

## MATERNITY IN ANCIENT INDIAN MEDICINE

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**ABSTRACT:** *The author probes in this study the maternity or obstetrics and gynaecology in Ancient Indian medicine by interpreting various classical texts in Ayurveda, Sociology and Religion.*

Maternity or motherhood, a symbol of selfless love, sacrifice and dedication, a natural instinct of females refers in medicine to the subject dealing with conception, its maintenance, nourishment and delivery. In ancient Indian medicine it is dealt under Kaumarbhrtya one of the eight specialties, the child being pivot entire physio-pathologies specific for woman have revolved around it.

Though maternity or obstetrics and gynaecology are closely inter-related, and often described together, however, the present paper limits itself to the field of maternity only.

According to India philosophy reproduction is not merely a physiological function, rather it is a social obligation to be fulfilled by the couple, religious ritual to be observed during grhasthasrama. Naturally the practice of this branch is closely inter-woven with social and religious outcome, and so the books of sociology and religion are flooded with the matter related to this branch. Thus, it is imperative to see the books of related subjects.

VI Chapter of Brahadaranyaka Upanisad<sup>1</sup>, deals with various exercises during coitus either to have or not to have conception, specific diet etc. during pregnancy according to desired qualities of offspring; embryology of Garbhopenisad<sup>2</sup>; qualifications of girl and man, and method to know future of girl to be married in Aswalayana<sup>3</sup> and Apastambha grhya<sup>4</sup> sutras; classification of age of girl in Vaikhanasa Upanisad<sup>5</sup> and Parasara smrti<sup>6</sup>; vaidika-garbha-bajjika and garbhika mantras as well as rtu sangamana, niseka or caturthi, garbhadhana, pumsawana, gartharaksana or anawalobhana, pumsawana, gartharaksana or anawalobhana, simantonnayana and sosyanti or ksipraprasuwan etc. home/karma / sanskaras are ample evidence regarding availability of subject in these classics.

Good number of drugs or recipes not mentioned in ayurvedic classics are also found in these books such as –

The woman during pregnancy exhibits such a distinct features that even poets could not refrain themselves from describing these.

- Can not tolerate dis-obedience even in light mood.

- Wishes to bath from the water of all four seas
- Prefers to see her face in shining sword instead of stone studded mirrors.

- Feels pleasure in the twang of bowstring rather than well played Vina.
- Likes the sight of caged lions.

Harsha caritam – 4.

**TABLE NO. (1)**

**Drug Prescribed in other books but not in Ayurvedic Classics**

<b>Name of drugs or recipes</b>	<b>Indication</b>	<b>Reference</b>
Adhyanda	On Caturthi	Samkhayana Gr. Su. 1/19/2
Roots of Kakatani, Macakacatani, Kosataki, Brhati & Nili.	Paste to be smeared in the place of confinement to ward off Raksasas.	Sam Gr. Su. 1/25/1
Kusa Kantaka and Somamsu	For Pumsawana	Paraskara Gr. Su. 1/2/14
Bile of tortoise	To be placed over the lap for pumsawana	
Darbha and unripe young fruit of Udumbara	During Simanta	Gobhila Gr. Su. 2/6/1. Sam Gr. Su. 1/22/8

Atharvaveda, the fountain source of ayurveda, has very rich treasure of the subject. In this Veda reference of vessels for menstruation and menorrhagia (AV.I / 17 / 1 to 4), rtukala (AV. III / 20 / 1, VI/139/5, VIII/9/10), woman as field and man in possession of seed for conception (AV. XIV / 2/14), visible and invisible sukra (AV. XIV/1/10); importance of healthy condition of woman for achieving conception (AV.XVIII/3/57), garbhadhana (AV. V/25 Complete), pumsawana (AV. VI/II complete), induction of abortion (AV. V/17/7), preterm deliveries (AV. VI/17), complete abortion and intra – uterine death specially due to infection (AV. II/25/3; AV. III/6/9 and 22 etc.), specific protection of pregnant woman (AV. XIV/2/7); mechanism and management including surgery for

labour (AV. I/II complete specially 1,3, to 5), are ample evidences.

It is not possible to enumerate all these, but in short the process of labour described in this Veda, is as follows ; (A) “At this birth, O Pusan, let Aryaman (as) efficient (Vedhan) invoker utter vasat for thee, let the woman rightly engendered be relaxed, let her joints go apart in order to birth”. (Whitney).

