

CONCEPT OF MURHAGARBHA AND ITS APPLIED ASPECT

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ABSTRACT

Maternal mortality and infant mortality is still a big problem in Ayurveda??Different complications during preconception, antenatal, intranatal and postnatal period is increasing day by day and Ayurveda has unique concepts and explanations for the management of pre-conception period upto postpartum period. Obstructed labour is also a cause of maternal and infant death. In Ayurveda, obstructed labour can be discussed under *mudhagarbha*. Concept of *mudhagarbha* described in various Ayurvedic classics is very unique and scientific. *Mudhagarbha* described in Ayurveda actually includes almost all the conditions of obstructed labour described today along with its effective management.

Keywords: *maternal and infant mortality, obstructed labour, mudhagarbha*

INTRODUCTION

The passage of time caused unprecedented obstacle in the progress of Ayurveda, the oldest and most accurate science of life.

The obstacle was relatively more marked in the field of *prasutitantra* and *stree roga* due to various social, ethical, moral and legal reasons.

Concept of *mud hagarbha* described in various Ayurvedic classics is very unique and scientific.

Mudhagarbha described in Ayurveda actually includes almost all the conditions of obstructed labour described today along with its effective management.

DEFINITION:

Table: 1: Definition of Mudhagarbha as per Ayurvedic Classics

Charak	Susrut	Vagbhata	M.N.;Y.R.;B.P.
Not mentioned about <i>mudhagarbha</i> , men-	The fetus coming abnormally, unable to	Vagbhata says that the fetus reaching abnormal	<i>Madhavanidan</i> , <i>Yogaratna-kara</i> and <i>Bhavaprakash</i> have men-

tioned about <i>mritagarbha</i> .	come out even after reaching its passage and stupefied or swooned due to abnormality of <i>apanavayu</i> is termed as <i>murhagarbha</i> . ¹	passage, coming with different presentations, troubled by abnormal <i>vayu</i> and unconscious or swooned is known as <i>mudhagarbha</i> . ²	tioned that stupefied <i>vayu</i> going astray stupefies the fetus. ^{3,4,5}
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Explanation of definition given in classics: (Applied aspect of *mudhagarbha*)⁶

The literal meaning of the word *mudha* is derived from *dhatu* “*muh*” i.e to become stupefied, unconscious or swooned, to become bewildered or going in wrong direction and become lazy. Meaning of *mudha* is the obstructed movement as given by *Bhavamisra* and abnormal along with obstructed movement as given by *Madhukosa* commentary. The definition given by *Susruta* and *Vagbhata* actually includes almost all the conditions of obstructed labour described today, as explained here under-

1. *Vivridhagarbha*: it includes obstruction caused by generalised over size of the fetus i.e. macrosomia or local over growth of a part of the fetus such as ascites, hydrocephalus or congenital tumours etc.

2. *Asamyakagata* or *anekadhapatipanna* (presenting abnormally or with various presentations): the fetus coming abnormally or with different presentations includes all mal-presentations or position.
3. Abnormality of *apanavayu* causing *sanmohana* of *garbha*: the word *sanmohana* has been explained by all the commentators as unconsciousness of the fetus. Main function of *apanavayu* is to expel the fetus by stimulating the myometrium, naturally its abnormality will produce obstruction to the movement or delivery of the fetus by Influencing myometrial activity. This can be correlated with uterine inertia.

NIDAN:

Table 2: Aetiology of *Mudhagarbha* as per Ayurvedic Classics

Charak	Susrut	Vagbhata
Not mentioned about <i>mudhagarbha</i> but mentioned about <i>mritagarbha</i> .	<i>Gramyadharmā, yaan, vahan, adhwagaman, prakhalyan, prapatan, prapiran, dhawan, abhighata, vishamsayana, upavasa, vegadharan, atiruksa-katu-tiktabhojan, soka, atiksharsevana, atisar, vaman, virecana etc.</i> (su.ni. 8/3) ¹	<i>Viginata of apanavayu.</i> (A.S. 4/27) ⁷

SAMPRAPTI: (Su.Ni.8/3)¹

The fetus getting detached from its bonds, transgressing the uterus, descending from the spaces amongst the liver, spleen and bowels irritates or hyper activates the *kostha*, due to this irritation the *apanavayu* getting *mudha* or

having abnormal movements produces pain in flanks, upper region of urinary bladder and yoni, tympanitis, retention of urine etc. various diseases followed by death of young fetus due to bleeding per vaginum.

