



Sutikagar: A systematic Review of principles of establishment of labour room as per Ayurveda

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Abstract:

Every organism has limited life span. Continuation of the particular species is dependent on their ability to reproduce. In humans, childbirth is a complicated process. Human foetus is head-heavy at the time of full term birth. And human female is not able to guide the passage of head manually through vagina during the process of parturition as the females of lower mammals. Hence a specialized help is needed during labour in humans. Obstetrics is the branch of medical science that deals with the reproduction of society. Obstetrics covers the management from conception to childbirth, but the most important event is the child birth. The process of normal labor is associated with significant risks to both mother and fetus. Perinatal fetomaternal mortality and morbidity is the primary concern during management of normal labour. A specialized waiting room and labor room is necessary to achieve effective

management. Waiting room and labor room are designed keeping a few important principles in mind in modern era. In ancient times, *Ayurveda* has mentioned the establishment of *Sutikagar*, i.e. complex of waiting room and labour room. *Sushrutacharya* has explained *sutikaparicharya* and the principles on which the design of *Sutikagar* is based. This article describes the principles of establishment of *Sutikagar* and the principles of best practice to avoid the risks and near misses as per *Ayurveda* and its correlation to modern science.

Keywords: labour room, waiting room, *Sutikagar*, near miss, obstetric risks, *sutikaparicharya*.

Introduction:

Childbirth is the most important event as it is the process by which everyone comes into existence. William's Obstetrics famously

defines Obstetrics as “the branch of medical science that deals with the reproduction of the society.” In a broader context, the final step in the process of reproduction is childbirth and its outcome is new generation. This process is happening since eternity and there were always the highest risks involved.

Throughout the history of mankind there were attempts to address the gravity of this situation and efforts to find the ways to minimize it, but it is the scientific approach of modern world that has led to the dramatic control over maternal mortality and morbidity over the last century. *Ayurveda* mentions the process of birth as ‘*Prasav*’ and the *peurpera* is called as ‘*Sutika*’. Ancient texts describe the process meticulously from conception to delivery of a new-born and beyond.⁽¹⁾

Process of childbirth in humans requires special attention. In lower mammals, the size of head of the foetus is relatively small in proportion to the body and in case of lower apes, the female hands are longer and can manipulate the passage of baby during parturition. But this is not possible in case of humans. A person who is experienced in conducting the labour and able to intervene when needed is necessary to be present at the time of childbirth. Presence of such assistant i.e. ‘midwife’ is emphasized in the texts of many ancient civilisations. *Ayurveda* texts describe the equipment and instruments that should be used along with procedures and protocols of labour in detailed manner.

Modern science focuses on delivering healthcare services at optimum standards in obstetric practice. And there is emphasis on

building a system to minimise the risks that arise at the time of labour. The guidelines set by various scientific committees strongly recommend the need of qualified persons to conduct a labour as well as the list of equipment and instruments for the same. That also covers the standard operating procedures mentioned to avoid risks and near-misses as well.

India has made significant progress in addressing the issue of high maternal mortality rate. However, progress on reduction of neonatal and infant mortality rate is suboptimal. Moreover, high institutional delivery rates have not resulted in proportionate reduction in these mortality rates in country. This points out to the need for improving the quality of practices in labour room.

When we want to improve the outcome, we focus on building the best environment possible for the same and in this context, the need of a well-designed labour room is immensely important while considering the best practice of conducting a labour. A labour room consists of a waiting room where a patient diagnosed with true labour with labour pains waits for the parturition, and an actual labour room where delivery of foetus is conducted by an expert obstetrician.

Ayurveda mentions ‘*Sutikagar*’ in detail as a place where a near term woman lives and gives birth to a new-born in presence of experienced midwives and it is very obviously similar to that of modern day labour room. We are going to discuss about the principles of the establishment of labour room in context of references to ‘*Sutikagar*’ in *Ayurveda*.⁽²⁾

Aim-

To study the principles of establishment of labour room i.e. *Sutikagar* in *Ayurveda* and discuss their relevance in the obstetric practice of modern era.

