



**ORIGINAL RESEARCH PAPER**

**Clinical Research**

**A CLINICAL STUDY TO EVALUATE COMBINED EFFICACY OF LAJJALUMUL TAILA APPLICATION WITH KUSHTHADI YONIDHUPANA IN PRASUTAYONIKSHAT W.S.R. TO EPISIOTOMY.**

**KEY WORDS:** Episiotomy, Sadyovrana, Lajjalumul taila, Kushthadi Yonidhupana.

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**ABSTRACT**

A parturition process is accompanied by discomfort and pain. To control this some intervention is expected by women. Episiotomy is a common surgical method used to facilitate delivery by increasing dimensions of birth canal for easy childbirth and to avoid perineal injuries which may extend up to the anus or rectum also. Episiotomy wound can be considered as *Sadyovrana* – a kind of *Agantuja Vrana*. It also called as *Prasutayonikshat* or *Vitapchheda*.

In our classic, *Lajjalumul Taila* is described for *Sheeghra Vranarohana*. It is also used to treat *Vrana* caused due to *Shastraghata*. In *Ayurveda*, *Dhupana Karma*<sup>13</sup> is also indicated in *Sutika Paricharya*. *Dhupana* is given with fumes of Ayurvedic medicinal herbs. Most of *Dhupana Dravyas* like *Kushtha*, *Aguru* and *Guggul* contains volatile and aromatic active principles with *Jantughna* (anti-microbial), *Shothaghna* (anti-inflammatory) and *Vedanasthapana* (analgesic) effects. Infection of episiotomy wound may leads to gaping of wound; if severe, may lead to fistula or even septicemia. Hence, the prime focus is proper care and treatment to promote healing of the episiotomy wound and to avoid complications. Hence, the present study was carried out to evaluate combined efficacy of *Lajjalumul Taila* application with *Kushthadi Yonidhupana* in management of *Prasutayonikshat* (Repaired episiotomy).

**INTRODUCTION:**

Motherhood is a life changing phase of women's life with emotional, mental and physical rushed events. It is a strenuous itself due to struggling with some physical and mental changes. Hence somewhere it is also called as new birth of a lady.

A surgically planned incision on the perineum and the posterior vaginal wall during the second stage of labour is called as episiotomy (Perineotomy)<sup>1</sup>. In India, the overall rate of episiotomy is found 67%<sup>2</sup>. Although in our *Ayurvedic Samhitas*, description of episiotomy has not been given directly, but *Vrana*<sup>3</sup> is described in detail. As episiotomy can be considered as *Sadyovrana*<sup>4</sup>, *Ropana Karma*<sup>5</sup> should be done on this *Sadyovrana*. As *Sutika* is considered as *Vrani* and *Kshati*, explaining the tender condition of *Sutika*, it is said that, the *Sneha* which has *Shodhana* and *Ropana* action is a prime factor of management of *Sadyovrana*. Among all *Snehas*, *Taila* acts as *Yonivishodhak*, *Vatshamak* and *Tvachya*<sup>6</sup>. *Taila* is one among the *Shashti Upakramas*<sup>7</sup> which has been mentioned in our classics for *Vranaropana* with minimum scar formation and to control pain. In *Ayurveda*, various *Vranashodhak* and *Vranaropak Dravyas* are explained which has dramatic results. In *Raajmartanda*, *Lajjalumul Taila* is described for *Sheeghra Vranarohana*<sup>8</sup>. It is also used to treat *Vrana* caused due to *Shastraghata*. In *Ayurveda*, *Dhupana Karma*<sup>9</sup> is also indicated in *Sutika Paricharya*. *Dhupana* is given with fumes of Ayurvedic medicinal herbs.

**AIM AND OBJECTIVES:**

- To study *Sadyovrana*, episiotomy wound and healing.
- To study the efficacy of *Lajjalumul Taila* with *Kushthadi Yonidhupana* in *Prasutayonikshat*.

**MATERIAL AND METHODS:**

60 patients who underwent normal delivery with episiotomy wound sutured soon after delivery were selected from IPD of *Prasutitantra- Stree Roga* department of *SSNJ Ayurved Rugnalaya, Solapur*.

