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. Vaginal oiling was done during labour for easy delivery. 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. 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.

In Ayurveda vrana i.e. wound and its management is described in detail through Shashttiupakrama (sixty procedures to cure wound). In this study, In trial group Triphala kwath (Decoction) is used for yoni dhawana (cleaning of vagina) and Triphala sidha ghrita 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. Ghrita was used as it is best Rasayan (rejuvenator) Vranaropak (wound healer) moreover it is lipophilic in nature which facilitate entry of medicated formulation into the cell. In control group perineal wash with dettol and 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 sidha Ghrita 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 sidha ghrita with conventional modern medication in the management of episiotomy wound.

Aim

- To study the Efficacy of Triphala Kwath Yoni Dhawan With Triphala Siddha Ghrit 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 (Decoction 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 ghirta was done in research laboratory.

Triphala
- Total ash 2.58%
- Water soluble extract 31.32%

Triphala Siddha Ghrit
- 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, V_{2}, 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 defeation 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 10th and 15th 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 7th 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.
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. 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)9. Triphala is anti-inflammatory, antiviral antibacterial10, antioxidants improves circulation and possesses astringent property. According to Ayurveda, it has krimighna (wormicidal)12, and Vronaropan (wound healing)13 properties. It does not have side effects such as itching, allergy, blisters like that of modern antibiotics. Episiotomy wound is Agantuj sadhayvana. In sadhayvana vitiated Rakta and Pitta doshas increases local temperature and inflammation which does not allow bandaging. They should only be prakshalayet (cleaned out) twice daily14. Yonidhawana (cleaning of vagina) which is one of the form prakshalan will clean the wound in vagina as it is always in contact with unwanted metabolic products (Kleda). Pratissara (application of medicine at the site of wound) comes under shashhtipakramas. According to Acharya Vagghatta 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 (stambah) 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).15 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)16. The lipophillic 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 7th day. Follow ups were taken on 10th and 15th 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.

Table 1: Relief in Parameters on 7th Day

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Trial Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No of subjects got relief</td>
<td>% of subjects got relief</td>
</tr>
<tr>
<td>Pain at stitches</td>
<td>25</td>
<td>83.33</td>
</tr>
<tr>
<td>Tenderness</td>
<td>23</td>
<td>76.67</td>
</tr>
<tr>
<td>Odema</td>
<td>29</td>
<td>98.67</td>
</tr>
<tr>
<td>Discharge</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>
REFERENCES

Cite this article as:

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.

REFERENCES

Cite this article as:

Source of support: Nil, Conflict of interest: None Declared