Sayanacarya has explained it in a verse for delivery of alive child without pain, with the relaxation of ligaments of joints likely to obstruct the labour<sup>7</sup>. During pregnancy specially delivery due to action or relaxine hormone the ligaments of joints specially pelvic ligaments are relaxed, which helps in

easy delivery, probably this verse refers to that:

(B) “Let Pusan (7) unclothe (her or it) we make the yoni go apart, do thou Susana loosen do thou Biskala, let go”. (Whitney).

According to Sayanacarya<sup>8</sup> this verse refers to initial removal to overing of fetus (artificial rupture of membrane), then dilatation of yoni (ironing a process done to help in delivery). Biskali or sutimarut (apan vayu) propels the fetus with its face as downwards (during second stage internal rotation of fetal head occurs and with exaggerated flexion face become much downwards).

Susa or Susani the accoucheuse goddesses are symbolic referring to the lady helping the parturient woman. In this verse assistance given to the delivering woman as well as mechanism of labour is described<sup>9</sup> (C) “I split apart thy urinator, apart the yoni apart the (two) groins, apart both the mother and child, apart the boy from the after birth, let the after birth descent” (Whitney).

The verse refers to some surgical interference and artificial rupture of membranes to deliver the child and then expulsion of placenta<sup>10</sup>.

It appears that during the period of this Veda abortions were induced, but were not socially accepted thus, the person resorting to this procedure was punished by wife of brahmana<sup>11</sup>.

Preceding description shows the dexterity and command of knowledge hidden in this Veda.

Amongst available ayurvedic classics of ancient period, in Caraka, Samhita, considered to be the oldest book, physiology

of menstruation, fertilization descend of garbha, gartha (zygote, embryo, fetus) dauhrda, pumsawana karma, clinical feature of pregnant woman, antenatal care, preinciples of treatment of the diseases afflicting the pregnant woman, udavarta of a pregnant woman, abortions, upavistaka – upasuska – bhuta – hrta – garbha etc. fetal disorders, teratological abnormalities, accouchement ward, labour, puerperium etc. have been described.

In Susruta Samhita, the book on surgery, comparatively detailed anatomy of female reproductive system, consent of guardian and other intricate details of obstructed labour are described. Besides this other matter related to the subject is also added such as –

1. Stri-sukra, physical changes preceding menarche, formation of artava also along with sukra from rasa is one month, formation and function of raja, age of menarche and menopause, accumulation of blood within uterine vessels for whole month in menstrual cycle; effects of use of mascara, etc. and coitus during menstruation effect of seeing husband on fourth day of menstruation and rtu-kala.
2. Functions of mahabhutas in development of embryo, formation of placenta, effect of diet of mother on body complexion of fetus, development of colour of eyes, descend of two jivas in twin pregnancy, birth of bone-less fetus, cause of absence of cry, micturition and defecation by fetus.
3. Cause of breast changes during pregnancy, clinical features of twin pregnancy, use of meat soup in fourth, goksuru in sixth and basti in eighth month of pregnancy and hypermesis gravidarum.

4. Definition of garbha-srava ad garbhapata, treatment of various complications of abortion, month-wise treatment of abortions, clinical features of garbhavrddhi and garbha-ksaya, advise for termination of pregnancy.
5. Construction of accouchment room with different woods according to caste of woman, causes of labour, treatment of garbha-sanga, manual removal of placenta and obstructed labour.
6. Period of puerperium, care of puerperal woman on the basis of her place of living, makkalla sula, rakta – vidradhi.

Omission of description of liquor amni by Susruta the surgeon of such high repute is difficult to explain.

Later authors i.e Vagbhata Kasyapa etc. have also advanced the knowledge of this speciality which can be summarized as following:

#### **Contributions of Astanga – Samgraha:**

- 1) Presence of raja or sonata from early childhood, amount of raja.
- 2) Explanation of cause of birth of female or male child by coitus done on odd or even days respectively.
- 3) Rajasika and tamasika features of fetus, effect of place of living, season, profession and colour of sukra on the body complexion of progency, presence of dauhrda in fortyfive days, roma – raji.
- 4) Effect on the fetus of the diet capable of vitiating vata etc. dosas by pregnant woman, method of giving basti to a pregnant woman.

