



A COMPREHENSIVE REVIEW STUDY ON *MUDHAGARBHA* W. S. R. TO OBSTRUCTED LABOUR

Dr. Shrishail S. Puji¹, Dr. Kalyan S. Chaudhari², Dr. Atul L. Chaudhari³

¹Associate Professor, Department of Prasuti Tantra & Striroga, Shri Shivayogishwara Rural Ayurvedic Medical College, Hospital and PG Research Centre, Inchal, Belagavi, Karnataka, India, 591102.

²Professor, Department of Panchakarma, KDMGS Ayurvedic Medical College, Chalisgoan, Dist.- Jalgaon, Maharashtra, India.

³Assistant Professor, Department of Kayachikitsa, KDMGS Ayurvedic Medical College, Chalisgoan, Dist.- Jalgaon, Maharashtra, India.

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*Corresponding author:

Dr. Shrishail S. Puji

Associate Professor, Department of Prasuti Tantra & Striroga, Shri Shivayogishwara Rural Ayurvedic Medical College, Hospital and PG Research Centre, Inchal, Belagavi, Karnataka, India, 591102.

ABSTRACT

Prasuti Tantra is a branch of medical science that focuses on the process of labor. Childbirth is a blessing to a woman given from God. *Mudhagarbha* (Obstructed Labour) where the *Garbha* (fetus) becomes stuck in the birth canal which cause cessation of labour progress due to fetal malpresentation, size, or maternal pelvic issues. Obstructed labor is a significant factor contributing to maternal and infant mortality. This study sheds light on the details regarding the etiology, pathology, classifications, complications, and treatment of *Mudhagarbha* according to both medical sciences.

KEYWORDS: *Ayurveda, Mudhagarbha, Obstructed Labour.*

INTRODUCTION

Prasava literally means to release or liberate the *Garbha*. The process when the woman expels the fetus is called *Prasava*. Labor is a complex physiological process driven by the interaction of three critical mechanical factors: power, passenger, and passage. These factors must work in harmony to ensure smooth progression during childbirth. Power refers to uterine contractions and maternal pushing efforts, which generate the force needed to facilitate fetal descent through the birth canal. As per ayurvedic sciences there are five *Prasava Avastha* (Labour stages)-*Prajayini* or *Prasava-Utsuka* (1 or 2 days before 1st stage of labour), *Asanna Prasava* (1st stage of labour), *Upasthita Prasava* (End of 1st stage and beginning of 2nd stage of labour), *Parivartita Garbha* (2nd stage of labour), *Apara Patana* (3rd stage of labour). The *Mudhagarbhas* are described differently by

different Acharya's in the form of *gatis*, *prakaras* with suitable management like *Utkarshana*, *Apakarshana*, etc. and some specific instruments like *Garbha shanku*, etc. Some of these *gatis* are so complicated that they are incurable, thereby leading to *Garbha sanga*, *Vilambita Prasava* and *Mritagarbha*, etc. complications. *Mudhagarbha* is one of the etiological factors for how the parturition has been tragedies. The condition known as '*Mudhagarbha*' is characterized by abnormalities in the fetus and complications during labor, making it one of the most challenging conditions to manage in clinical practice.

AIM AND OBJECTIVES

- ✓ To study *Mudhagarbha* (Obstructed Labour) as per Ayurveda and modern science.

- ✓ To understanding of line of treatment of *Mudhagarbha* as per both sciences.

✚ *Mudhagarbha*

Paribhasha: (Defination)

“तमेव कदाचिद्विबुद्धमसम्यगागतमपत्यपथमनुप्राप्तमनिरस्यमानं विगुणापानसम्मोहितं गर्भं मूढगर्भमित्याचक्षते” ||

Acc. to *Acharya Sushruta*; the foetus which is developed descends or presents abnormally and is not expelled even after it has reached the birth canal and is stupefied or swooned due to vitiated *Apana Vayu*, it is known as *Mudhagarbha*.

Acc. to *Acharya Dalhana*; when the fully developed foetus gets obstructed by vitiated *Apana Vayu*, it is called *Mudhagarbha*.

