



## **Title: Management of abnormal types of deliveries i.e. *Moodhgarbha* mentioned in *Ayurveda***

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### **Abstract:**

Moodha Garbha is a very complicated process which may cause many hazards to both mother & foetus. Authorities of Ayurveda like Sushruta, Vagbhat, Harita & Kashyap have described causes & management of Moodhgarbha which are useful in this modern era also. So the present study focuses the description of moodhgarbha in Sanhitas. It is noted that many basic principles are useful for medical science.

**Keyword:** Moodha Garbha, foetus, mother, garbhini, sutika

### **Introduction:**

Ayurveda is not only a traditional medicine but it is a complete science of life. It is well elaborated with its unchanging and basic principles<sup>1</sup>.

Kaumarbhritya tantra is a very important part of Ayurveda which is described thoroughly. In this part authorities have described about garbha, garbhini, sutika and balvinyan descriptively.<sup>2</sup> While

describing the process of labor, the Acharyas have described normal and abnormal types of delivery processes. It is very interesting to see that ayurveda knew about the normal & abnormal foetal positions in uterus and also abnormal presentations.<sup>3</sup> In this paper I have tried to cover the abnormal foetal presentations which is known as moodhagarbha in Ayurveda.

Whenever during labour the presenting part is abnormal or passage of the foetus in the mother is abnormal & labour process is obstructed due to that, it is called as moodhgarbha.<sup>4</sup>

### **Moodhagarbha definition:**

The full developed foetus when shows abnormal presentation & is unable to be delivered through Yonimarg and gets stupefied due to the abnormality of Apan - Vayu is called as Moodhgarbha. So we can simplify that if the labour is obstructed due to abnormal presentation of the foetus or due to abnormalities in the maternal passage or the foetus or is stupefied due to abnormality of Apan Vayu then it is termed as Moodhgarbha.

It is an additional point of Ayurveda that mental status of the mother is also considered responsible for the abnormal presentation of the fetus. Ayurveda has very clearly stated that due to the feeling of shyness, there is contraction of the pelvic parts and non dilation of the cervix. Other parts in the pelvis also lead to get into abnormal presentation & force into operative delivery.<sup>5</sup>

The causes of Moodhagarbha and its etiology are as follows. Ayurvedic Samhitas have very specifically & elaborately given the detailed description of the factors that influence the process of normal delivery resulting in abnormality.<sup>6</sup> They are mainly related to Ahar & Vihar of the mother. It is clearly explained that if certain things are consumed (i.e. diet & regimen) or done during Pregnancy there are chances of a different labour.<sup>7</sup>

### Materials & Methods:

In the current study Sushrut samhita , Harit samhita & Kashyap samhita are studied to understand the exact classification of moodhgarbha.

Most of the texts have described the etiology of abortion and Moodhagarbha together.

Acharya Sushrut very elaborately states the causes as excessive coitus, riding animals or cart and carriages, travelling, staggering, falling down, falling in front, running, trauma, compression, sleeping or sitting in abnormal position or uneven places for long time fasting, Vegavrodh i.e. Purposeful suppression of natural urges like defecation, maturation, Sneezing , Vomiting, crying etc., use of Ushna & Tikshna Ahar i.e. spicy, hot dry edibles

,Virudha ahar like milk & fish, fruit salads with milk & curd , Milk & Khichadi etc., diseases such as diarrhea, Vomiting, indigestion and also use of abortificant drugs may cause abortion & also Moodhagarbha.<sup>8</sup>

Harit Sanhita states about intake of incompatible diet eg. Milk + Fish, stale food, frozen food etc. by mother affects the life of fetus adversely. As a result of these, the oblique position takes place & delivery is obstructed.<sup>9</sup> Also due to some idiopathic reasons if the fetus dies then also delivery is obstructed. Ayurveda has taken the mental aspect into consideration. i.e. due to Shyness constriction of birth canal takes place causing obstructed labour.

The causes of Moodhagarbha are described into following types.

#### 1) GARBHA VYATHA

This includes all types of the faults or abnormalities in the passenger i.e. big head, hydrocephalus, Upashirshak, congenital & other abnormalities in foetus, abnormal presentations other than head presentation, dead foetus and also Garbha Vyapad.

#### 2) MATRU VYATHA

This comprises of all the faults or abnormalities in the passage of the fetus like yonisamvaran (rigid perinium), contracted pelvis i.e. kativivaran Sankoch, foreign body or neoplasmas in the passage i.e. like gulma or Arbudas, Hydramnios, Yonirans and mahayoni i.e. all types and



stages of Prolapse, non dilatable cervix etc.

### 3) VIRUDHA AHAR - VIHAR

Apan Vayu controls the expulsion of foetus by starting Aavi

i.e. labour Pains. Due to Virudha Ahar vihar, vayu becomes

abnormal & results uterine inertia, lethargic contractions of the uterus etc.

### 4) GARBHOPADRAVA

In 8<sup>th</sup> or 9<sup>th</sup> month some diseases like anaemia, Pre-

eclampsia, Eclampsia or epilepsy & other diseases may cause Moodhagarbha at the time of Parturition.

