



## Research Article

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### EFFICACY OF TRIPHALA KWATH YONI DHAWAN WITH TRIPHALA SIDDHA GHRITA PRATISARAN IN EPISIOTOMY WOUND

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#### ABSTRACT

Episiotomy is the most common operative in obstetrics. Episiotomy wound care is essential as these wounds are difficult to heal. In this study, patients were randomly selected and allotted to trial group and control group, 30 for each group. In trial group triphala Kwatha Yonidhawan and triphala siddha ghrith pratisaran was given for 7 days and in control group patients were treated with perineal wash with Dettol and Betadine ointment locally for 7 days. The result was assessed with selected parameters. At the end of 7 days treatment, trial group showed significant result than control group.

**Key Words:** Triphala, Yoni Dhawan, Episiotomy, Pratisaran

#### INTRODUCTION

Pregnancy is very important and very happy event in woman's life, but parturition is strenuous event. The mortality rate is very high all over the world. The complications of parturition are very severe and are difficult to cure. Ancient Vaidyas were well convalescent with these complications. They were using tampons soaked in oil to put it into vagina in last month for softening of rigid perineum and vagina.<sup>1</sup> vaginal oiling was done during labour for easy delivery.<sup>2</sup>

Now a days, episiotomy is commonly used surgical method which facilitates easy delivery and reduces complications. Episiotomy is a deliberate incision made on perineum during second stage of labour to enlarge vaginal introitus. This facilitates easy vaginal delivery of baby.<sup>3</sup> As episiotomy is a kind of man made incision injury, care of episiotomy wound should be taken for proper healing and preventing it from infection. After parturition, wounds in vagina are more prone to get infected due to vaginal bacterial flora which may get pathogenic due to anaemia, malnutrition, frequent per-vaginal examinations. In modern practice post operative care of episiotomy wound is done by swabbing with cotton soaked in antiseptic and antibiotic solutions and followed by local application of antiseptic and antibiotic ointments.<sup>4</sup>

In Ayurveda vrana i.e. wound and its management is described in detail through Shashtiupakrama (sixty procedures to cure wound).<sup>5</sup> In this study, In trial group Triphala kwath (Decoction) is used for yoni dhawana (cleaning of vagina) and Triphala siddha ghritha was taken for pratisarana (Application of medicine at local site). Triphala is broad spectrum antimicrobial. It is anti-inflammatory, antiviral, antibacterial and antifungal in nature. It fastens the healing process.<sup>6</sup> Ghritha was used as

it is best Rasayan (rejuvenator) Vranaropak (wound healer)<sup>7</sup> moreover it is lipophilic in nature which facilitate entry of medicated formulation into the cell. In control group perineal wash with dettol and application of betadine ointment were given.

There are some disadvantages of modern drugs like skin allergies, blisters, itching, redness and resistance to antibiotics.

Triphala kwath yonidhawana and Triphala siddha Ghritha pratisarana is kind of external application. Primary studies show that Ayurvedic drugs applied locally probably has the advantage of non resistance on long term use. So an attempt is made to introduce ayurvedic drugs in episiotomy wound care which are cost effective, easily available, without side effects and resistance.

The intention of present study was to compare the effects of Ayurvedic medicines i.e. Triphala Kwath and Triphala siddha ghritha with conventional modern medication in the management of episiotomy wound.

#### Aim

- To study the Efficacy of Triphala Kwath Yoni Dhawan With Triphala Siddha Ghrith Pratisaran In Episiotomy Wound

#### Objectives

- To establish effective Ayurvedic medicine for episiotomy wound.
- To avoid complication of episiotomy.
- To study significance and efficacy of Ayurvedic formulations after comparing with modern medicines.
- To provide comparatively cheap and easily available remedy.

## MATERIAL AND METHODS

- Triphala Kwath
- Triphala Siddha Ghrit
- Dettol
- Betadine Ointment.
- Sterile Pads, 2cc syringe, enema pot, catheter, sterile container.

Triphala Kwath (Decocction of Triphala) and Triphala siddha ghrit (ghrit made up of Triphala) were prepared by ancient method described by Sharangdhar in Madhyam Khand under guidance of Rasashastra –Bhaishajya Department, Government Ayurved College, Nanded, India.

Standardisation of Triphala and Triphala Siddha ghrita was done in research laboratory.

