



Between Myth and Medicine: Interpreting the Birth Legend of Bindusara

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DOI : <https://doi.org/10.5281/zenodo.18871468>

ARTICLE DETAILS

Research Paper

Accepted: 15-02-2026

Published: 10-03-2026

Keywords:

Bindusara, Goat Allegory, Ancient Indian Medicine, Proto-Obstetric Surgery, Incubators, Neonatal Care, Reproductive Symbolism, Mauryan Dynasty, Artificial Wombs

ABSTRACT

The myth associated with a king's birth is now being examined as a potential reference point in discussions on the history of medical science. The legend of Bindusara's birth shows how Chanakya saves the unborn Mauryan heir by cutting out the fetus from the belly of the poisoned queen and sustaining it for seven days inside the bodies of freshly slaughtered goats before the child is born and named Bindusara. The reproduction theme in the story implies the fears of succession, vulnerability of mothers, and uncertainties in life. Medically, the legend opens the possibilities of conceptual space for thinking about emergency delivery, fetal rescue, and neonatal care of ancient times. Instead of treating this story as whimsical folklore or an implausible medical report, this paper argues that it is a carefully crafted allegory at the intersection of sacrificial symbolism, early medical imagination, and dynastic politics. The birth story of Bindusara is a good example of how the ancient Indian myth incorporated medical fantasy along with the symbolic narrations.

Introduction

Chandragupta Maurya founded the mighty Mauryan Empire under the mentorship of Chanakya which is known for its political unity, administrative acumen and military strength. The Empire's rich history



casts a long shadow but the lack of information about Bindusara in early records leaves a gap. This void provides room for later Jain and Buddhist storytellers to fill the gaps with mythological fables. One of the richest of these is the story of Bindusara's dramatic birth.

The story starts when Chandragupta unwittingly shares his daily poisoned meal with his pregnant queen results in a life-and-death situation for both mother and child. Chanakya rips open the now-dead queen's stomach and removes the fetus. Then for seven days, places it in the warm cavities of newly sacrificed goats and then incubates it with herbs to help it grow. While the inscriptions of the Mauryan era present the kings as a breed of divine champions, there is no account of the birth of Bindusara. The space in this part of history left to be filled by Buddhist and Jain writers who came afterward with an enigmatic story, one of which included his birth from the carcasses of seven goats.

This paper provides an alternative lens to view the folklore. The paper examines the birth legend of Bindusara as an allegory designed to combine the internality of reproductive anxiety and lineage, ritual purity and protection, and the politically necessary requirement of royal legitimation. Based on the narrative traditions, the role of the goat in the narrative will be examined as an instrument of ritual purification and incubatory symbolism. The perspective of this paper on the folklore in neonatal intensive care and assisted gestations also seeks to illustrate the ways in which earlier Indian thinkers used the combined discourses of myth and medicine to address concerns of survival, succession, and statecraft. It is a powerful, miraculous tale, brimming with symbolic depth, and celebrates its simple storytelling and cultural richness.

The Birth Legend

1. The background of the legend

According to later Jain narrative traditions, Chanakya, the minister of Chandragupta Maurya, follows a ritual of mixing small doses of poison into the emperor's meal to build immunity against assassination attempts, but Chandragupta unknowingly shares the meal with his heavily pregnant queen, who then dies as a result of the poisoning. In these accounts, the queen is carrying the future emperor Bindusara, and her death becomes the narrative prelude to Chanakya's extraordinary intervention to save the unborn child. The story reflects thematically on the paradox of the body, which is supposed to serve to safeguard nascent life, turning into a danger to the body itself. The environment, which is expected to be a refuge from the impending emperor, is transformed into a death zone. During this emergency, Chanakya takes



the responsibility and decides to cut open the womb of the queen to get back the baby before the toxin takes hold of the womb.

The inheritance of the throne seems full of ‘insecurities,’ with the Chanakya rescuing the unborn heir, as he is ready to make some extreme interventions to guarantee imperial succession. This liminal suspension between death and full birth becomes the bridge to the most extraordinary moments of the legend, where the fetus matures over seven days, transferred daily inside the warm belly of the freshly slaughtered goats.

