

Modern Comparison of Asadhya Mudha Garbha Lakshanas and Obstructed Labour in Brif

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ABSTRACT

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. In Ayurveda, obstructed labour has unique concepts and is explained under the term Mudagarbha. 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 lakshana with modern Correlation described.

KEYWORDS: Mudhagarbha, Obstructed Labour

INTRODUCTION

Childbirth is a blessing to a women given from God. 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 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. 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.

Acharya Shrusuta, who is also known as father of surgery. So lets start with the cause of Mudha garvha. The different causes of Mudha Garbha are Sexual intercourse during pregnancy, riding on horseback, etc., or in any sort of conveyance, a long walk, a false step, a fall, pressure on the womb, running, a blow, sitting or lying down on an uneven ground, or in an uneven. posture, repression of any natural urging of the body, fasting, voluntary, partaking of extremely bitter, pungent, parchifying articles, eating in inordinate quantities of Sakas and alkaline substances, dysentery (Atisara), use of emetics or purgatives, swinging in a swing or hammock, indigestion, and use of medicines which induce the labour pain or bring

about abortions, and such like causes tend to expel the foetus from its fixture. These causes tend to sever the child from the uterine wall with its placental attachment owing to a kind of Abhighata(uterine contraction) just as a blow tends to sever a fruit from its pedicel.

Derivation:

Mudakrotipawna: khalumudagarbham (Ma.Ni.64/3, Bha.pr.70/113)[1]

Aggravated Vayu makes the fetus to be disoriented; hence it is called Mudagarbha.

Mudovyasaktagati (Madhukoshavyakha)

Muda rudhagati Muda+garbha rudhagatiofgarbha

Definition

Tamevkdachitvivridhasamaygaagamapathyapathaa nuprapatnirasyamanamviguganapansamohitam:
(S.Ni.8/3)[2]

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.

Samprapti (Su.Ni.8/3)[3]

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 Apana Vayu 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.

- A. Vimuktabhandana- deranged from its natural arrangement eg. Universal flexion.
- B. Garbhaashya-atikramana- Transgressing the uterus.
- C. Yakrita-plihasransmana reaching the space between liver, spleens.

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 passage

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. 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.

Bheda of Mudhagarbha[4]

1. Kila or samkilaka: The fetus presents itself abnormally with hands, feet and head upwards. It resembles a wedge and obstructs Yoni marga.
2. Pratikhura: In this the fetus gets obstructed by its body presenting with head, hands and feet all together. Fetus presents itself laterally or in hyper. flexed position.
3. Bijaka: Fetus delivers by head along with one hand according to Sushruta and according to Madhava etc. the fetus delivering with head situated in between both the hands gets obstructed by its remaining body during delivery.
4. Parigha: In this position the fetus obstructs the passage just like an iron beam or rod used for shutting the doors.

DISCUSSION

Table no 1 correlations between Ayurved and modern Lakshana of Mudagarbha

| <i>Sushruta and Vagbata</i> [5,6] | Modern Correlation |
|--|---|
| <i>Dawyam Sakthibhyam</i> -presenting with the both thighs | Footling presentation in incomplete breech |
| <i>One Sakthiabhugna</i> and <i>Udaya</i> by the other | Incomplete breech with single foot presentation |
| <i>Abhugnasakthishareera</i> <i>Sphigdesatiryagag</i> -at or presenting with buttocks | Incomplete breech with extension of legs (<i>Kilaka</i>) or complete breech |
| <i>Ura, Parshwa, Pristha</i> -or chest, flanks, back etc. presentations of transverse lie in dorso-posterior and dorso-anterior position (<i>Parigha</i>) | Presentations of transverse lie in dorso-posterior and dorso-anterior position (<i>Parigha</i>) |
| <i>Antahparswapavrittasira</i> and delivering with one <i>Bhuja</i> or head situated in flanks and delivery with one hand prolapsed in transverse lie or inverted presentation (<i>Bijaka</i> according to <i>Susruta</i>) | Hand prolapse in transverse lie |
| <i>Abhugnasira</i> -with both the <i>Bhuja</i> and flexed head with both hands and compound presentation (<i>Bhijaka</i> described by <i>Madhava</i>) | Flexed head with both hands |
| <i>Abhugnamadhyohastapadashirobhi</i> -or presenting with both hands, legs and head together in exaggerated flexion of transverse lie (<i>Pratikhura</i>) | Compound presentation |
| <i>Eksakthiyonimukham ekenpayum</i> One foot in <i>Yoni</i> and other in anus | Rupture of lower segment along with perforation of colonorectum |
| According to Madhava Nidana [7] | |
| <i>Shiras Avarodha</i> (obstruction by head) | Various deflexed conditions of cephalic presentation .i.e. brow presentation, occipito-posterior presentation or dystocia due to pelvic contraction |

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. Correlation of Mudagarbha lakshana with modern science given very well. 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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