

Original Research

Management of Episiotomy Wound with KarpuradiMalahara-A Pilot Study

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Abstract:

Episiotomy is a surgical planned incision given on the perineum and posterior vaginal wall during second stage of labor. Considering episiotomy wound as ChhinnaVrana, KarpuradiMalaharahaving action of VranaRopanawas applied in this condition to evaluate its role in management of this wound. Five cases with sutured episiotomy wound following vaginal delivery were treated with anfolklore ointment (Anubhuta Yoga) named as KarpooradiMalahara comprising of Karpura, Lodhra, Haridra and Ghee. 7 days application of this ointment (without administering antibiotics and analgesics) provided considerable improvement in wound healing and reduction in pain.

Key words: Episiotomy, China Vrana, Karpuradi-Malahara

Introduction

Episiotomy is a surgical planned incision given on the perineum and posterior vaginal wall during second stage of labor to prevent perineum tear. Its aim is to enlarge the perineum to help easier childbirth and prevent perennial lacerations which may extend to anal sphincter. Episiotomy was not in practice in ancient time but management of the Yoni Kshata (vaginal wound) is mentioned in SutikaRoga. According to Ayurveda this type of ulcer is called Chinnavrana (incised wound)

Nowadays the episiotomy rate is increasing which is done to avoid complications during parturition period. Worldwide 27% incidence has been noticed and in India-56% incidence are documented

KarpuradiMalahara is a folklore ointment comprising of Karpura (camphor)-1 part, Haridra (curcuma)- 1 part, Lodhra--1 part, Madhuchista (bee wax) -1 part and cow's ghee-5 parts. The ointment (Malahara) was prepared as per MalaharaKalpana

Aim & Objective: To evaluate the efficacy of KarpuradiMalahara in episiotomy wound healing.

Materials and Methods: Five fresh cases of vaginal delivery which were given episiotomy incision and then sutured were selected from the labor room of SDM College of Ayurveda and Hospital, Hassan.

From the first day onward these patients of episiotomy wound were treated with Karpuradi Malahara.

Inclusion Criteria: Both Primi & multi gravid with episiotomy sutured wound were selected and Age-18-30yrs

Exclusion Criteria: Diabetes mellitus, hypertension, tuberculosis, thyroid dysfunction, skin disease, HIV, HBsAG, VDRL positive and Perineal tear, perineal hematoma, abscess & impaired wound healing

Method of Application of the Ointment: First the wound was cleaned by pouring (Parisheka) of sterile lukewarm water and then it was dried with sterile gauze. Then sufficient quantity of KarpuradiMalahara was applied on the wound and covered with sterile gauze. The patient was advised to remain in right lateral position for at least 10 minutes. Care was taken to maintain the local hygiene. The ointment was applied twice a day for 7 days. Neither any antibiotic nor any other drug was given during the treatment period.

Diet-Routine: Sutika Paricharya was advised

Assessment Criteria:

1. The effect on the pain in the wound was assessed by adopting Defense veteran's pain rating scale (DVPRS).

2. The effect on episiotomy wound was assessed by Table-1. using REEDA scale the details of which are given in

Table-1
Pattern of REEDA Scale

Points	Redness	Oedema	Ecchymosis	Discharge	Approximation
0	None	None	None	None	Close
1	Within 0.25 cm of the incision bilaterally	Perineal, less than 1 cm from incision	Within 0.25 cm bilaterally or 0.5 cm unilaterally	Serum	Skin separation 3 mm or less
2	Within 0.5 cm of the incision bilaterally	Perineal and/or between 1 to 2 cm from the incision	Between 0.25 cm to 1 cm bilaterally or between 0.5 to 2 cm unilaterally	Serosan-guinous	Skin and subcutaneous fat separation
3	Beyond 0.5 cm of the incision bilaterally	Perineal and/or vulvar, greater than 2 cm from incision	Greater than 1 cm bilaterally or 2 cm unilaterally	Bloody, purulent	Skin, subcutaneous fat and fascial layer separation
Score					
				Total	

Results

Episiotomy wounds of the five patients have been shown in Figure-1. The wound with application of karpuradiLepa on first day is shown in Figure-2 and figure-3 shows the condition of wound on 5th, 7th and 15th day of the treatment.

Pain was reduced to 30% on 2nd day, 70% on 7th day and 100% on 15th day as shown in Table-3.

REEDA scale showed 100% improvement in inflammation i.e. no redness and edema(Table-2). There was no discharge from the wound before and after the treatment.

Figure-1
Episiotomy Wounds before Treatment



Figure-2
Episiotomy Wound with Application of KarpuradiLepa



Episiotomy Wound with Application of Karpuradi Lepa on 5th, 7th and 15th Day



Table-2

Days wise Effect of KarpuradiMalhara on episiotomy wound as per REEDA scale

Cases	Day-1 and 2	Day-7	Day-15
Case-1	14	03	00
Case-2	13	02	00
Case-3	13	04	00
Case-4	14	02	00
Case-5	14	03	00

DVPRS SCALE

Table-2

Days wise Effect of KarpuradiMalhara on Episiotomy Wound as per DVPRS Scale

Cases	Day-1	Day-2	Day-7	Day-15
Case-1	09	08	01	00
Case-2	09	07	02	00
Case-3	08	07	01	00
Case-4	09	08	00	00
Case-5	08	07	01	00

Conclusion

This pilot study concludes with the finding significant episiotomy wound healing with local application of KarpuradiMalahara in 7 days.

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