



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

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This is an open-access article distributed under creative Commons Attribution-Non Commercial 4.0 International license (CC BY-NC 4.0)

<b>Article Info</b> <b>Article Received:</b> 19 December 2025, <b>Article Revised:</b> 09 January 2026, <b>Article Accepted:</b> 29 January 2026. <b>DOI:</b> <a href="https://doi.org/10.5281/zenodo.18443271">https://doi.org/10.5281/zenodo.18443271</a>	<b>ABSTRACT</b> <i>Prasuti Tantra</i> is a branch of medical science that focuses on the process of labor. Childbirth is a blessing to a women given from God. <i>Mudhagarbha</i> (Obstructed Labour) where the <i>Garbha</i> (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 <i>Mudhagarbha</i> according to both medical sciences.
<b>*Corresponding author:</b> <b>Dr. Shrishail S. Pujeri</b> Associate Professor, Department of Prasuti Tantra & Striropa, Shri Shivayogishwara Rural Ayurvedic Medical College, Hospital and PG Research Centre, Inchal, Belagavi, Karnataka, India, 591102.	<b>KEYWORDS:</b> <i>Ayurveda, Mudhagarbha, Obstructed Labour.</i>

### 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: (Definition)*

“तमेव कदाचिद् विवृद्धमसम्यगागतमपत्यपथमनुप्राप्तमनिरस्यमानं 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)*

“ग्राम्यधर्मयानवाहनाद्वयगमनप्रस्खलनप्रपतनप्रपीडनधावनाभिघातविषमशयनासनोपवासदेवगाभिघातातिरक्षकटुतिक्तमोजनशोकातिक्षारसेवनातिसारवमनविरेचनप्रेक्खोलनाजीर्णगर्भशातनप्रभृतिभिर्विशेषर्बन्धनानमुच्यते 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:**

<b>1. Functional Abnormalities</b>	<ol style="list-style-type: none"> <li><i>Apana Vaigunya</i></li> <li><i>Viruddha Ahara &amp; Vihara</i></li> <li><i>Garbha Sanga</i></li> <li><i>Vilambita Prasava</i></li> <li><i>Daiva Yoga</i> (idiopathic)</li> </ol>
<b>2. Abnormalities of <i>Garbha</i></b>	<ol style="list-style-type: none"> <li><i>Vivriddha</i></li> <li><i>Asamyagata</i></li> <li><i>Anekadhapratipanna</i> (abnormal lie, position, presentation)</li> </ol>
<b>3. Abnormalities of <i>Yonimarga</i></b>	<ol style="list-style-type: none"> <li><i>Yonisamvarana</i></li> <li><i>Bhaga Sankocha</i></li> <li><i>Yonibhramsha</i></li> <li><i>Asamyag &amp; Apathya Patha</i> (abnormal soft &amp; bony pelvis)</li> </ol>

#### *Samprapti: (Pathogenesis)*

“स विमुक्तबन्धनो गर्भशयमतिक्रम्य यकृत्पलीहान्त्रविवरैरव

संसमानः कोष्ठसङ्क्षोभमापादयति, तस्या जठरसङ्क्षोभाद्वा

युरपानो मूढः” //

The fetus getting detached from its bond, descends between liver, spleen and bowels. In this process it hyperactivates the *Kosha*. 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)*

“पार्श्वबस्तिशीर्षदरयोनिशूलानाहमूत्रसङ्क्षगानामन्यतममाप

दय गर्भ च्यावयति तरुणं शोणितसावेणः”|

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

#### **Classifications**

##### **A. As per Acharya *Vagbhatta* 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 *Gati*.**

<b>Types</b>	<b>Fetus presentation</b>	<b>Modern comparison</b>
<b>1) Urdhva gati</b>	Fetus remains very high up.	Extended of Head / Cephalo-pelvic disproportions
<b>2) Tiryak gati</b>	Head & Feet situated in both flanks	Transverse Lie
<b>3) Nyubja gati</b>	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 *Dosha* Predominance**

Types	Lakshana
1. <b>Vataja</b>	<i>Bastishoola, Yonidwar-avarodha, Jathargarjana, Adhmana, Toda, Angabhangha, Nidrabhangha</i>
2. <b>Pittaja</b>	<i>Shoola, Jvara, Trishna, Bhrama, Mutrakricchra, Shiro-arti</i>
3. <b>Kaphaja</b>	<i>Alasya, Tandra, Nidra, Jadata, Adhmana, Vepathu, Kasa, Virasata</i>
4. <b>Vata-Pittaja</b>	Mixed symptoms of Vata-Pitta.
5. <b>Vata-Kaphaja</b>	Mixed symptoms of Vata-Kapha.
6. <b>Pitta-Kaphaja</b>	Mixed symptoms of Pitta-Kapha.
7. <b>Sannipataja</b>	Tridoshaja symptoms will be present.