- 5) Comparatively detailed description of abortion etc. clinical features and treatment of upavistaka and upsuska associated with vitiation of vata etc. dosas and vatodara.
- 6) Use of skin the bed for labour, bath to a puerperal woman, treatment of yoni bhrmsa of a puerperal woman, raksa karma on sixth night after delivery.

Astanga Hrdaya has described almost entire subject given by Astanga Samgraha albeit in a summarized form except for the mention of viskambhamudha garbha instead of its different presentations / positions.

#### **Contributions of Kasyapa Samhita**

Variations in duration of rtu-kala in different castes, principles of treatment of diseases afflicting the woman in different months of pregnancy, treatment of vomiting during pregnancy on the basis of dominating dosa, detailed treatment of diseases of pregnant woman, effect of smoking etc. given to a pregnant woman suffering from fever, mention of various menstrual disorders, abortions, intra – uterine and neonatal deaths etc. under the heading of Jataharini, varanabandha, effect of avies (labour pains) on labour, colour of ‘Show’ according to sex of the fetus, cause of reappearance of menstruation after delivery, comparatively detailed management of puerperium on the basis of place of living and also sex of born child, puerperal disorders and their elaborate treatment are it’s contributions.

#### **Contribution of Madhava Nidana:**

Sutika rogas are enumerated in this book.

#### **Contributions of Harita Samhita**

Classification of epochs of woman's life in bala and mugdha etc., acceptance of retas as different from sukra, classification of mudha garbha on the basis of dosas i.e. vataja etc., monthwise treatment of excessive quivering of fetus.

Later authors of this period have almost followed the foot –steps of their predecessors. Ubhaya – trimsaka – yantra, for help in delivery is described in Vrnda – madhava<sup>12</sup> dreams indicating birth of male child, clinical features during antenatal period indicating still – birth, use of milk with specific single drug in different months of pregnancy, month – wise treatment of pain during pregnancy, vesico – vaginal fistula due to injury during delivery of obstructed labour along with it's treatment, recipes for the treatment of vaginal ulcer and laxity of vaginal canal after delivery in Yogaratna – samuccaya<sup>13</sup>, local contraceptives and abortifacients in Rajamartanda<sup>14</sup> and treatment of abdominal laxity after delivery in Vangasena<sup>15</sup> can specifically be considered as contributions of these books. Besides this a good number of recipes have been added.

It is clear from preceding description that there has been a continuous progress, albeit slow, in advancement of knowledge of the subject.

It is not possible to discuss the whole subject in one paper, and so here only three aspects will be dealt i.e. preventive obstetrics or the measures described to prevent maternal / fetal complication; abnormal labour including obstetric surgery and contraceptives which are now – a – days considered as a part of post – natal management.

Preventive obstetrics can be discussed under following headings:

1. Physical fitness and proper age for marriage.
2. Hygiene and asepsis.
3. High spirit or good psychological status of woman during various stages of reproduction.
4. Pathya or congenial diet.

### **(1) Physical fitness and proper age for marriage:**

In bala, vrdda, hungry, thirsty woman, suffering from chronic diseases, the impregnation is contra – indicated<sup>16</sup>. Fit age of conception is said to be sixteen years<sup>17</sup> which is also accepted as best age for pregnancy from purely obstetrical point of view. Young girl due to physical and psychological immaturity and old lady due to physical and psychological decline will not be able to nurture the child properly. It is proved beyond doubt that the incidence of chromosomal abnormalities. Down's syndrome, premature labour, etc. is more in the woman conceiving after the age of thirty five years specially for the first time. Chronically ill woman can infect her child or be a cause of premature labour and intra-uterine growth retardation leading to various physical and psychological abnormalities.

### **(2) Hygiene and asepsis:**

This can be discussed under the following sub – headings –

- (a) Specific mode of life during menstruation.

(b) Isolation of parturient woman in accouchement ward and maintenance of asepsis.

(c) Proper management during puerperium.

(d) Cleaning of surgeon's hand to deliver the fetus.

**(a) Specific mode of life during menstruation:**

The woman was to be isolated, bath, unction, mascara<sup>18</sup> etc. were contra indicated.

Though scientific value of various restrictions may be questioned, but these restrictions carry a hidden message that since, during menstruation natural defence of the reproductive system is lost and as the woman is more vulnerable to contact infection specially if she bathes in pool, river etc. or have coitus, she is advised to lead a segregated life.

