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## Mudagarbha and it's Ayurveda management: A review

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**Abstract**

Childbirth is a blessing to a women given from God. The passage of time caused unprecedented Oobstacle 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 Streeroga due to various social, ethical, moral and legal reasons. Concept of Mudhagarbha described in various Ayurvedic Samhitas is very unique and scientific. Mudhagarbha actually includes all the conditions of obstructed labour described in modern science along with its effective management. Obstructed labour is also a cause of maternal and infant death. In the present article an attempt is made to throw light on the very unique concept of Mudhagarbha described in Ayurveda.

**Keywords:** Mudagarbha, Ayurveda, Chikitsa

**1. Introduction**

Maternal and Infant mortality is still a big problem in Modern scenario. Different complications during preconception, antenatal, intranatal and postnatal period are increasing day by day. Ayurveda has given prime importance to Antenatal and Intranatal care of women and her baby. In spite of good care sometimes labour has unpredictable outcomes, previously normal labour suddenly landed up into abnormal or obstructed labour.

**Clinical Features of Mudha Garbha**

The symptoms explained in the pathogenesis of obstructed fetus shall be considered here. pain in flanks, upper region of urinary bladder and reproductive system/ vagina tympanites retention of urine.

**Special signs and symptoms**

Various kinds of presentations and positions of the fetus in obstructed labor are its special clinical features. Here, the fetus may engage in the pelvic cavity in one of the below mentioned presentations / positions -by its head - vertex presentation by its shoulders - transverse presentation or by its thighs breech presentation.

Ayurveda has explained that the obstruction of labor occurs due to abnormality of vayu. Due to this the fetus presents in numerous ways. Ayurveda texts have described the types and gati - movements/positions of obstructed labor which explain the different positions and presentations of fetus.

**Causes of obstructed labor**

Most authors have explained the etiology of abortion and intrauterine death of fetus together. The causes of these two conditions should be considered as etiology of obstructed labor also.

Below mentioned are the causes of obstructed fetus (Su.Ni.8/3) -

According to Master Harita incompatible diet of mother, diseases of fetus and severe headache to the mother causes troubles to the fetus. Due to these or expulsion of fetus in oblique position or due to other reasons, the fetus dies and troubles the woman. Sometimes due to shyness or some other reasons, the vaginal passage gets constricted. In this case, the fetus approaching the constricted passage becomes obstructed.

Ayurveda has explained abnormality of apana vata as the reason for failure of descent of fetus. The treatment for the same and also for obstruction of fetus too has been explained. This seems to be the explanation of uterine inertia. Presence of pain (Shula) in the absence of labor pains (Avi), feeling of stony hardness of abdomen and uterine region and tetanic spasms of uterus (Makkalla) appears to be descriptions of irregular or excessive uterine contractions. Sometimes there occurs failure of dilatation of cervix due to ineffective uterine contractions. This has been described as Yonisamvrti or Yonisamvarana.

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Idiopathic Causes - Ayurveda has mentioned daivayoga which can be considered as uterine inertia due to idiopathic causes.

Abnormalities of shape and size of fetus - Vivrdha Garbha explains the abnormality of size of fetus and diseases of fetus mentioned by Harita explains shape abnormalities of fetus, both can cause obstructed labor.

Abnormalities of fetus presentation - Ayurveda texts has explained about the fetus presenting abnormally, with other parts or coming down obliquely. Ayurveda has also explained various modes of fetal presentations. These are clearly the descriptions of abnormal presentations or positions of fetus explained in modern texts which can cause obstructed labor. On the other hand, Ayurveda texts have also Abnormalities of birth passage -Harita states 'presence of abnormalities of uterus makes the obstructed labor incurable'. Ayurveda has explained 'fetus reaching abnormal maternal passage' and 'fetus unable to come out'. These conditions explain the abnormalities of pelvis. Explanation of yonisamvarana / yonisamvrti refers to 'failure of uterine cervix to dilate'. Spasm of bhaga explained by Harita as caused by shyness and

other mental factors explain 'perineum rigidity caused by psychogenic factors'. Among the symptoms of bad prognosis of obstructed labor, yonibhramsa has been mentioned.

Pathogenesis of Obstructed Labor

The pathogenesis of obstructed labor is the same as that of intrauterine death of fetus (Vagbhata) and abortion (Sushruta) explained in Ayurveda.

### The pathogenesis

- The fetus gets detached from its bonds.
- The fetus later transgresses the uterus and descends down from the spaces amongst liver, spleen and bowels.
- The fetus descending between the viscera irritates and causes hyperactivity of stomach and intestines (and all visceral organs. As a result the Apana Vata gets mudha i.e. gets aggravated and will have abnormal movements.

### 2. Aims and objectives

1. To study muda garbha according to Ayurveda
2. To study ayurvedic management of Mudh varsha

Charaka	Sushruta	Vagabhata <sup>[1]</sup>	Ma,Bh., Y.R
Not mentioned	The fetus after development coming abnormally, unable to come out even after reaching its passage (pelvis and vagina) and stupefied or swooned due to abnormality of Apanavayu is termed as <i>Murhagarbha</i>	The fetus after development reaching abnormal passage, coming with different presentations, troubled by abnormal Vayu and unconscious or swooned is known as <i>Mudagarbha</i> .	Stupefied Vayu going astray stupefies the fetus.

