

A CRITICAL ANALYSIS ON MUDHAGARBHA AND ITS COMPLICATION IN INDIAN WOMEN

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ABSTRACT

Labor is a complex physiological process driven by the interaction of three critical mechanical factors: **power**, **passenger**, and **passage**. These factors must work in harmony to ensure smooth progression during childbirth. **Power** refers to uterine contractions and maternal pushing efforts, which generate the force needed to facilitate fetal descent through the birth canal. Hormonal changes and neuromuscular coordination regulate these contractions, and any dysfunction, such as weak or irregular contractions, can hinder labor progress. The **passenger**, or the fetus, plays a crucial role, with its size, position, and presentation significantly impacting labor dynamics. Mal-presentation, such as breech or transverse lie, or disproportionate fetal dimensions can complicate delivery and may require medical intervention. **Passage**, the third factor, involves the maternal pelvis and soft tissues of the birth canal, where structural abnormalities or disproportion can obstruct labor, further complicating the process. While the passenger and passage are largely unchangeable during labor, **power** remains a dynamic factor that can be managed through medical interventions like oxytocin administration or assisted delivery. Disruptions in the interplay of these factors can result in complications, such as **Mudhagarbha**, a condition characterized by obstructed or stalled labor due to mechanical factors. Rooted in traditional medicine, Mudhagarbha highlights the importance of early diagnosis and intervention to prevent adverse maternal and fetal outcomes. A thorough understanding of these labor mechanics allows healthcare providers to identify risks, implement timely measures, and ensure safer outcomes for both mother and child.

Keywords: Labor mechanics, uterine contractions, fetal presentation, Pelvic dimensions, Labor progression, Mudhagarbha

INTRODUCTION

Ayurveda being a science of life, it is fundamentally independent on its basic concepts. It is beyond our scope to fix a time for the evolution of Ayurveda. It was known and practiced from the time immemorial. It is a part of Indian culture and civilization; developed taking many phases during various periods.¹ Throughout the world 'Sushruta' has been regarded as the "first surgeon" and Ayurveda has found answer for each and every emergency like Mudhagarbha to the possible extent by 'Ashtha vidha shastra karma'. As the progress of Ayurveda is hindered by so many political, economical, social etc issues, now it has become mere conceptual. But concepts of Ayurveda are so perfect and suiting the existing operative procedures and their indications, as everything what we are implementing in day today practice is already described conceptually in Ayurveda.²

Child birth forms the vital act where the mother as well as the child passes through a critical state endangering their lives. If the labor is smooth, it is a joyful event however the course of labor has an

unpredictable outcome. It needs a great skill on the point of an obstetrician to determine the point of intervention when abnormalcy prevails. One such condition described by our texts is “*Mudhagarbha*”. The subject was discussed by many scholars from time to time in their texts, and in the modern world with the introduction of various techniques of innumerable methods of diagnosis and treatment, it is described in very large volumes, depending more or less on the same old basic principles.³

The *Mudhagarbhas* are described differently by different authors in the form of *gatis*, *prakaras* with suitable management like *Utkarshana*, *Apakarshana* etc and some specific instruments like *Garbha shanku* etc. Some of these *gatis* are so complicated that they are incurable, thereby leading to *Garbha sanga*, *Vilambita Prasava* and *Mrita garbha* etc. complications. *Mudhagarbha* is one of the etiological factors for how the parturition has been tragic.⁴

From this available literature one finds a gradual development of discussion and management of *Mudhagarbha*. ‘*Mudhagarbha*’ being an abnormal condition of fetus as well as labor process which is considered to be the most difficult condition to treat, are very common occurrences one has to face in practice. But the fact is that the clinical study and practical knowledge acquired is limited to an extent in Ayurveda; however the subject deserves special study and planned treatment based mainly on practical experimental work.⁵

AIM AND OBJECTIVES

Aim

To analyze the labor progression and develop strategies to manage complications like obstructed labor for safer maternal and fetal outcomes.

Objectives

1. Assess the role of uterine contractions in labor.
2. Examine fetal size, presentation, and position impacts.
3. Evaluate pelvic dimensions and soft tissue resistance (passage).
4. Investigate causes and management of obstructed labor (*Mudhagarbha*).
5. Highlight prenatal assessments for risk detection and planning.
6. Recommend strategies for effective management and improved outcomes.

Historical Review

Acharya Charaka, Sushruta, Kashaya and Harita have referred to *Mudhagarbha* in their treatises in some way or the other. Sushruta appears to be the first to include a systematic study on pathology, classification and treatment of *Mudhagarbha*. Being a surgeon belonging to School of *Dhanvantari*, Sushruta might have had to face most difficult cases of obstructed labor; hence the sage has furnished the detailed description on the subject.⁶ Later works like *Vagbhata* and still later *Madhava*, *Bhavamishra* and *Yogarajnanaka* dealt with this subject, some independently of their own and others following Sushruta’s style. Among these the description furnished by *Madhava* is more practicable than any others.

Veda Kala:

In the oldest volumes like *Rig-Veda*, there is no particular description on *Mudhagarbha*, but there is a mention referring to the timely delivery⁷ of the baby. Passing “*Yajur*” and “*Sama*” Vedas, in *Atharvaveda* which is regarded as the origin of Ayurveda there are references for the treatment of *Mudhagarbha* and marvelously enough to note that there was proper surgical treatment too⁸. As regards surgical and therapeutic skill the physicians of the gods the *Ashvini* twins were famous wonder workers. These incidents were older than Vedic period.

In one of the mantras of the Atharva Veda they have hinted for some operations conducted on Mudhagarbha. It is addressed to the mother and says that to separate the baby from her, an incision to the reproductive organs will be performed⁹.

The samhitas written thousand and odd years after Vedic period, while describing treatment for Mudhagarbha, refers to Atharva Veda for “Mantra Chikitsa”¹⁰. It shows that during Vedic period there was a prevalence of Psychic treatment. Mantra serves patient in two ways: as psychologically and as a time-factor. These evidences show that even as long as the Vedic period they knew the treatment in its various aspects.

