



## RESEARCH ARTICLE

### MANAGEMENT OF OBSTRUCTED LABOUR: A REVIEW OF THE CONCEPT OF SUSRUTA SAMHITA

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#### ABSTRACT

Obstructed labour is an emergency situation for the obstetricians. If appropriate measure will not be taken promptly with sufficient expertise then it may prove to be fatal not only to the baby inside the utero but also to the mother. Early diagnosis of obstructed labour may be proved to be the boon to the family. Obstructed labour is a situation that gives rise to difficulty in delivery of the child through the natural route (vagina) and may arise due to (1) mal presentation and (2) contracted pelvis in relation to the head of the foetus which is the natural presenting part. Mal presentation means and indicates progress of the part of the body of the child towards the path of delivery which is not the vertex (head). In this situation the presenting part may be hand(s), feet(s), buttock or breech (back). Expulsion of these parts through the natural route of the mother is not possible unless there will be external interference and assistance. In such situations delay in delivery may cause death of the foetus which is followed by further complications including serious manifestations on the mother including death. Hence the modern obstetrics discuss obstructed labour with utmost importance. In concern with the topic, when searched seriously, it is observed that, Susruta, the father of Indian surgery, in Susruta Samhita, before thousands of years of Christ, discuss with importance and priority. In this article effort is made by the author to throw light on the concept of obstructed labour management which can be correlated with Mudhagarbha chikitsa to disseminate the interesting facts and ideas of the scholar. Hope the academicians, scholars and researchers will get valuable informations related to the topic from the present article.

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## INTRODUCTION

Obstructed labour is an emergency situation in Obstetrics that should be dealt with utmost importance and sufficient expertise. Any delay in taking action and lack of expertise in management can prove to be fatal to both the baby and the mother. The condition may occur mainly in two forms – (1) factors related with the mother, commonly due to inappropriate shape, size and flexibility of the outlet of delivery and (2) abnormality related with the development of the foetus or unusual presentation of the part of the foetus. The usual and normal presenting part of the foetus for easy and safe delivery is said to be the vertex. Only the vertex has got the capacity to contract at the time of delivery to expel out through the vaginal outlet of the mother without any harm. But if due to any cause the vertex develops unusually upto a size bigger than the average one then it's delivery may also become difficult. But in usual situation vertex presentation is not considered as the cause of obstructed labour. In other conditions like progress of the foetus with hand, feet, buttock or back facing towards the vaginal outlet definitely cause difficult and troublesome labour hence these presentations are considered as the causes of obstructed labour.

In these situations appropriate assistance of expert assistant is must to cause safe delivery preventing the complications may arise to the mother and the foetus. Now-a-days intervention with caesarean section is reducing the risk of management of the condition. But previously such presentations were also to be managed with appropriate expertise as there was no other way to deliver the foetus through the vaginal route. To deal with this critical situation appropriate decision and action was to be taken at appropriate time. A number of descriptions are available in the modern books of obstetrics on obstructed labour.

But to solve a natural query "whether the Ayurvedic scholars were aware about obstructed labour or not? And, if they were aware, then upto what extent they were able to understand about the situation?" The author searched in Susruta Samhita and found interesting ideas related with the condition which is described as the content of the present article. Hope the article will be able to convey a message to the modern society about the depth of knowledge and study of (the) (omit) Susruta on the condition.

## AIMS AND OBJECTIVES

**This is a literary study conducted with the following aims and objectives**

- To search the concept and management procedure of obstructed labour in Susruta Samhita
- To arrange the findings of the study in organized form
- To justify the findings with appropriate reasoning
- To arrange the matters in the form of a scientific article
- To send the article to a peer reviewed popular journal with national/international repute for publication.

## MATERIALS AND METHODS

To conduct the study Susruta Samhita was used as the material and studied in the Central Library of I.A. Ayurvedic Medical College, University of Science and Technology Meghalaya, Meghalaya state, India. The study was conducted by following the below mentioned method

- A search was made to get the concepts of Susruta on management of obstructed labour
- The findings were documented and arranged in the form of a scientific article
- The findings were discussed to justify the authenticity and applicability of the procedures mentioned
- Ultimately a summary, conclusion and references were added and sent to a peer reviewed, popular journal for publication expecting appraisal of the scientific society.

## OBSERVATION AND RESULTS

**The study revealed the following findings in relation to the aims and objectives:**

There is no hard work like Mudhagarbha shalyoddharana (expulsion of an obstructed foetus). Because this is to be done by touching the Yoni (uterus and vagina), yakrit (liver), pleeha (spleen), antra bibara (intestines) and garbhashayamadhyha (the uterine cavity). The act is also to be done by not causing any harm to the Garbha and garbhini (foetus and mother). To be done with one hand by doing (omit) Utkarshana (pulling towards upwards), Apakarshana (pushing towards downwards) and Sthanapavartana (doing change of position / place) are to be made. It also needs Utkartana (incision), bhedana (perforation), chedana (excision), pidana (application of pressure) etc. So before doing this activity (treatment) permission from the authority (adhipati) should be taken and the work should be done with utmost caution (1).