Also due to shyness of the lady, there is yonisanvaran.

Yoni gets contracted cervix also gets constricted and then it fails to dilate. Due to the abnormal pressing of the fetus it becomes Anirasyaman i.e. unable to come out. Thus it becomes moodhagarbha.<sup>10</sup>

### Types of Moodhagarbha

Now we will see the types of Moodhagarbha. Different

Aacharyas have described various types of Moodhagarbha but mainly they are divided into basic four types : 1) Keel 2) Pratikhur 3) Beejak 4) Parigh. Acharya Sushruta has stated the following types of Moodhagarbha.<sup>11</sup>

### 1) KEEL

In this position, the hands, head & legs of the fetus remain in the uterine cavity and the back gets fixed in the cervix. Its shape looks like a triangle, so it is called as Keel.

### 2) PRATIKHUR

In this position both the hands & the legs of the fetus come in front of the body like a four-legged animal, hence it is named as Pratikhur. Here the hands, legs & head come out of the cervix and the back and buttocks remain inside the uterine cavity. This position is like a triangle with base at the top & the tip below. This position is exactly opposite to the above keel position.

### 3) BEEJAK

In this position, only the hand is presented. It looks like a sprouted legume, hence the name Beejak. Only one hand & the head come through the Vagina & the remaining parts of the body get fixed in the uterine cavity hence the name beejak. This can be compared with the hand prolapse or neglected shoulder presentation.

### 4) PARIGH

Parigh means a crossbar which is fixed across a door. In the same way the foetus get fixed across the cervical & Vaginal path hence the name Parigh. In this case, the fetus is straight like a stick. The body does not form a position like a triangle as in a 'keel' or 'Pratikhur'. It is so to say a transverse lie.

Acharya Vriddha - Vagbhat has classified moodha garbha in three types :-<sup>12</sup>



1) When the head is in upper hypochondric region & body & legs in pelvis i.e. Urdhva Gati i.e. polarity.

2) When the hands, legs, head come in Transverse position and fetus gets impacted i.e. 'Tiryak Gati'

3) When head is in pelvis and legs are above i.e. Neubja Gati. This is the normal presentation of the foetus but when there is no rotation of head then it gets impacted so called as moodhagarbha.

There are many more types of Moodhagarbha i.e. due to Viguna Vayu. So there are many types like cord Presentation Cord Prolapse, Placenta Praevia, Non dilatable cervix and so on. Many permutations & combinations as Vagbhat has described eight types of abnormal presentations he named them 'Sansthan'.<sup>13</sup>

1] In Urdhva Gati -

- 1) Both footlings below
- 2) Only one footling below.
- 3) Buttocks below (Breech Presentation)
- 4) One footling in Vagina & one in anus.

2] In Tiryak Gati -

- 5) fetus in transverse lie
- 6) Head tilted in hypochondric region.

3] In Neubja Gati -

- 7) Both hands in front.

8) Legs are bent & hand leg & head come in Vagina.

### Management of moodhagarbha:

Now we will see the principles of the management described in Ayurveda. As there are different types of Moodhagarbha, they need different types of treatment. One thing is sure that there is no medicinal treatment for Moodhagarbha. There is surgical or some mechanical treatment only. Blind vaginal surgery is the difficult most. There are many chances of complications.

Principles of treatment are as follows :-<sup>14</sup>

1. Utkarshan - Pulling up of fetus which is impacted down. .
2. Apkarshan - Pulling down i.e. to pull the foetus down which has gone up
  - a. Stanpvarthan - Rotation of the foetus i.e. to push the foetus in the uterus which is impacted in the passage & turning it on its abdominal side.
  - b. Udvarthana - To turn the fetus on the abdominal side which was compacted lying on its back side or pushing the face upwards.
- 1) Utkartan - To cut and remove the remaining limbs which have not come out of the uterus (Only for dead foetus).
- 2) Bhedan - To cut or to perforate & remove the head and stomach & other parts into small pieces if they are of large size (only dead foetus).
- 3) Chedan - To cut the limbs of the dead foetus due to which the foetus is unable to pass through passage.



- 4) Peedan - To press & turn the parts of foetus
- 5) Rujukaran -To make the foetus straight which is twisted.
- 6) Daran -To cut or to incise.

There are eight principles of Karma told by Aacharya Sushrut. Among them in these we can save baby & mother. By utkarshan, upkarshan, stanapvartan & Rujukar as they are Yantrasadhya i.e. mechanical processes. By others we can save mother but the foetus dies. Others are destructive surgical procedures. These procedures must be carried out with proper consent of the Authorities in the family by explaining them everything clearly.

Now for example we will see the Management of Beejak.

#### PRINCIPLE OF TREATMENT -

In this position, moodhagarbha is in Tiryakgati that is tube turned into Urdhvagati and deliver the foetus by the breech method otherwise Tiryak gati is to be turned into Neubja Gati and normal delivery can be tried.

**MANAGEMENT** - This position is found in the prajanyishyaman stage. So there is no treatment in the stage of upsthitprasava.