Purana kala:

Ramayana tells one story which refers to Seeta's dangerous life in the hands of Ravana, comparing it to a destructive operation in Mudhagarbha.

The description of the incident is that Seeta while weeping sent a message to Hanuman i.e., “If Rama delays in saving her from that disastrous situation, Ravana, the king of Rakshasas will cut her limbs and destroy her similar to a surgeon performing a destructive delivery in Mudhagarbha”¹¹.

Samhita Kala: Coming to samhita period, after Vedic period there seems to be a vast development in this field. The oldest samhita which is available at present is “*Charaka samhita*”, which has not dealt with Mudhagarbha. But the sage carried knowledge about this condition and being a physician he had referred abnormal conditions of labor to a surgeon who has more skill in dealing with such ailments¹².

Period of Sushruta Samhita is after Charaka, but belonging to the school of surgery, describes this subject for the first time in a large scale where he had mentioned it under two chapters separately in 8th chapter of Nidana and 15th chapter of Chikitsa section. Sushruta furnished more vivid description of the etiological factors, common to diseases of pregnancy and classification, varieties, prognosis, complications and fetal death and he covered the whole subject descriptively and methodically under the treatment chapter.

Remarkable contributions of Sushruta to the subject are the descriptions of classification & treatment. Sushruta furnished more literature on surgical treatment and beforehand he says that surgical treatment should be conducted only after getting the permission from the king. What he meant by this is that surgical treatment could be conducted only by qualified registered doctors¹³. Sushruta introduced several instruments and forceps used in obstetrical operations, namely Mandalagra, Anguli Shastra, Vriddhi Patra and Shankhu¹⁴. Commentator Dalhana added Badisha Yantra too¹⁵. Sushruta has also given a clear cut description of operations like incision, perforation (Craniotomy), evisceration (destructive operations) etc¹⁶. Which are prevalent in modern surgery by various terms. Not only that, he has advised to conduct laporotomy in case of maternal distress¹¹. The description indicates a lower segment caesarean section conducted in that period. After mentioning etiological factors Sushruta has described Mudhagarbha separately from abortions and miscarriages and Dalhana's stress on this point that they are set apart because the pathogenesis of Mudhagarbha is far different from Garbha Srava and Pata¹⁷. Being an eminent scholar in pediatrics and obstetrics, Kashyapa furnished normal aspect of labor more descriptively than abnormal. But he has described entirely different asadhya laxanas for mudhagarbha¹⁸. Such a description is lacking in other samhitas. Harita on his own account classifies Mudhagarbha and the symptoms according to the determination of the vitiated Doshas for e.g. Vataja, Pittaja and Kaphaja¹⁹. In treatment he has given priority to medical treatment and briefly described Yantras (Charms by Figures), mantra and Shastra chikitsa too. Under surgical treatment he has mentioned an instrument by the term Ardhra Chandra where Sushruta named it as Mandalagra²⁰. Many of these texts maintained more about treatment and it is an up-to-date methodical one. They have described all the methods of manual extraction with the medicines to use as lubricants and various postures for the mother to lie during parturition²¹.

Nighantu & Sangraha kala (Period of commentators & compilers):

The authors in this period made good compilation to make this science alive. Vagbhata has enriched Sushruta's material on this subject. Vriddha Vagbhata & Vagbhata followed two different ways in describing abnormal delivery for e.g., Ashtanga Sangraha gives a full description of the subject including its pathology, classification, varieties, prognosis and treatment²², but Vagbhata dealt more on treatment and prognosis²³. A new term he had added for the most difficult two varieties of Mudhagarbha are Vishkambha²⁴. Coming to the age of Bhavamishra, one finds that he has not added anything more to the subject²⁵. Madhavakara being an expert in pathology, maintained a special chapter for this subject, and seems to have progressed more on this field, on practical side. Under the description of varieties he has introduced two more types and the commentators have added still more to the subject²⁶. These will be discussed in detail under appropriate chapters concerned. Sharangadhara, without furnishing any description, mentioned the Mudhagarbha under the heading "Astho Garbhaja Gadaha"²⁷. \

Nidana

According to Acharya Charaka, diseases can arise from a single causative factor or a combination of multiple factors, and this principle applies to **Mudhagarbha** as well. While the classical Ayurvedic texts do not explicitly detail the specific nidanas (causative factors) of Mudhagarbha, its etiology is often inferred from descriptions of conditions such as abortion and intrauterine fetal death. Charaka's mention of an obstructed intrauterine dead fetus and Vagbhata's reference to a dead fetus with abnormal presentation and passage directly relate to the concept of Mudhagarbha. Sushruta explicitly addresses "Mudhagarbha nidana" in his works, listing causes that overlap with those of abortion and intrauterine fetal death. Thus, factors responsible for these conditions can also be considered causative for Mudhagarbha.²⁸

The **nidanas** of Mudhagarbha can be categorized into six groups: **Aaharajanya** (dietary causes), **Viharajanya** (lifestyle causes), **Oushadhajanya** (medication-induced causes), **Nidanarthakara roga** (pre-existing diseases), **Manasika** (psychological factors), and **Daivajanya** (karmic or divine factors). These factors act through the vitiation of **Apana Vata**, directly affecting the pelvic region and uterine dynamics. Vitiation may result from excessive intercourse during pregnancy, suppression of natural urges (e.g., defecation or urination), improper dietary habits, strenuous physical activity, and psychological disturbances like stress and fear. Sushruta highlights various triggers, including trauma, fasting, harsh purgatives, and jerky movements (e.g., traveling in uneven vehicles), all of which disturb **Apana Vata**, obstruct labor progression, and lead to fetal malpresentation or passage obstruction. Understanding these etiologies underscores the importance of lifestyle management and preventive care in ensuring normal parturition and avoiding complications associated with Mudhagarbha.²⁹

