



# Sanjeevani Ayurveda Foundation

## NEWSLETTER

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### EDITORIAL

This is the first issue of our Newsletter. Sanjeevani is an Ayurveda and Yoga treatment centre functioning for the last fifteen years at Chennai. During these years, we have been handling a wide variety of ailments, both acute and chronic, along purely Ayurvedic lines. Our experience has helped us to understand the extraordinary efficacy and potential of Ayurveda. It has opened our eyes to the crisis created by the current Allopathy-centered healthcare system. Through this quarterly Newsletter we hope to share our understanding with our readers.

In India we are fortunate in having a living, ancient system of healthcare which has taken care of our people for millennia. Even today, Ayurveda plays a vital role in serving the healthcare needs of our people. There is a huge army of traditional medical practitioners-*vaidyas*, specialists such as bone-setters, midwives, experts who treat poisonous bites and so on. Many Ayurvedic practitioners specialize in treating chronic diseases which are not amenable to any other treatment.

After more than fifty years of independence, we are finally waking up to the fact that we have failed miserably in providing a decent healthcare to our people. This situation is a direct consequence of the national healthcare policy which has made the allopathic system the mainstream medical system. The Indian systems with their experience and wisdom of millennia have been totally neglected by Governmental policy. Only by reviving our traditional systems of healthcare can we successfully meet the challenge of providing the entire country with effective healthcare.

In this issue of the Newsletter, we describe some aspects of the Ayurvedic approach to pregnancy and childbirth. We also focus on a harmful procedure known as Episiotomy which has become a standard procedure in modern obstetrics. On the subject of Episiotomy there are two interviews, the first one with the Director of the Institute of Public Health and the second with a mother who was subjected to this procedure.

### PREGNANCY CARE IN AYURVEDA

In the Ayurvedic approach, a healthy conception is compared to the sprouting of a plant from a seed. At the right time or season, in the right kind of soil with good nourishment, a healthy seed grows into a healthy plant. These factors are just as important for a healthy conception.

After conception, there is a monthly regimen which recommends certain types of food and herbal medicines to help nourish the mother and foetus and to enhance the natural process of childbirth. The herbal medicines take care of all the common complaints of the mother. For example, in the sixth month of pregnancy, the use of decoction of *Gokshura* (*Nerinjil*) prevents fluid retention in the body. The food is mostly sweet in taste, for example, rice with milk. Throughout pregnancy, milk and ghee form an important part of the mother's diet. The food is well cooked, palatable and with added spices that aid in digestion.

Pregnancy is treated as a pleasant phase in a woman's life. All efforts are directed towards keeping the mother in good cheer. Her desires, however ridiculous they may seem, are fulfilled. From the fourth month of pregnancy, when the foetal heart begins to take shape, the woman begins to bear two hearts. With this begins another stream of consciousness within the mother. Hence every wish of hers during this period is gratified. This highly protective attitude towards the pregnant mother stems from the understanding that any physical or emotional disturbance can result in foetal deformities.

For these very same reasons, a pregnant mother is protected from any physical or mental shock, experiencing any violence, hard manual labour, heavy exercise, starvation, fasting, sitting or sleeping in awkward positions or use of rough, uneven floor, suppression of natural urges such as urine, flatus etc. She must not eat very pungent food or overeat. Pregnant women are advised to avoid travelling in uncomfortable vehicles, and to protect the stomach from physical hurt and strain. Sleeping long hours, day sleep, drinking alcohol, activities injurious to the sense organs are also to be avoided.

Pregnancy can last anywhere between nine and twelve months (Susruta Samhita). Though a twelve month pregnancy is rare, eleventh month delivery was not uncommon even fifty years ago.

During pregnancy, common problems such as abdominal pain, cramps, fever, diarrhoea, oedema (swellings), anemia, back pain, cold and cough are cured by administering medicines that are safe for the mother and the foetus.

In the ninth month of pregnancy, a medicated oil enema is applied. Tampons soaked in medicinal oils are placed inside the vagina. All these make the birth canal, placenta, pelvis, waist, sides of the chest and the back supple and soft, allow the perineum to stretch without tearing during childbirth and help in the proper downward movement of the foetus.

Obstetric care in Ayurveda ensures a safe and natural delivery by helping factors that provoke spontaneous labour. This is achieved through regulated diet and regimen, administration of different herbal decoctions and medicinal preparations needed for each month and application of medicated oil on the mother-to-be. Today the only obstetric professionals who can practice this branch of medicine skillfully are the midwives (Dais). With minimal resources and with locally available materials, midwives provide the best ante- and post-natal care to the mothers. In the event of abnormal presentations, midwives are able to manipulate and ensure delivery in the normal way. Indeed, it is the absence of this very important skill that has reduced childbirth to a routine surgery.

Midwives resuscitate and revive the new-born when necessary. They perform deliveries leaving the perineum intact, without cutting. They massage and bathe the mother with medicinal oils, and medicated waters which reduce her body pain, further giving her a sense of well being and thus hastening her recovery. Midwives tie up the loose abdominal muscles and the hip region firmly, a practice that saves the mother from many complications such as flabbiness of the abdomen and back pain.