LAKSANA:

Samanyalaksana of Mudhagarbha as per Ayurvedic Classics

Charaka	Susruta	Vagbhata	M.N, Y.R.; B.P.
Not mentioned	Parswa, basti, sirsa, udar and yoni shola, anaha, mutrasanga, garbhavarava. ¹	Not mentioned directly.	Yonishoola, jatharshoola, mutrasanga. ^{3,4,5}

Vishishtalaksana: Three types of *Sanga* are mentioned only by Vagbhata and Susruta i.e

- by *shir*,
- by *amsa*,
- by *jaghana*.^{8,9}

LAKSANAS OF DOSHIKA MUDHAGARBHA: As mentioned in HaritaSamhita Tritiyasthan 52/4-8.¹⁰

1. *VatikMudhagarbha:*

- | | |
|--|--|
| <ul style="list-style-type: none"> • <i>Vastishool</i> • <i>Yonidwaravarodha</i> • <i>Jathargarjan</i> • <i>Adhman</i> | <ul style="list-style-type: none"> • <i>Toda</i> • <i>Angabhanga</i> • <i>Nidrabhanga</i> |
|--|--|

2. *PaitikMudhagarbha:*

- | | |
|--|---|
| <ul style="list-style-type: none"> • <i>Shoola</i> • <i>Tridosajajwar</i> • <i>Trisna</i> | <ul style="list-style-type: none"> • <i>Bhrama</i> • <i>Mutrakricchra</i> • <i>Shirovedana</i> |
|--|---|

3. *SlaishikaMudhagarbha:*

- | | |
|---|--|
| <ul style="list-style-type: none"> • <i>Alasya</i> • <i>Tandra</i> • <i>Nidra</i> • <i>Jadata</i> | <ul style="list-style-type: none"> • <i>Adhmaan</i> • <i>Vepathu</i> • <i>Kasa</i> • <i>Mukhavairasya</i>. |
|---|--|

4. *Dwandaja* and *Sannipatik Mudhagarbha:*

In these types of *mudhagarbhas* the clinical features of two *dosas* or all the three *dosas* will be evident.

SADHYA-ASADHYATA:

- *Sadhya:* First 6 gatis of *mudhagarbha*¹¹
- *Asadhya:* Last 2 gatis named as *viskambha* are *asadhya*¹²

LAKSANA OF ASADHYA MUDHAGARBHA:

According to Susruta:¹³

- | | |
|--|---|
| <ul style="list-style-type: none"> • <i>Garbhakosa-aparasanga</i>. • <i>Makkala</i>. • <i>Yonisamvriti</i>. | <ul style="list-style-type: none"> • Last two gatis of <i>mudhagarbha</i> are <i>asadhya</i>. • <i>Viparitaindriyaartha</i> • <i>Aksepak</i> |
|--|---|

- *Yonibhramsa*
- *Swas*
- *Kasa*

According to Vagbhata:¹⁴

- *Aksepak*
- *Yonisamvaran*
- *Makkala*
- *Swas*

- *Bhrama*
- *Shitangi*

- *Bhrama*
- *Shitagatra*
- *Putiudgara*

CAUSES OF ASADHYATA: (clinical importance of *mudhagarbha*)¹⁵

1. *Garbhakosa-parasanga*:

Dalhana has offered two explanations to this word i.e. over clinging of fetus in utero or attachment of fetus in other than its normal space.

Rupture of uterus sometimes is seen in cases of obstructed labour and is considered to be one of the serious complications.

Apannata of *garbhakosa* or diseased state of uterus can be either due to rupture of uterus occurring at the time of delivery or congenital anomalies such as arcuate uterus, didelphys, septate etc. or else due to fibroid uterus, which produce obstruction in the labour.

2. *Makkala*: Dalhana has offered two explanations for this-

Accumulation of blood in uterus during labour before delivery of the child or intrapartum haemorrhage.

Pain arising after delivery due to blood getting obstructed by *vayu*.

Adhamalla has very clearly classified *makkala* in two i.e. developing during pregnancy and during *puerperium*.

The fetus afflicted with physical and psychological diseases produces pain in abdomen, which is known as *garbhamakkala*. *Makkala*

is characterised with spasmodic contraction of uterus, thus in reference to obstructed labour it denotes either intrapartum haemorrhage associated with severe pain or tetanic or spasmodic irregular uterine contractions.