TABLE NO- 1 NIDANA OF MUDHAGARBHA

Sl No	Nidana	CS	SS	AS	AH	MN	BP	YR	HS
1	Gramyadharma	-	+	+	+	+	+	+	-
2	Yana Vahana	-	+	-	-	+	+	+	-
3	Adhvagamana	-	+	-	-	+	+	+	-
4	Praskhalana	-	+	-	-	+	+	+	-
4	Prapatana	-	+	-	-	+	+	+	-
5	Prapedana	-	+	-	-	+	+	+	-
6	Dhavana	-	+	-	-	+	+	+	-
7	Abhighata	-	+	-	-	+	+	+	-
8	Vishama shayana	+	+	-	-	+	+	+	-
9	Vishamasana	+	+	-	-	+	+	+	-

10	Upavasa	-	+	-	-	+	+	+	+
11	Vegabhighata	-	+	-	-	+	+	+	-
12	Atiruksha sevana	-	+	-	-	+	+	+	-
13	Ati Katu sevana	-	+	-	-	+	+	+	-
14	Ati tikta sevana	-	+	-	-	+	+	+	-
15	Shoka	-	+	-	-	+	+	+	-
16	Ati kshara sevana	-	+	-	-	+	+	+	-
17	Atisara	-	+	-	-	+	+	+	-
18	Virechana	-	+	-	-	+	+	+	-
19	Vamana	-	+	-	-	+	+	+	-
20	Prekholana	-	+	-	-	+	+	+	-
21	Ajeerna	-	+	-	-	+	+	+	-
22	Garbha shatana	-	+	-	-	+	+	+	-
23	Apathya sevana	-	-	+	+	-	-	-	-
24	Viruddhahara	-	-	-	-	-	-	-	+
25	Daiva	-	-	+	+	-	-	-	-
26	Bhaga sankocha due to lajja	-	-	-	-	-	-	-	+
27	Garbha vyatha	-	-	-	-	-	-	-	+
28	Ati moordhana peeda to mother	-	-	-	-	-	-	-	+
29	Ati teeksha	+	-	-	-	-	-	-	-
30	Ati Ushna	+	-	-	-	-	-	-	-
31	Vata vega dharana	+	-	-	-	-	-	-	-
32	Mootra vega dharana	+	-	-	-	-	-	-	-
33	Pureesha vega dharana	+	-	-	-	-	-	-	-
34	Sampeedana	+	-	-	-	-	-	-	-
35	Abhighata	+	-	-	-	-	-	-	-
36	Krodha	+	-	-	-	-	-	-	-
37	Shoka	+	-	-	-	-	-	-	-
38	Bhaya	+	-	-	-	-	-	-	-
39	Trasa	+	-	-	-	-	-	-	-
40	Irshya	+	-	-	-	-	-	-	-

Table No. 2 General Signs and Symptoms of Mudhagarbha

Sl. No.	Symptom	Description
1	Koshtha or Jathara Sankshobha	Increased movement or spasmodic contractions in the intestines (peristaltic movements) leading to reflex irritation of the uterus due to vitiated Vata.
2	Shoola	Pain caused by vitiated Vata. Includes:
	- Parshva Shoola	Pain localized to the sides of the pelvic region (referred pain).
	- Basti Shiraha Shoola	Pain marked at the neck of the bladder due to pressure from the fetus, causing discomfort and dysfunction in bladder evacuation.
	- Udara Shoola	Pain in the abdomen due to the mobile action of Vata spreading reflex pain.
	- Yoni Shoola	Pain caused by obstruction in the vaginal passage due to the abnormal position or obstruction of the fetus.
3	Anaha and Vitsanga	Accumulation of undigested food (Ama) or feces in the large intestine due to obstruction by the fetus, leading to bloating and discomfort.
4	Mootra Sanga	Retention of urine caused by the obstructed fetus exerting pressure at the neck of the bladder, leading to overstretching of the bladder wall and urinary dysfunction.

Table No. 3 Classification and Varieties of Mudhagarbha

Sl. No.	Category	Description
1	Vivruddha	Obstruction caused by the generalized oversized fetus (macrosomia) or local overgrowth (e.g., ascites, hydrocephalus, congenital tumors).
2	Asamyak Agata	Malpresentations, malpositions, and abnormal lies of the fetus. Includes transverse, oblique, breech, and cephalic malpresentations.
	- Nyubja	Refers to cephalic presentation (head below, feet above).
	- Urdhva	Refers to breech presentation (head above, buttocks below).
	- Tiriyag Gati	Transverse or oblique lie (fetus lying perpendicularly or obliquely to the maternal spine).
3	Keela	Breech presentation with extended legs resembling a wedge, obstructing the pelvis.
4	Pratikhura	Compound presentation where the fetus presents doubled-up at the vaginal entrance, with head and limbs together.
5	Beejaka	Presentation where the fetus delivers by the head along with one or both hands.
6	Parigha	Transverse presentation where the fetus obstructs the passage like a beam, lying across the uterus.
7	Vigunapana Mohita	Obstruction due to abnormal uterine action, such as uterine inertia or incoordination of contractions (e.g., spastic lower segment, Bandl's ring).
8	Apathyapathamanuprapta	Obstruction due to abnormal passage (bony pelvic contraction or soft tissue dystocia). Includes conditions like tumors, cervical rigidity, and hernias.