Nidana: (Etiology)

“ग्राम्यधर्मयानवाहनाध्वगमनप्रस्थलनप्रपतनप्रपीडनधावनाभिघातविषमशयनासनोपवासवेगाभिघातातिरूक्षकटुतिक्तभोजनशोकातिक्षारसेवनातिसारवमनविरेचनप्रेङ्खोलनाजीर्णगर्भशातनप्रभृतिभिर्विशेषैर्बन्धनान्मुच्यते गर्भः फलमिव वृन्तबन्धनादभिघातविशेषः” ||

Excessive coitus, riding, travelling, staggering walk, falling down, compression, running, trauma, abnormal posture while sleeping, sitting, uneven surface, fasting, suppression of urges, use of dry, pungent, bitter diet, grief, excessive use of alkali or cauterization, Diarrhoea, emesis, purgation, swinging, indigestion, abortifacients, etc.

Etiology of *Mudhagarbha* can be classified into 3 sections. (Table no. 1)

Table no. 1. Etiology can be classified into 3 sections:	
1. Functional Abnormalities	a. <i>Apana Vaigunya</i> b. <i>Viruddha Ahara & Vihara</i> c. <i>Garbha Sanga</i> d. <i>Vilambita Prasava</i> e. <i>Daiva Yoga</i> (idiopathic)
2. Abnormalities of <i>Garbha</i>	a. <i>Vivridha</i> b. <i>Asamyagata</i> c. <i>Anekadhapatipanna</i> (abnormal lie, position, presentation)
3. Abnormalities of <i>Yonimarga</i>	a. <i>Yonisamvarana</i> b. <i>Bhaga Sankocha</i> c. <i>Yonibhramsha</i> d. <i>Asamyag & Apathya Patha</i> (abnormal soft & bony pelvis)

Samprapti: (Pathogenesis)

“स विमुक्तबन्धनो गर्भाशयमतिक्रम्य यकृत्प्लीहान्त्रविवरैरवसंसमानः कोष्ठसङ्क्षोभमापादयति, तस्या जठरसङ्क्षोभाद्वायुरपानो मूढः” ||

The fetus getting detached from its bond, descends between liver, spleen and bowels. In this process it hyperactivates the *Kostha*. Due to this irritation, *Apana Vayu* is vitiated and moves in abnormal directions causing pain in *Parshva*, *Basti*, *Udara*, *Yoni*, and *Adhmana*, *Mutrasanga*, etc. Various disease may occur

followed by *Raktasrava*. *Mudhagarbha* which cannot be delivered may die.

Lakshana: (Symptoms)

“पार्श्वबस्तिशीर्षोदरयोनिशूलानाहमूत्रसङ्गानामन्यतममापद्य गर्भं च्यावयति तरुणं शोणितसावेणः” ||

- ✓ *Shula* in *Parshva*, *Basti*, *Shirsa*, *Udara*, *Yoni*.
- ✓ *Adhmana*
- ✓ *Mutrasanga*
- ✓ *Raktasrava*
- ✓ *Garbhapatana*
- ✓ *Mritagarbha*

Classifications

A. As per *Acharya Vagbhata* classified based on *Gati Bheda*:

Mudhagarbha occurs due to vitiation of *Vayu* which causes malposition of either one of the following three factors: (Table no. 2)

Table no. 2) Based on <i>Gati</i> .		
Types	Fetus presentation	Modern comparison
1) <i>Urdhva gati</i>	Fetus remains very high up.	Extended of Head / Cephalo-pelvic disproportions
2) <i>Tiryak gati</i>	Head & Feet situated in both flanks	Transverse Lie
3) <i>Nyubja gati</i>	Fetus foot upwards & Head downwards.	Dorso-anterior position of transverse lie.

B. *Aacharya Harita* classified 7 types on the basis of *Dosha* Predominance. (Table no.3)

Table no. 3) 7 types on the basis of <i>Dosha</i> Predominance	
Types	Lakshana
1. <i>Vataja</i>	<i>Bastishoola, Yonidwar-avarodha, Jathargarjana, Adhmana, Toda, Angabhanga, Nidrabhanga</i>
2. <i>Pittaja</i>	<i>Shoola, Jvara, Trishna, Bhrama, Mutrakricchra, Shiro-arti</i>
3. <i>Kaphaja</i>	<i>Alasya, Tandra, Nidra, Jadata, Adhmana, Vepathu, Kasa, Virasata</i>
4. <i>Vata-Pittaja</i>	Mixed symptoms of <i>Vata-Pitta</i> .
5. <i>Vata-Kaphaja</i>	Mixed symptoms of <i>Vata-Kapha</i> .
6. <i>Pitta-Kaphaja</i>	Mixed symptoms of <i>Pitta-Kapha</i> .
7. <i>Sannipataja</i>	<i>Tridoshaja</i> symptoms will be present.