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

“ततः कीलः प्रतिखुरो बीजकः परिघ इति तत्र, ऊर्ध्वबाहुशिरः पादो यो योनिमुखं निरुणद्धि कील इव स कीलः निः सृतहस्तपादशिरः कायसङ्गी प्रतिखुरः यो निर्गच्छत्येकशिरोभुजः स बीजकः यस्तु परिघ इव योनिमुखमावृत्य तिष्ठति स परिघः इति चतुर्विधो भ्रतीत्येके 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) प्रतिष्ठुरो	<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) परिष	<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, कश्चिद्वाङ्म्यां सन्किञ्चन्यां योनिमुखं प्रतिपद्यते; कश्चिदाभुग्नैकसविथरेकेन; कश्चिदाभुग्नसन्किञ्चथरीरः स्फग्देशेन तिर्यग्गतः; कश्चिदुरः पार्श्वपृष्ठानामन्यतमेन योनिद्वारां पिथायावतिष्ठते; अन्तः पार्श्वपवृत्तशिरः कश्चिदेकेन बाहुना; कश्चिदाभुग्नशिरा बाहुदवयेन; कश्चिदाभुग्नमध्यो हस्तपादशिरोभिः; कश्चिदेकेन सकृद्ना योनिमुखं प्रतिपद्यतेऽपरेण पायुम्; इत्यष्टविधा मूढगर्भगतिरुद्दिष्टा समासेन” ॥

**Table no. 5) classified in 8 types.**

Types	Fetus presentation	Modern comparison
1) द्वाःयां सक्षिथःयां	Presenting with both thighs	footling presentation in incomplete breech
2) अभुग्नेकसक्षिथरेकेन	One thigh presenting, other flexed	footling presentation in incomplete breech
3) स्टिफग्देशेन तिर्यगागतः	Presenting with buttocks	Incomplete or complete breech
4) ऊरःपाश्वर्पष्ठानामन्यतमेन	Chest, flank or back presentation	Transverse lie in dorso-posterior and dorso-anterior position
5) अन्तःपाश्वर्पवृत्तशिराः 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 मद्यो हस्तपादशिरोभिः	Presenting with both hands, legs and head together.	Exaggerated flexion of transverse lie
8) कश्चिदेकेन सक्षना 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)

**Sadhyा-Asadhyata: (Prognosis)**

<b>Sadhyा (Curable)</b>	1) द्रवाङ्ग्यां सक्षिप्त्यां
	2) अभृग्नैकसक्षिथरेकेन
	3) स्फिन्देशेन तिर्यगगतः
	4) ऊरःपार्श्वपृष्ठानामन्यतमेन
	5) अन्तःपार्श्वापवृत्तशिराः कश्चिदेकेन बाहुना
	6) अभृग्न शिरा बाहुदवय
<b>Asadhyा (Incurable)</b>	7) अभृग्न मध्यो हस्तपादशिरोभिः
	8) कश्चिदेकेन सकृदाना योनिमुखं प्रतिपदयतेऽपरेण पायुम्
<b>*Mudhagarbha becomes Asadhyा in conditions:</b>	
<i>Garbhakosha</i> <i>Aparasanga</i> <i>Makkalla</i> <i>Yonisamvarana</i> <i>Yonisankocha</i> <i>Yonibhramsha</i> <i>Viparitendriya-arthा (perception of opposite things by sensory organs)</i> <i>Viskambha (required Shastra Karma)</i> <i>Akshepa</i>	

**Treatment of Mudhagarbha****Samanya Chikitsa**

- ✓ *Mantra Chikitsa (Atharva Veda)*
- ✓ *Vatashamana* -> *Garbasanga* & *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 *Ghrita*.
- ✓ 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 *Ghrita*. 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
- ✓ PHH

#### 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.

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