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THE MANAGEMENT OF ATYPICAL DELIVERY TYPES, SUCH AS MOODHGARBHA ASDESCRIBED IN AYURVEDA

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ABSTRACT

Moodha Garbha is a complex condition that poses various risks to both the mother and the fetus. Renowned Ayurvedic authorities such as Sushrut, Vagbhat, Harita, and Kashyap have outlined the causes and management strategies for Moodhgarbha, which remain relevant in contemporary times. Therefore, this study aims to explore the descriptions of Moodhgarbha found in the ancient texts known as Sanhitas. It is observed that numerous foundational principles from these texts are applicable to modern medical science.

KEYWORDS: Moodha Garbha, Foetus, Mother, Garbhini, Sutika.

INTRODUCTION

Ayurveda is more than just a traditional form of medicine; it represents a comprehensive science of life. Its foundational principles are well-defined and remain consistent over time. Kaumarbhritya tantra constitutes a significant aspect of Ayurveda, which is elaborately detailed. In this section, experts provide comprehensive descriptions of concepts such as garbha, garbhini, sutika, and balvinyan.

The Acharyas have outlined both normal and abnormal delivery processes in their descriptions of labor. It is noteworthy that Ayurveda recognized various normal and abnormal fetal positions within the uterus, as well as atypical presentations. This paper aims to explore the abnormal fetal presentations, referred to as moodhagarbha in Ayurveda.

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Moodhagarbha Definition

A fully developed fetus that presents abnormally and cannot be delivered through the birth canal, becoming incapacitated due to the irregularity of Apan Vayu, is referred to as Moodhgarbha. In simpler terms, if labor is hindered due to the abnormal presentation of the fetus, or due to irregularities in the maternal passage or the fetus itself, or if the fetus is incapacitated due to the anomaly of Apan Vayu, it is classified as Moodhgarbha. The principles of Ayurveda emphasize that the mental state of the mother plays a significant role in the abnormal positioning of the fetus. It is explicitly stated in Ayurvedic texts that feelings of shyness can lead to the contraction of pelvic structures and hinder the dilation of the cervix. Additionally, other pelvic components may contribute to abnormal presentations, potentially necessitating operative delivery. The factors contributing to Moodhagarbha and its underlying causes are well-documented. Ayurvedic Samhitas provide a comprehensive analysis of the elements that affect the normal delivery process, which can result in complications. These factors are primarily associated with the mother's diet and lifestyle. It is clearly articulated that certain dietary choices and activities during pregnancy can influence the course of labor.

MATERIALS AND METHODS

In the present research, the texts of Sushrut Sanhita, Harit Sanhita, and Kashyap Sanhita are examined to gain a comprehensive understanding of the classification of moodhgarbha. Many of these texts address the causes of abortion alongside moodhgarbha. Acharya Sushrut provides a detailed account of the contributing factors, which include excessive sexual intercourse, riding on animals or in carts, traveling, stumbling, falling, running, experiencing trauma, compression, and maintaining abnormal postures or sitting in uneven locations for extended periods.

Additionally, fasting, the intentional suppression of natural urges such as defecation, urination, sneezing, vomiting, and crying, as well as the consumption of Ushna and Tikshna Ahar (spicy and hot dry foods), and incompatible food combinations like milk with fish, fruit salads with milk and curd, and milk with khichadi, are noted. Furthermore, ailments such as diarrhea, vomiting, and indigestion, along with the use of abortifacient drugs, may lead to abortion and moodhgarbha.

The Harit Sanhita discusses the negative impact of incompatible dietary practices, such as the combination of milk and fish, as well as the consumption of stale or frozen foods by the mother, on the fetus's development. These dietary choices can lead to an oblique fetal position, resulting in obstructed delivery. Additionally, if the fetus dies due to unknown causes, this can also hinder the delivery process. Ayurveda acknowledges the psychological factors involved, noting that shyness can lead to constriction of the birth canal, thereby causing obstructed labor. The current study examines the Sushrut Sanhita, Harit Sanhita, and Kashyap Sanhita to gain a clearer understanding of the classification of moodhgarbha. Many texts address the causes of abortion and moodhgarbha in conjunction. Acharya Sushrut provides a detailed account of various causes, including excessive sexual activity, riding on animals or in vehicles, traveling, stumbling, falling, running, experiencing trauma, compression, and maintaining abnormal postures for extended periods. Other contributing factors include fasting and the intentional suppression of natural urges such as defecation, urination, sneezing, vomiting, and crying, as well as the consumption of spicy and hot foods. The causes of moodhgarbha can be categorized into several types.

1) GARBHA VYATHA encompassing all forms of abnormalities in the fetus, including large head size, hydrocephalus, congenital defects, abnormal presentations other than head-first, and the presence of a deceased fetus, along with other related conditions.