C. As per *Aacharya Sushruta, Madhava Nidana, Bhavaprakasha, & Yogaratnakara*. (Table no. 4)

“ततः कीलःप्रतिखुरो बीजकः परिघ इति तत्र ऊर्ध्वबाहुशिरःपादो यो योनिमुखं निरुणद्धि कील इव स कीलःनिःसृतहस्तपादशिराः कायसङ्गी प्रतिखुरःयो निर्गच्छत्येकशिरोभुजः स बीजकः यस्तु परिघ इव योनिमुखमावृत्य तिष्ठति स परिघः; इति चतुर्विधो भवतीत्येके भाषन्ते” //

Table no. 4) Grossly classified in 4 types.		
Types	Fetus presentation	Modern comparison
1) कीलः	<i>Garbha</i> obstructs <i>Yonimukha</i> like a <i>Kilaka</i> (wedge) with both hands, feet and head upwards.	The fetus presents with butts in incomplete breech with extended legs.
2) प्रतिखुरो	<i>Garbha</i> presents with head, hands & feet together.	Exaggerated flexion of fetus in transverse lie.
3) बीजकः	Only the head and one hand of <i>Garbha</i> is expelled. (<i>Sushruta</i>)	Prolapse of one hand in vertex presentation.
	Head positioned between both hands & is being obstructed by the rest of the body. (<i>Madhava Nidana</i>)	Compound presentation of fetus presenting with both hands & head.
4) परिघ	<i>Garbha</i> obstructs <i>Yonimukha</i> transversely.	Shoulder presentation in a Dorso-anterior position of a transverse lie.

D. Detailed classification: 8 types as per *Aacharya Sushruta*.

“तत्र कश्चिद्वाभ्यां सक्थिभ्यां योनिमुखं प्रतिपद्यते; कश्चिदाभुग्नैकसक्थिरेकेन; कश्चिदाभुग्नसक्थिशरीरः स्फिग्देशेन तिर्यगागतः; कश्चिदुरःपार्श्वपृष्ठानामन्यतमेन योनिद्वारं पिधायावतिष्ठते; अन्तःपार्श्वपवृत्तशिराः कश्चिदेकेन बाहुना; कश्चिदाभुग्नशिरा बाहुद्वयेन; कश्चिदाभुग्नमध्यो हस्तपादशिरोभिः; कश्चिदेकेन सक्थना योनिमुखं प्रतिपद्यतेऽपरेण पायुम्; इत्यष्टविधा मूढगर्भगतिरुद्दिष्टा समासेन” //

Table no. 5) classified in 8 types.		
Types	Fetus presentation	Modern comparison
1) द्वाभ्यां सक्थिभ्यां	Presenting with both thighs	footling presentation in incomplete breech
2) अभुग्नैकसक्थिरेकेन	One thigh presenting, other flexed	footling presentation in incomplete breech
3) स्फिग्देशेन तिर्यगागतः	Presenting with buttocks	Incomplete or complete breech
4) ऊरःपार्श्वपृष्ठानामन्यतमेन	Chest, flank or back presentation	Transverse lie in dorso-posterior and dorso-anterior position
5) अन्तःपार्श्वपवृत्तशिराः कश्चिदेकेन बाहुना	Head at flanks and delivery with one hand	Hand prolapses in transverse lie or vertex presentation
6) अभुग्न शिरा बाहुद्वय	Flexed head with both hands	Compound presentation
7) अभुग्न मध्यो हस्तपादशिरोभिः	Presenting with both hands, legs and head together.	Exaggerated flexion of transverse lie
8) कश्चिदेकेन सक्थना योनिमुखं प्रतिपद्यतेऽपरेण पायुम्	One foot in vagina and other in rectum	(due to rupture of lower uterine segment along with perforation of colon or rectum)

Sadhya-Asadhya: (Prognosis)