Ahara	Vihara	Vyadhi	Mansika
<i>Ati-rookshabhojna, Katu and Tikta rasa, Kshar Sevna, Upvasa etc.</i>	<i>Gramya-Dharma, Yana-Adhwagama, Praskhlana, Praptana, Prapeedna, Dhavana, Abhigata, Vishma-Shyna</i>	<i>Atisara, Vaman, Jirna-garbhashatna, Kshutaatiyoga, Pipasaatiyoga</i>	<i>Shoka, Krodha, Asuya, Irshya, Bhaya, Trasa</i>

### 3. Discussions

In cases of live fetus, administrations of following therapies are indicated<sup>[2]</sup>

Mantra Chikitsa-Mantra chikitsa (A variety of Daivavyapashraya-chikitsa) Seeking relief with the help of daisa is known as "Daina-vyapashnaya". Which can be done by the use of mantras, adorning of stones or herbs or performing bali, mangala, homa.

#### Surasa mantra

Unhusked five grains of rice washed with water and treated with mantra- "O pregnant woman! You should be free from shalya by hearing the nupura nada of Surasa, a yakshini living in south of Himalaya." should be given to woman in difficult labour.

The milk recited with above mantra should be given to woman in dif-A woman in difficult delivery expels healthy baby with ease if she hears the sound of amulet wore by Surasa, a rakshasi who lives in northern part of Himalayas.

#### Kakarudra vachana

At the banks of Ganga in Himalayas a crow wanders, if the water that drops from its feathers if given to woman with difficult labour she delivers without difficulty. It is the statement of Kakarudra; if physician utters this sentence to a person who brought the message immediately the woman delivers easily in home.

#### Yantra-sthapana

The yantra (Bhoorja pama) which is having following berjakshana in written form -There is another variety of this known as 'yantra' which refers to a fig- ure. This treatment has been mentioned by Harita, the action of which is

unexplainable. Ubhaya trimshaka-yantra (The total numbers written in 9 columns and total comes to thirty in calculating from any side)

Chyavana mantra' was described in the context of mudha garbha chikitsa referred in Atharva Veda. 'Chyavana' gives the meaning fall' referring the expulsion of fetus. These mantras are addressed to Gods to give strength and help to the mother<sup>[3]</sup>.

1. Aushadha chikitsa
2. External Application
3. Vaginal lubrication
4. Irrigation with luke warm water followed by anointing with mucinuous materials.
5. External genitalia and vaginal canal should be anointed with guda (Jaggery), kinva (Seeds of fermentation) and salt.
6. Repeated fillings of vagina with mucinous substances like guda (Jaggery), kinva (Seeds of fermentation), salt and gum of shalmali mixed with mucinous substance of atasi is advised to facilitate the expulsion of fetus<sup>[4]</sup>.

#### External manipulations

Emptying of rectum, and bladder which may obstruct the passage and cause obstruction in labor  
Forceful compression of the abdomen over umbilicus and Holding her by both the arms violent jerks should be given. Repeated striking or compression of the pelvis violent compression by holding her with both the hips<sup>[5]</sup>.

#### Chikitsa siddhanta

Medication - Utilization of drugs in ailments based on previous experi- ence or as an interpretation of intelligent observations and calculation, ultimately giving a reason

(Yukti) is called as yuktivyapashraya which is a main division of treatment process<sup>[6]</sup>.

Indications of medication

- Sachetana garbha
- Anupadrava yukta mata - Healthy mother without With a living child complications
- Apana vikrita mudha garbha - Power related dystocia - Anirasyamana mudha garbha - Passage related dystocia

#### External medicaments

Vast description is available regarding various medicines prepared as single drug preparations and in compound preparations in the form of lepa, snehana, dharana etc. mentioned in Samhitas. These are used both in local treatment and general treatment.

The cases which could not be achieved by this treatment should be treated with medicines used in case of apara sanga.

Medical treatment described in apara sanga can be categorized in to

- Mechanical measures - like kesha pramarjana
- Various preparations internally - kalka, kvatha, asava, siddha taila, kanji
- External applications namely dhupana, lepana, dharana, snehana, anjana vasti etc.
- A paste prepared out of langali mula should be applied on palms and feet.
- Vriddha Vagbhata advises to apply this around umbilicus also.
- Roots of bhiru, bhunimba, vartaki, pippalyaka, yawani, agaru and vacha pestled with warm water should be employed below the umbilicus.
- Roots of langali, devadali, tumbika and koshataki pestled together should be applied.
- Pestled slough of snake, katukalabu, kritavedhana and sarshapa should be applied over palms and soles.
- Roots of langali, devadali, tumbika, and koshataki pestled together should be applied.
- Paste of katukalabu and jalini, nimba and slough of snake mixed with mustard oil after initial application of oil in vagina Bhojapatra, kalihari, katutumbi, sarpa twak, kushtha and sarshapa, either a paste prepared out of these can be applied to yoni Anointment of pestled root of parushaka or sthira over umbilicus, urinary bladder and vulva.

Irrigation with latex of mahavriksha overhead Amulet of root of hiranyapushpi, suvarchala and vishalya in arm or leg.

Vasti procedures - Anuvasana vasti - Shatahvadi taila - Shatahva, sarshapa, ajaji, shigru, teekshnaka, chitraka, bingu Shatapushpadi taila made up of shatapushpa, kushtha, madana phala and hingu Katu taila - Mustard oil prepared with shigru, sumukha, maricha, ajaaji and chitraka kalka mixed with ksheera and gomutra<sup>[7]</sup>.

Asthapana vasti - Oleating the vagina properly and compressing her flanks she should be given violent jerks.

Parimarjana - Tickling the throat and palate with veni or with a finger wrapped in hair<sup>[8]</sup>.

#### 4. Conclusion

*Mudhagarbha* (Obstructed labour) is big reason of maternal and infant death in modern scenario which is increasing day by day. *Ayurveda* has unique concepts and explanations for the management of *Mudhagarbha* with scientific approach. 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, which reduce the maternal and infant mortality

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