**(b) Isolation of parturient woman in accouchement ward and maintenance of asepsis:**

Well protected, lighted, ventilated, comfortable in all the seasons, accouchement ward equipped with raksoghna and other drugs and instruments needed during delivery was constructed with woods at a distant place for normal dwelling accommodation. The expectant woman lived in this ward from ninth month. Entry in this room was restricted. This room was well fumigated, and constant burning fire was kept there.

All these measures maintain aseptic conditions in the ward. Stay of woman for few weeks preceding delivery, work as

quarantine, as she is also separated, lest she catches infection<sup>19</sup>.

**(c) Proper management during puerperium:**

Hot water bath at least twice a day was essential<sup>20</sup>. Specific raksoghna measures were prescribed<sup>21</sup>.

The woman was made to sit over a chair covered with leather bag filled with hot bala-taila<sup>22</sup>. This is to prevent any contact of infection.

**(d) Proper cleaning of surgeon's hands to deliver fetus etc.**

The advise was, that nails of the surgeon's hands should be properly out<sup>23</sup> and cleaned because these may carry infection.

**(3) Good Psychological status of woman:**

Psychological well being of woman was given very high importance. From fourth day of menstruation, when she is preparing herself to meet her husband, then up to the puerperium, she is to remain happy in high spirit. Desires or other features of dauhrda indicate character of offspring, such as, if the woman desires to see a king, she will have a son of high fortune etc<sup>24</sup>. Psychological environment such as during putrestiyajana influences psychosomatic development of offspring. Unhappy mood etc. can cause various abnormalities such as -

**Stage of life**

Fourth day of menstruation<sup>25</sup>

Coitus (averse, frightened, sorrowstricken, angry, longing some one else<sup>26</sup>).

Puteresti yajna<sup>27</sup>

Antenatal period including dauhrda<sup>28</sup>

Labour

Puerperium<sup>29</sup>

### Effect on child

Emulates the character according to thoughts.

Infertility, physically or psychologically abnormal child.

Influences complexion of child.

Physical and psychological abnormalities in child, abortion, intra – uterine death of fetus and obstructed labour.

Prolonged labour.

Decrease in quantity of milk.

### 4. Pathya or Congenial diet:

During every stage of life whether it is physiological or pathological a regulated dietetic regimen has been very much emphasized, and naturally various stages of reproductive function are also not omitted. Saliient features of the dietetic regimen are as under:

(a) **During menstruation** – during menstruation the woman is advised to take havisya<sup>30</sup> (cooked sali rice with ghrta or barley prepared with milk) or yawaka<sup>31</sup> (edible prepared with barley). Yawa is lekhaana, beneficial for vrana (ulcers), increase the excretion of flatus and faeces, suppresses pitta and kapha. These properties may help in proper discharges of endometrium and menstrual blood, then it's regeneration etc.

(b) **During Ritu Kala** – Before conjugation but during rtu kala the women should consume oil and masa etc.,<sup>32</sup> because they increase pitta and thereby increase artava which is an essential female component for conception.

(c) **Prior to conception** – Colour of the articles to be taken in diet should be identical to the complexion desired for offspring,<sup>33</sup> is the advise of Caraka and Kasyapa referred in Putresti yajna.

(d) **Antenatal period** – Exhaustive account of 'to eat' or 'not to eat' for pregnant woman is prescribed in ayurvedic classics. She is advised to take mainly butter, milk, ghrta, liquid, sweet and palatable diet medicated with appetizing drugs<sup>34</sup>. Excessive heavy, hot and pungent articles and intoxicants like wine etc., left over and putrified articles are contra-indicated, because these can cause abortion or intra uterine death of the fetus<sup>35</sup>.

Specific dietetic regimen for different gestational months is also prescribed. In first month use of milk or ghrta medicated with saliparni and palasa and water boiled in pot made of silver or gold<sup>36</sup>, in second month milk treated with drugs of madhura groups<sup>37</sup>, in fourth month meat soup and in sixth month ghrta medicated with goksura<sup>38</sup> deserve special mention. For first three months the woman often has nausea, vomiting etc. thus use of liquid, sweet and cold things will prevent vomiting and malnutrition. From fourth month muscular tissue of fetus starts developing, requiring more protein and use of meat soup will be helpful in maintaining maternal and fetal growth. In third, trimester water accumulation and urinary stasis is common problem

and regular use of goksuru will prevent this complication.