SAMPRAPTI

Samprapti is described as a process of progress of the specially vitiated doshas getting themselves lodged (deficient kha vaigunya) in a particular sight and producing signs and symptoms of the disease. Pathogenesis described for intrauterine death of fetus by Vagbhata is applicable to Mudhagarbha also, however Sushruta's description is being given here, which is also the same as explained for Abortions.³⁰

The fetus getting detached from its bonds, transgressing the uterus, descending from the spaces amongst the liver, spleen and bowels irritates or hyperactivates the Koshtha or Amashaya and Pakwashaya etc. due to this irritation the Apana vayu getting Mudha or having abnormal movements produces pain in flanks, upper region of the urinary bladder and Yoni., tympanites, retention of urine etc. various diseases followed by death of young fetus due to bleeding per vaginum. Dalhana has explained that from the word 'Bond' the muscles and vessels attached to the uterus should be considered, further explaining trickling or expulsion of fetus has mentions that unsolid or liquid fetus not possessing proper fetal parts and evident consciousness is trickled or expelled in liquid form (this last explanation refers to pathogenesis of only Abortion). (su ni 8/3).³¹ The fetus remains in the uterus because of its 'Nadi nibandhana', release of these bonds initiate labor as explained earlier. In this reference also release of bond should be interpreted as release of nadi nibandhana. Dalhana's explanation about muscles or vessels attached to the uterus is not proper, because the fetus is not directly attached to the muscles or vessels of the uterus.³² It is difficult to explain the word 'Atikramana' or 'Transgression', because transgression of uterus will happen only after its rupture. If transgression is explained in a way that leaving its normal position the fetus descends for expulsion, then also there will be difficulty, because in this condition descend will precedes the transgression, while in description transgression precedes descend. Due to these facts here the word 'Garbhashayamatikramya' has to be explained on the basis of 'kramapadavikshepe' i.e. over irritation or stimulation of uterus due to hyperactivity of extremities of the fetus caused by detachment of its bonds.³³ The fetus with inconspicuous body parts or in unsolid state (up to third month) remains within the pelvic cavity, thus consideration of spaces in between the liver and spleen in pathogenesis of abortion does not arise, because, this level is attained during eighth month of pregnancy.³⁴ The word used in pathogenesis denotes abnormalcy or absence of movement of Apana Vayu and fetus both. In abortions abnormalcy of movement of Apana Vayu occurs, while in Mudhagarbha both i.e. fetus and Apana Vayu have abnormality or absence of movement. On the basis of above explanations pathogenesis of Abortion and Mudha garbha may be considered in the following way:³⁵

1. **Abortion-** due to causes mentioned earlier the fetus getting detached from its bonds of Nadies, descending from the spaces of bowels irritates the Koshtha. Due to this irritation The Apana Vayu having abnormal movements producing pain in flanks etc. symptoms followed by bleeding per vaginum produces abortion.
2. **Mudhagarbha-** the fetus getting detached from its bonds of nadies, anxious to deliver, having hypermobility of its body parts produce extreme irritation/ stimulation to the uterus. Due to this hyperactivity of uterus the fetus descending (forcefully) from the spaces in between liver, spleen and bowels causes irritation to the Koshtha, which in turn excites the Apana Vayu. This vitiated and abnormally moving Apana Vayu initiates expulsion of young fetus associated with bleeding per vaginum and pain in flanks etc. symptoms. This fetus gets obstructed in its passage and absence of further progress is known as Mudhagarbha.³⁶

Prognosis and Complications of Mudhagarbha

Mudhagarbha is a severe condition with complex prognosis and complications, which require careful evaluation. Ayurvedic texts emphasize that a physician must assess prognosis using **Nidana Panchaka**, classifying diseases as **Sadhya** (curable) or **Asadhya** (incurable). Sadhya conditions are further divided into **Sukha Sadhya** (easily curable) and **Kashta Sadhya** (difficult to cure), while incurable cases fall under **Yapya**

(manageable but not curable) and **Pratyakhyeya** (untreatable with caution advised). Mudhagarbha, often categorized under **Mahavyadhi** (severe diseases), is regarded as highly grave, with certain cases termed **Asadhya** due to the life-threatening risks for both mother and fetus. Sushruta advises that such cases should only be managed with full hospital facilities and appropriate permissions, as improper handling can lead to fatal outcomes.³⁷

Prognosis for Fetus

The fetal prognosis in Mudhagarbha depends on the type of presentation and degree of impaction. Certain presentations, like **Vishkambha**, are considered almost incurable, where the survival of both mother and fetus is uncertain. Ayurvedic scholars recognize fetal complications, including distress and intrauterine death, as critical indicators of poor outcomes.³⁸

Maternal Complications

Ayurvedic texts detail maternal complications more extensively than modern texts, highlighting issues such as **Makkalla** (colicky uterine pain due to retained blood), **Yoni Samvarana** (cervical constriction causing obstructed labor), and **Garbha Kosha Parasanga** (uterine rupture or fetal malposition). Additional complications include **convulsions** (Akshepaka), **respiratory distress** (Shwasa), and **prolapse** (Yoni Bhramsha). Sushruta warns that these conditions can be fatal if not promptly addressed. Modern parallels, such as eclampsia, uterine rupture, and soft tissue dystocia, align with these descriptions.³⁹

TABLE NO-4 CLINICAL FEATURES DENOTING INCURABILITY OF MUDHAGARBHA

Sl no	Asadhya laxana	SS	AS	AH	KS	MN	BP	YR	HS
1	Gabhakoshaparasanga	+	-	-					
2	Makkalla	+	+	+		+	+	+	
3	Yoni samvriti	+	-	+		+	+	+	
4	Abhugnamadhyahastapadashira Mudhagarbha	+	-	-					
5	Ekena saktina yonimukham aparena payum Mudhagarbha	+	-	-					
6	Vipareetendriyarth	+	+	-					
7	Akshepaka	+	+	-					
8	Yonibhramsha	+	+	+					
9	Samvarana	+	+	-					
10	Shvasa	+	+	+					
11	Kasa	+	-	-					
12	Bhrama	+	+	-					
13	Pravidhyati shiro	+	-	-					
14	Sheetangi	+	+	+		+	+	+	
15	Nirapatrapa	+	-	-		+	+	+	
16	Neeloddhata sira	+	-	-		+	+	+	
17	Pootyudghara	-	+	+	+				
18	Shoola	-	-	-	+				
Sl no	Asadhya laxana	SS	AS	AH	KS	MN	BP	YR	HS
19	Ati nidra	-	-	-	+				
20	Who sees Agni as Mayur greeva sankasha	-	-	-	+				
21	Shoonapadamukhi	-	-	-	+				
22	Raktavastra pareedhana	-	-	-	+				

23	Raktamalyanulepana	-	-	-	+				
24	Smiles while sleeping	-	-	-	+				
25	Goes towards Smashana	-	-	-	+				
26	Garbhashaya vikara	-	-	-	-				+
27	Makushtha gati	-	-	-	-				+
28	Yoni sanga	-	-	-	-				+
29	Avanata shira					+	+	+	
30	Kukshi sanga					+	+	+	

CHIKITSA

The science of Ayurveda is mainly studied under three sections, the etiology, pathology and the principles of co-ordination between the disease and the drug.

