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CLINICAL STUDY OF “HARIDRADWAYA RASKRIYA” IN EPISIOTOMY WOUND HEALING.

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Abstract: Prasavavastha is an important event of women’s life. Sometime complication may occur in this stage and that may originate many Yoni Roga. So in all medical faculties, to overcome these complication, some specific Paricharya (regimens) are mentioned. The Paricharya suggested by Ayurveda, is according to Doshik condition of body during antepartum, intrapartum and postpartum period to minimize the complication of parturition. The vaginal injuries during parturition is important topic. vaginal injuries are untreated a lot of trouble throughout life occurred. They can give rise to certain embracing fistula. Ayurveda provide proper treatment and assurance to patient for Yoni vrana. Haridradwaya Raskriya mentioned in Sushruta was selected for the clinical study on episiotomy wound. In clinical study we found that Haridradwaya Rasakriya with Madhu significantly reduces pain and discomfort of episiotomy wound. It enhances the wound healing with significant reduction in Discharge from wound and increases granulation tissue formation.

Keywords: Haridradwaya Raskriya, vaginal injuries, episiotomy wound, Voni Vrana.

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INTRODUCTION

Ayurveda is a 'Science of life'. It incorporates man's harmony with nature's rhythm so as to maintain the health, prevent disease which increase the life expectancy. It also gives idea to know the various principle of life, the different aspect of all the disease. At the time of Ayurveda, which date back to almost 5000 years from today. The technique and science of dealing with the different problem related to pregnancy and subsequent safe delivery of the child was appreciable developed. In fact, one cannot forget that in our country Streerog Shastra and Prasuti tantra was so much developed that a separate treatise was written which was devoted to this branch of medicine. The complication of parturition and its effect on parturient are very severe to deal with. That's why sage Kashyap mentioned above sutra.

Prasavavastha is a delicate bridge between Garbhavastha and Sutikavastha. In this stage, all Dosha and Dhatu are viated. So it is important to maintain prakrut stage of Dosas and Dhatu. During delivering child to cut-short the prolonged pain and discomfort methodical incision is done called Episiotomy for the comfort of mother and easy exit of fetal child. Maharishi Susruta had told three steps of labour as:-^[1]

- Prajayani
- Upasthita prasava
- Prajanishyamana

During the 'prajanishyamana' stage birth of baby takes place.^[2] According to Susruta, there are some muscles involved in labour. As the passage of vagina is narrow, forceful expulsion of baby's head can damage to soft tissue of perineal. It can also effect anterior and posterior wall of vagina i.e bladder and rectum. In this condition it is very important to manage and maintain all the tissue and vaginal walls. Sometimes the vaginal injuries are possible due to instrumentation like forceps, vaccum extraction etc. Injuries are caused if the labour pains are unduly strong and the patient makes hasty and strong effect to effort to expel the foetus out. Lack of perinatal training in experience there is vaginal injuries occurred. According to ayurveda, the term "Episiotomy" may be taken as Chhina Vrana a type of Sadyo vrana.^[3] As seen the "Episiotomy wound" is difficult to heal as it has marma called vitapa. Now these episiotomy wound will dressed with various antiseptic and antibiotics ointments and creams. Minor wound and ulcer are left untreated. Considering all the problems during Sutikavashtha with Yoni Vrana, pain, oedema, abnormal discharge. It is mandatory to give proper treatment and assurance to patient for yoni vrana. In present study we had selected the preparation on the basis of noncontroversial ingredients and easy of availability. Locally nontoxic nature and easy to prepare. These properties praised in the Ayurvedic

text. Haridradwaya Raskriya mentioned in Sushrut Chikitsa.^[4]

Aims and objective of study

1. To study the efficacy of “Haridradwaya Raskriya” in episiotomy wound healing.
2. To study the episiotomy wound and the process of healing.

MATERIALS AND METHODS: Present study has been conducted at Institute. The subjects have been selected from indoor patient department. Authentication and standardization of drug (Haridwaya Rasakriya) has been done from standard laboratory.