3. *Yonisamvritti* or *yonisamvarana*: *Madhukosa* commentary, *Bhavaprakash* and *Yogaratanakarahave* explained this in following words-

Due to use of diuretics capable of vitiating *vata*, excessive coitus and night awakening, the *vayu* situated in *yonimarga* of pregnant woman getting aggravated contracts the vaginal orifice and this very *vayu* also obstructs the aperture of *asaya*, troubles the fetus inside the uterus. This can be correlated with cervical dystocia in which condition caesarean section is needed.

4. *Yonibhramsa*: in cases of prolapse the labour is often obstructed and very difficult.

5. *Yonisanga*: *Yonisanga* refers to the obstruction of fetus in the maternal passage probably due to contracted pelvis. In contracted pelvis also the *murhagarbha* becomes incurable as the delivery has to be accomplished by caesarean section only.

BHEDA OF MUDHAGARBHA:¹⁶

1. *Kila* or *sankilaka*: The fetus obstructs just like a wedge having hands, feet and hand upwards.
2. *Pratikhura*: In this the fetus gets obstructed by its body presenting with head, hands and feet all together.
3. *Bijaka*: Fetus delivers by head along with one hand according to Susruta and according to Madhava etc. the fetus delivering with head situated in between both the hands gets obstructed by its remaining body.
4. *Parigha*: In this position the fetus obstructs the passage just like an iron beam or rod used for shutting the doors.

GATIS OF MUDHAGARBHA: (with modern correlation)¹⁷

1. Both the *sakthies* or presenting with the thighs or footlings presentation in incomplete breech.
2. One *sakthiabhugna* and *udaya* by the other or one thigh presenting other flexed or footling presentation in incomplete breech.
3. *Sphigdesa* or presenting with buttocks in incomplete breech with extension of legs (*kilaka*) or complete breech.
4. *Ura*, *parswa*, *prstha* or chest, flanks, back etc. presentations of transverse lie in dorso-posterior and dorso-anterior position (*parigha*).
5. *Antahparswapavrittisira* and delivering with one *bhuja* or head situated in flanks and delivery with one hand prolapsed in transverse lie or in vertex presentation (*bijaka* according to Susruta).
6. *Abhugnasira* and both the *bhuja* or flexed head with both hands and compound pres-

entation (*bijaka* described by Madhava etc.)

7. *Hasta*, *pada* and *siradaya* or presenting with both hands, legs and head together in exaggerated flexion of transverse lie (*pratikhura*).
8. One foot in *yoni* (vagina) and other in *payu* (anus) or rupture of lower uterine segment alongwith perforation of colon or rectum.

CHIKITSA OF MUDHAGARBHA: SAMANYACHIKITSASIDDHANTA: (A.S.SHA. 4/35)¹⁸

1. The treatment prescribed for retained placenta.
2. Mantras prescribed in Atharvaveda.
3. Surgical procedures only done by the surgeons who have seen practical work.

1. TREATMENT FOR RETENTION OF PLACENTA: *vatashaman* is the principle of treatment for retention of placenta.

2. MANTRA CHIKITSA:

Mantras prescribed in Atharvaveda.

3. SASTRA KARMA BY EXPERIENCED SURGEON:

Samanyasiddhanta of *sastra* karma:¹⁹

- The surgeon protecting the women very carefully should split/cut the part of the fetus or is producing obstruction.
- The fetus has various abnormal presentations/positions due to aggravation of *vayu*, the surgeon should take appropriate decisions and deliver the fetus.
- The wise surgeon should destruct this inside situated fetus with the help of *mandalagra* or *angulisastra*.

SASTRA USED TO EXTRACT THE MUDHAGARBHA:

- Mandalagra* (circular knife or round head knife, decapitating knife)
- Angulisastra* (finger knife)
- Sanku* (hook)
- Ardhachandra* (curved knife)

SASTRA KARMA IN MUDHAGARBHA:

- Contraindication of ingestion of food before surgical procedure.²⁰
- Consent of guardian before surgical intervention.(*adhipatiyajnya*)²¹
- The woman should be in supine position with flexed thigh, hips are elevated by keeping a thick pad of cloths. The vagina and hand should be lubricated with mucinous substance or gum of *dhanwana*, *nagavrittika*, *salmali* and *ghrita*.²²
- The fetus should be extracted by inserting the hand.²²

SASTRA KARMA VIDHI:²¹

The extraction of fetus is most difficult in comparison to any other salya. Every manipulation like-