Daurda is a special description of ayurveda which denotes vicarious desires of the pregnant woman. Actually these indicate specific deficiency, and their supplementation helps in maintenance of proper maternal and fetal development.

- (e) **During normal puerperium** - After delivery when the woman feels appetite medicated fats or medicated jaggery water should be given and once these are digested, medicated yawagu mixed with milk and ghrta should be given. This should be followed by use of meat soup and light diet<sup>39</sup> etc. After delivery due to sudden increase in the intra abdominal space for the bowels some digestive upset does come, and above mentioned diet will take care of digestive capacity as well as caloric requirement of the body.
- (f) **During abnormal puerperium** – For first three days powders, decoctions or pastes of drugs mixed with fat should be given. This helps in excretion of dosas, relieves stiffness and pain of flanks and vagina. This should be followed by fats in the morning and asawa or aristas in the evening for 7 days. For next ten days milk medicated with drugs capable of suppressing vata, and for another ten days meat soup, should be given. After this one month, light and congenial diet in little quantity should be given for further 3 months<sup>40</sup>.

### **Abnormalities of Labour:**

Now I shall discuss salient features of abnormalities of labour. These

abnormalities can be discussed under following headings:

- a) Premature labour
- b) Postmature labour
- c) Ante-partum haemorrhage
- d) Prolong labour
- e) Obstructed labour.

- (a) **Premature labour** : Contra-indication of coitus on third day of menstruation as the child conceived may delivery abnormally<sup>41</sup>, unstability of ojas in 8<sup>th</sup> month<sup>42</sup>, difference in the management of kala-prasuta (timely delivered woman) and akala-prasuta (delivered in abnormal period)<sup>43</sup> are ample evidence of premature labour. Harita has specially mentioned that the child propelled by vayu thus delivered prematurely may be weak<sup>44</sup>. Arunadutta says that though the child born in seventh month does survive but is weak and terms it as akala-prasava<sup>45</sup>. In Madhukosa commentary, delivery in seventh month is termed as viprasava<sup>46</sup>.
- (b) **Post mature labour**: Intra – uterine stay of fetus after 10<sup>th</sup> or 12<sup>th</sup> month is said to be abnormal<sup>47</sup> which is caused due to constriction of exit passage or/yoni by vayu<sup>48</sup>. According to Susruta lina – garbha also it is a condition of prolong intra-uterine stay due to spasm of exit passage<sup>49</sup>. All these are ample evidences of post maturity.
- (c) **Antepartum haemorrhage**: In the definition of obstructed labour it is mentioned that vitiated apana vayu troubles or kills the young fetus by bleeding per vaginum which refers to revealed antepartum haemorrhage<sup>50</sup>.



Makkalla of aparajata or pregnant woman is explained by Dalhana that displaced fetus obstructs the passage of blood discharged in the uterus. This blood accumulated inside the uterus and metabolized causes very severe pain which refers to concealed antepartum haemorrhage<sup>51</sup>.

(d) **Prolong labour:** Treatment of garbhanga, delay or arrest to the progress of labour refer to prolong labour<sup>52</sup>.

(e) **Obstructed labour:** Obstruction to the labour could be due to fault in passage, passenger and power.

**i) Fault in the passage** – Abnormalities of soft passages i.e. uterus, cervix or perineum and bony pelvis can cause obstruction to the labour and later on even rupture of uterus<sup>53</sup>. These conditions have been described in following way :

<b>Actual description</b>	<b>Abnormality of passage</b>
1. Garbha Kosa apannata <sup>54</sup>	Congenital or acquired abnormalities of uterus i.e. Uterus arcuatus, didelphys and fibroid uterus etc.
2. Yoni samvrti or yoni-samvarana <sup>55</sup>	Cervical dystocia or non-dilatation of cervix.
3. Bhaga sankoca due to skyness <sup>56</sup>	Psychogenic perineal rigidity.
4. Yoni bhramsa <sup>57</sup>	Cervical prolapse.
5. Asamyk apatyapatha or anirasyamina <sup>58</sup>	Abnormalities of bony pelvis.

**ii) Fault in the Passenger** - The passenger or fetus may have abnormality of its size i.e. over size<sup>59</sup>, or presentation and position<sup>60</sup>.

surgical interference to delivery fetus or placenta. All these procedures are described in classics.