Selection of Patients:- Total 70 subjects were randomly selected for study as per Inclusion & Exclusion criteria. The patients fulfilling the clinical criteria were randomly selected irrespective of their religion, occupation, etc. from I.P.D. In this study the exclusion and inclusion criteria are as follows.

Inclusion Criteria:-

Patients were selected fulfilling the following inclusion criteria:-

1. The patents of any parity, income group and of any occupation were selected.
2. Only 1st degree and 2nd degree perineal tear were selected.

Exclusion Criteria

Patients were rejected with following Exclusion criteria:-

1. Patients with any blood coagulopathies.

2. Patients with diabetes mellitus.
3. Severe anaemia in which Hb% is less than 6.5 gm%.
4. Convulsion disorder with severe vulval oedema.
5. Immunocompromised patients.
6. Any type of malignancies.
7. III rd and IV th degree perineal tear were excluded.

Grouping: This study was totally based on clinical observations healing of episiotomy wound and vaginal laceration according to ayurvedic and modern literature. For the present study, total 70 suitable patients were chosen from the Hospital attached to the Institution. They were divided into two equal groups which are based on simple random lottery method selection.

1) **Experimental Group-** Group of 35 patients in which lacerations of episiotomy wound were treated using Haridradwaya Rasakriya with Madhu after cleaning the episiotomy wound with sterile cotton and luke-warm water. Along with this local drugs, the systemic antibiotic Ampiclox 500 mg tds for five days from the day of episiotomy taken. Rasakriya with Madhu applied on wound with sterile gauze piece.

2) **Control group-** Group of 35 patients in which lacerations of episiotomy wound were treated using Betadine after cleaning the episiotomy wound with sterile cotton and luke-warm water. Along with this local drugs, the systemic antibiotic Ampiclox 500 mg tds for five days from the day of

episiotomy taken. Betadine applied on wound with sterile gauze piece.

Procedure of Vrana karma:- Sutika has given lithotomy position. Wound was cleaned with luke warm water. Surrounding area of the wound was kept cleaned. Rasakriya with madhu applied with sterile gauze piece and that piece was put on wound and sterile pad given to the patient. Sutika has been advised to follow samanya Sutika Paricharya.

Matra- Rasakriya with madhu was prepared in the ratio of 1gm to 1gm and the amount was prepared according to wound size.

OBSERVATION : The test used is Mann Whitney test for two independent samples.

Table no. 1 comparison of ranks in both groups.

Ranks				
	Groups	N	Mean Rank	Sum of Ranks
Shool	Control Group	35	27.87	975.50
	Trial Group	35	43.13	1509.50
	Total	70		
Shoth	Control Group	35	28.60	1001.00
	Trial Group	35	42.40	1484.00
	Total	70		
Strava	Control Group	35	44.24	1548.50
	Trial Group	35	26.76	936.50
	Total	70		
Vranoustha	Control Group	35	31.20	1092.00
	Trial Group	35	39.80	1393.00
	Total	70		
Gandh	Control Group	35	30.00	1050.00
	Trial Group	35	41.00	1435.00
	Total	70		

Duration- till complete relief from symptoms

Observation- 21 days as per follow up at 1st, 3rd, 5th, 7th, 14th, 21st days.

Site- Perineal skin at wound site.

During these day patients were advised to follow samanya sutika paricharya.

The following physical data were recorded:-

1. Srava:- Discharge
2. Vedana:- Pain
3. Shotha:- Oedema
4. Gandha:- Smell
5. Vranaushtha:- Wound edges.

Total Symptoms Score	Control Group	35	26.30	920.50
	Trial Group	35	44.70	1564.50
	Total	70		

Table no. 2 Mann Whitney test for comparison of groups

Symptoms	Shool	Shoth	Strava	Vranoustha	Gandh	Total Symptoms Score
Mann-Whitney U	345.500	371.000	306.500	462.000	420.000	290.500
Wilcoxon W	975.500	1001.000	936.500	1092.000	1050.000	920.500
Z	-3.419	-3.579	-4.342	-2.311	-3.587	-3.898
P value (2-tailed)	.001	.000	.000	.021	.000	.000