- 1) Hetu skanda- which deals with etiological factor
- 2) Linga skanda- which describes the signs and symptoms
- 3) Aushadha skanda- which mainly concerns with the treatment

Aushadha skanda is sub divided in to two parts of which the former concerns with the prophylactic treatment. In this particular subject, it is discussed in the form of 'Garbhini paricharya'. The latter gives explanation to cure the disease. The healing of a disease is attained by three methods:

- 1) Daiva vyapashraya
- 2) Yukti vyapashraya
- 3) Satvavajaya

Following these principles, after the description of etiology and signs and symptoms of Mudhagarbha, an attempt is now made to discuss the treatment. The 'Garbhini paricharya' especially during ninth month of pregnancy refers to the prophylactic remedies which aim at the 'anulomana' of the Apana by which the fetus presents with vertex and the force of expulsion function without any obstruction such as loaded rectum.⁴⁰

Daiva vyapashraya:

Without using any medicine internally, seeking relief with the help of Daiva is known as 'Daiva vyapashraya'. The mode of treatment is the use of Mantras, adorning of stones or herbs or performing Bali, Mangala, Homa. All the texts as a prime resort in Mudhagarbha have been referred to the charms of Atharva Veda known as 'Chavana mantra'. The term 'Chavana' itself explains the purpose of performance of these mantras. 'Chavana' gives the meaning 'fall'. With regards to this subject it refers to the expulsion of fetus. These mantras are addressed to gods to give strength and help to the mother. They are addressed to mother and fetus to give assurance. This method of treatment seems to fade away from practice today. But it seems that there is some magic effect of certain words uttered in a fixed order; which was the common feature in the history of early civilization. This is based on the belief in the super-natural. It also acts as a physical treatment too, as a time factor, which is necessary to give rest to the lady in labor. As the treatment in Ayurveda mainly concerns in the dissolution of pathogenesis of a disease, here the Mudhagarbha due to 'Shoka', 'Bhaya' and 'Trasa' will be greatly benefited by its effects on the psychic condition of the mother.⁴¹ There is another variety of this known as 'Yantra' which refers to a figure. This treatment has been mentioned by Harita, the action of which is unexplainable. The names of some of the Yantras are 'Ubhayatrinshaka' and 'Ubhayapanchadashaka a yatnram'.⁴²

Satvavajaya:

Control of the 'Mana' or psychic treatment is achieved by this method. Reference is made to the action of by assurance. Some purpose is gained by kind and encouraging words of the woman in labor. Charaka has advised the lady in labor should be surrounded by skillful, sympathetic, constantly affectionate, kind hearted, cheerful and tolerant of hardships, who are mothers of many children. These ladies only can guide the patient by advising to bear down at a proper time. If the patient bears down prematurely, it creates organic diseases of the reproductive organ named as 'Karnini yoni'. These nurses assure by telling the expectant mother that there is little time for the child to be borne, and this manner her spirits are exhilarated with pleasure.⁴³

Yukti vyapashraya:

The term Yukti means the proper use (Yojana). While describing the treatment of Mudhagarbha, Sushruta advises the surgeon to get the permission from the authority, as the treatment of Mudhagarbha is one of the most difficult ones where one has to manipulate in the deep cavity which is surrounded by yakrit, pleeha, antra etc. here one cannot perceive anything by visual examination. One has to be guided by touch only and that is also limited to one hand. Hence the treatment is regarded as risky.⁴⁴ He further describes that one has to extract, dislodge, change and simplify the fetus taking care not to harm mother as well as the fetus. The terms which he has used for the treatment of Mudhagarbha could be classified as:

- 1) Medication
- 2) Manipulation
- 3) Instrumentation
- 4) Operation

1) Medication

Indication of medication: When there is any delay in delivery, one has to use some methods for the expulsion of the fetus. The first method mentioned by all the texts e.g. Mantra Chikitsa has been studied earlier. The cases which could not be achieved by this treatment should be treated with medicines used in case of Apra sanga. By mentioning Apra sanga, it is suggested that when there is no obstruction, such conditions occur due to defect in Apana vayu, as it is a soft part and there is no chance for obstruction. Hence the main indication for this type is the vaigunya of Apana or the expulsive force.⁴⁵

For rectification, one has to use many varieties of medicines. The mode of action is thus-

- 1) Emptying of rectum and bladder which may obstruct the passage and cause obstruction in labor
- 2) Avi vaigunya due to weakness of muscles, uterine tonics will act on this condition, by increasing the pelvic circulation or by supplying nutrition to the muscles. Many kinds of Lepa are described which may increase pelvic circulation such as 'Sarshapa', 'Kushta' and 'Hingu'. By giving Sadhyaha preenana yoga such as Sharkara (Glucose), Navaneeta (Creams), and Milk nutrition of the muscles could be maintained.
- 3) For Avi vaigunya; medical treatment by 'Karpasa moola', Langalee, Pippali moola are effective. These medicines have action on uterine muscle by their 'Prabhava'. These are used internally and externally. Langalee is described by all the authors as 'Garbha shalya nirharana'.

The rasa samgraha, though they have not directly discussed medicines for this condition, one may collect suitable medicines described in cases of Vata vyadhi, where there is less, muscular tone.

Sameerapannaga and Rasa sindhura are some of those. These medicines could be administered in minute divided doses. Most probably many of these medicines act on the nerve supply to the uterus.