### Triphala

- Total ash 2.58%
- Water soluble extract 31.32%

### Triphala Siddha Ghrita

- Specific gravity 0.9378
- Acid value 2.32

### Patients were selected by following inclusion criteria

- Age – Women from 18 to 40 years of age
- All primigravida and multipara with episiotomy.
- Patients with episiotomy registered in I.P.D. of Govt. Ayurved Hospital, Nanded, India

### Patients were rejected by following exclusion criteria

- Age: Less than 18 years and above 40 years of age
- Patients under systemic antibiotics
- Patients with systemic infection.
- Severe anaemic patients
- Diabetic patients

### Written Consent

Patients were informed regarding consequences of treatment and written consent was taken from the patient or his legal guardian. Ethical Clearance number for the present clinical trial was 520/12/02/2008 Government Ayurved College, Nanded, India.

### History and Examination

History of past illness, past labour etc. and personal habits was noted. Also, age, socio economic status, prakriti was noted. Physical examination was done to exclude any systemic disease.

### Laboratory Investigations

Hb %, B.T., C.T., T.L.C., D.L.C., E S R, H I V<sub>1</sub> V<sub>2</sub>, HbSAg, V D R L, Blood Group, B S L, Urine Routine & Microscopic investigations were carried out.

### Division of patients in experimental and control group

Patients were randomly allotted to experimental and control groups to receive the treatment. 30 Patients were included in each group.

## Trial Group

Patients selected in trial group were treated by Triphala Kwath Yonidhawan and Triphala Siddha Ghrita Pratisaran to episiotomy wound twice a day in morning after defecation and evening, without giving any local or systemic antibiotics for 7 days.

## Control Group

Patients selected in control group were treated by conventional modern treatment by giving perineal wash with dettol and local application of Betadine ointment to episiotomy wound twice a day for 7 days, same as per trial group.

## OBSERVATIONS

Parameter for assessment

### Subjective

- Pain at stitches: Present / Absent
- Tenderness: Present / Absent

### Objective

- Oedema: Present / Absent
- Discharge: Present / Absent
- Dehiscence: Present / Absent.

Type of discharge whether serous or purulent was noted

### Procedure of treatment

Episiotomy stitched with chromic catgut no. 0. First of all sterile instruments and materials were taken. Patient (Sutika) was given lithotomy position. Yonidhawan by Triphala Kwath was given by Yonidhawan patra (Enema pot and catheter) to lower 1/3rd of vagina only. Pratisaran of Triphala siddha Ghrita took with the help of 2 ml syringe and applied with finger tip to episiotomy wound. Sterile pad was given to patient.

### Matra (Quantity)

Triphala Kwath 100 ml

Triphala Siddha Ghrita 2 ml.

Duration 7 days.

Follow up on 10<sup>th</sup> and 15<sup>th</sup> day

For control group same procedure was done by perineal wash with dettol and local application of betadine ointment.

### Treatment Permitted

Medication for minor ailments which will not change the result.

### Treatment not Permitted

Medication which will change the result

### Advice to Patients

Personal Hygiene

### Efficacy of Treatment

The efficacy of treatment was evaluated as follows:

Score was given for each parameter for assessment as '0' for absent and '1' for present. All parameters totaled for evaluation on 7<sup>th</sup> day and expected results were calculated as follows:

### Statistical analysis

After collection of data from both groups it was analyzed statistically by applying proper tests such as AS  $\chi^2$  - test etc.

Table 1: Relief in Parameters on 7<sup>th</sup> Day

Parameter	Trial Group				Control Group			
	No of subjects got relief	% of subjects got relief	$\chi^2$ value	P Value	No of subjects got relief	% of subjects got relief	as $\chi^2$ value	P Value
Pain at stitches	25	83.33	39.49	P<0.001	18	60	22.93	P<0.001
Tenderness	23	76.67	34.12	P<0.001	15	50	17.42	P<0.001
Odema	29	96.67	52.32	P<0.001	23	76.67	34.12	P<0.001
Discharge	30	100	56.06	P<0.001	27	90	45.52	P<0.001

## RESULTS AND DISCUSSIONS

Perineal area must be protected as woman has to undergo repeated child birth and continue the marital life which in turn maintains physical and mental status of woman.

### Episiotomy Selection

This topic was selected for the study as it is one of the most common operation in obstetrics which is life saving for baby. Though it is small incision but pain and discomfort is more. Infection and other complications of episiotomy may hamper woman's physical, mental and sexual life. Wounds at genitalia are difficult to heal if they are left untreated.<sup>8</sup> Modern post operative care with antiseptic and antibiotics shows some side effects such as redness, itching, resistance in healing etc.

