, analgesics, tonic and is also a lubricant.[13] Its local application destroys bacterial growth in the vaginal canal and also prevents the growth of pathogenic micro- organisms in the vagina and hence reduces vaginal discharges. Muscular tone is increased, and at last, psychologically, the woman is prepared for normal labor. It remains intact with the cervix and hence helps in cervical ripening by softening the cervix. The inevitable injuries of varying magnitude that can occur during the birth of the baby can be prevented with the *bala guna* provided by this oil to the birth canal.

2. METHODOLOGY

These studies were conducted in the inpatient department of the PTSR department of Rajiv Gandhi Government Post Graduate Ayurvedic College and Hospital, Paprola over different years. *Yoni Picchu* was administered intravaginally daily starting from 32 weeks onward until delivery. 270 women were taken under the study, and the following points were taken into consideration, i.e., age of the patient, mode of onset of labor (spontaneous/induced), whether the patient delivered preterm, at term or post term and combined result and action of the *yoni Picchu* was seen with reference to the Bishop's score at the time of labor.

2.1. Cervical Ripening

Cervical ripening is accompanied by the influx of neutrophils. Neutrophil is a ready source of collagenase, and the cervix is dependent on collagen for its rigidity. Thus, it is important to study factors controlling neutrophil influx into the cervix at term. Prostaglandin E and interleukin-8 or neutrophil chemotactic factor work synergistically inducing neutrophil influx into tissue. Activating this type of synergy, between a vasoactive and a chemotactic agent, is likely to be the physiological mechanism for inducing cervical ripening. Bishop's scoring method is a criterion to assess the favorability of cervix at the onset of labor so as to decide whether the female will go into normal labor or land into cesarean section [Table 1].

Bishop scoring was done for every patient in whom administration of *yoni picchu* was done and who came with labor pains, and all the parameters were taken into consideration, and data were collected.

From the below table 2, it is concluded that 100% of the primigravida and second gravidas fall under a favorable Bishop's score in whom application of *Yoni Picchu* was done during the antenatal period and all of the patients ended up in normal vaginal delivery without undue perineal injuries, and most of them were delivered without episiotomy.

2.2. Incidence of Age

Patients aged between 20 and 35 years, both primigravida and multigravida (previous abortion) were taken under consideration in the study.

From the below table 3, it is concluded that the maximum number of gravidas belongs to the age group 20–25 years, i.e., 76.29%, followed by 24.81% in the age group 26–35 years.

2.3. Gestational Age

It was calculated from the 1st day of the last menstrual period. From gestational age, we can calculate whether the baby was delivered at term, preterm, or post-term.

- Preterm <37 weeks
- Term between 37 and 40 weeks
- Post-term >40 weeks.

From the above table 4, it is concluded that the maximum number of patients, i.e., 92.59% delivered between 37 and 40 weeks of gestation, followed by 4.07% at the gestational age >40 weeks and 3.33% at the gestational age <37 weeks.

2.4. Onset of Labor

Under this category, the nature of onset of labor was considered and it was concluded on the basis of spontaneous mode.

From the table 5 shown below, it is depicted that spontaneous onset of labor was seen in the maximum number of gravidae, i.e., in 92.96% and in 7.03% induction method was applied.

From table 6, it is concluded that maximum number of patients were delivered by normal spontaneous vaginal delivery, i.e., 91.48% and without application of episiotomy, followed by lower segment Caesarean section (LSCS) in 5.18% of patients, and 3.33% were delivered with the application of forceps.

Average duration of all three stages of labor was taken into consideration.

From table 7, it was concluded that the average duration of 1st stage of labor was an average of 9 h 8 min in the patients in whom administration of *Yoni Picchu* was done after 32 weeks of gestation onwards. Likewise, the average duration of second stage of labor was 28 min 30 s, and average duration of the third stage of labor was 4 min 15 s.

