



An Ayurvedic Review Of Episiotomy Wound Care

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ABSTRACT

Episiotomy is used during vaginal delivery to prevent pelvic floor laceration. Approximately 70% of vaginal birth women develop perineal damage from tears or episiotomies¹. The word mother itself is symbolic to God. Mother suffers much distress after childbirth due to painful perineum. Pain following episiotomy appears to be universal. Proper healing of episiotomy wound after delivery is a major concern. This injury may result in perineal pain during the two weeks after parturition, and some women experience long-term pain and dyspareunia. Ayurvedic techniques for the management of normal vaginal delivery can be adopted and which may also seek in reducing the incidence of episiotomy by causing relaxation of pelvic muscles and helps in perineum laxity. In case of episiotomy wound as it is *Shastra Kshata* it is considered as *Shudha Vrana* and to overcome this pain and promote good wound healing drugs which possess *Vranaropana* and *Vedanasthapana* property are to be selected. Diet also plays an important role in wound healing, so proper *Pathya Apathya* are to be followed.

KEYWORDS: Ayurveda, Episiotomy, *Pathya Apathya*, Wound healing.

INTRODUCTION

An episiotomy is a surgically designed incision made on the posterior vaginal wall and perineum during the second stage of labor in order to hasten the fetus's delivery. The most popular surgical procedure is used to protect the perineal muscles and fascia² from harm and to allow the soft tissue outflow for a simple and secure birth. Among the *Sutika Roga* there is a reference of *Yoni Kshata*, *Yoni Bheda*, *Yoni Vibhinnata*, *Yoni Shopha*, *Yoni Shula*, *Yoni Bramsha*, *Yoni Dosha* etc.³ which suggest of perineal trauma causing these condition. So for prevention of perineal injury, episiotomy, a planned surgical incision was introduced into the practice.

It can be regarded as a *Shudha Vrana* since episiotomy is a *Shastra Kshata*. All three Doshas are absent from the *Shudha Vrana*. It is crucial to understand the *Shudha* and *Dushta Vrana* prior to receiving treatment. The surface of the *Shudha Vrana* wound is new, unaffected by the three Doshas, has granulation tissue and somewhat blackish margins, is smooth across the wound region, slimy, and regular. There is also no pain or secretion.⁴ Therefore, a *Dravya* who owns *Ropana*, *Shodhana*, or *Vedanasthapana* property can manage this *Shudha Vrana* for its cure.

Indication for episiotomy:

Inelastic (rigid) perineum-Causing arrest or delay in descent of the presenting part as in elderly primigravida.

Anticipating perineal tear:

- (a) Big baby
- (b) Face to pubis delivery
- (c) Breech delivery
- (d) Shoulder dystocia,

Operative delivery: Forceps delivery, ventouse delivery. Previous perineal surgery: Pelvic floor repair, perineal reconstructive surgery.⁵

In Ayurvedic Samhita, description of episiotomy wound has not been given directly but it can be considered as *Shudha Agantuja Vrana* or *Sadyovrana*. Thus, for the healing of this *Shudha Vrana* its management can be done by using *Dravya* possessing *Ropana*, *Shodhana*, *Vedanasthapana* Property⁶.

As stated in the Ayurvedic *Ropana* and *Rudava* stages, *Saptopakrama* can be used in conjunction with *Ropana Dravyas* in the form of Lepa application, *Dhupana*, and *Prakshalana* to reduce pain, inflammation, and promote wound healing in episiotomy wounds. This will allow for proper approximation for promoting healthy wound healing.

Episiotomy is recommended in selective cases rather than as a routine. A constant care during the second stage reduces the incidence of episiotomy and perineal trauma.

Timing Of the Episiotomy

It is necessary to use judgment while deciding when to do the episiotomy. If done too late, it fails to protect the pelvic floor and avoid the invisible lacerations of the perineal body, defeating the whole aim of the episiotomy. If done too early, the blood loss will be greater. When 3–4 cm of the head is visible during contraction, the best time to bulge a thinned perineum is immediately before crowning. Following the application of blades, forceps delivery is accomplished.

TYPES:

1. **Mediolateral:** The incision is made to the right or left side from the midpoint of the fourchette (a thin fold of skin at the back of the vulva).
2. **Median:** The incision begins in the center of the fourchette and extends for 2.5 cm on the posterior side along the midline.
3. **Lateral:** The incision starts from about 1 cm away from the center of the fourchette and extends laterally.
4. **J-shaped:** The incision is made in a J shape.

The incision begins in the centre of the fourchette and is directed posteriorly along the midline for about 1.5cm and then directed downwards and outwards along 5 or 7 o'clock position to avoid the anal sphincter. Apposition is not perfect and the repaired wound tends to be puckered. This is also not done widely Thus only mediolateral or median episiotomy is done commonly.