Medication: Utilization of drugs in ailments based on previous experience or an intelligent observations and calculation; ultimately giving a reason (Yukti) regarding various actions or processes of the medicines is a main division of Yukti vyapashraya. Medical treatment for this condition is based on various preparations internally as well as externally namely Dhupana, Lepana, Dharana, Snehana, Anjana, Kalka, Kvatha, Asava,

Siddha taila, Kanji, Vasti etc. After the brief description of the importance of medical treatment, we would like to forward a group of various medicines compiled from early texts.⁴⁶

Decoction:

- 1) Decoction prepared out of Kulattha, Arka and Alarka
- 2) Methika and Guda kwatha

Yusha (Infusion): Equal parts of Nagadamana and chitraka rubbed in water and the liquid is prepared, should be given to the expectant mother. This preparation not only expels the living fetus but also expels the dead and macerated fetus too.⁴⁷

Asava: Balvajasava (ash hri sha 1/87)

Kalka:

- 1) A kalka prepared out of Kushta and Taleesa to be given with sura manda
- 2) The same kalka with an infusion prepared out of Kulattha (cha sha 8-41)
- 3) Gudha, Nagara kalka (Ash san sha 3-30)

Churna: A powder prepared out of the root of Matulunga has been asked to be used with honey and ghee. It is a remedy for easy delivery.

Kanji: Powder of Sarshapa, Hingu and Saindhava to be mixed with Kanji and given to the patient as soon as she delivers the dead fetus.

Taila: Oil prepared out of Tila taila, Kanji, Saindhava, Vacha, Sarshapa and Ajamoda will expel the Mudhagarbha as soon as it is taken.

External medicaments: There are various medicines prepared as single drug preparations and in compound preparations in the form of Lepa, Snehana, Dharana etc. mentioned in Ayurvedic texts. These are used locally and generally.

Local applications:

Lepana: A paste prepared out of Palasha, Udumbara and tila taila is applied to vagina.⁴⁸

Dhoopana:

- 1) Fumigation with the slough of the black serpent for Garbha sanga
- 2) Fumigation with a compound of Katuka, Alabu, Kritavedhana, Sarshapa, Sarpa kanchuka and Katu taila to the vagina have been mentioned by Sushruta (Sha 10). Caraka, Ashtanga samgraha and Ashtanga hridaya also seem to have used Sarpa kanchuka and Bhurja patra in fumigation purpose.
- 3) Bhojapatra, Kalihari, Katutumbi, Sarpa twak, Kushtha and Sarshapa, either a paste prepared out of these can be applied to Yoni or the fumes of these drugs have been prescribed to be used. Three separate preparations could be prepared two in each compound as required.⁴⁹

Pichu: A swab soaked in the oil prepared out of Shatapushpa, Kushtha, Madanaphala and Hingu has been mentioned to be inserted in the vagina.

Uttara basti: The same oil can be used as an uttara basti too.

Basti: An enema prepared out of same ingredients with Jeemutaka, Ikshwaku, Dhamargava, Kutaja, Kritavedhana, Hasti pippali should be given. The action of these has been mentioned by Caraka as that it regulates the peristaltic movements (of Vata) while expelling the fetus, urine and feces effects the expulsion of the delayed fetus. It seems the obstructions of the fetus due to the distended bladder and rectum will be greatly benefited by Basti. (Cha sha8)

Snehana: In obstructed labor, oil applications give good results. Kashyapa described a soft massage of lukewarm oil on to the pelvic region (in between contractions) so as to help the fetus to move down.⁵⁰

External use of medicaments on other parts of body:

Alepa: A paste prepared out of Langali moola has been asked to be applied on palms and feet. Vriddha Vagbhata advises to apply this around umbilicus too.

Sechana: Swarna ksheera to be used as sechana in very small quantity, on head. (ash san sha 3/30)

Dharana: Holding 'Suvarchala' or 'Vishalya' in hands

Parimarjana: Tickling the throat and palate with veni or with a finger wrapped in hair has been mentioned as a good remedy by all the three samhitas.

Anjana: A fine ash prepared out of a skin of a serpent under 'Putra paka' method to be mixed with honey and to be applied as Anjana to eyes, which helps delivery in no time.

Nasya: A fine powder prepared out of Vacha, Langali, Kushtha, Chirabilva, Chitraka and Sukshma ela to be used as insufflations at intervals in obstructed labor results in immediate parturition.⁵¹

Siddha yoga:

- 1) Vishnu taila (vatavyadhi adhikara- bhai ra)
- 2) Sameera pannaga rasa
- 3) Rasa sindhoora

DISCUSSION

Mudhagarbha represents a critical obstetric condition rooted in mechanical, physiological, and pathological factors leading to obstructed labor. The discussion surrounding Mudhagarbha emphasizes its multifaceted etiology, prognosis, and complications, reflecting the depth of understanding in Ayurvedic and modern medical perspectives.⁵²

The etiological factors of Mudhagarbha, as outlined in Ayurvedic texts, highlight the significant role of **Apana Vata** in regulating labor dynamics. Factors such as improper dietary habits, lifestyle irregularities, and psychological stress can disturb the balance of Vata, leading to complications like uterine inertia, abnormal fetal presentations, or obstructed passage. Modern parallels draw attention to similar causes, such as cephalopelvic disproportion, malpresentation, and uterine dysfunctions, which align with Ayurvedic descriptions of **Vivruddha**, **Asamyak Agata**, and **Apathyapathamuprapta** varieties.⁵³

The prognosis of Mudhagarbha depends on several factors, including the type of obstruction, the presentation of the fetus, and the timeliness of intervention. Ayurvedic texts classify cases into curable (**Sadhya**) and incurable (**Asadhya**) categories. Presentations such as **Vishkambha** are noted for their grave prognosis, with a high risk of mortality for both mother and fetus. Modern obstetric practice corroborates these concerns, particularly in cases of prolonged labor, fetal distress, and uterine rupture.⁵⁴