Sadhya (Curable)	1) द्वाभ्यां सक्थिभ्यां
	2) अभुग्नैकसक्थिरेकेन
	3) स्फिग्देशेन तिर्यगागतः
	4) ऊरःपार्श्वपृष्ठानामन्यतमेन
	5) अन्तःपार्श्वपवृत्तशिराः कश्चिदेकेन बाहुना
	6) अभुग्न शिरा बाहुद्वय
Asadhya (Incurable)	7) अभुग्न मध्यो हस्तपादशिरोभिः
	8) कश्चिदेकेन सक्थना योनिमुखं प्रतिपद्यतेऽपरेण पायुम्
*Mudhagarbha becomes Asadhya in conditions:	Garbhakosha Aparasanga Makkalla Yonisamvarana Yonisankocha Yonibhramsha Viparitendriya-artha (perception of opposite thighs by sensory organs) Viskambha (required Shastra Karma) Akshepa

Treatment of Mudhagarbha**Samanya Chikitsa**

- ✓ Mantra Chikitsa (Atharva Veda)
- ✓ Vata shamana -> Garbhasanga & Aparasanga Chikitsa.

Shastra Karma: - only done by a surgeon with practical experience

- ✓ Contraindication of ingestion of food before surgical procedure.
- ✓ Consent of guardian before surgical intervention.
- ✓ 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 *Ghrta*.
- ✓ The foetus should be extracted by inserting the hand.

*Shastra used to extract the *Mudhagarbha*: *Mandalagra* Shastra, *Angulisastra*, *Sanku*, & *Ardhachandra*.

Indication of medication

When there is any delay in delivery, one has to use some methods for the expulsion of the fetus. The first method mentioned by all the texts e.g. *Mantra Chikitsa*.

Medical treatment for this condition is based on various preparations internally as well as externally namely *Kvatha*, *Asava*, *Kalka*, *Churna*, *Kanji*, *Taila*, *Uttara Basti*, *Lepana*, *Dhupana*, *Pichu*, *Snehana*, *Alepa*.

Kvatha

- ✓ Decoction prepared out of *Kulattha*, *Arka* and *Alarka*

- ✓ *Methika* and *Guda kwatha Yusha* (Infusion): Equal parts of *Nagadamana* and *chitraka* rubbed in water and the liquid is prepared, should be given to the expectant mother.

*This preparation not only expels the living fetus but also expels the dead and macerated fetus too.

Asava

- ✓ *Balvajasava*

Kalka

- ✓ A *kalka* prepared out of *Kushta* and *Taleesa* to be given with *sura manda*
- ✓ *Gudha*, *Nagara kalka*

Churna

- ✓ A powder prepared out of the root of *Matulunga* has been asked to be used with *Madhu* and *Ghrta*. It is a remedy for easy delivery.

Kanji

- ✓ Powder of *Sarshapa*, *Hingu* and *Saindhava* to be mixed with *Kanji* and given to the patient as soon as she delivers the dead fetus.

Taila

- ✓ Oil prepared out of *Tila taila*, *Kanji*, *Saindhava*, *Vacha*, *Sarshapa* and *Ajamoda* will expel the *Mudhagarbha* as soon as it is taken.

Uttara basti

- ✓ An *Basti* prepared out of same ingredients with *Jeemutaka*, *Ikshwaku*, *Dhamargava*, *Kutaja*, *Kritavedhana*, *Hasti pippali* should be given.

Local applications**Lepana**

- ✓ A paste prepared out of *Palasha*, *Udumbara* and *tila taila* is applied to vagina.

Dhoopana

- ✓ Fumigation with a compound of *Katuka*, *Alabu*, *Kritavedhana*, *Sarshapa*, *Sarpa kanchuka* and *Katu taila* to the vagina.

Pichu

- ✓ A swab soaked in the oil prepared out of *Shatapushpa*, *Kushtha*, *Madanaphala* and *Hingu* has been mentioned to be inserted in the vagina.

Snehana

- ✓ In obstructed labor, oil applications give good results. Kashyapa described a soft massage of lukewarm oil on to the pelvic region (in between contractions) so as to help the fetus to move down.

Alepa

- ✓ A paste made from *Langali moola* has been requested for application on the palms and feet.

Obstructed Labour

Obstructed labour is the situation in which there is a mechanical obstruction preventing the presenting part to descend. It is defined by a lack of progress in labor, even though there are strong uterine contractions.

Cause

- ✓ **Maternal Cause:** Contracted pelvis, Pelvic tumors, Uterine fibroids, Large ovarian tumors, Tumors of pelvic bones, rectum or bladder, Pelvic kidney, Sacculation of uterus, Constriction ring of uterus.
- ✓ **Fetal Cause:** Large size (macrosomia), Malpresentation, Compound presentation, Mentoposterior position, Transverse or oblique lie, Malformation of fetus, Hydrocephalus, Fetal abdominal tumors, Conjoined twins, Locked twins.

