

AN AYURVEDIC PERSPECTIVE OF EPISIOTOMY WOUND HEALING

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ABSTRACT

Episiotomy is given during vaginal delivery to reduce the maternal and neonatal trauma and morbidity associated with delivery and to prevent the pelvic floor laceration. It is also known as Perineotomy. It is the most common obstetric operation performed. Approximately 70% of women who had vaginal delivery will experience some degree of injury to perineum, due to perineal tear or episiotomy.^[1] This injury may result in perineal pain during the two weeks after parturition, and some women experience long-term pain and dyspareunia. As perineum is highly susceptible to infection due to both excretory orifices and different secretions like vaginal discharges, so it is necessary to give proper management. Ayurvedic techniques for the management of normal vaginal delivery can be adopted to reduce the incidence of episiotomy by causing relaxation of pelvic muscles and perineum. In case of episiotomy wound; a *Shashtra Kshata* it is considered as *ShudhaVrana* and to overcome this pain and promote good wound healing drugs which possess *Vranaropana* and *Vedanasthapana* property may be selected. Diet also plays an important role in wound healing, so proper *PathyaApathya* are to be followed.

KEYWORDS : Ayurveda, Episiotomy, Pathyaapathya, Wound Healing.

INTRODUCTION

Episiotomy is a surgically planned incision on the perineum and the posterior vaginal wall during the second stage of labour to expedite delivery of the fetus. It is the commonest surgical intervention to facilitate the soft tissue outlet for easy and safe delivery and also to prevent injury to the perineal muscles and fascia; to reduce the stress and strain on the fetalhead.^[2] Among the *SutikaRoga* there is a reference of *Yoni Kshata*, *Yoni Bheda*, *Yoni Vibhinnata*, *Yoni Shophya*, *Yoni Shula*, *YoniBramsha*, *Yoni Dosh*.^[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. Although in Ayurvedic Samhita, description of episiotomy wound has not been given directly but *Vrana*(wound) is described very well and hence it can be considered as *Shudha Agantuja varna* or *Sadyovarna*. The *ShudhaVrana* is devoid of all the three *Doshas*. Before treatment it is important to know about the *Shudha* and *DushtaVrana*. *ShudhaVrana* wound surface is recent origin, unaffected by the three *Dosh*, edges with a slight blackish colour and having granulation tissue, absence of pain and secretion, even surface throughout the wound area, slimy surface, and regular surface^[4]. So for the healing of this *ShudhaVrana* its management can be done with a *Dravya* possessing *Ropana*, *Shodhana*, *Vedanasthapana* property.

INDICATION FOR EPISIOTOMY:

- 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.
- **Inelastic (rigid) perineum** Causing arrest or delay in descent of the presenting part as in elderly primigravida.
- **Anticipating perineal tear:**
 - a) BigBaby
 - 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]

Timing Of The Episiotomy

The timing of performing the episiotomy requires judgement. If done early, the blood loss will be more; If done late, it fails to prevent the invisible lacerations of the perineal body and thereby fails to protect the pelvic floor – the very purpose of the episiotomy is thus defeated. Bulging thinned perineum during contraction just prior to crowning (when 3-4cm of head is visible) is the ideal time. During forceps delivery, it is made after the application of blades.

TYPES:

The Following Are The Various Types Of Episiotomy:

1. Mediolateral
 2. Median
 3. Lateral
 4. J'shaped
1. **MEDIOLATERAL:** The incision is made downwards and outwards from the midpoint of the fourchette either to the right or to the left. It is directed diagonally in a straight line which runs about 2.5cm away from the anus(midpoint between anus and ischial tuberosity)
 2. **MEDIAN:** This incision commences from the center of the fourchette and extends posteriorly along the midline for about 2.5cm.
 3. **LATERAL:** The incision starts from about 1cm away from the centre of the fourchette and extends laterally .it has got many drawbacks including chance of injury to the Bartholin's duct.it is totally condemned
 - **J'SHAPED:** 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.

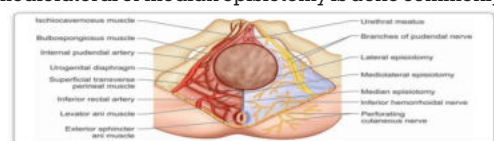


Fig. 37.5i Diagrammatic representation of the structures to be cut in different types of episiotomy

Figure 1 Sites of Episiotomy

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*.