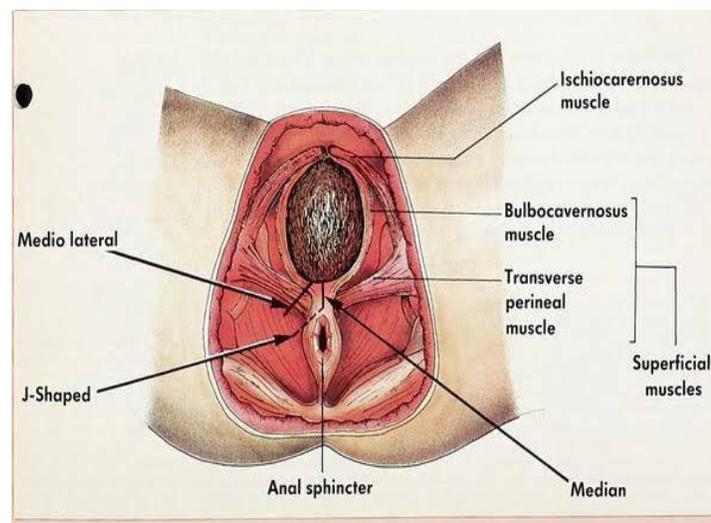


Figure 1 Sites of Episiotomy

DEGREES OF EPISIOTOMY

- I. **First-degree:** A small tear that involves just the lining of your vagina.
- II. **Second-degree:** A tear that extends through the lining of your vagina to the underlying vaginal tissue. Most episiotomies are second-degree.
- III. **Third-degree:** A tear that involves your vaginal lining, vaginal tissues and extends to your anal sphincter.
- IV. **Fourth-degree:** The tear affects the vaginal lining, vaginal tissues, anal sphincter and rectum. The most severe type of tear with the most complications.

RISKS

- Bleeding
- Infection.
- Painful sex (dyspareunia).
- Injury to the anal sphincter and rectum.
- Scarring.
- Urinary incontinence.
- Prolonged recovery time

PLAN OF PROCEDURE:

Poorva Karma: Part preparation, painting and draping.

Pradhana Karma: Episiotomy during second stage of labour and suturing of episiotomy wound.

Paschat Karma: Treatment of ShudhaVrana with Prakshalana, Dhupana, Lepana.

During pregnancy after completion of 37 weeks, pregnant women might be suggested for Yoni Pichu, Yoni Abhyanga, Basti⁷ which may help not only in SukhaPrasava but also helps in increasing perineal relaxation and muscular flexibility during labour.

YOGA ASANAS :

Asanas helps in increasing pelvic laxity and facilitating easy delivery.



Fig. 2 Marjariasana



Fig.3setubandhasana



Fig.4 ardhmatsendriyasana



Fig.5. Badhakonasana



Fig.6. Malasana

Care During Puerperal Period For The Management Of Episiotomy Wound:

Yoni Prakshalana is used to care for episiotomy wounds, followed by *Lepa* application and *Dhupana*. As stated in Ayurveda *Ropनावस्था* and *Rudavस्था* stage, *Saptopakrama* can be used in conjunction with *Ropana Dravyas* in the form of *Lepa* application, *Dhupana*, and *Prakshalana* to reduce pain, inflammation, and promote wound healing in episiotomy wounds. This will allow for proper approximation for promoting healthy wound healing.

Yoni Dhupana: *Dhupana* is *Kaphahara*, *Sravahara* and acts as anti-bacterial. *Dhupana* with *Sarshapa*, *Kushta*, *Vacha*, *Guggulu* are beneficial.

Yoni Prakshalana:

Prakshalana is done for cleansing the wound and also drugs like *Dashmoola* is used for *Prakshalana*. It will also help in reducing pain as it possess analgesic property.

Ushnajala

Triphala Kwatha

PanchavalkalaKwatha

Dashamoolakwatha

Yoni Lepana Drugs Lepa can be applied over the wound and as the drugs possess *Vranaropana, Sodhana* property.

Tumbi LodhraLepa ⁸

JatyadiTaila ⁹

KarpooraGritha ¹⁰

Kumarimajja-Haridrilepa ¹¹

DurvadiTaila ¹²

YastimadhuGritha ¹³

PrapoundarikadyaGhrita ¹⁴

*KaranjadyaGritha*¹⁵

Manjishta, Usira, Padmaka, Payasya, Haridra and Daruharidra, Yastimadhuand milk should beapplied ¹⁶

Gritha prepared with *Ksirasukla, Prthakparni, Samanga, Lodhra, Candana* and leaves, stem, bark of *Nyagrodhadi* group ¹⁷

INSTRUMENTS

Episiotomy Scissors: It is bent on edge, blade with blunt tip goes inside the vagina, and is used for episiotomy during labour.