Since p value < 0.05, the level of significance for all factors; there is strong evidence to reject the null hypothesis for all the factors. There is significant difference in Trial Group & Control Group on an average if factors Decrease in Shool, decrease in Shoth, decrease in Strava, Decrease in Vranoustha, decrease in Gandh, decrease in total symptoms score are considered. Looking at the mean rank values Decrease in Shool, decrease in Shoth, decrease in Vranoustha, decrease in Gandh, decrease in total symptoms score are greater in trial group than that in Control Group. Looking at the mean rank values Decrease in Strava is less in Trial Group than that in Control Group. There is no significant difference between before treatment & after treatment scores in Trial Group on an average if factor Gandh is considered. & trial group is given below.

Table no. 3 The test used is Friedman’s test for six paired samples (six follow-ups).

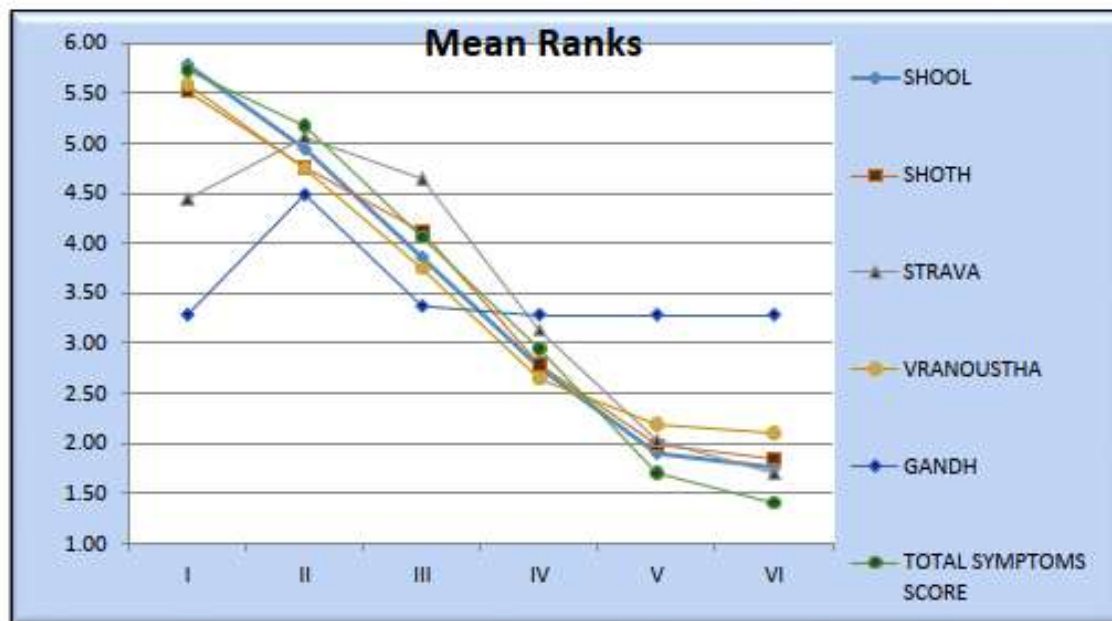
SHOOL		SHOTH		STRAVA	
Ranks		Ranks		Ranks	
Follow Ups	Mean Rank	Follow Ups	Mean Rank	Follow Ups	Mean Rank
I	5.79	I	5.51	I	4.44
II	4.94	II	4.76	II	5.06
III	3.86	III	4.11	III	4.64

IV	2.76	IV	2.79	IV	3.13
V	1.90	V	1.99	V	2.03
VI	1.76	VI	1.84	VI	1.70
Test Statistics ^a		Test Statistics ^a		Test Statistics ^a	
N	35	N	35	N	35
Chi-Square	155.364	Chi-Square	143.968	Chi-Square	128.213
Df	5	df	5	df	5
P value	.000	P value	.000	P value	.000
a. Friedman Test		a. Friedman Test		a. Friedman Test	