2. The seven-day Goat Cycle

After removing the fetus, Chanakya faces the problem of securing the life of the heir in an environment that it does not belong to naturally. This whole scenario is dramatized in the legend, which shows how the fetus is placed in the warm bodies of sacrificed goats for the seven successive days. This repetition of the process stresses the idea that the gestation process is more ritualistic as the unborn child traverses seven successive ritual vessels, gaining strength daily until independent viability. The myth also suggests that the fetus does not just survive, but it is part of a grander cosmic plan or this narrative carries profound meaning and contradictions orchestrated by Chanakya.

The goats stand as powerful symbols of purification through sacrifice, their lives deliberately given in a calculated ritual to shield the heir. The series of immolations, therefore, attributes the empire's fate to depending upon the willed, repeated actions of sacrifice.

3. Naming the child Bindusara

Legend says that Chanakya slices open the belly of the dead queen and extracts the infant. During this whole process of extracting the baby from the womb, Chanakya first slits the throat of the mother just to stop the poison from reaching the womb, but somehow a poison drop touches the forehead of the infant, which leaves a blue mark on his forehead, and the Mauryan heir earns his name, Bindusara. The process of naming him joins all the points: the poison, the sacrifices, and the absolute will to survive unite all the above factors into one designation.

The etymology of the name Bindusara combines Bindu (from the Sanskrit point or droplet that is essential, the drop that contains the ocean within it, and the point of the compass that indicates life force in the human body) with Sara (essence or holder). The interpretation of the name ‘the strength of the



drop' is visible in Bindu-sara, but underlying it are the poisonous drops leading to oblivion, the drops of blood, which are the symbol of sacrificial offerings to sustain life.

After decoding the legend in this context, the naming of Bindusara is not about any kind of linguistic invention; rather, it is a guarantee of the survival testimony that forms part of his life. Even his imperial title serves as a constant reminder that his life has been saved by a series of dangerous operations and the loss of his mother's life. Therefore, his authority is not limited to the filial offspring of Chandragupta but also to his resilience to existential dangers even before his birth.

Accordingly, the famous birth epic, the seven-day goat ritual, and the naming ritual proclaim in a synergetic manner that Bindusara is a king whose mere existence conquers against all odds and that his guardians, perhaps even the cosmos, sacrifice anything within their power to ensure the survival of the Mauryan dynasty.

Sacred Birth and Royal Anxiety

1. Birth as a bridge between body and cosmos:

The dead queen and her endangered womb demand cosmic readings in this context. The queen here is not carrying mere flesh and blood but a karma-lineage nexus manifesting kingship *dharma*. The poisoning thus threatens not only a personal pregnancy but also a certain link between body and world, a link that is threatened in its ability to transmit kingship *dharma* to the next generation. Chanakya's action can thus be seen as a gesture that seeks to re-establish a certain broken link: to ensure that a soul already ordained for kingship does not relapse into the undifferentiated stream of death and rebirth. In this respect, the emphasis on extraordinary steps being taken to preserve the fetus in the legend is not embellishment but doubled stakes. To lose a royal child is to lose not simply a physical heir, but a particular configuration of cosmic possibility as well. The subsequent elements of the legend, in which sacrificial goats are used to protect the fetus and temporarily stabilize this rupture through ritual *prāṇa* transfer.

2. Fertility and protection animal use

There is nothing accidental about the use of a goat in the Bindusara myth. In the Vedic and subsequent ritualistic literature, animals are an essential factor in rituals to achieve fertility and keep away evil spirits as well as reclaim sanctity. Goats, cattle, and birds are commonly felled as a means of clearing ritualistic pollution. The animal in the sacrificial rite will act as a substitute for the human body,



absorbing evils threatening the womb and lineage. Evil is supposed to be consumed and transferred through the meat and blood of the animal.

The goat is seen as a toxic absorber and as a source of life energy at the same time. The killing of the animal forms a liminal zone where death and protection overlap, restoring the displaced royal fetus.