Fig. 7 Episiotomy Scissor

COMPLICATIONS

IMMEDIATE: 1) Extension of the incision to involve the rectum. this is likely in median episiotomy or during delivery of undiagnosed occipitoposterior even with small mediolateral episiotomy. 2) Vulval hematoma 3) Infection The Clinical Features Are a) Throbbing pain on the perineum b) Rise in temperature c) The wound area looks moist, reddens and swollen d) Offensive discharge comes out through the wound margins 4) Wound dehiscence 5) Injury to anal sphincter causing incontinence of \square atus or faces 6) Rectovaginal \square stula (rarely)

REMOTE 1) Dyspareunia 2) Chance of perineal lacerations in subsequent labour, if not managed properly 3) Scar endometriosis (rare)

Pathya

Vranita should consume JeernaShali, Odana which is made warm, unctuous and taken with Jangala Mamsa. Soup prepared from Tanduliyaka, Jeevanti, Vartaka, Patola, Karavellaka, Dadima, Amalaki. Vranita should not sleep during day, should remain inside house devoid of breeze etc. Vrana patient should remain devoid of undesirable nails, hairs should be clean, resort to observance of propitiatory and auspicious rites.¹⁸

Apathya

Vranita should not consume Navadhanya, Masha, Tila, Kalaya, Kulattha, Nishpaava, Harita Shaka, Katu, Amla, Lavana Rasa, SushkaShaka, eatables made from Pishta; Aja, Avika, Anoopamamsa, SheetaUdaka, Krushara, Paayasa, Dadhi, Dugdha etc. Person who is habituated to drinking Madya should avoid using Maireya, Arista, Aasava, Seedhu etc. Vranitashould avoid Vata, Aatapa, Raja, Dhooma, Atibhojana, this will inhibit the process of wound healing and therefore it should be avoided. Sutika can take PanchajeerakaPaka, Gudodaka, SaoubhagyaShunti, Pratapalankeshwara Rasa for one and half month. These medications enables Vatashamana, rejuvenates the general health of puerperal women, improve lactation, involution and strength to the reproductive organs. Thus it can improve the processes of wound healing.¹⁹

The process of wound healing comprises of four stages

Haemostasis During the first day of post-natal period the haemostasis is strongly achieved by the presence of lignon, saponin, prostaglandins and gamma - linolenic acid in aloe vera extract.

Inflammatory Phase This phase is completed by the 3rd day of postnatal period due to the presence of mannose phosphate, Vitamin A and C, aminoacids such as tryptophan and phenylalanine, salicylic acid and fatty acids in aloe vera.

Proliferative Phase The wound proliferation is successfully completed on 4th post-natal day, due to the presence of glucosamine, anthraquinones and zinc in aloe vera extract.

Maturation Phase

The maximum wound tensile strength is achieved by 5th day of postnatal period with the action of Gibberellins - a plant growth hormone and high levels of protein in the aloe vera.

DISCUSSION

Bala taila Yoni Abhyanga has been cited for the *Prasarana* of *Yoni Marga*, suggesting that Abhyanga aids in lowering perineum rigidity, which may aid in *Sukha Prasava*²⁰ Despite these precautions, *Yoni Kshata* and *Yoni Bheda* explain why *Prasava* causes irregular perineal tears. Perineal injuries raise the risk of maternal morbidity and can be fatal. Thus, to lower the risk of maternal morbidity, an episiotomy must be performed as soon as possible. In order to promote appropriate approximation and hence lessen discomfort and inflammation, episiotomy wound care begins as soon as sutures are placed. On the basis of *Sadhyovrana*, episiotomy wounds can be managed.

In order to support optimal wound healing, medications with antibacterial, antimicrobial, anti-inflammatory, and analgesic properties should be chosen. *Tumbi, Lodhra, Kumari, Haridra, Karpoora, Jatyadi* Taila, and other drugs have both *Vedana Sthapana* and *Vrana Ropana* properties. Consequently, these medications can be utilized to treat episiotomy wounds without the need for oral analgesics and antibiotics. Proper dietary adjustment is necessary in addition to wound care since it supports tissue repair and preserves the viability of skin and tissue. Wound healing is improved by a diet that contains enough amounts of minerals including zinc, vitamin C, proteins, and carbohydrate.

CONCLUSION

While episiotomy may be medically justified in certain circumstances, an Ayurvedic approach prioritizes prevention, natural practices, and overall wellness. By emphasizing holistic care during pregnancy and childbirth, Ayurveda seeks to minimize surgical interventions and promote healthier outcomes for mothers and babies. Future research could integrate Ayurvedic methods into contemporary obstetric practices to enhance maternal care and reduce the reliance on episiotomy.

Even in the midst of other traditional wound healing medical sciences, the principles described in Ayurveda are still found to be useful and well-established. As a result, therapies like *Vaikritapaharana*, *Upanaha*, *Lepa*, *VranaShodhana*, *Ropana*, and *Prakshalana* alter the wound microenvironment to promote wound healing. When it comes to wound healing, ayurvedic treatments can optimize the final outcomes of wound reconstruction, promote wound healing, and prevent obstacles to recovery.

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