VRANOUSTHA		GANDH		TOTAL SYMPTOMS SCORE	
Ranks		Ranks		Ranks	
Follow Ups	Mean Rank	Follow Ups	Mean Rank	Follow Ups	Mean Rank
I	5.59	I	3.29	I	5.73
II	4.74	II	4.49	II	5.17
III	3.74	III	3.37	III	4.06
IV	2.64	IV	3.29	IV	2.94
V	2.19	V	3.29	V	1.70
VI	2.10	VI	3.29	VI	1.40
Test Statistics ^a		Test Statistics ^a		Test Statistics ^a	
N	35	N	35	N	35
Chi-Square	133.514	Chi-Square	63.800	Chi-Square	166.848
df	5	df	5	df	5
P value	.000	P value	.000	P value	.000

a. Friedman Test	a. Friedman Test	a. Friedman Test
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The graph showing mean rank values for each factor are given below.



DISCUSSION

An “Episiotomy”, is nothing but a surgical wound, and can be categorized as Chinna Vrana because it divides the perineum. Though the episiotomy cut is a small cut, owing to its vicinity to all the body flushing area it becomes prone to infections and faces problem in healing. There can be more serious complications such as wound dehiscence and healing by secondary or tertiary intention, which may lead to excessive fibrosis. The healing time of episiotomy wound is very critical as it is located at a place where several sensory nerves are situated which causes severe pain and discomfort to the mother and make her difficult to sit and feed her baby.^[5] In clinical study we found that on 7th day about 80% patient of trial group and only

about 25.71% patients of the control group got cured completely. This data shows that, Haridradwaya Rasakriya with Madhu as Vranaropak is superior than Betadine. Haridradwaya rasakriya not only enhances the wound healing but also decreases the symptoms of wound like shool, shoth, strava etc significantly.

Probable action of Haridradwaya Raskriya on Episiotomy Wound Healing

Haridradwaya Raskriya has Pitta-rakta shaman, Raktaprasadan, Vranasuddhi, Vranaropak and Sandhaniya property of the Haridradwaya rasakriya with Madhu. Both the drug in formulation Haridra (Curcuma Longa) and Daruharidra

(Berberis aristate) has Shodhana, Ropana, and Vedana Sthaapana properties, Tikta, Katu, kashayaRasa and Rooksha, Laghu Guna. Tikta Ras does Twak Maamsa Sthireekarana and Lekhana.^[6] It might help in increasing tensile strength of wound & removal of slough. Katu Rasa has Vrana Shodhana & Avasadana properties. Daruharidra has Shothahara, Raktashodhaka, Krimighna and Raktastambhana properties. Hence it reduces inflammation and makes blood free from various microbes. Due to Vedana Sthaapana property, it provides better relief in pain and tenderness. It is Varnya, so it provides a natural colour to scars. Haridra is possess antibacterial, antifungal and anti-inflammatory activities.^[7] It is useful in inflammations, ulcers, wounds, skin diseases and allergic conditions.^[8] it contain curumin (diferuloylmethane), turmeric oil or turmerol and 1,7-bis, 6-hepta-diene-3, 5-dione, proteins, fat, Vitamin A, B, and C. also it has potent anti-inflammatory and analgesic activities.^[9] In some clinical study Honey debrided wounds rapidly, replacing sloughs with granulation tissue. It also promoted rapid epithelialization, and absorption of oedema from around the ulcer margins.^[10]

CONCLUSION

Haridradwaya Rasakriya with Madhu application is useful in prasavottar Yonigata vrana. It plays significant role in Vranaropan. The efficacy of Haridradwaya with Madhu is more than Betadine in episiotomy wound healing. Haridradwaya Rasakriya with Madhu significantly reduces pain

and discomfort of episiotomy wound. It enhances the wound healing with significant reduction in Discharge from wound and increases granulation tissue formation. Present study indicates that the treatment is safe, effective and harmless. So from the above results it can be concluded that Haridradwaya Rasakriya with Madhu is much effective in healing of Yoni-Vranas formed during parturition.

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