



## Needless Cruelty on Women's Bodies

### Campaign against Violent Childbirth Procedures

○ P. L. T. Girija

*While the national healthcare policy focuses on the allopathic system as the mainstream medical system, Indian medical systems with their experience and wisdom of millennia are being sadly neglected. Yet, the ancient system of Ayurveda plays a vital role in serving the healthcare needs of our people. Many ayurvedic practitioners know effective remedies for treating chronic diseases, which are not amenable to any other treatment and the system has the potential to provide a more holistic and inexpensive healthcare for all – a goal we are yet to achieve.*

*The allopathic system claims to be “scientific” even while promoting patently harmful and irrational practices. One such example is an invasive procedure called episiotomy, which has become a standard practice in the allopathic system of child delivery. This involves an incision made in the tissue between the vagina and the anus to supposedly assist easy childbirth but which actually leads to avoidable risks.*

*Dr. P. L. T. Girija, a renowned Ayurveda practitioner and founder of Chennai based Sanjeevani Ayurveda Foundation has been running a vigorous campaign against this harmful practice which amounts to inflicting needless cruelty on women's bodies, and treating childbirth as a disease requiring violent medical procedures rather than as a natural phenomenon. In the following report, she explains the reasons behind her campaign.*

Ayurveda treats pregnancy as a pleasant phase of a woman's life. All efforts are directed towards keeping the mother in good cheer. Every wish of hers is to be gratified during this period. There is also a monthly regimen recommending certain types of food and herbal medicines to help nourish the mother and foetus to enhance the natural process of childbirth.

In the ninth month of the pregnancy, a medicated oil enema is administered to the woman. Tampons soaked in medicinal oils are placed inside the vagina. These make the birth canal, placenta, pelvis, waist, sides of the chest and back supple and soft, allowing the perineum to stretch without tearing during childbirth and help in the proper downward movement of the foetus.

The regulated diet and regimen, different herbal and medicinal preparations prescribed in Ayurveda help in spontaneous labour. Even today many midwives (*dais*) practice

these traditions successfully. With minimal resources and locally available materials, knowledgeable midwives perform deliveries leaving the perineum intact without causing a tear. They massage and bathe the mother with medicinal oils, and medicated waters, which reduce her body pain, give her a sense of well-being and thus hasten her recovery.

Traditionally, trained midwives also know how to tie up the loose abdominal muscles and the hip region firmly, a practice that saves the mother from many complications such as flabbiness of the abdomen and back pain. They are also good pediatricians to the newborn and prescribe special nutritional diet (*pathya*) for the mother. In addition, they are familiar with age-old techniques of reviving and resuscitating newborns as and when required. Needless to say, in certain regions of India, this knowledge has been depressed due to prolonged neglect and

devaluation. Consequently, some *dais* use quackery, which ends up causing a lot of harm and even deaths during delivery. However, that is no reason to ignore the wealth of knowledge still available among a large number of this community of health providers. With over emphasis on institutional care for delivery and constant propaganda to stay away from traditional practices, the modern mother has lost all this valuable care and the skills. Consequently, the status of *dais* is getting downgraded.

In contrast to Ayurveda, modern institutional child delivery systems inflict needless violence on women by practices such as episiotomy. All pronouncements in favour of episiotomy have their origin in a 85-year old article by DeLee, written in 1920 that did not produce a shred of evidence in its support. The practice persists despite considerable evidence against it. Episiotomy is justified on the grounds that it prevents the perineum from tearing in

an uncontrolled and zigzag manner, reduces the damage to anal sphincter and protects against incontinence.

In India, episiotomy is a standard procedure in all deliveries conducted by doctors in both government hospitals and private nursing homes. The only women who do not have to undergo this harmful procedure are those who are handled by traditional birth attendants, or *dais*.

Research studies have indicated that episiotomy actually causes more post-partum pain, infection and disease, increase in third and fourth degree vaginal lacerations and requires a long healing time. It could result in faulty repair of the cut, localised collection of blood, increased blood loss and formation of abscess. Often the sutures need to be removed to drain the wound and re-suturing required. This could be called mutilation without any medical purpose. Women complain of severe, agonizing pain for upto three weeks after undergoing this procedure. They need help for bathing, getting off the bed and for moving about. Their movements got restricted leading to body lethargy. Often even shifting position in the bed is painful.

Therefore, they have to resort to painkillers, which are harmful for the baby who is being breastfed by the new mother. Yet, hardly any women dealing with allopaths are allowed a normal delivery, without episiotomy. When women complain of pain and discomfort to their doctors, they are often told that they are overreacting and that their pain tolerance is low. This amounts to adding insult to injury.

However, thanks to our campaign, some institutions have stopped using this practice. The Institute of Public Health (IPH), Chennai is one such example. Dr. A Selvaraj, Director of IPH believes that episiotomy is unnecessary, helping neither the mother nor the child. Apart from the

complications mentioned above, he believes it could also cause prolapse of the uterus, incontinence, slow healing of the deep cut while a natural tear heals faster even if it is zigzag. His hospital conducts 50-60 deliveries every month. All these are now performed without episiotomy. He agrees with the ayurvedic remedy that a perineal massage to stretch the perineum in the ninth months of pregnancy (like the oil soaked tampon) can help in easier labour. Therefore, they are also planning to start perineal oil massages, to stretch the perineum with the help of a Siddha doctor. Though textbooks indicate the likelihood that 10 per cent of all cases require episiotomy, Dr. Selvaraj

arbitrarily without any scientific evidence. I am 100 percent convinced that this figure should be 0 percent. We need a change in medical education to bring about a change in the practice of the next generation of doctors.”

There is now a growing awareness that there is really no justification for the practice of episiotomy. If the birth is not taking place naturally, and if there is any obstruction, a doctor may opt for a caesarian operation. This crisis cannot be handled by episiotomy.

One reason for its popularity among doctors could be that longer hospitalization due to the problems connected with episiotomy is certainly lucrative for the hospital.



believes there is no case that calls for the procedure and that there is no scientific basis or evidence for the practice.

He says, “When we intentionally create a wound in a hospital there is possibility of infection. Hospital infections are deadly resistant and difficult to treat since the bacteria are immune to normal antibiotics.”

According to Selvaraj, “Even the much cited Lakshmanaswamy Mudaliar’s book on Obstetrics, a standard text book on the subject says that in only 10 percent of the deliveries it may be required. Even for this 10 percent there is no scientific evidence that it is essential. This figure of 10 percent was fixed by the WHO

Mudaliar advocates “masterly inactivity”. That means knowing how nature works, being alert for emergencies, but remaining non-invasive, so that childbirth takes place naturally.

Most expectant mothers do not know much about the procedure or the available options. They are rarely consulted or briefed about it.

Expectant mothers should check out their options and ensure that the delivery is as normal and natural as possible. They must also learn to question the doctor on all possible procedures that they plan to use and the pros and cons of the same, weeks before the labour, so that informed choices can be made by the mother. □