3. DISCUSSION

All the patients, i.e., 100% in whom the administration of *Yoni Pichhu* was done got a favorable Bishop's score. Bishop's score is a direct factor that helps us in determining the course of labor.[14] A favorable Bishop score facilitates the progress of labor and there is good cervical dilatation which reduces the chances of prolonged labor. By administration of Yoni Picchu, maximum gravidas delivered at term and very few, i.e., 4.07% delivered post-term. As cervical dilatation and effacement is the very important prerequisite for normal labor, *Yoni Picchu* has tremendous effect on it and hence favors it with minimal aids. Onset of labor for majority of the patients (92.96%) was spontaneous. Spontaneous onset occurred due to the cervix which was ripened.[15-17] Moreover, maximum number of patients delivered by normal spontaneous vaginal delivery, i.e., (91.48), followed by LSCS in 5.18% of females because of the other medical complications, followed by 3.33% of the gravidas delivered by assisted vaginal forceps delivery because of cephalopelvic disproportion or average pelvis. All the patients who delivered vaginally were found to have minimal perineal injured healing was superior to other patients who have not used *Picchu*. Average duration of stages of labor was also taken into consideration and it was found that average duration of 1st stage of labor in the patients was 9 h 8 min which otherwise usually in nulliparous women takes 12 h. The average duration of the second stage of labor was an average of 28 min 30 s which usually in primigravidas takes 2 h. The average duration of 3rd stage of labor was 4 min 15 s which usually in primigravidas takes 15 min.[18-20] Hence, by administration of *Yoni Picchu,* the patients in labor delivered within a short span of time which relieved them from undue pain and exertion.

4. CONCLUSION

Yoni Picchu through pressure effect induces the Ferguson reflex over the cervix, thus stimulating oxytocin secretion to maintain uterine contraction. *Tila Taila* which is a major content in this taila contains polyunsaturated fatty acid that forms arachidonic acid. Arachidonic acid is the precursor of prostaglandin, which induces calcium influx into muscle fibers of the myometrium to slide phosphorylated light chain of myosin over the actin chain to contract the whole muscle. *Tila Taila* also contains saponins, which show a similar action by making pores between the cell membranes. The influx of calcium ions into the cervical tissue leads to collagen lysis by increasing nitric oxide synthase and lysosomal activity. Saponins are hydrophilic compounds that induce water entry into the cervix, leading to cervical softening and hence ultimately leading to cervical ripening. *Madhura Aushadh Siddha Taila,* being *Guru*, *Snigdha*, *Balya,* and *Brimhana* in properties, helps in increasing tone and contractility of the uterine muscle when applied through the vaginal route. Hence, keeping in mind all the benefits of Yoni pichu insertion aiding in *Sukha Prasava,* all pregnant females should be advised for *Picchu* insertion and follow the rest of *Garbhini Paricharya* for a better experience of pregnancy and thereafter.

5. ACKNOWLEDGMENTS

Nil.

6. AUTHORS' CONTRIBUTIONS

All authors give equal contribution in making of this manuscript.

7. FUNDING

Nil.

8. ETHICAL STATEMENT

Ethical approval was not required for this study as it is a case series.

9. CONFLICT OF INTERESTS

The authors declare no conflicts of interest regarding the publication of this paper.

10. DATA AVAILABILITY STATEMENT

The data analyzed in this review were obtained from publicly available sources, including peer-reviewed articles, observational studies, and surveys accessible through databases.

11. DISCLAIMER/VIEW AND OPINIONS

The opinions expressed in this article are solely those of the authors and do not reflect the views of the International Research Journal of Ayurveda and Yoga or its editorial board.

12. AI-USE DECLARATION

The authors declare that no generative AI tools were used to create scientific content, interpret data, or draft any sections of this manuscript. AI-based tools were used solely for minor language and

grammar refinements to improve clarity and readability. All scientific content, analysis, and conclusions remain the sole responsibility of the author.

13. PUBLISHERS NOTE

This journal remains neutral with regard to jurisdictional claims in published institutional affiliations.