Objective-

To summarise the principles of establishment of labour room as per *Ayurveda* in reference to *Sutikagar*.

Method-

References of *Ayurveda* texts were thoroughly studied along with modern counterparts. Research articles and papers regarding obstetric management guidelines in the context of the topic were referred and discussed in details and conclusion is drawn.

Discussion-

Definition of *Sutikagar*-

A woman after delivery of fetus and placenta is called as *sutika* in *Ayurveda* texts. Furthermore, a room or ward where a parturient woman (i.e. *upasthit-prasava*) becomes *sutika* is called as '*Sutikagar*'. It is specifically constructed for the expectant woman to stay when she gets near term and its design is optimised to help her for the process of labour (i.e. *prasav*).⁽³⁾

***Kaal* of construction and entry in *Sutikagar*-**

While describing about the construction of *Sutikagar*, texts describe that the *Sutikagar* for the expectant woman should be ready by the end of 8th month of pregnancy.

Expectant woman should enter *Sutikagar* by the end of the 8th month and stay till delivery and early puerperium. Many a times new environment at the time of delivery is not suitable for mental wellbeing of patients. Many patients show varied degrees of anxiety at the time of parturition and this may affect outcome of labour. Hence to acclimatize with the environment, it was advised that patient should move in *Sutikagar* at least a month before the actual expected date of delivery.⁽⁵⁾

Construction design of *Sutikagar*-

A care should be taken while selecting land for the same. It should be free from stones, sand or gravel and pieces of broken pots, and should have good appearance as well.

Sutikagar building should be built on '*prashaste deshe*' i.e. on appropriate site. Architects often see for the particular properties of the land site before planning any construction. Same principle is applied here.

Any labour room or ward in hospital should be well ventilated and illuminated as well. It keeps environment healthy and appears pleasing for the occupant. Such guidelines are always mentioned by the health authorities. For appropriate illumination and ventilation, *Sutikagar* should be constructed in such a way that it would face east or north.

It should be constructed with the use of wood of any of trees out of *bilva*, *tinduka*, *inguda*, *bhallataka*, *varuna*, *khadira* or any such woods advised by the scholars of *Atharvaveda*. The mention of particular

wood is to protect the environment from termites or pests. ⁽⁶⁾

For further safety, *Sutikagar* should be well covered with curtains and covers, should have well constructed roof and well fitted doors.

Modern guidelines also mention the latrine, pantry room, staff room, waiting area, corridors in labour room design, famously known as LDR complex. As per *Ayurveda* texts, *Sutikagar* should have specific places to keep fire, water, mortar with pestle alongwith separate latrine, bathroom and kitchen, etc. and it should be constructed in such a way that the place becomes comfortable in all the seasons. Here we can say that *Sutikagar* is expected to be a full-fledged and self-sustaining environment for the expectant mother.

Dimensions of *Sutikagar*-

In today's world, ideal labour room dimensions are mentioned as 10 feet long and 10 feet wide. i.e. 100 sq. ft.

According to *sushrutacharya*, birthing area in *Sutikagar* should be 8 hasta long and 4 hasta wide, i.e. 12 feet long and 6 feet wide. i.e. 72 sq. ft. There is further description of adequate area to keep all necessary tools and materials. In total, it would come around close to the area (i.e. 100 sq. ft.) mentioned in modern guidelines. ⁽⁷⁾

Materials and equipment's in *Sutikagar*-

Following materials should be stored in '*Sutikagar*' as per *Ayurveda* texts-

Ghruta, honey, rock salt, *sauvarchala*, bid salt, black salt;

Vidanga, kushtha, devadaru, nagara, pippali, pippalimula, hastipippali, mandukaparni, ela, langali, vacha, chavya, chitraka, chirabilva, hingu, sarshapa, lasuna, fruit of kataka, kakanika, nipa, atasi, balvaja, bhurjapatra, kulattha, etc drugs;

Maireya, sura, asava, etc. beverages;

- Two pieces of stone, two pestles, two mortars;
- A donkey, a bull;
- Two needles made of gold or silver, sharp instruments made of iron;
- Two beds made with the wood of *bilva*;
- Woods of *inguda* and *tinduka* for lighting fire.