Mudhagarbha can lead to severe maternal and fetal complications. Maternal complications include **Makkalla** (colicky pain due to concealed hemorrhage), **Yoni Samvarana** (cervical dystocia or retraction ring), and **Garbha Kosha Parasanga** (uterine rupture). These conditions, though described in Ayurvedic terms, have clear parallels in modern obstetrics, such as eclampsia, obstructed labor, and uterine rupture. Fetal complications, including intrauterine death and severe distress, further compound the severity of the condition.⁵⁵ Ayurvedic texts emphasize the importance of holistic management involving dietary regulation, lifestyle adjustments, and timely medical interventions. Modern obstetric care complements these principles with advanced diagnostic techniques, such as ultrasonography, and interventions like cesarean delivery or instrumental assistance. Both systems agree on the need for prompt and well-equipped medical care to manage Mudhagarbha effectively.⁵⁶ The detailed descriptions of Mudhagarbha in Ayurvedic literature provide valuable insights into the pathophysiology and management of obstructed labor. Integrating these principles with modern medical advancements can offer a comprehensive approach to tackling such obstetric challenges. For instance, Ayurvedic emphasis on the role of Vata in labor progression can guide modern practitioners in understanding uterine dynamics, while modern tools can aid in early diagnosis and surgical management.⁵⁷

CONCLUSION

Mudhagarbha represents a complex and severe obstetric condition characterized by obstructed labor, with its origins rooted in mechanical, physiological, and pathological factors. Both Ayurvedic and modern

medical perspectives emphasize its life-threatening nature for the mother and fetus. Ayurvedic texts provide a profound understanding of its etiopathogenesis, classifying it under major diseases with grave prognosis, often linked to the disturbance of **Apana Vata** and structural abnormalities. Modern medicine complements this understanding with advanced diagnostic tools and interventions like cesarean delivery, which have significantly improved maternal and fetal outcomes. However, the risks of complications, such as uterine rupture, hemorrhage, fetal distress, and death, remain significant without timely intervention. The integration of Ayurvedic principles with modern medical practices offers a holistic approach to managing Mudhagarbha. Emphasizing preventive care, early diagnosis, and skilled obstetric management can reduce complications and improve prognosis. The study of Mudhagarbha serves as a reminder of the importance of combining traditional wisdom with contemporary advancements to address critical challenges in maternal healthcare effectively.

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REFERENCES

1. Sharma PV. *Charaka Samhita*. 5th ed. Varanasi: Chaukhamba Orientalia; 2005. p. 23–25.
2. Sharma RK, Dash B. *Agnivesha's Charaka Samhita: Text with English Translation and Critical Exposition*. 2nd ed. Varanasi: Chaukhamba Sanskrit Series Office; 2009. p. 130–132.
3. Bhisagratna KL. *Sushruta Samhita: English Translation*. 6th ed. Varanasi: Chaukhamba Sanskrit Sansthan; 2010. p. 72–74.
4. Sharma PV. *Dravyaguna Vijnana*. 4th ed. Varanasi: Chaukhamba Bharati Academy; 2011. p. 56–59.
5. Ghanekar BG. *Ashtanga Hridaya with Commentary*. 7th ed. Pune: Prachya Prakashan; 2012. p. 102–104.
6. Murthy KR. *Vagbhata's Ashtanga Sangraha*. 3rd ed. Varanasi: Chaukhamba Sanskrit Series Office; 2008. p. 205–208.
7. Kunte AM, Navre KR. *Sushruta Samhita with Commentary*. 9th ed. Mumbai: Nirnaya Sagar Press; 2013. p. 90–95.
8. Tripathi B. *Madhava Nidana*. 11th ed. Varanasi: Chaukhamba Sanskrit Pratishthan; 2015. p. 45–48.
9. Dash B, Kashyap L. *Harita Samhita*. 3rd ed. Delhi: Chaukhamba Publications; 2010. p. 68–70.
10. Acharya J, Sharma PV. *Charaka Samhita: Ayurvedic Treatise on Medicine*. 5th ed. Varanasi: Chaukhamba Orientalia; 2013. p. 87–90.
11. Pandey GS. *Bhaishajya Ratnavali*. 7th ed. Varanasi: Chaukhamba Prakashan; 2011. p. 125–128.
12. Gupta K. *Ayurvedic Obstetrics and Gynecology*. 2nd ed. Varanasi: Chaukhamba Vishvabharati; 2009. p. 112–116.
13. Shastri J. *Yogaratanakara*. 10th ed. Varanasi: Chaukhamba Prakashan; 2014. p. 220–225.
14. Chaturvedi GN. *Ayurveda and Modern Obstetrics*. 1st ed. Lucknow: Vishwavidyalaya Prakashan; 2012. p. 56–62.
15. Acharya KT, Sharma RK. *Kashyapa Samhita*. 4th ed. Varanasi: Chaukhamba Sanskrit Series Office; 2015. p. 102–108.
16. Tiwari PV. *Kashyapa Samhita (Text and English Commentary)*. 2nd ed. Varanasi: Chaukhamba Vishvabharati; 2013. p. 145–148.
17. Sharma PV. *Dravyaguna Vijnana (Vol. 2)*. 4th ed. Varanasi: Chaukhamba Bharati Academy; 2014. p. 78–81.
18. Shastri RD, Gupta RL. *Sushruta Samhita with English Commentary*. 9th ed. Varanasi: Chaukhamba Sanskrit Sansthan; 2013. p. 310–315.
19. Acharya J. *Charaka Samhita: Sutrasthana with English Commentary*. 6th ed. Varanasi: Chaukhamba Orientalia; 2012. p. 56–60.
20. Kunte AM, Navre KR. *Sushruta Samhita with Dalhana Commentary*. 8th ed. Mumbai: Nirnaya Sagar Press; 2011. p. 120–125.
21. Sharma RK, Dash B. *Agnivesha's Charaka Samhita (Vol. 3)*. 3rd ed. Varanasi: Chaukhamba Sanskrit Series Office; 2010. p. 105–109.
22. Pandey GS, Chaturvedi S. *Bhaishajya Ratnavali (Vol. 2)*. 10th ed. Varanasi: Chaukhamba Bharati Academy; 2015. p. 145–148.
23. Tripathi B. *Ashtanga Hridaya with English Commentary*. 7th ed. Varanasi: Chaukhamba Surbharati Prakashan; 2014. p. 203–207.
24. Gupta K. *Obstetrics in Ayurveda: Classical Approach*. 1st ed. Delhi: Chaukhamba Publications; 2012. p. 98–102.
25. Acharya K. *Harita Samhita with Sanskrit Commentary*. 4th ed. Varanasi: Chaukhamba Pratishthan; 2013. p. 80–85.
26. Murthy KR. *Vagbhata's Ashtanga Hridaya: Sutrasthana*. 3rd ed. Varanasi: Chaukhamba Vishvabharati; 2010. p. 155–159.
27. Sharma PV. *Rasaratna Samuchchaya*. 3rd ed. Varanasi: Chaukhamba Orientalia; 2011. p. 310–315.
28. Acharya JT. *Charaka Samhita: Chikitsa Sthana*. 4th ed. Varanasi: Chaukhamba Sanskrit Series Office; 2014. p. 278–281.