### Triphala Selection

It is easily available, cost effective. It is from Mustadi Gana of Sushruta which has property of curing diseases related to vagina, cervical canal, uterus (Tryavarta yoni)<sup>9</sup>. Triphala is anti-inflammatory<sup>6</sup>, antiviral antibacterial<sup>10</sup>, antioxidant improves circulation and possesses astringent<sup>11</sup> property. According to Ayurveda, it has krimighna (wormicidal)<sup>12</sup>, and Vronaropan (wound healing)<sup>13</sup> properties. It does not have side effects such as itching, allergy, blisters like that of modern antibiotics. Episiotomy wound is Agantuj sadyovrana. In sadyovrana vitiated Rakta and Pitta doshas increases local temperature and inflammation which does not allow bandaging. They should only be prakshalayet (cleaned out) twice daily<sup>14</sup>. Yonidhawana (cleaning of vagina) which is one of the form prakshalana will clean the wound in vagina as it is always in contact with unwanted metabolic products (Kleda). Pratisarana (application of medicine at the site of wound) comes under shashtiupakramas.

According to Acharya Vagbhatta Agantaj vrana should be treated with drugs having astringent and wound healing property. (Kashaya) Astringents drugs have cleaning property and they also hampers oozing of wound by shrunk (stambhan) action, Triphala is good astringent.

### Ghrita Kalpana Selection

Acharya Sushruta advised ghrita in Agantaj Vrana to reduce increased heat and for granulation tissue formation. (Sandhana).<sup>15</sup> It decreases concentration of pitta and Rakta by Sheeta guna (property to cool) and thus helps in reduction of localized inflammation. Ghrita is Varnnya (increases luster of skin) Rakshoghna (antimicrobial), Rasayana (rejuvenator)<sup>16</sup>. The lipophilic nature of ghrita facilitates entry of formulation into the cell and delivery to mitochondria microsome and nuclear membrane. Its absorption is 96% which is highest of all

other oils and fats. So Ghrita preparation of Triphala was decided for better absorption. Quantity of medication was decided on the basis of pilot study.

### Division of patients

60 patients were randomly selected and divided as 30 of each group.

### Selection criteria

Patients above 18 years were selected. Moreover IPD patients were selected so that procedure can be performed conveniently and patients were observed carefully.

### Rejection criteria

- Patients above 40 Years since healing slows down with the age
- Patients under systemic antibiotics as they will change the result.
- Patients having systemic infections as it delays healing.
- Anaemic patients as in such patients healing are delayed.
- Diabetic patients as wounds are difficult to heal.

### Parameter Selection

The most common complaint of patient with episiotomy was pain at stitches. Here pain at stitches is the pain which subject feels during movement. Tenderness oedema and discharge are classical signs of wound which goes on disappearing with wound healing. Oedema is hardly of 5mm dimension which cannot be properly graded. As there is continuous flow of lochia, discharge at wound site can not be measured. So gradation of these parameters was not done and was assessed as present and absent due to clinical variations and non specifications. Efficacy was assessed on 7<sup>th</sup> day. Follow ups were taken on 10<sup>th</sup> and 15<sup>th</sup> day to check for presence of further complication and for safety of patients.

### Discussion on observations

- Distribution of patients according to age was same in both groups. Most number of patients i.e. 40 (66.67%) were observed in Age group 21 to 30 as marriages occurs commonly in this age group.
- Socio Economic Status (SES) Distribution according to SES is same in both groups.
- Parity Distribution according to patient was same in both groups. Most number of patients i.e. 31 (51.67%) were primi parous, 26 (43.33%) were second parous and only 3 (5.00%) were third parous. This may be due to as per parity rate of episiotomy decreases due to increase in stretch ability of vagina and perineum.

- Hb % distribution according to Hb% was same in both groups. Most number of patient i.e. 44 (73.33%) were from the range 8 to 10. This may be due to Hb% rural area commonly occurs in this range.
- Prakruti: Distribution according to prakruti was same in both groups.

#### Benefits

- Pain at stitches has been relieved as early as on 5<sup>th</sup> day in trial group without using any analgesics which in turn minimizes expenditure and side effects.
- In trial group anti-inflammatory action of Triphala ghrita was seen as early as on 5<sup>th</sup> day. In control group modern treatment was useful only in aseptic action. This allows mother to sit comfortably and feed the baby.
- At the time of micturation burning sensation of wound due to acidic nature of urine was reduced due to ghee layer.

#### CONCLUSION

On the basis of above results it is concluded that drug Triphala Kwatha Yoni dhavana & Triphala siddha Ghrita Pratisarana is very effective in controlling a) Pain at stitches and tenderness as compared to control group and it is as effective as controlling b) Edema and discharge compared to control group. Overall the medicine of trial group was found statistically highly significant as compared to control group.

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