Clinical Features & Complications

- ✓ Early rupture of membranes
- ✓ Extreme moulding and large caput causing elongation of the head.
- ✓ Maternal & foetal distress
- ✓ Retractions of placental site leading to foetal hypoxia
- ✓ Secondary uterine inertia in primigravida
- ✓ Overdistension of lower segment, threatened uterine rupture in multigravida
- ✓ PPH

Diagnosis

- ✓ Partogram helps in easy and early recognition of an impending obstruction.
- ✓ Clinical features and condition of the mother and foetus (FHS)

- ✓ Per abdomen examination: Retraction ring is seen and felt
- ✓ Per-Vaginal examination: Vulva is swollen, edematous, Vagina is dry, hot, there is offensive purulent discharge. Cervix is fully dilated. Presenting part is extremely moulded and obstructed.

Management

- ✓ IV fluids to correct dehydration
- ✓ Sodium bicarbonate to correct acidosis
- ✓ Antibiotics
- ✓ Vaginal delivery is attempted in the presence of an experienced obstetrician by increasing the size of the pelvis (symphysiotomy) or by decreasing the size of fetus by destructive operation (craniotomy, decapitation, evisceration). Oxytocin are contraindicated.
- ✓ Caesarean section is commonly practiced.
- ✓ Laparotomy is undertaken when uterine rupture is suspected. Extensive irregular tear involves major vessels requiring hysterectomy.

CONCLUSION

A thorough understanding of these *Mudhagarbha* (Obstructed Labour) concept allows healthcare professionals to identify risks, implement timely measures, and secure safer results for both mother and child.

REFERENCES

1. Kaviraja Ambikadutta Shastri. SUSRUTA SAMHITA (Ayurveda-Tattva-Sandipika). Part I. Nidana Sthana. chapter 8. Verse no. 3-5. Varanasi; Chaukhambha Sanskrit sansthan; Reprint, 2018; 336-338p.
2. Kaviraj Atrideva Gupta. Astanga Sangraha. Part 2. Sharira Sthana. chapter 4. Verse no. 29. Varanasi; Chaukhambha Krushnadas Academy; Reprint 2011; 337p.
3. Sharma PV. Dravyaguna Vijnana. 4th ed. Varanasi: Chaukhamba Bharati Academy, 2011. 56-59 p.
4. Sharma RK, Dash B. Agnivesha's Charaka Samhita. 2nd ed. Varanasi: Chaukhamba Sanskrit Series Office, 2009; 130-132 p.
5. Ghanekar BG. Ashtanga Hridaya. 7th ed. Pune: Prachya Prakashan, 2012; 102-104p.
6. Tripathi HP. Harita Samhita of Harita. Tratiya Sthana. Chapter 52. Verse no. 24-25. 1st edition. Varanasi; Chaukhambha Krushnadas Academy, 2005; 460-462p.
7. Kaviraj Atrideva Gupta. Astanga Sangraha. Part 2. Sharira Sthana. chapter 2. Verse no. 24-25. Varanasi; Chaukhambha Krushnadas Academy; Reprint, 2011; p.
8. Bhishagratna KL. Sushruta Samhita. (English Translation). 6th ed. Varanasi: Chaukhamba Sanskrit Sansthan, 2010; 72-74p.
9. Kaviraja Ambikadutta Shastri. SUSRUTA SAMHITA (Ayurveda-Tattva-Sandipika). Part I.

- Chikitsa Sthana. chapter 15. Varanasi; Chaukhambha Sanskrit sansthan; Reprint, 2018; 91-95p.
10. Aacharya Vidyadhar Shukla & R Tripathy. CHARAKA SAMHITA. Volume 1. Sharira Stana. chapter 8. Verse no. 41. Delhi; Chaukhambha Sanskrit Prakashan, 2011; 793p.
 11. Prof. (Dr.) Dilip Kr. Goswami. Management of obstructed labour: A review of the concept of susruta samhita. International Journal of Current Research, January, 2025; 17(01): 31196-31198. DOI: <https://doi.org/10.24941/ijcr.48312.01.2025>
 12. Varsha N. et al, Mudagarbha and it's Ayurveda management: A review. Journal of Pharmacognosy and Phytochemistry, 2024; 13(1): 49-51. DOI: <https://doi.org/10.22271/phyto.2024.v13.i1a.14813>

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