REFERENCES

1. Jadavaji V, Acharya T, editors. Charaka samhita, revised by charaka and dridhabala, with ayurveda dipika commentary of chakrapanidatta. Sharir Sthan 4/25. Varanasi: Chaukhmba Subharti Prakashan; 2009. p. 876.
2. Shastri KA, editor. Sushruta samhita. Shareer Sthana 10/4., 14th ed. Varanasi: Chakhamba Sanskrit Sansthan; 2003.
3. Jadavaji V, Acharya T, editors. Charaka samhita, revised by charaka and dridhabala, with ayurveda dipika commentary of chakrapanidatta. Sharir Sthan, 8/32. Varanasi: Chaukhmba Subharti Prakashan; 2009. p. 831.
4. Jadavaji V, Acharya T. In: Jadavaji V, Acharya T, editors. Charaka samhita, revised by charaka and dridhabala, with ayurveda dipika commentary of chakrapanidatta. Sharir Sthan, 8/32. Varanasi: Chaukhmba Subharti Prakashan; 2009.
5. Shastri KA, editor. Sushruta samhita. Nidansthana 8/78., 14th ed. Varanasi: Chakhamba Sanskrit Sansthan; 2003. p. 224.
6. Jadavaji V, Acharya T, Agnivesh. Charak samhita, Hindi commentary vidhyotni. 32nd ed., 8th Ch. Sharir Sthana, Shloka. Varanasi: Chaukhamba Bharthi Academy; 2014. p. 939.
7. Jadavaji V, Acharya T, Aginvesh. Charak samhita, hindi commentary vidhyotni. 15th ed., 13th. Ch., Sutra Sthan, Shlok. Varanasi: Chaukhamba Sanskrit Samsthan; 2012. p. 152.
8. Samhita S. Kaviraja ambikadutta shastri chaukhamba sanskrit sansthana. 112th. ed., 45. Ch. Sutra Sthana Shloka. Varanasi: Chaukhamba Sanskrit Samsthan; 2012. p. 229.
9. Sharma AP. Dravyaguna vijnana. Vol. 2. Varanasi: Chaukhambha Bharati Academy; 2004. p. 121.
10. Acharya YT. Caraka samhita of agnivesha elaborated by caraka and drudhabala with ayurveda-dipika commentary by chakrapanidatta. Varanasi: Chaukhamba Sanskrit Sansthan; 2014. p. 346.
11. Tripathi R. Charak samhita (Hindi translation). Vol. 1. Delhi: Chaukhamba Sanskrit Pratishthan; 2011. p. 22-11.
12. Shastri KA, editor. Sushruta samhita. 14th ed., 42nd. Ch., 18th. Shloka, Sutra Sthana. Varanasi: Chakhamba Sanskrit Sansthan; 2003. p. 204.
13. Nigam D, Singh C, Tiwari U. Evaluation of *in vitro* study of antioxidant and antibacterial activities of methanolic seed extract of *Sesamum indicum*. J Pharmacogn Phytochem. 2015;3(5):88-92.
14. Konar H. DC dutta's textbook of obstetrics. 10th. ed., Ch. 35. Ansari Road Daryaganj New Delhi: Jaypee Brothers Medical Publishers (P) Ltd EMCA House 23/23-B; 2023. p. 489.
15. Konar H. DC dutta's textbook of obstetrics. 10th. ed., Ch. 13. Ansari Road Daryaganj New Delhi: Jaypee Brothers Medical Publishers (P) Ltd EMCA House 23/23-B; 2023. p. 110.
16. Konar H. DC dutta's textbook of obstetrics. 10th. ed., Ch. 13. Ansari Road Daryaganj New Delhi: Jaypee Brothers Medical Publishers (P) Ltd EMCA House 23/23-B; 2023. p. 111.
17. Konar H. DC dutta's textbook of obstetrics. 10th. ed., Ch. 35. Ansari Road Daryaganj New Delhi: Jaypee Brothers Medical Publishers (P) Ltd EMCA House 23/23-B; 2023. p. 491.
18. Konar H. DC dutta's textbook of obstetrics. 10th. ed., Ch. 13. Ansari Road Daryaganj New Delhi: Jaypee Brothers Medical Publishers (P) Ltd EMCA House 23/23-B; 2023. p. 109.
19. Netala VR, Ghosh SB, Bobbu P, Anitha D, Tartte V. Triterpenoid saponins: A review on biosynthesis, applications and mechanism of their action. Int J Pharm Pharm Sci. 2014;7(1):24-8.
20. Gawade T, Ghorpade M. Effect of bala siddha taila anuvasan basti on labour pains. Ayurl Natl J Res Ayurveda Sci. 2014;2(4):1-9.