**Sample Selection Method:**

Subjects were selected according to inclusive criteria till the desired sample size was achieved.

**A) Preparation of Lajjalumul Taila:**

- Authentication and standardization of all raw materials were done.
- *Lajjalumul Taila* was prepared as per *Snehpaak Kalpana* according to *Shaarangdhar Samhita*<sup>10</sup> in *Rasashastra Evum Bhaishajya Kalpana* department of our S.G.R. *Ayurveda Mahavidyalaya, solapur*.

Phyto-chemical analysis of the drug was done before its use.

**Drug administration:**

- **Lajjalumul Taila**

**Route:** Local application

Episiotomy wound was cleaned with water.

*Lajjalumul Taila* was applied on the *Vrana* with the help of *Karpaas* (gauze) soaked in it.

**Dose:**

*Karpaas* soaked in *Taila* completely. (Approximately 5 ml each time depending upon extent of episiotomy wound).

Patient was advised to retain the position for at least 10 minutes; Then *Kushthadi Yonidhupana* was given.

**Administration of Dhupana:**

*Yonidhupana* was given with fumes of *Kushtha*, *Guggul* and *Aguru*.

**Route:** Local Fumes

**Dose:** 5 grams each at each sitting.

**Procedure:**

- An electrical heating coil is kept ready. The desired drugs in *Churna* form are added over coil so as to produce dense fumes and kept under the chair with vent in the middle.
- The patient was asked to sit on the chair after voiding urine.
- Patient was instructed to sit in such a way so as to expose the external genital organs to the fumes emanating from the *Dhupana Dravyas* sprinkled over coil placed below the chair.
  - The fume reaches the external genitalia through the vent.
  - This is done till a desired time as per patient tolerance. (5-10 minutes approximately).
- When sweating starts, it should be stopped.
- After a desired time or when sweating starts, patient is asked to move her bed and allowed to rest.

**Inclusion Criteria:**

- 1) Age group of 19 – 40 years
- 2) Primiparous as well as multiparous
- 3) Right or left medio-lateral repaired episiotomy

**Laboratory Investigations:**

ANC Profile – CBC, Blood Group, BT-CT, BSL(R), HIV, HBsAg, VDRL, Urine®

**Exclusion Criteria:**

- 1) Patients having severe systemic, pre-existing or pregnancy induced diseases, Diabetes mellitus, Tuberculosis etc.
- 2) Severe anaemia (11,000/mm<sup>3</sup>)
- 4) Thrombocytopenia (<1,50,000/mm<sup>3</sup>)
- 5) STD's, HIV, HBsAg
- 6) Normal delivery with intra-partum complications like PPH, MRP, Perineal tear.

**Withdrawal Criteria:**

- 1) If patient develops high pyrexia, severe unbearable local pain, local infection or adverse reaction to a treatment.
- 2) If patient refused to continue the treatment. 3) Patient not in regular follow up during the course of trial.

**Study Design:**

Duration of study: 18 months

Duration of treatment: 7 days

- 60 patients screened, their informed written consent was taken.
- Baseline assessment was done soon after suturing episiotomy. Clinical trial was carried out.
- Follow up assessment was done on 1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup> and 7<sup>th</sup> day.

**Assessment Criteria:**

Sr.no.	Parameter	Criteria	Score
<b>A) Subjective parameters:</b>			
1)	Pain (Vedana)	No pain	0
		Localized pain during movement but tolerable	1
		Localized pain during movement and not tolerable	2
		Localized pain persistent during rest	3
2)	Pricking sensation (Toda)	No	0
		Mild	1
		Moderate	2
		Severe	3
3)	Tenderness (Sparshasha hatva)	No tenderness	0
		Winching of face on applying pressure	1
		Withdraw the area of examination on applying pressure	2
		Patient does not allow to touch	3
<b>B) Objective parameters: REEDA Scale</b>			
1	Redness	None	0
		Within 0.25 cms from the incision	1
		Within 0.50 cms from the incision	2
		Beyond 0.50 cms from the incision	3
2	Edema	None	0
		Perineal, < 1cm from incision	1
		Perineal and/or vulval, 1-2 cms from incision	2
		Perineal and/or vulval, >2 cms from incision	3
3.	Ecchymosis	None	0
		1-1.5 cms from the incision	1
		1.5-2 cms from the incision	2