Midwives also perform the job of pediatrician to the new born and prescribe diet (*pathya*) to the mother. With the over emphasis on institutional care for delivery and the constant propaganda to stay away from traditional practices, the modern mother has lost all this valuable care.

## EPISIOTOMY - AN UNNECESSARY EVIL

Modern institutional child delivery has a routine practice called episiotomy, an incision made in the tissue between the vagina and anus. In India, episiotomy is a standard procedure in all deliveries conducted by doctors in both government hospitals and private nursing homes. The only women who do not have to undergo this harmful procedure are those who are handled by traditional birth attendants, *dais*. This practice persists despite a total lack of evidence in favour of it and in fact, considerable body of evidence against it.

All pronouncements in favour of episiotomy have their origin in a 85-year old article (DeLee, 1920) that did not produce a shred of evidence in its support. Episiotomy is justified on grounds that it prevents perineum from tearing in an uncontrolled and zigzag manner, reduces risk of damage to anal sphincter, protects against incontinence and heals faster.

In fact, research studies reveal that episiotomy causes more post-partum pain, infection and disease, increase in third and fourth degree vaginal lacerations and a longer healing time. It results in faulty repair of the cut, localized collection of blood, loss of blood, and formation of abscess. Often, sutures have to be removed to drain the wound and re-suturing is required. Other effects include pain during intercourse and involuntary passage of gas or faecal matter. In short, this mutilation and reconstruction seems to be a ritual which serves no medical purpose.

**An interview with DR. ALPHONSE SELVARAJ,  
DIRECTOR, INSTITUTE OF PUBLIC HEALTH,  
Poonamallee, Chennai.**

**QUESTION:** You have taken a very positive and courageous step in stopping episiotomy at the Institute of Public Health (IPH). What prompted you to take this step?

**ANSWER:** I strongly feel that episiotomy is not required. In fact, not doing episiotomy will do good to mother and child.

We have been doing episiotomies in the belief that it is doing good to mothers, saving perineum from tears, reducing the birthing time by enhancing the speed of birthing process and the episiotomy wounds healed faster and better as compared to a natural tear. But the scientific evidence is totally against all this. Episiotomy more often leads to 3<sup>rd</sup> - 4<sup>th</sup> degree tear. Not only that, it can also lead to a prolapse of the uterus. In some countries in the West, where statistics are available, of the mothers who had complications like anal incontinence after childbirth, 60-70% were mothers who had been subjected to episiotomy. Those without

episiotomy have only a small tear and that too only a superficial tear of the skin which causes no harm. In episiotomy, the deeper muscles are cut. Natural tear is only a superficial *minor anterior perineal laceration* and usually does not involve deeper muscle. In a natural childbirth, the mother can go home the same day, as opposed to those with episiotomy, who have to be hospitalized for a week. It has been proved that episiotomy creates more serious problems. The wound does not heal faster. It is more difficult to put together a cut piece of muscle precisely and stitch it. A superficial tear mostly does not require any stitch and when stitched heals faster. A zigzag natural tear closes better.

Also hospitals are a source of infection. When we intentionally create a wound in a hospital there is possibility of infection and hospital infections are deadly resistant and difficult to treat since the bacteria are immune to normal antibiotics.

**Q:** *From which date did the IPH start conducting deliveries without episiotomy?*

**A:** IPH normally used to perform childbirth without episiotomy. In the last ten years or so we had slowly shifted to episiotomy as the medical officers thought it was a crime not to do it. We thought it was a scientific advance which improved the standards and did not want to feel that we were lagging behind. Now, in the last six months there has not been a single episiotomy.

**Q:** *Since then how many deliveries have taken place?*

**A:** There are 50-60 deliveries every month. All these are now performed without episiotomy.

**Q:** *What do the doctors and nurses at the IPH feel about this change in the approach?*

**A:** All my colleagues cooperated willingly and gladly. They were convinced, after several rounds of discussions, that there was no need for episiotomy.

**Q:** *What is the average age of the mothers at the IPH?*

**A:** Mothers come from the age of 18-26.

**Q:** *Even if the first delivery (primi) is conducted with episiotomy, do you think it is possible to conduct the second delivery without it?*

**A:** Even when the primi was with episiotomy, the second child was delivered without it. This has happened at IPH.

**Q:** *I am sure you are aware that traditionally midwives performed deliveries without episiotomy. In that case don't you think that we can confidently go ahead and conduct deliveries without episiotomy?*

**A:** The lesser the qualification of the birth attendant, the better the birth is conducted and more skillfully. Maternity assistants, village health nurses, midwives working in

rural health centres have been delivering babies very skillfully without resorting to episiotomy.

**Q:** *Ayurveda recommends the use of tampons soaked in medicinal oil to make the birth canal soft and supple. This helps the perineum to stretch well without tearing during delivery. Midwives also use oil for the same purpose while conducting deliveries. Don't you think this practice could enhance your efforts if used?*

**A:** Ninth month is the ideal period of perineal massage, to stretch the perineum. Oil and massage can be used. We are planning this in IPH, with the help of a Siddha doctor.