Mention of above materials was appropriate as per the ancient times. We can easily see the drugs with *krimighna, deepan, pachan, anaesthetic - analgesic* and *oxytocic* properties are mentioned here.

Stones were used in resuscitation of a newborn and bull and donkeys were mentioned for ambulatory purposes.

Principle of allocation of abundant resources-

Appropriate Surgical instruments are also mentioned, and specifically '*sambharaih sampannah*' is the important principle applied here. *Sushrutacharya* and *vagbhatacharya* have mentioned this principle in context of surgical procedures

i.e. *shastrakarma*. At borders, soldiers cannot patrol with a limited stock of arms and ammunition. Because if enemy attacks, there is no time to stock up the inventory, and it is already a lost battle. Similarly, as it is always a 'life or death' situation in obstetric or surgical field, guidelines given so as to keep enough stock at inventory, for the sake of emergencies as per health authorities.

'Risk' is defined as the potential of unwanted outcome. 'Near miss' is defined as the incidence where there is potential for major harm or injury to a patient, which did not occur somehow. The risks and near misses happen commonly in obstetric practice. Modern medicine emphasizes the need of 'readiness' for management of any event of risk or near miss. The principle of risk management is being ready all the time.

This readiness comes with setting up proper protocol or following of a rigid guideline. E.g. charts of lists of instruments and protocols, keeping trays of instruments and drugs ready with labels at hand, extra oxygen cylinders, power backup, etc.

'*Ekpadoyamakulepaadekihsthitah*' is the situation mentioned while describing '*prasav*' i.e. process of labor in *ayurvedic* texts. For the sake of patient's safety, it is duty of the officer in charge of institution that all resources should be abundant and in place all of the time.

Focus while setting up the labour room complex should be according to this principle of risk management. Creating the environment for minimum risk and availability of resources for efficient

management of risk situations or risk incidences is the key here.

Appointment of skilled or professional staff in *Sutikagar*-

Multiparous women who are good hearted, continuously busy in service, possessing strong character, experienced in conducting labor, with basically affectionate in nature, free from grief, having good endurance and capable of making parturient woman happy should be appointed as midwives along with the scholars with thorough knowledge of *atharvaveda*.

Sushrutacharya recommended appointment of four experienced midwives for the same. Where we think we have to minimise risk and maximize efficiency, we often employ a number of skilled professionals. The same principle is used here.

Skilled professionals are often looked for qualifications they possess as well as their character before their appointment, same principle is used in the case of appointment of midwives in Ayurveda.

Even in modern hospitals, we often see panel of consultants. 'More the merrier' is always a good approach while dealing with different kinds of patient esp. when major risks are involved with their conditions. It is often seen that a team of doctors does a better job while treating a patient. Same principle is applied here by *sushrutacharya* for the management of '*upasthit-prasava*' i.e. a patient in labour.

Summary-

Outcome is improved not only by setting up better system of processes but also by building better system of environment. Quality of service is influenced by competency of service providers, availability of adequate resources and presence of enabling environment. 'Sutikagar' is a broader concept than just a birthing room and priority was given to maternal physical and mental health aspects while designing its construction details. There is emphasis on 'sampanna' (i.e. abundant in resources) environment and appointment of qualified staff with good character as well. The gravity of obstetric risk was well addressed in the texts and preventive measures for risk management and avoidance of near misses also are mentioned.

Conclusion-

Ayurveda texts explain the *Sutikagar* i.e. labour room setup in details and the principles applied in the establishment of labour room are still found true and applicable.

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