2) MATRU VYATHA refers to various defects or irregularities in the fetal passage, including conditions such as yonisamvaran (rigid perineum), contracted pelvis (kativivaran Sankoch), the presence of foreign bodies or neoplasms in the passage, such as gulma or Arbudas, hydramnios, yonisrans, and mahayoni, which encompasses all forms and stages of prolapse, as well as a non-dilatable cervix, among others.

3) VIRUDHA AHAR - VIHAR The Apan Vayu is responsible for facilitating the expulsion of the fetus by initiating Aavi, which refers to labor pains. The consumption of Virudha Ahar

and the practice of inappropriate Vihar lead to an abnormal state of Vayu, resulting in uterine inertia and sluggish contractions of the uterus.

4) GARBHOPADRAVA

During the 8th or 9th month of pregnancy, certain medical conditions such as anemia, pre-eclampsia, eclampsia, or epilepsy may lead to a condition known as Moodhagarbha at the time of delivery. Additionally, the woman's shyness may contribute to yonisanvaran, resulting in the contraction of the vagina and the cervix, which subsequently fails to dilate. The abnormal pressure exerted by the fetus can render it Anirasyaman, meaning it is unable to exit the birth canal, thus resulting in Moodhagarbha.

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.

1) KEEL

In this position, the fetus's hands, head, and legs are contained within the uterine cavity, while the back is anchored in the cervix. The configuration resembles a triangle, which is why it is referred to as Keel.

2) PRATIKHUR

In this position, the fetus's hands and legs extend forward, resembling a quadrupedal stance, thus earning the name Pratikhur. In this arrangement, the hands, legs, and head emerge from the cervix, while the back and buttocks remain within the uterine cavity. This position forms a triangle with the base at the top and the apex at the bottom, contrasting with the aforementioned Keel position.

3) BEEJAK

In this presentation, only one hand is visible, resembling a sprouted legume, which is the origin of the term Beejak. In this scenario, one hand and the head emerge through the vagina, while the rest of the body remains positioned within the uterine cavity, leading to the designation Beejak. This situation can be likened to a hand prolapse or an overlooked shoulder presentation.

4) PARIGH

The term Parigh refers to a crossbar that is secured across a door. Similarly, in this presentation, the fetus becomes lodged across the cervical and vaginal pathways, hence the name Parigh. In this instance, the fetus maintains a straight alignment, akin to a stick. The body does not adopt a triangular configuration as seen in a 'keel' or 'Pratikhur' position; rather, it is characterized by a transverse lie.

Management of Moodhagarbha

We will now examine the management principles outlined in Ayurveda. Given the various forms of Moodhagarbha, each requires distinct treatment approaches. It is important to note that there is no medicinal remedy available for Moodhagarbha; only surgical or mechanical interventions are applicable. Among these, blind vaginal surgery is particularly challenging and carries a significant risk of complications.

1) Utkarshn - The process of elevating a fetus that is lodged in a downward position.
2) Apkarshan - The act of lowering the fetus that has ascended.

a. Stanpvartan - The rotation of the fetus, which involves maneuvering the fetus within the uterus that is obstructed in the birth canal and turning it onto its abdominal side.

b. Udvartna - The action of repositioning the fetus onto its abdominal side when it is compressed in a supine position or when the face is directed upwards.

1) Utkartan - The procedure of excising the remaining limbs that have not emerged from the uterus (applicable only for a deceased fetus).
2) Bhedan - The act of incising or perforating to disassemble and extract the head, abdomen, and other substantial parts into smaller fragments (applicable only for a deceased fetus).
3) Chedan - The process of severing the limbs of a deceased fetus that obstruct its passage through the birth canal.
4) Peedan - To apply pressure and rotate the components of the fetus.
5) Rujukaran - To align the fetus that is in a twisted position.
6) Daran - To sever or to make an incision.

Aacharya Sushrut delineates eight principles of Karma. Among these principles, certain methods can be employed to safeguard both the mother and the infant. Techniques such as utkarshan, upkarshan, stanapvartan, and Rujukar are classified as Yantrasadhya, meaning they are mechanical processes. While some methods can protect the mother, they may unfortunately result in the loss of the fetus. Other approaches involve invasive surgical

procedures that are inherently destructive. It is imperative that these procedures are conducted with the explicit consent of the family authorities, ensuring that all aspects are thoroughly explained. As a case in point, we will now examine the Management of Beejak.

PRINCIPLE OF TREATMENT

In this position, moodhagarbha is in Tiryakgati that is tube turned into Urdhavagati 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 ancient times, the absence of anesthetic methods necessitated the use of deep breathing and the application of oil to the vagina and the hands of the practitioner as precautionary measures. Engaging in breathing exercises helps to relax the muscles of the body and abdomen. The practitioner should then grasp the leg of the fetus with their fingers, gently turning it towards the cervix and subsequently pulling it downward. While performing this action, it is essential to apply pressure to the fetus's hand to prevent it from retracting inward. Afterward, the practitioner should grasp the other leg and pull it down as well.

