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Apara Sanga w.s.r. to Retention of Placenta: A Conceptual Study

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ABSTRACT

Placenta is said to be retained when it is not expelled out after 30 minute of the birth of baby. It is the most common complication of third stage of labour with significant cause of maternal mortality and morbidity throughout the developing world. It complicates 2% of all deliveries and has a case mortality rate of nearly 10% in rural areas. In Ayurveda Placenta is termed as *Apara* and all the *Acharyas* have given importance to *apara patana* by advising to check for complete expulsion of *Apara* followed by delivery of the fetus and also says that without expulsion of placenta, the women can't be termed as *Sutika*. When *Apara* is not expelled out after birth of the fetus it is termed as *apara sanga*. Our *acharyas* have given various modalities of treatment for removal of *apara*, so in the present paper various references related to *apara sanga* are collected from all the classical texts and an attempt is made to understand scientific approach of *apara sanga* and its management in relation to retained placenta.

KEYWORDS

Apara patana, Apara sanga, Retention of placenta



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INTRODUCTION

Acharya Kashyapa has described that, when a women approaches labour at every moment there is fear of death to the mother so it is said that her one leg lies in this *loka* and other in *Yamaloka*¹. Labour is very complex process which divided in four stages. Among all the stages of labour, third stage of labour (expulsion of placenta & it's membranes) is most crucial stage. Previously uneventful first and second stage can become abnormal within a minute with disastrous consequences. All the *Acharyas* have given importance to *apara patana* by advising to check for complete expulsion of *Apara* followed by delivery of the fetus. Retention of placenta is most common complication of third stage and in Ayurveda it is mentioned as *apara sanga*.

METERIALS AND METHODS:

All the references were collected from *Charak samhita*, *Sushrut samhita*, *Astang samgraha* and various other *Ayurvedic samhitas* and books of modern medical science of obstetrics branch those references were analyzed and summarized.

REVIEW OF LITERATURE

Apara patana:

Charaka says that after delivery of fetus one of the attendants must inspect carefully that whether placenta is expelled or not².

During defining normal labour, *vagbhata* says that delivery of fetus in vertex presentation followed by expulsion of *Apara* (detached from *matri-hridaya*) is normalcy of *prasava*, all other conditions are abnormal³.

Kasyapa also says that without expulsion of placenta, the women can't be termed as *Sutika*⁴ (puerperal women).

⁵The placenta is said to be retained when it is not expelled out even 30 minutes after the birth of the baby (WHO 15 minutes).

Causes-

- Vitiation of *vata* is the main etiological factor for retention of placenta⁶. In modern science: causes of retention of placenta⁷
- Placenta completely separated but retained is due to poor voluntary expulsive efforts.
- Simple adherent placenta is due to uterine atonicity in cases of grand multipara, over distension of uterus, prolonged labor, uterine malformation or due to bigger placental surface area. The commonest cause of retention of non-separated placenta is atonic uterus.
- Morbid adherent placenta which may be partial or rarely, complete.
- Placenta incarcerated following partial or complete separation due to constriction ring (hour-glass contraction),



premature attempts to deliver the placenta before it is separated

Complications:

- It obstructs the *marg* (passage) of flatus, feces & urine etc. excreted through external orifices⁸.
- *Anaha* (tympanitis) & *Adhmana* (flatulence)⁹
- *Shoola* (colic), *Adhmana* flatulence & *Vahnimandata*¹⁰ (anorexia).

In modern science (D. C. Datta)

- (1) Hemorrhage.
- (2) Puerperal sepsis
- (3) Shock
- (4) Risk of its recurrence in next pregnancy.

Treatment¹¹:

External manipulations:

- Compressing forcefully the abdomen of delivered women over umbilicus & holding her by back, she should be waggled violently or else holding her by both the arms violent jerks should be given.
- Strike or compress repeatedly the *shroni* of delivered woman by *parshni* of the *paricharaka*.
- Violent compression should be done on *sphik*.
- *Kantha* (inside) & *Talu* should be touched with braid of hair or a finger wrapped with hair.
- After oleating the vagina properly & compressing her flanks She should be given

violent jerks or else it (uterus) should be compressed just like shoulder & placenta delivered¹².