		>2cms from the incision	3
4.	<b>Discharge from episiotomy wound</b>	None	0
		Serum	1
		Sero-sanguinous	2
		Bloody, Purulent	3
5.	<b>Approximation</b>	Close	0
		Skin separation <= 3mm	1
		Skin and subcutaneous fat separated	2
		Skin, subcutaneous fat and fascia layer separated	3

**Statistical Analysis:**

- Data was collected before, during and after the treatment. These were analyzed by using descriptive statistics, contingency table analysis.
- All parameters were analyzed statistically at the level 5% of significance using Wilcoxon signed rank test.

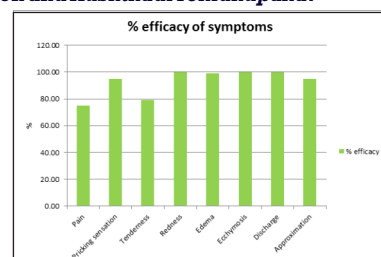
**Observations And Results:**

- 1) **Age:** In this study, maximum patients were from age group 20 – 24 years.
- 2) **Religion:** Out of 60 patients 54 (90%) patients were from Hindu community, 06 (10%) patients were from Hindu community.
- 3) **Occupation:** Maximum number of patients were housewives 49 (81.67%) while 11 (18.33%) were working women.
- 4) **Socio-economis:** In the present study, maximum patients 44 (73%) were from middle class, 13 (22%) patients were from higher class and 03 (05%) patients were from low economical class.
- 5) **Diet:** In the present study, out of 60 patients maximum patients 26 (83.33%) were taking mixed diet, and 19 (16.67%) were taking pure vegetarian diet.
- 6) **Parity:** Out of 60 patients, 35 (58.33) patients were multipara and 25 (41.67) patients were primipara.

**Statistics of percentage change in symptoms from baseline**

Symptom	BT score	AT score	D=BT -AT	% efficacy	Test statistic	P value
Pain	2.82	0.70	2.12	75.15	W=0	P<0.01
Pricking sensation	2.27	0.12	2.15	94.85	W=0	P<0.01
Tenderness	2.80	0.58	2.22	79.17	W=0	P<0.01
Redness	1.67	0.00	1.67	100.00	W=0	P<0.01
Edema	1.50	0.02	1.48	98.89	W=0	P<0.01
Ecchymosis	0.65	0.00	0.65	100.00	W=0	P<0.01
Discharge	0.82	0.00	0.82	100.00	W=0	P<0.01
Approximation	0.32	0.02	0.30	94.74	W=0	P<0.01

**W:Wilcoxon sign rank test P<0.01: Highly significant Symptom wise combined effect of Lajjalumul Taila application and KushthadiYonidhupana.**



Statistically highly significant decrease (P<0.01) observed on symptom values such as Pain, Pricking sensation, Tenderness, Redness, Edema, Ecchymosis, Discharge, Approximation

after receiving treatment of *Lajjalumul Taila* application and *KushthadiYonidhupana*.

## DISCUSSION

### • Mode of action of *Lajjalumul Taila*-

#### A) *Lajjalu*<sup>11</sup>:

- *Lajjalu* has *Shophahara* property that is it reduces edema. Due to this the rate of regression of edema shows quietly high.
- *Yonirogahara* property is useful to cure vaginal diseases.
- *Lajjalu* belongs to *Sandhaneeya Guna*, means it shows healing with good approximation.
- Mimosine is an active principle which has anti-microbial, antipyretic and anti-inflammatory and anti-dermatitis activity. Hence it helps in granulation of tissues during wound healing process. It also has higher capacity of regeneration, hence used to cure wound and inflammation. Mimosine also alleviates bleeding thus causing haemostatis at the episiotomy wound. The effect on wound might be due to all these properties.