When the legs of the fetus are drawn towards the cervix or vagina, the head shifts away from the cervix towards the upper section of the uterus, resulting in a change from a transverse position to a vertical one. Similarly, the arms of the fetus can be gently maneuvered into the cavity without causing any harm, facilitating the downward movement of both legs through the cervix. Although there may be some challenges in delivering the head, it can be guided downwards, forwards, and then upwards, allowing for the safe extraction of the baby. In the past, invasive procedures such as Bhedan, Chedan, and Utkartan were employed, but these can now be circumvented through cesarean section. Currently, all types of breech presentations are delivered via the abdominal route, specifically through lower segment cesarean section (L.S.C.S.). Ayurveda also notes that Vamadev was delivered through an

abdominal approach. However, as previously mentioned, certain abnormal presentations can be managed and converted to vaginal deliveries. The use of L.S.C.S. helps to avoid destructive operations like Bhedan, Chedan, and Kartan, which carry a higher risk of complications and mortality.

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 elaborated on Garbha Shanku in Sharirsthan Ad. 2-32 & Teeka 16. Thecriteria for the application of Garbha Shanku are outlined as follows. In Ayurveda, there is a precise understanding regarding the conditions necessary for the use of Garbhashanku, or forceps. 1) The fetal head must be positioned in or near the first rotation of the birth canal, indicating that it is fixed. 2) Both the Akshikut and Gandpradesh must be palpated bilaterally, signifying that the cervix is fully dilated. 3) The membranes should be ruptured, and 4) Proper rotation must have occurred, with the suture aligned in the midplane; otherwise, palpation of the Akshikut and Gand is not feasible. Ayurveda presents this information in a concise manner.

Regarding the Akshikut and Gand, the dvivachani saints indicate that Garbhashanku should be applied bilaterally, necessitating a two-bladed instrument that can accommodate the Akshikut and Gand, located near the lateral sides of the eyes and above the cheeks. The application of Tric Forceps is performed as described in Ayurvedic texts. Subsequently, the delivery of the head must be conducted by a Vaidya through "Abhyast karma," meaning an experienced practitioner who has diligently learned and gained practical experience. It is essential that this procedure is practiced on a living fetus rather than a deceased one.The application of Garbhashanku is a complex procedure performed on a living fetus and requires the expertise of a skilled practitioner. Acharya Sushrut, in Chikitsastan ad. 15-12, emphasizes that modhagarbha should not be overlooked, regardless of whether the fetus is alive or deceased. If the fetus presents with the head, it should be extracted using the mandlagra shastra. Similarly, Acharya Vagbhata states that Garbhashanku must be applied to both sides of the head before extraction. In cases where the fetus is deceased, delivery is achieved through the bhedan of thehead. The application and extraction of Garbhashanku, referred to as Aakarshyet, are essential. The teachings of the Aacharyas clearly indicate that shastra should not be used on a living fetus, as such actions could endanger the mother’s life as well.

It is crucial to instill confidence in the expectant mother, assuring her that the procedure will proceed smoothly, and to seek her cooperation in the process. We will now examine the topic of anesthesia. It is generally preferable to conduct the procedure under general anesthesia; however, historical methods of anesthesia are not well documented. It is important to note that the procedure can also be performed without anesthesia. Techniques such as snehan of the yoni and vitap, along with ioning, can enhance the elastic recoil of the yoni and vagina. Therefore, an episiotomy, or vitapcheda, is not always necessary, and if a vitapbheda occurs, it can be sutured if required. Ihave personally observed the effectiveness of extensive snehan and the application of Garbhashanku in over sixty cases, demonstrating that this approach is feasible, provided there is cooperation from the expectant mother. Thus, the scientific principles, information, and procedures are crucial for the future generation of vaidyas, enabling them to apply this knowledge effectively. By studying and implementing these scientific methods, the incidence of cesarean sections (L.S.C.S.) is likely to decrease.

OBSERVATIONS

Numerous Aacharyas, including Sushrut, Vagbhat, and Harit Charak, have provided a scientific explanation of the significance of Moodhgarbha. They have detailed the various causes, which can be observed in everyday practice. Additionally, a comprehensive discussion on the types of Moodhgarbha and their management is presented.

DISCUSSIONS

Among the Aacharyas, Vagbhata and Sushruta have provided comprehensive insights on the management of Moodhagarbha, which remain relevant and highly beneficial in contemporary times.

CONCLUSIONS

The management of Garbhasang utilizing Garbhashanku, along with the management of type Beejak, are procedures currently employed that can contribute to a reduction in the rate of L.S.C.S.

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