Yoni Dhupana:

- *Bhurjpatra*, *kachmani* and *Sarpanirmok*
- *katukalabu*, *krutavedana*, *sarshapa* or *sarpa nirmoka* with *katu taila*
- *Bhurjpatra* & *guggulu* and after *shalimula sadhita ghruta yoni abhyanjana*, *yoni dhupana* is done with *katukalabu*, *jalini*, *nimba* and *sarpa nirmoka*
- *Yoni dhupana* with either *bhurja*, *langali*, *tumbi*, *sarpa twak*, *kusta* and *sarshapa* all or any two of them

Lepana or Purana:

- *Yoni Lepana* with *kalka* of *katukalabu*, *jalini*, *nimba* & *sarpa nirmoka*
- *Yoni Purana* by *kalka* of *guda* and *nagara*
- *Yoni purana* by *kalka* of *Uma* and *picha* of *shalmali* mixed with *ghrita*
- *Langalimula kalka lepana* on *pani* and *udara* or *panipadatala*

Anusachana:

- *Avsachana* with *Mahavriksha kesheer* on *murdha*

Yoni pichu and anuvasana basti:

Pichu and *basti* of *Shatapushpa*, *kushtha*, *madanaphala* and *hingu sadhita tail*

Asthapana basti and uttarbasti:

- *Balvaja kwatha* is mixed with *phala*, *jimutaka*, *ikshwaku*, *dhamargava*, *kutaja*, *krutavedana* and *hastipippali*



- *Siddharthaka, kusta, langali, mahavruksha ksheera* mixed with *sura manda* used for *ashtapana* as well as *uttarbasti*

- *Swinna shalmalimula* should be mixed with *panchamula kashaya* by *vimardana* and mixed with *phaladi dravya* and *katu sneha* for *asthapana basti* and *uttarbasti*

- *Yoni basti* with *satahwa, sarshapa, ajaji, shigru, tikshnaka, chitraka, hingu, kushtha, madanaphala, gokshira* and *gomutra sadhita katu sneha*

Oral medicine:

- *Kalka* of *Kusta* and *talisa* mixed with 1. *Balvajayusha* or 2. *Maireya or teekshna suramanda* or 3. *Kulatthayusha* or 4. *Mandookaparni yusha* and *Pippali*

- *Kalka* of *sukshmaela, kilima, kusta, nagara, vidanga, pippali, kalaguru, chavya, chitraka, upakanchika* or portion of right ear of alive strong *khara* and *vrushabha* both crushed properly with stone and mixed with *balvaja* or *bilwa kwatha*. After keeping this for one *muhurta* this supernant fluid should be given for drink.

- *Kalka* of *kusta* or *langali mula* should be given with *gomutra* or *sura*
Kalka of *shalmmula* or *pippalyadi ghana* should be given with *Madhya*.

- -*Kalka* of *kusta* and *ela* should be given with *sura*

-*Arka* and *alarka kashaya* with *sura*

-*Vatsakadi churna* with *Madhya*

Manual removal of placenta¹³:

- If all above methods and drugs are fails, the placenta is delivered by introducing lubricated hand having nail is already trimmed following umbilical cord.

Management of retained placenta¹⁴:

• Separated • Unseparated • Complicated

- Placenta is separated and retained - To express the placenta out by controlled cord traction.

- Unseparated (uncomplicated): Manual removal of placenta under GA

- Complicated: Treat complication first then manual removal of placenta should be done.

DISCUSSION & CONCLUSION

1. Touching of *Kantha* (inside) & *Talu* with braid of hair or a finger wrapped with hair may produce instantaneous cough which suddenly increase intra-abdominal pressure. Similarly compression of hips or violent jerks may also increase intra-abdominal pressure and helps in expulsion of separated but retained placenta by increasing voluntary expulsive efforts.

2. After holding uterus just like shoulder (holding the shoulder & one has to keep four fingers on one side and thumb on the other and then compressed), pressure over



umbilicus is given with compression of the uterus, which is similar to Crede's method in modern science.

3. *Yoni dhupana*, *Yoni Purana*, *Yoni Pichu* and *Lepana* all may trigger the synthesis of prostaglandins and increase myometrial contractions which further help in expulsion of simple adherent placenta. Most of the drugs used may have a similar action to that of oxytocin and prostaglandins which stimulates the uterus, causing strong contractions and helps in expulsion of placenta.

- Limonene and anethole extract of *shatapushpa* showed contractive effect on uterine

Myometrium¹⁵ which is used in *Yoni Pichu*.

- Oxytocic activity and early abortifacient activity¹⁶ of langali increase myometrial activity.

- Aqueous extracts of *Arka*¹⁷ has induced significant sustained increases in human myometrial smooth muscle cell contractility, with varying efficiencies.

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4. Vitiating of *vayu* is main causes for *apara sanga* and for the *vata shamana* best treatment is

basti (*asthapan*, *anuvashana* or *uttarbasti*).

So due to *vatanulomana*, along with flatus, feces and urine adhered placenta also come out.

5. When all treatment modalities failed then *apara* is removed by hand (unseparated placenta) and this procedure is also followed till today

So it can be concluded that our *acharyas* are given very scientific approach to retention of placenta and its management.



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