- Utkarsana* (pulling the fetus upwards which has come too much down)
- Apakarsana* (dragging the fetus downwards which has moved much upwards)
- Sthanapavartana* (rotation or cephalic version)
- Udvartana* (pushing the face upwards)
- Utkartana* (cutting)
- Bhedana* (perforation)
- Chedana* (excision)
- Pidana* (compression or pressure application)
- Rijukarana* (straightening)
- Darana* (incision)

EFFECT OF NEGLIGENCE OR DELAY IN THE TREATMENT OF DEAD MUDHAGARBHA:²³

The wise physician should not neglect the dead *mudhagarbha* even for a moment and start the treatment immediately, because this fetus kills the mother by producing asphyxia caused by distension of abdomen due to over-eating

Indication of *sastra* karma:

- In last two positions or *gatis* i.e. fetus either presenting with both the extremities and the head together with body flexed in middle portion or with one foot in vagina and the other is in anus, manual extraction of *mudhagarbha* is not possible, in those cases instrumentation should be done.²²
- When the fetus is dead.²⁴
- Appearance of *arista laksanas* like the woman whose nose assumes the shape of crow, eyes have drooped and emits the smell of *sakunta*, who emits the smell of goat or horse, has become white and desires to eat peacock's meat.²⁵

THE EFFECT OF DESTRUCTIVE PROCEDURES OF ALIVE FETUS:

- The alive fetus should never be split or cut, because due to rending the fetus kills the mother and dies itself.
- Once the manual extraction fails the condition becomes dangerous for the mother and fetus both according to Dalhana.²⁶
- According to Susruta if the disease or condition becomes very serious, the expulsion or delivery of fetus must be completed within very short time.²⁷
- According to Vagbhata, when an alive fetus is cut, it throws its body parts all around abnormally, thus poses problem in extraction.²⁸

UDAR-VIPATAN IN MUDHAGARBHA:

According to Susruta, in a woman who has died during labour just like a killed goat, if quivering of abdomen still persists, the abdomen should immediately be opened and fetus extracted.²⁹

Dalhana has explained that the procedure should be done in ninth month and in a woman who has died accidentally all of sudden, in such case immediately within two ghaties or one *muhurtai*.e 48 minutes the fetus should be extracted by laparotomy or else fetus will die. Vangasena also agrees with Dalhana.³⁰

Vagbhat have mentioned that during delivery of full term fetus if quivering of abdomen over *vastidwara* of a dead woman still persists, the fetus should immediately be delivered by laparotomy.³¹

Arunadatta has explained that if the abdomen of dying woman during first stage of labour excessively quivers near the bladder region, then the expert physician should perform the laparotomy during interval period of quiverings and extract the fetus.³²

EXPLANATION OF UDAR-VIPATAN:³³

1. Only nine month or full term fetus should be delivered by laparotomy, because premature fetus even if delivered may not survive.
2. Quivering of abdomen is indicative of alive fetus.
3. During first stage of labour fetal head/presenting part remains high up or in false pelvis in majority of cases, it does not descend to pelvic cavity, quivering near bladder region also indicates this very fact.
4. Excessive movement indicates too much uterine contractions and relaxations; extraction of fetus during uterine contrac-

tions is difficult, considering these facts Arunadatta has advised extraction of fetus situated near urinary bladder, in first stage of labour during inter-contraction period.

5. Explanation given by Dalhana and Vangasena is more logical, because if the woman dies due to other causes such as toxemia of pregnancy, very prolonged labour or any other complications, the disorder have its impact on the fetus which may not survive even if delivered, however when woman dies an accidental death, the chances of survivality of fetus may increase.
6. Normally fetus dies immediately following death of the mother, hence utility of this description is doubtful, however in rare instances one may deliver a living fetus by laparotomy even after a bit prolong time of woman's death. Munro Kerr in his operative obstetrics (page 142) has reported that in one instance an operation performed at least fifteen minutes after the death of the mother resulted in the delivery of a healthy baby.

CONCLUSION

Maternal mortality and infant mortality rate is still a big problem in India. *Mudhagarbha* (obstructed labour) is also a cause of maternal and infant death. Different complications during preconceptional, antenatal, intranatal and postnatal period is increasing day by day and Ayurveda has unique concepts and explanations for the management of preconceptional period upto postpartum period. The concept of *mudhagarbha* described in Ayurveda along with its management is very much logical. However, more researches should be encouraged to apply these concepts clinically and to

establish it more scientifically in the field of obstetrical care.

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