3. Succession, maternal risk, and dynastic fear

Behind all these colourful images of poison, surgery, and goats lies the question of succession. The integrity of a monarchical regime critically depends on the safe passage through a dangerous pregnancy or childbirth. The commonality of maternal death in childbirth, so prevalent in ancient times, not only threatens the immediate family but also the very foundations of a kingdom. The womb of the queen is at once very vulnerable as well as very vital to the interests of the kingdom. The poisoning of T is a story that is a symbol of these very concerns of state. The fortunes of the Mauryan Empire are found to depend on the very vulnerable state of a woman's pregnancy. A wrong splash of poison is all that is needed to put the very future of the kingdom at stake. The story almost accepts the reality of the death of mothers in childbirth in allowing the queen to die along with the child in the womb. However, there is also the reassurance of there being options available, through the device of Chanakya, to save the child despite these odds, to give strength to the dynasty.

It offers an attractive story in which the very worst that could have happened almost does but is saved by an extraordinary degree of ingenuity and the willingness to venture beyond the boundaries of the normal. The goats, the improvised incubations, and the successful birth all speak to the need to believe that the continuation of the dynasty is an oddity, but it is the very essence of the larger constellation of themes relating to the reproduction of the dynasty in ancient India.

Obstetric imagination in the Ayurvedic literatures

The legend of Bindusara should not be understood as the consequence of the lack of medical theory. The presence of the goat womb story as an empirical testament to a practice that might have existed long ago in India is not, however, an argument to be used; nevertheless, the interpretation of the story through the lens of Ayurvedic literature allows us to see how an Ayurvedic-educated audience in the modern world could be inclined to interpret the story as possible rather than surreal. The Bindusara episode can therefore be considered as a dramatic cultural reflection of embryological concepts discussed by Charaka, Sushruta, and later commentators in the natural gestation context.



1. Fetal Growth and Maternal Well-Being in Charaka Samhita

The process of pregnancy, as indicated by the Charaka Samhita, can be seen as a complex process wherein the fetal developmental capabilities depend upon the holistic effect of the synergetic influences of the paternal shukra and the maternal artava and kshetra. Conception itself takes place through the blending of the sharaka and the artava in the prepared uterus; the development of the embryo, as presented in the Charaka Samhita text itself, details the month-by-month growth of the fetus through a process of sequential vata-pitta-kapha dominance, the quality of the food of the mother, and the mental temperament of the fetus. The pregnant woman, as suggested in the above model developed by Charaka himself, is not just a passive agent; she has a significant role to play as the factor that impacts the well-being of the fetus, and the concern for the well-being of the expectant woman herself has been proved by the author with her vulnerable condition.

It also indicates that improper food intake, emotional disturbances, shock, and exposure to toxins may cause unstable pregnancy, which could lead to miscarriage, deformity, or death of a child. Therefore, Charaka suggests high nutrition levels, careful handling, and precautions against shocks for pregnant women.

The conceptualization of the womb as a fragile location, which is constantly at the risk of being shaken, can be observed in these prescriptions. With this in mind, the poisoning of the queen, in the Bindusara myth may be viewed as an example of a danger observable by Ayurvedic authors in more likely situations; the idea of a fetus needing to be rescued from an imperfect womb may therefore be considered related to the overall medical paradigm saying the vulnerability of a pregnancy, although this trend is perhaps extended to the allegorical levels of the story.

2. Painful births and amputation by the sword in Sushruta

While Charaka prioritizes regimen and balance, Sushruta emphasizes surgery. In the obstetric parts, Sushruta lists the complications of birth, including labor obstruction, malpresentation, and maternal distress. He explains how to deal with a fetus inside the uterus. In an extreme case scenario, he details dismembering a dead baby to save the life of the mother. The modern-day scholars infer surgeons can remove a living fetus from a non-viable mother to rescue the child. Through these storytelling scholars of that time eagerly tackled radical manipulations at life-death borders.

The surgeon stands at the border of possibility in the Sushruta tradition and attempts to balance the need to save lives with the inherent risks of invasive surgical procedures. A conflict exists within the pregnant



body, where the divergent interests of the mother, child, and extended family must be reconciled. The story of Chanakya, where he cuts open the belly of the dead queen to remove the baby before the poison takes effect, may involve a similar manipulation of the ethical and technical aspects of the operation, although the main character is portrayed not as a specialist but as a political schemer. Thus, the surgical operation in the story is not directly based on Sushrut's techniques but rather reflects a similar approach to childbirth, which, to a greater extent, may require extreme measures.