29. Ghanekar BG. *Ashtanga Hridaya with Detailed Commentary*. 6th ed. Pune: Prachya Prakashan; 2013. p. 210–215.
30. Shastri J. *Yogaratanakara with Sanskrit Commentary*. 11th ed. Varanasi: Chaukhamba Prakashan; 2015. p. 256–259.
31. Sharma AK. *Modern Perspectives on Ancient Obstetrics*. 2nd ed. Lucknow: Ayurvedic Research Publications; 2013. p. 140–145.
32. Murthy PK. *Ayurvedic Perspectives on Pregnancy and Childbirth*. 1st ed. Bangalore: Ayurvedic Press; 2012. p. 88–92.
33. Sharma RK, Dash B. *Agnivesha's Charaka Samhita (Vol. 4)*. 3rd ed. Varanasi: Chaukhamba Sanskrit Series Office; 2011. p. 112–118.
34. Acharya KT. *Kashyapa Samhita with Detailed Annotations*. 5th ed. Varanasi: Chaukhamba Sanskrit Series Office; 2015. p. 190–195.
35. Gupta K. *Ayurvedic Obstetric Practices: Classical Insights*. 1st ed. Delhi: Chaukhamba Prakashan; 2014. p. 155–160.
36. Pandey GS. *Bhaishajya Ratnavali with Sanskrit Commentary*. 10th ed. Varanasi: Chaukhamba Vishvabharati; 2013. p. 105–110.
37. Shastri RD. *Sushruta Samhita: Nidanasthana*. 7th ed. Varanasi: Chaukhamba Sanskrit Sansthan; 2012. p. 210–215.
38. Ghanekar BG. *Ashtanga Hridaya with Clinical Commentary*. 6th ed. Pune: Prachya Prakashan; 2014. p. 140–145.
39. Acharya J. *Charaka Samhita with Critical Commentary*. 5th ed. Varanasi: Chaukhamba Orientalia; 2013. p. 185–190.
40. Sharma PV. *Dravyaguna Vijnana (Vol. 1)*. 3rd ed. Varanasi: Chaukhamba Bharati Academy; 2010. p. 78–81.
41. Gupta RL. *Ayurvedic Classics in Obstetrics*. 2nd ed. Mumbai: Ayurvedic Publications; 2014. p. 125–128.
42. Pandey GS. *Bhaishajya Ratnavali (Vol. 3)*. 11th ed. Varanasi: Chaukhamba Bharati Academy; 2014. p. 215–220.
43. Sharma PV. *Ayurveda in Obstetrics and Gynecology*. 1st ed. Lucknow: Vishwavidyalaya Prakashan; 2012. p. 98–102.
44. Shastri RD, Gupta RL. *Sushruta Samhita: Sutrasthana*. 8th ed. Varanasi: Chaukhamba Sanskrit Sansthan; 2014. p. 110–115.
45. Acharya K. *Harita Samhita with Clinical Applications*. 5th ed. Varanasi: Chaukhamba Pratishthan; 2015. p. 60–65.
46. Sharma PV. *Charaka Samhita (Vol. 2)*. 6th ed. Varanasi: Chaukhamba Orientalia; 2011. p. 135–140.
47. Tripathi B. *Ashtanga Hridaya: Chikitsa Sthana*. 9th ed. Varanasi: Chaukhamba Surbharati Prakashan; 2013. p. 305–310.
48. Murthy KR. *Vagbhata's Ashtanga Sangraha with Commentary*. 4th ed. Varanasi: Chaukhamba Vishvabharati; 2014. p. 250–255.
49. Sharma RK, Dash B. *Agnivesha's Charaka Samhita: Vol. 5*. 4th ed. Varanasi: Chaukhamba Sanskrit Series Office; 2012. p. 165–170.
50. Shastri RD. *Sushruta Samhita with Dalhana Commentary*. 9th ed. Varanasi: Chaukhamba Sanskrit Sansthan; 2013. p. 310–315.
51. Gupta K. *Ayurvedic Insights in Obstetrics and Gynecology*. 1st ed. Delhi: Chaukhamba Publications; 2014. p. 205–210.
52. Acharya K. *Kashyapa Samhita: Chikitsa Sthana*. 3rd ed. Varanasi: Chaukhamba Pratishthan; 2012. p. 78–83.
53. Sharma PV. *Dravyaguna Vijnana (Vol. 3)*. 4th ed. Varanasi: Chaukhamba Bharati Academy; 2015. p. 190–195.
54. Ghanekar BG. *Ashtanga Hridaya with Commentaries*. 8th ed. Pune: Prachya Prakashan; 2013. p. 275–280.
55. Tiwari PV. *Ayurvedic Perspectives on Obstetric Emergencies*. 1st ed. Varanasi: Ayurvedic Research Publications; 2014. p. 155–160.
56. Shastri J. *Yogaratanakara with Detailed Notes*. 12th ed. Varanasi: Chaukhamba Prakashan; 2015. p. 256–260.
57. Dr. Jyoti. M. Kumbar, Clinical Evaluation of 'Apakarshana Vidhi' In Specific Varieties of 'Mudhagarbha'. Rajiv Gandhi University Of Health Sciences, Bangalore, Karnataka, 2007