How to cite this article:
Pratibha, Shukla S, Charulata. Role of *Madhura Aushadha Siddha Taila* in Cervical Dilatation – A Case Series. IRJAY. [online] 2026;9(7);14-19.
Available from: http://irjay.in
DOI link- https://doi.org/10.48165/IRJAY.2026.90703

Table 1: Modified Bishop score

Factors	0	1	2	3
Cervical dilatation (cm)	Closed	1–2	3–4	5+
Length (cm)	>4	3–4	1–2	0
Consistency	Firm	Medium	Soft	-
Position	Posterior	Midline	Anterior	-
Head station	−3	−2	−1, 0	+1, +2
The above mentioned data in the tabular form is collective study of following thesis				
Name of the thesis with year of publication				
A study to evaluate the effect of Anuvasan Basti (Matra Basti) and Picchu in Advanced pregnancy on the phenomenon of labor by Dr Sheetal Minhas, MD Ayu. at RGGPG Ayu College and Hospital, Paprola, Kangra, HP, year 2010				
A clinical study to evaluate the effect of Anuvasan Basti and Yoni Picchu on the phenomenon of labor by Dr Anubha Chandla, MD, Ayu. At RGGPG Ayu College and hospital, Paprola, Kangra, HP, year 2012				
A comparative Clinical study to evaluate the effect of Anuvasan Basti and Picchu on the phenomenon of labor by Dr Priyanka, MD Ayu, at RGGPG Ayu College and Hospital, Paprola, Kangra, HP, year 2013				
A clinical study to compare the effect of Sukh Prasavkara Lepa-1 and Sukh Prasavakara Lepa-2 with Anuvasan Basti and Yoni Picchu on Prasav by Dr Jyotsna Thakur, MD Ayu. at RGGPG Ayu College and Hospital, Paprola, Kangra, HP, year 2015				
A clinical study to compare the efficacy of sukhprasavakar lepa with Matra Basti and Yoni Picchu and kusthelaadi churan nasya with Matra Basti and Yoni Picchu on prasava by Dr Sharda, MD Ayu, at RGGPG Ayu College and hospital, Paprola, Kangra, HP, year 2019				

Total – score 13, Favorable- score 6–13, Unfavorable- score 0–5

Table 2: Modified bishop's score

S. No.	Modified Bishop's score	No. of gravida	Percentage
1.	Favorable	270	100
2.	Unfavorable	0	0

Table 3: Incidence of age

S. No.	Age (years)	Primigravida	Second gravida	Multigravida	Total no	Percentage
1.	20–25	180	23	0	270	76.29
2.	26–35	54	13	0	270	24.81

Table 4: Incidence of gestational age at the time of delivery

S. No.	Gestational age	No of gravida	Total no	Percentage
1.	37–40 weeks	250	270	92.59
2.	<37 weeks	9	270	3.33
3.	>40 weeks	11	270	4.07

Table 5: Onset of labor

S. No.	Nature of onset of labor	No of gravida	Percentage
1.	Spontaneous	251	92.96
2.	Induced	19	7.03

Table 6: Incidence of type of delivery

S. No.	Type of delivery	No. of gravidas	Percentage
1.	NSVD	247	91.48
2.	Forceps	9	3.33
3.	LSCS	14	5.18

NSVD: Normal spontaneous vaginal delivery, LSCS: Lower segment Caesarean section

Table 7: Stages of labor

S. No.	Stages of labor	Mean duration
1.	1st stage	9 h 8 min
2.	2nd stage	28 min 30 s
3.	3rd stage	4 min 15 s