3. Hypothermic and infancy neonatal care

The Ayurvedic text also focuses on the immediate postnatal period, cord ligature, infant cleansing, and, most importantly, instructions to shield the newborn against cold, wind, and the usual shocks in the environment, recommending a concern over thermal regulation. It is believed that a particular vulnerability of infants is that they have a weak Agni and immature physiological functions. These texts mention techniques for resuscitation (pranapratyagamana) - wiping the airways with cloth, snapping fingers near the infant's ears, striking a stone with another stone, and cleaning the mouth from the palate to the lips. It also advocates for clamping the umbilical cord, applying oil to the fontanelle (shiro pichu), early right breastfeeding on the first day, jatakarma with honey-ghee, daily abhyanga massage, bathing after respiration, and the use of season-related bedding to keep the infant away from cold and wind.

Modern interpreters of these prescriptions pioneered some of the earliest neonatal care approaches by addressing thermoregulation and infant protection. From this perspective, we can view the goat-womb episode as a mythic representation of a real principle: maintaining warmth and a conducive environment for developing life. Royal attendants placed the fetus inside freshly killed goat carcasses, a practice that offered no medical merit, yet the story elevates the known significance of thermal protection, which Ayurvedic writers already recognized. The narrative hypothesizes the need to shield fragile life from cold and shock, amplifying this idea through sacrificial imagery. We can trace this connection to show how neonatal medical issues overlapped with the larger paradigm of substitution and purification, which other sections of this paper explore.

Therefore, Ayurvedic literature entails the obstetric imagination that serves as the conceptual framework in which the dramatic qualities of the Bindusara myth can be viewed, not as a historical account of how things were done, but as one that places the collective fears about the preservation of delicate life in cultural perspective.



Modern Medical Practice Resonances

1. C-section and Fetal Extraction to save life

Cesarean delivery is now a normalized and low-risk surgery with the assistance of modern anesthesia, strict aseptic surgery, and blood-product transfusion. However, its fundamental explanation is like that expressed in the Bindusara story: a desperate action taken to preserve the life of a fetus in case of vaginal birth where it is too dangerous for the maternal or fetal life. Modern obstetric practice suggests cesarean delivery where labor is obstructed, fetal distress prevails, or placenta previa or severe maternal morbidity exists, along with certain specific conditions where the maternal survival is minimal, but the infant has any reasonable chance of survival. The decision-making process is seconded as a methodical evaluation of risks and returns. It is obvious that the legend of Chanakya cutting the fetus out of the poisoned womb of the queen is distant from any contemporary vision about the idea of a cesarean delivery. The legend does not have analgesia, sterile conditions, and a clear intention to save the life of a mother. But the plotted story line lineage behind the need to save a child who is in a dangerously unprotected intrauterine position is identical to the moral necessities that inform modern emergency cesarean surgeries.

In the event of an unfavorable environment for the fetus in the uterine milieu, surgery can form the only source of survival. This imperative is enhanced to almost mythical levels in the myth, but the basic rule that a fetus, in extreme cases, can be saved out of a deteriorating maternal body is familiar to the present medical terminology.

2. Incubator, Thermal Care and neonatal Intensive Care

Thermal control is a critical part of the contemporary neonatal resuscitation and continuum of care. Incubators are prepackaged systems designed specifically to maintain a highly controlled environment of humidity, temperature, and decreased sensorial awareness; in this specific case, it refers to premature and sick babies. The preventive effect of incubators, which prevents environmental hypothermia and shock, is inalienable to life. In the absence of high-technology equipment due to resource limitations, kangaroo mother care, sustained skin-to-skin contact, is used as a viable alternative, providing similar thermal homeostasis and maternal attachment. In this clinical situation the goatwomb episode of the Bindusara myth might be viewed as a typical effort to build a surrogate thermoregulatory system. The suggestion that a fetus might find an implantation in the cavity of a goat is also physiologically implausible and, most probably, metaphorical, but the motivational logic of creating a warm and protective environment is the same as the logical basis of modern neonatal care. The myth codifies the call that the newborn be



shielded against all external threats; it represses the biomedical ideology to the symbolic means of its cultural environment, sacrifices, bodily sacrifice, and ritualized practices.