Preventive Care During Pregnancy For Reducing The Incidence Of Episiotomy

During pregnancy after completion of 37 weeks, pregnant women can be advised for *Yoni Pichu, Yoni Abhyanga, Basti*^[6] which may help not only in *SukhaPrasava* but also helps in increasing perineal relaxation and muscular suppleness during labour.

- **Role Of Yoga Asanas:** Asanas helps in increasing pelvic laxity and facilitating easy delivery.



Fig. 2 Marjariasana



Fig.3setubandhasana



Fig.4ardhamatsendriyasana



Fig.5. Badhakonasana



Fig.6. Malasana

Care During Puerperal Period For The Management Of Episiotomy Wound:

Episiotomy wound care is given by *Yoni Prakshalana* followed by *Lepa* application and *Dhupana*. Episiotomy wound care should be taken care at the time of suturing to facilitate proper approximation for promoting healthy wound healing and where *Saptopakrama* can be adopted along with *RopanaDravyas* in the form of *Lepa* application, *Dhupana, Prakshalana* for reducing pain, inflammation and promoting wound healing as mentioned in *Ashtanga Samhita* *Ropanavastha* and *Rudavastha* stage is seen.

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.

- *Dashmoolakwatha*
- *Ushnajala*
- *Triphala Kwatha*
- *PanchavalkaKwatha*

Yoni Lepana

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

- *TumbiLodhraLepa*^[7]
- *JatyadiTaila*^[8]
- *KarpooraGritha*^[9]
- *Kumarimajja-Haridralepa*^[10]
- *DurvadiTaila*^[11]
- *YastimadhuGritha*^[12]

- *PrapoundarikadyaGhrita*^[13]
- *KaranjadyaGritha*^[14]
- *Manjishta, Usira, Padmaka, Payasya, Haridra* and *Daruharidra, Yastimadhu* and milk should be applied^[15]
- *Gritha* prepared with *Ksirasukla, Prthakparni, Samanga, Lodhra, Candana* and leaves, stem, bark of *Nyagrodhadi* group^[16]

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

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 Of Episiotomy:

- Immediate
- Remote

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 spincture causing incontinence of flatus or faces
- 6) Rectovaginal fistula (rarely)

REMOTE

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

Pathya^[17]

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.

Apathya^[18]

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. *Vranita* should 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*, *Pratapankeshwara 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.

DISCUSSION

For the *Prasarana* of *Yoni Marga*, *Balataila* *Yoni Abhyanga* has been mentioned which can be inferred that *Abhyanga* helps in reducing the rigidity of perineum which may help in *SukhaPrasava*.⁽¹⁹⁾ Despite such measures *Yoni Kshata*, *Yoni Bheda* which explains the irregular perineal tears that occur during *Prasava*. Perineal injuries can be life threatening and increase the risk of maternal morbidity. Therefore a timely intervention of episiotomy is necessary for reducing the risk of maternal morbidity. Episiotomy wound care starts right from the time of suturing to facilitate proper approximation and thereby reducing pain and inflammation. The management of episiotomy wound can be done on the line of *Sadhyovrana*. Drugs which possess antibacterial, antimicrobial, anti-inflammatory, analgesic activities should be selected, so that it promotes healthy wound healing. Drugs like *Tumbi*, *Lodhra*, *Kumari*, *Haridra*, *Karpoora*, *JatyadiTaila* etc possess *VranaRopana* action and also *Vedana Sthapana* property. Therefore such drugs can be used for episiotomy wound care without the intervention of oral analgesic and antibiotic drugs. Along with wound care proper dietary modification is required as it plays an important role in preserving skin and tissue viability and supporting tissue repair. A diet with sufficient quantity of nutrients like proteins, carbohydrates, minerals like zinc, vitamin C enhances wound healing.

CONCLUSION

The principles told in *Ayurveda* are found to be applicable even today and well established even in the presence of other conventional wound healing medical sciences. Thus the treatment like *VranaPrakshalana*, *Upanaha*, *Lepa*, *VranaShodhana*, *Ropana*, *Vaikritapaharana* modify the wound micro environment facilitating wound healing. *Ayurvedic* treatment in wound healing can provide prophylaxis against barriers to healing, augmentation of wound healing and optimization of the ultimate results of wound reconstruction.

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