**iii) Fault in the power** - Arrest in the progress of labour due to abnormality of apana vayu<sup>61</sup>, slow movement of fetus<sup>62</sup> garbha sanga<sup>63</sup> treatment in the failure of descent of fetus etc.<sup>64</sup> hint towards ineffectual uterine action, while stony hardness of abdomen, excessive pain without avies<sup>65</sup> or labour pain and makalla<sup>66</sup> refer to hypertonicity of uterus. Cervical dystocia is already discussed.

**a) Evacuation of uterus in incomplete abortion:** The woman should be treated with tiksna drugs or measures (curettage) till the sama garbha is completed expelled because if any portion is left, it troubles her<sup>67</sup>.

**b) Induction of abortion** – Susruta has included use of garbhasatana (abortifient) drugs as cause of abortion and obstructed labour. This shows that drugs were used to terminate pregnancy<sup>68</sup>. Termination of pregnancy is also indicated if the woman is unable to withstand trouble<sup>69</sup> or else if upvistake

### **Obstetric Surgery:**

Obstetric surgery refers to evacuation of uterus in incomplete abortion, induction of abortion and labour, manipulations or

and upasuska garbha do not grow / develop inspite of best treatment<sup>70</sup>.

- c) **Induction of labour** – In cases of postmaturity indications to induce labour are available<sup>71</sup>.
- d) **Surgery to deliver obstructed fetus** – Intricate details of manipulation or surgery for delivering obstructed fetus is given.

Consent of guardian was precondition for any interference in delivery<sup>72</sup>. This indicates high standard of medical ethics. Manipulation / surgery were to be done by wise person<sup>73</sup> who has done several such operations<sup>74</sup>, on the patient who is kept empty stomach<sup>75</sup> in supine position with flexed thighs and elevated hips<sup>76</sup> (lithotomy position). Initially by doing cephalic or podalic bimanual version delivery was attempted, after death of the fetus and failure by manual extraction various destructive operations were done<sup>77</sup>. Laparotomy was practiced to extract alive fetus after accidental death of woman<sup>78</sup>. Placenta was delivered with the help of drugs, manipulations, basti and in the event of failure of all these by manual extraction<sup>79</sup>.

### **Contraception:**

Except references of historical importance in Atharvaveda<sup>80</sup>, and Brhadaranyaka Upanisad<sup>81</sup> unequivocal description of contraceptive drugs/methods of practical utility is lacking up to 11<sup>th</sup> century; however, indirect reference for abstinence, safe period, incomplete coitus are available. From 11<sup>th</sup> century onwards contraceptive abortifacient drugs were used.

- (a) **Abstinence:** Coitus was done to get the child, naturally it can be understood that

when desired number is achieved, abstinence should be practiced.

- (b) **Safe period:** Rtu kala is described as the period of optimum fertilization, once rtu kala is over yoni of the woman gets constricted thus does not permit the entry of sukra in its inner component<sup>82</sup>. Rtu kala refers to proliferative phase including ovulation. After ovulation due to effect of progesterone hormone cervical mucus becomes hostile to sperm penetration, which is indicated in above description. If one does not want a child one should have coitus after rtu kala which is referred as safe period.
- (c) **Incomplete coitus:** During coitus, lateral or hump back position of woman is contra-indicated, because in these positions woman does not conceive<sup>83</sup>. In these positions probably coitus becomes a type of incomplete coitus due to incomplete penetration of penis or in other words this refers to incomplete coitus.
- (d) **Contraceptive drugs:** In Yogaratna-samuccaya<sup>84</sup> three and in Cakradutta<sup>85</sup> two oral recipes are described for puspanasa or rajo-harana (causing anovulation or amenorrhoea) respectively. Out of two recipes of Cakradutta one has been described as oral contraceptive in Bhaisajyaratnawali<sup>86</sup> the book of twentieth century, on the logic that once raja is finished the questions of conception does not arise. With this analogy all the recipes prescribed for puspa or rajonasa can be considered as oral contraceptives. Unequivocal description of two recipes to be used per Vaginal and one to be tied in waist is seen in Rajamartanda<sup>87</sup>.

Preceding description clearly shows that good treasure of knowledge related to maternity is available in the books of ancient Indian medicine.

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