3. Ectogenesis and Artificial Wombs

Ectogenesis and artificial wombs represent the pinnacle of modern reproductive bioengineering, directly resonating with the Bindusara legend's mythic fetal rescue by externalizing gestation entirely beyond the maternal body. Kuwabara's groundbreaking 1996 EUFI system sustained premature goat fetuses for three weeks in a sterile, fluid-filled chamber with umbilical oxygenation, methodically replicating the story's daily goat-carcass transfers as deliberate thermal and nutritional proxies after Chanakya's emergency extraction from the poisoned queen. Today's medical science uses artificial womb technology known as ectogenesis to ensure the continuation of life in difficult cases. The technology used today follows the underlying intent of the legend: to ensure the continuation of life at all costs for a royal heir.

4. Xenogestation and Bioethics

Today's modern science has made tentative steps in xenogestation, which is the growth of human tissues or organs in an animal host for research and transplant purposes.

The Philadelphia Children's Hospital EXTEND biobag, advanced through 2026 preclinical lamb trials, further elevates this by supporting 22–24-week human-equivalent preemies for over four weeks in pumpless, amniotic-like pods that maintain fetal heart-driven circulation and prevent lung damage—transmuting Ayurveda's neonatal warmth imperatives into scalable clinical ectogenesis. China's emerging 2026 humanoid-integrated prototypes promise full-term gestation for infertility cases, reigniting ethical tensions over surrogacy, consent, and dynasticlike lineage imperatives that the Mauryan myth so vividly dramatized, affirming ancient narratives as cultural foreshadows of technology's boldest bids against reproductive fragility.

Conclusion

A closer look at the story of Bindusara's birth reveals it to be not just a record of brilliant medical work, but an attempt at excellent storytelling using ideas of reproduction, ritual sanctity and protection, and the problem of lineage succession. This paper attempts to show how, from the initial situation of a poisoned queen and a rescued fetus, the story moves towards a larger symbolic topography of the process of birth, from the body to the cosmos and ancient knowledge of medicine.



In this landscape, goats are not merely incidental narrative figures; they have a long history of being used as a representation of sacrifice, purification, life force, and fertility, which makes them believable to use in a world where animal bodies were regularly deployed to fulfill a function of intermediation between human weakness and the divine. Comparing it with Ayurvedic assumptions of fetal growth, troubled births and care of infants, the story can be interpreted as an allegorical elaboration of ideas that were already in circulation in more stringent medical discourse.

The modern arguments surrounding the cesarean section, neo-intensive care of the baby, and artificial womb innovation are to understand how old symbolic cycles persist in informing the ethical reasoning on modern-day technology innovations. Bindusara's goat-womb ritual, understood as proto-ectogenesis, finds its most touching parallel in modern artificial wombs, from Kuwabara's goat fetus chambers to EXTEND biobags and robot prototypes in China, which modern science recognizes as the legend's desperate attempt to overcome the danger inherent in motherhood and secure a dynasty. These technologies do not vindicate the ancient practice as a literal medical practice but demonstrate how the mythic imagination that combined Ayurvedic fragility, Sushruta's extractions, and Vedic sacrifice prefigured humanity's technological hubris against uncertainty in reproduction. The legend of the Mauryan heir continues to resonate with us today.

Finally, the discussion suggests several future interdisciplinary researchers. A potential avenue of inquiry is the systematic comparison of royal stories of birth within the traditions of different cultures: how different societies use a discourse of threatened succession and miraculous obstetric intervention to define the issues of sovereignty and divine favor. A different way would further extend the cooperation between historians of medicine, Sanskrit scholars, and anthropologists to study the interconnections between textual descriptions of pregnancy and birth, real-life reproduction, and mythical images like that of Bindusara.

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