**Q:** *In stopping episiotomy you have achieved a very positive step in the welfare of women. Do you think you will be able to convince your colleagues in the medical field?*

**A:** It will be possible to convince others because no medical book says episiotomy is essential. Even Mudaliar (Lakshmanaswamy Mudaliar's book on Obstetrics, a standard text book on the subject) says that in only 10% of the deliveries it may be required. Even for this 10% there is no scientific evidence that it is essential. This figure 10% was fixed by the WHO arbitrarily without any scientific evidence. I am 100% convinced that this figure should be 0%. We are criticizing a practice which has no scientific basis or evidence for its continuing. We need a change in medical education to bring about a change in the practice of the next generation of doctors. Chiefs of obstetric units in the hospitals may be aware of all this but they may not have verified.

**Q:** *Any other comments/suggestions.*

**A:** There is really no justification for the practice of episiotomy. If the birth is not taking place naturally, and if there is any obstruction, we can opt for a caesarian operation. This crisis cannot be handled by episiotomy.

Learning and earning are the only two reasons for the practice of episiotomy. Learning at the expense of a victim of episiotomy is definitely unethical, and against basic human rights, not to mention earning of course. Longer hospitalization in the case of episiotomy is certainly lucrative to the hospital.

**Q:** *Perhaps doctors perform episiotomy also to prove they are more skilled than a midwife.*

**A:** Mudaliar advocates "masterly inactivity". That means knowing how nature works, an obstetrician should be alert, but non-meddling, so that childbirth takes place naturally.

I consider doing an episiotomy without absolute necessity another form of violence against women.

## AN INTERVIEW WITH A MOTHER - MONICA

Monica's first childbirth was a caesarian and the second one a natural childbirth with episiotomy.

**QUESTION:** *You underwent episiotomy after your second delivery. a) Were you informed about episiotomy prior to the delivery? b) Were you given a choice in accepting or refusing it?*

**ANSWER:** a) NO. I learnt about episiotomy only after I underwent the operation. b) No, it was not discussed at all. In fact, I was not given a choice or any justification as to what was performed and why. When asked why the episiotomy, they told me I should be happy that my second delivery was normal considering my first delivery was under C-section (caesarian).

**Q:** *Were you given any anaesthesia during delivery?*

**A:** I was given a spinal anaesthesia to help me bear with the labour pain.

**Q:** *Was there any discomfort after episiotomy?*

**A:** Severe, agonizing pain tormented me for three weeks. I was completely dependent on help. I needed help for bathing, getting off the bed and for moving about. My movements were restricted to when absolutely necessary. It used to take me a long time even to shift positions.

**Q:** *Were you given any painkiller? If so, Did it help in relieving the pain? How long did you take the painkillers?*

**A:** I was told to take Ketanov two tablets per day. I still had the pain, so out of desperation I took four tablets a day which I was told was anyway an overkill, since the effect of one tablet lasted twelve hours. I used these tablets for a month.

**Q:** *Did your doctor explain what is episiotomy and what they were going to do?*

**A:** No. In fact even later when I wanted to know how many stitches I had (because of the severity of the pain, I thought I must have had more than the usual) I was not informed until after much persistence. I was told there is no such thing as "how many stitches". I still wonder if that is true and what it meant.

**Q:** *How long did the trauma of episiotomy persist?*

**A:** In spite of an overdose of painkillers I had very severe pain. Only after three weeks was I able to begin walking normally, able to sit without pain. I met a couple of ladies who delivered around the same time and underwent episiotomy. Among all of them, there seemed to be no one who had had a normal delivery, without episiotomy. I asked them for how many days did they have pain. Almost all of them said that they suffered severe pain for four or five days which gradually wore off. I kept in

regular touch with my doctor since my pain refused to go away for weeks and got my stitches checked regularly. Each time I was told that they had healed perfectly, and that I was only overreacting and that my pain tolerance was zero. I was told that the pain was because of the vulnerability of the location and position of the episiotomy. I wonder if that is the only course.

**Q:** *You were feeding the child, did you not think that the painkillers given to overcome the pain of episiotomy would have an adverse effect on the baby?*

**A:** I was told that it was only painkillers and it would not affect the baby in anyway. I had to accept that with a pinch of salt. They also said Ketanov was perfectly safe but of course what is safe today is banned tomorrow.

**Q:** *Do you think you needed episiotomy?*

**A:** I can answer that question only if I know I have other choices. I wondered about that myself. I was told that if they had not performed the episiotomy, considering the size of the baby (4 kgs) I would have had a severe and haphazard tear all the way into the anus which would have been impossible to suture and would have led to more complications. They most certainly did not seem to offer any other choice.

**Q:** *Any other comments?*

**A:** Whatever I have shared is with due respect to my doctor who even agreed to help me with a normal delivery this time. I don't think I could have found anyone else who would have given me that hope and assurance. Lastly, I hope Ayurveda is able to find an alternative to episiotomy.

## WHAT YOU CAN DO

Keep us posted of your opinions and ideas. We look for your interactive response to the ideas presented in this and in forthcoming issues of the Newsletter.

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