While turning the foetus from Tiryak gati to urdhvagati, it is impossible to push the hand of fetus which has come out in normal position. Even if the vaidya tries to push that hand with the help of anesthesia, there maybe harm to that hand. So one should not try to push the hand up directly without anaesthesia.

When the cervix is fully dilated, the vaidya should administer his hand below the hand of the fetus inside the uterus under general anesthesia taking due aseptic

precautions. In the historic era, there were no anesthetic techniques & so deep breathing, oleation of vagina & hands of vaidya is described as a precaution. By breathing exercise, muscles of body and abdomen are relaxed. Now Vaidya should hold the leg of the foetus in his fingers & should turn it towards the cervix & then pull it down. While pulling the leg he should push the hand of the fetus inside otherwise it automatically goes in. Then catch the other leg & pull it down.

When we will pull the legs of the fetus towards the cervix or Vagina the head goes away from cervix to the upper part of the uterus i.e. the Tiryak gati will be changed to the Urdhva gati. In the same way, the hand of the fetus gets pulled into the cavity without any harm & then it is easy to pull both legs downwards through the cervix. For after coming head there is a little difficulty but we can pull it down & forward & then upwards. So we can take the baby out & keep him alive.

Previously there were destructive procedures like Bhedan, chedan, Utkartan etc. but now we can avoid by doing the caesarian section. Now a days all types of moodhgarbha are delivered by abdominal route i.e. L.S.C.S. Ayurveda has also described that Vamadev was delivered by abdominal route.<sup>15</sup>

But as described above abnormal type Beejak can be managed & turned into vaginal delivery. Destructive operations like Bhedan, Chedan, Kartan can be avoided by doing L.S.C.S. because there are more chances of maternal complications & death.

Now we will see the management of Garbhasanga. When head of the fetus is obstructed in the Kativivar i.e. cervix &





vagina, it is unable to be delivered. Ayurveda has named it Garbhasanga. For its management, Ayurveda has described Garbha Shanku.

Acharya Vagbhata has described Garbha Shanku in Sharirsthan Ad. 2-32 & Teeka<sup>16</sup>. The indications for application of Garbha Shanku are as follows.

In Ayurveda, a very clear idea about the fulfilment for applying Garbhashanku i.e. forceps has been described. 1) Head must be in or near the prathama Avarta of yoni. i.e. head must be fixed. 2) Akshikut & Gandpradesh must be palpated on both sides i.e. cervix must be fully dilated, 3) Membranes must be ruptured and 4) Rotation must have taken place and suture must be in mid plane otherwise on both sides palpation of the Akshikut & gand is not possible at all. Ayurveda has described everything in a very compact manner.

on both side of Akshikut & Gand i.e. dvivachani saints tell that Garbhashanku has to be applied on both the sides so it must be two bladed instrument which can fit the Akshikut & gand i.e. near the lateral side of eyes & above cheek. Now a days also the Garbhashanku (Obstetric Forceps) are applied in the manner which is described in Ayurveda. Now the head must be delivered by a Vaidya " Abhyast karma , i.e. the experienced Vaidya who has learnt it with hard work & taken the Practical experience nicely so this has to be practiced on alive fetus & not on the dead fetus.

So applying Garbhashanku is a difficult procedure done on an alive fetus and must be practiced by an experienced hand .

Acharya Sushrut in Chikitsastan ad. 15-12 says the same that modhagarbha should not be neglected

whether dead or alive. If presenting by head it should be pulled by mandlagra shastra.<sup>17</sup>

According to Acharya Vagbhata also Garbhshanku must be applied on both sides of the head & then pulled out. If the fetus is dead then baby is delivered by the bhedan of the head. Garbhashanku must be applied and pulled out i.e. Aakarshyet.

Acharyas have told firmly that shastra should not be applied on the alive fetus i.e. chedan should not be done on an alive fetus. That will kill the mother also. It is very important as one must give confidence to the expectant mother that everything will be smooth and good so please help us for doing the karma.

Now we will consider the anesthesia. It is always better to do the procedure under general anesthesia but in the historic days how they were doing is not well known but this procedure can be done without anesthesia also. By doing the snehan of yoni and vitap and by ioning we can increase the elastic recoil of the yoni & vagina. So vitapcheda i.e. episiotomy is also not necessary and if there is vitapbheda then that can be stitched if it is necessary. I have myself experienced by doing a lot of snehan and applying the Garbhashanku in more than sixty cases that it is possible but it needs the co-operation of the expected mother.

So the scientific inferences, scientific information & procedure is very important for coming generation of vaidyas. So they can utilize this science. By studying & applying this science, the rate of L.S.C.S. will certainly reduce.

### Observations:



Most of the Aacharyas like Sushrut, Vagbhat, Harit Charak have described scientifically the importance of Moodhgarbha. The causes are elaborated which one can see in day to day practice. Types of Moodhagarbha & its management are given thoroughly.

### Discussions:

Amongst these Aacharyas Vagbhata & Sushruta have given clear notes on management of Moodhagarbha which are applicable & most useful in this modern era.

### Conclusion:

Management of Garbhasang with the help of Garbhashanku & management of type Beejak are the procedures which are being used & through this the rate of L.S.C.S. can be lessened.

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