#### B) *Tila Taila*:

- *Snigdha Guna* and *Ushna Veerya* of *Tila Taila* act on *Ruksha* and *Sheet Guna* of *Vata* and controls *Vataprakopa* in *Sutika Avastha*. It has *Vedanasthapana Guna* which reduces the pain.
- **Mode of action of *Yonidhupana***
- *Dhupana Dravyas* have *Srotoshodhana*, *Kaphaghna*, *Kledaghna* and *Rakshoghna* actions. Because of its *Sookshma Strotogamitva* property i.e. ability to act at minute levels, the *Dhupana Dravyas* are capable of acting at deep seated locations of pathology.
- It has *Kapha-Vatahara*, *Kledaghna* and *Rakshoghna* effect thereby providing relief from inflammation and the associated pain and discharge from the wound.

## CONCLUSION:

- *Prasutayonikshata* (Repaired episiotomy) is treated as *Vrana*.
- By the combined effect of *Lajjalumul Taila* and *Kushthadi Yonidhupana*, most of patients showed significant result in healing of episiotomy wound.
- There was no adverse effect of *Lajjalumul Taila* application and *Kushthadi Yonidhupana* observed during this study. The promising results of the improvement in episiotomy wound by local application of *Lajjalumul Taila* and *KushthadiYonidhupana* with none of the side effects proves its curative efficacy.

## REFERENCES:

1. Dutta D.C. Textbook of Obstetrics Including Perinatology and Contraception, Konar Hiralal, New Central Book Agency; Calcutta: 7th edition 2011, 570.
2. Sonika p. A Comparative Clinical Study Of Nimbadi And Yashtyadi Ointment On Episiotomy Wound W.S.R. To Wound Healing, AYUSHDHARA, May-June 2017, Volume 4, Issue 3.
3. Sharma P. Nibandhasangraha commentary of Dalhanacharya on Sushruta Samhita, Chikitsasthan, chapter 1, verse 6, Varanasi: Chaukhambha prakashan, 2000, Volume 2, P.246.
4. Shastri L. Vidyotini Hindi commentary on Yogratakarak, Sadyovranichikitsa, Verse 5, Varanasi: Chaukhambha prakashan, 2nd edition, 1973, P. 182.
5. Shastri A. Ayurveda Tattva Sandipika Hindi commentary on Sushruta Samhita of Maharshi Sushruta, Chikitsasthan, chapter 1, Verse 74, Varanasi: Chaukhambha prakashan, Edition: Reprint 2015, Volume 1, P.12.
6. Tripathi B. Charaka-Chandrika Hindi commentary on Charak Samhita, Sutasthan, Chapter 13, Verse 15, Varanasi: Chaukhambha prakashan, 11th edition, P.265.
7. Shastri A. Ayurveda Tattva Sandipika Hindi commentary on Sushrutasamita of Sushruta, Chikitsasthan, Chapter 1, verse 8, Varanasi: Chaukhambha Prakashan, Edition: Reprint 2015, Volume 1, P.248.
8. Yadavji T. Rajamartand of Maharaja Bhoja, Vranadhikar, Chapter 25, Verse 240, Bombay: Subodhini publications, Second Edition, 1924, P. 36.
9. Sharma H. Vidyotini Hindi commentary on Kashyapasamhita of Vrddhajivika, Khilasthan, Chapter 11, Verse 22, Varanasi: Chaukhambha Sanskrita Sansthana, 3rd Edition, 2006, P.306.
10. Dr. Tripathi Bramhanand, Sharangdhar Samhita with Dipika Hindi commentary, Chaukhambha prakashan, Varanasi, Reprint Edition 2006, madhyamkhand, Adhyay 9/1, 9/9 218-219, 9/12-13, 220.
11. Sharma P. Dravyaguna Vigyaan, Adhyay 9, Varanasi: Chaukhambha prakashan, Reprint 2012, Volume 2, P.726-28.