



Shri Dhaneshwari Manav Vikas Mandal's

Sau. Shantadevi Vedprakash Patil Ayurved College & Research Institute

(Recognised by AYUSH Ministry-New Delhi,
Govt. of Maharashtra & Affiliated by Maharashtra University of
Health Sciences, Nashik)

Dr. V. K. Patil
(President)



Dr. Manikrao Kulkarni
(Principal)

8.1.13: Describe the activities undertaken by the Institution towards practice of various procedures related to Prasuti and streeroga

Graduate students do several research projects and theses on gynaecological special procedures and Garbhasanskara. The Department of Prasutitantra and Streerog focuses on the teaching of diagnosing, investigating, and providing Ayurvedic therapy for antenatal care (ANC), pregnancy-related complications, and postnatal care (PNC). Streerog provides comprehensive ayurvedic treatment for all gynaecological conditions and ensures the upkeep of reproductive health. Our Institute conducts a range of specialised procedures related to prastutitantra and Streerog. The following items are: Uttarbasti Pratisaran (kshar) is a medical procedure. The term "Yonikalka" is not clear and does not provide enough information to understand its meaning. Yonidhavan Yonipichoo Yonidhupan Yoniparishek

These treatments are beneficial for treating many conditions such as Anartava, Kashtartava, Artavakshaya, Asrukadara, Vandhyatva, and Garbhashaya shotha. There are other types of Yonivyapada, such as Udavartini and Kaphaj Yonivyapada.

Patients are recommended several methods of contraception, such as barrier techniques and intrauterine devices like Copper T, for little cost. In addition to this unique process, we provide specialised lessons for ANC patients to enhance the quality of education and improve the chances of producing healthier offspring for women worldwide. Prior to performing any treatment, all patients have an initial examination. The tools used in the process are thoroughly sterilised and the procedures are carried out with strict adherence to aseptic precautions. Training programmes are held biannually for teaching personnel, students, interns, and paramedical staff. The training sessions include of lectures providing in-depth information on procedures, aseptic precautions, and hands-on instruction. We keep records for every procedure conducted at our centre. Modifications are made in each technique to enhance effectiveness. For instance, in procedures such as IUI, a Canula is used during Uttarbasti. The infant feeding tube is used in mutrashayagat uttarbasti, whereas a simple rubber catheter is employed in yonidhavan. A range of 'Yogasanas' suitable for each stage of pregnancy are given to every antenatal care (ANC) patient to facilitate a smooth and comfortable delivery. In preparation for

any emergency situation, it is essential to have an emergency kit readily available. This kit should contain vital medications such as atropine, adrenaline, magnesium sulphate, and hydrocortisone, as well as essential devices such a Foley catheter, mouth gag, tongue depressor, and laryngoscope. Mock drills are conducted biannually throughout each training session for both teaching and non-teaching personnel. Special adaptations are made to accommodate the needs of both the patient and the doctor, for example. The uttarbasti procedure is performed in an Operation Theatre using strict aseptic measures and sterilised tools. 2) The medicated ghrut or tail utilised for the uttarbasti treatment undergoes autoclaving prior to its usage. 3) In place of bastinetra and bastipatra as indicated in traditional literature, we use sterilised IUI cannula and disposable syringes for the uttarbasti process. In the yonidhavan method, an enema pot is used instead of a basti patra. To administer medications in a regulated manner, a nosal is connected to the rubber tube of the enema pot. The yonipichoo method involves wrapping sterile cotton in a piece of sterile gauze. In the yonikalka dharan procedure, instead of directly placing the kalka in the yoni, it is first wrapped in a sterile gauze piece. This wrapped kalka is then inserted into the vagina, allowing it to remain in place for an extended period of time to enhance its effectiveness. Additionally, this method facilitates easy removal, ensuring that no particles are left behind in the vagina. This reduces the risk of yonidushti, which can be caused by residual particles.




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