Mudhagarbha basically has 8 gati. In Prakrita Prasava (normal labour) 3 types of sanga (obstruction) occur as – (1) Shiro baigunya (presentation with unusual head part), (2) Angsha baigunya (shoulder presentation) and (3) Jaghana baigunya (buttock presentation) (2). Till the Garbha is alive it should be tried to expel out. If there is difficulty in garbhanirharana (delivery) then the help of prescribed mantra should be taken (3). Vaginal delivery should be tried with application of the prescribed medicines. If the effort of vaginal delivery fails and if the Garbha dies then the delivery should be tried with the following procedure. The lady should be positioned in supine position with the legs flexed, keeping a pad of cloth below the

waist to increase the height. Now the hand should be inserted into the yoni (vaginal introitus) by making slimy with ghee, dhanwana, nagavrittika, sallaki etc (these are some oily substances extracted from the plants) and the Garbha should be expelled out. When the Garbha presents legs should be pulled straight, if one leg is delivered already then the other also should be delivered by stretching. If the buttock is presented then first it should be alleviated up by application of pressure which should be followed by expelling out of the legs by stretching. If the presentation is oblique or transverse then first the posterior part of the Garbha should be pushed up and the other half should be made straight and should be expelled out. If the sira (head) is bend towards sides then the shoulder should be pressed and the head should be expelled out through the yoni. If there is hand presentation then the Garbha should be lifted up and delivery should be conducted by pulling it straight. If all the said efforts fail then Shashtrakarma (operative procedure) should be applied (4).

For shashtrakarma the stree should be first consoled and convinced and then by using mandalagra shashtra (an instrument with round end) or anguli shashtra (an instrument of finger shape) the shira should be crushed and taken out, then by using shanku (an instrument with bended end) the other parts (urah and kaksha) should be expelled out. If crushing of the head becomes difficult then should be pulled out by using shankushashtra. If obstruction occurs with angsha (shoulder) then it should be cut and expelled out. If the abdomen of the Garbha becomes distended with air then first the air should be expelled out by giving incision. If Garbha becomes obstructed with buttock then it should be expelled out by cutting at the level of the pelvic bones. As a general rule the Vaidya should expel out the Garbha by cutting the part with which it becomes obstructed. In the whole procedure the main aim of the Vaidya should be to preserve the life of the garbhini. In case of death of the Garbha it should be expelled out by any means as soon as possible as it always causes death of the mother. The Vaidya should use Mandalagra shashtra (weapon with round end) when the Garbha remains inside the garbhashaya as Vriddhipatra shashtra (an instrument with expanded end) sometimes can cause harm to the mother. After garbhanirharana (expulsion of the foetus) the apara (placenta) should be expelled out by using the hand. If problem occurs then it can be done by (1) pressing the parshwas (flanks), (2) moving the female again and again, (3) massaging the angshapindika (shoulder region), (4) by using oil to make the yoni snigdha. After expulsion of the apara the female should be bathed with warm water which should be followed by tailabhyanga (oil massage), application of toila pichu (local application of oil soaked pad) in yoni which makes the yoni soft and reduces the shola (pain).

The above procedures should be followed by application of medicines, specially for pacification of Vata (5).

## DISCUSSION

**The observations of the study can be discussed as follows**

Mudhagarbha can be closely compared with obstructed labour. It is considered as a shalya (harmful foreign body) and opined the expulsion as a difficult task saying that the process is to be done by touching some delicate organs like liver, spleen, uterus etc. by preserving the lives of both the mother and the

child. The process advised to do from outside can be correlated with External Cephalic Version to turn a baby from breech to head down position. Even sometimes it may need surgical interventions. The concept is quite similar to the modern management of the condition. The modern obstetrics take the option to deliver the baby by Caesarean section which is now-a-days very easy and of less risk. The concept of abnormal presentations are said to be with other parts of the head except vertex, shoulder and buttock. Susruta has advised even to use mantra in certain circumstances. His advice also includes to try to deliver the live baby as far as possible. The need of permission for conducting the surgical work is a good example of the knowledge of Susruta on medico legal aspects (consent).

The delivery techniques mentioned by Susruta in case of abnormal presentations including internal rotation has got scientific value. In the situations of abnormal presentations the foetus can be moved from outside by an expert obstetrician before engagement of the head and easy uncomplicated delivery can be assured. The procedure is described scientifically and systematically.

The names of the instruments mentioned for expulsion of dead foetus are self explanatory with reference to their shape, size etc. The options of the expulsion like crushing of the head, cutting of the extremities etc. are also interesting and have justification.

The procedure explained for mrita garbhanirharana (expulsion of dead foetus) in different situations of obstruction like buttock presentation, abdomen presentation (even when the abdomen is distended with gas) etc. are also interesting and has similarity with the modern concepts.

Priority on the mother's life is another ethical issue. In no situation there should be delay in expulsion of the foetus in case of intra uterine death as delay can invite danger to the mother also.

Aparapatana (expulsion of the placenta) with proper effort and technique has also close similarity with the modern concepts in the context.

## SUMMARY

**As summary of the study the following points can be incorporated**

- Mudhagarbha (obstructed labour) is an emergency situation
- Obstruction of labour may occur in different forms out of which shoulder presentation, buttock presentation, abdomen presentation, back presentation etc. are common

- Obstructed labour should always be dealt with promptness and expertise as any delay or lack of expertise may result in fatality of the mother even
- In obstructed labour, in most of the cases, there is need of expulsion of the foetus in cut pieces. Crushing or cutting of the foetus is to be made inside the mother's uterus which is a very delicate organ. Hence appropriate selection of weapon / instrument for the purpose is important.
- Even after complete expulsion of the foetal parts risk remains with the placenta. Hence appropriate measure should be taken to deliver it completely.
- The concept of mudhagarbha of Susruta can be considered as an interesting one and should be considered for further study.

## CONCLUSION

As conclusion it can be said that, the concepts of obstructed labour as mentioned in Susruta Samhita is interesting and valuable. It should be studied and reevaluated for the benefit of not only the experts but also (for the benefit)(omit) of the society.

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