



AN EFFECTIVE AYURVEDA TREATMENT FOR A REPAIRED THIRD DEGREE INFECTED PERINEAL TEAR: A CASE REPORT

Anjuraj ¹, Chippy Prince Raji ¹, Parvathy Unnikrishnan ², Anjaly Muraleedharan ², Hemavathi Shivapura Krishnaraja Bhatt ³

¹PG scholar, Department of Stri Roga and Prasuti Tantra (Gynaecology & Obstetrics), Amrita School of Ayurveda, Amritapuri; Amrita Viswa Vidyapeetham, India

²Assistant Professor, Department of Stri Roga and Prasuti Tantra (Gynaecology & Obstetrics), Amrita School of Ayurveda, Amritapuri; Amrita Viswa Vidyapeetham, India

³Professor and Head, Department of Stri Roga and Prasuti Tantra (Gynaecology & Obstetrics), Amrita School of Ayurveda, Amritapuri; Amrita Viswa Vidyapeetham, India

*Corresponding Author Email: drhemavathi.sk@gmail.com

DOI: 10.7897/2277-4572.083132

Received on: 01/04/19 Revised on: 28/04/19 Accepted on: 01/05/19

ABSTRACT

Perineal trauma can be considered as any type of damage to the female genitalia during labour, which occurs spontaneously or iatrogenically. The incidence of perineal trauma worldwide is 84.3% of which 95% of primiparous women and 43.9% multiparous women are associated with episiotomy. Among them about 0.6-11% results in third degree or fourth degree perineal tear. These injuries can result in immediate and long term complications like wound infection, perineal pain, faecal incontinence, faecal urgency and dyspareunia. The management modalities to cope up with this issue remains unsatisfactory. Ayurveda has a treasure of medicines which are highly effective in wound healing and pain management. The present case is a 27 year old woman, 8 days postpartum (PIL1A0) reported with a repaired third degree infected perineal tear whose Quality Of Life was 29.6% impaired. On proper examination, clinical presentation of wound went parallel with the concept of dushtavrana mentioned in Ayurvedic classics. Hence an effective Ayurvedic treatment code for vranashodhana and vranaropana mentioned under the concept of dushtavrana has been planned for 10 days with a follow-up after 15 days. The patient reported appreciable improvement after treatment.

Keywords: Perineal tear, Ayurveda, Dushtavrana, Third degree, infected wound

INTRODUCTION

A diamond shaped area which is inferior to the levator ani is the perineum. The pyramidal-shaped tissue where the pelvic floor and the perineal muscles and fascia meet in between the vaginal and anal canal is called the obstetrical perineum where episiotomy is performed¹. About 85% of women who undergo vaginal birth seemed to be affected with some degrees of perineal tear. Even though episiotomy is performed in order to reduce the risk of perineal trauma, studies show that it is associated with increased risk of perineal pain, infections and incontinence in the postpartum period², especially in case of median episiotomy³. Infections in wound sites delay the healing of wound stages results in infected or chronic wound⁴. Hence aseptic precautions with utmost care should be adopted to avoid wound infections. The management modalities to cope up with these issues remain unsatisfactory. The clinical features found in the present case report resemble to Dustavrana (Infected wound/chronic wound) which is elaborately explained in Ayurveda. Effective management for this chronic wound is detailed by Acharyas which should be properly and effectively implemented in the present era, as it is the need of this age.

CASE REPORT

A 27 year old female reported to the outpatient department (OPD) December 2018 for the management of repaired third degree perineal tear of 8 days post-partum requiring utmost care. The patient said that severe perineal pain starts after first day post-

delivery. Also complaints of severe pain during defecation. She was under analgesic for past seven days. On medication she got only temporary relief of pain. The pain was so severe which made her unable to do her routine activities. This made her anxious, very much disturbed and exhausted which severely impaired her Quality of Life (QOL).

She is a non-hypertensive non-diabetic woman, 8 days postpartum (PIL1A0) without having any habits or addictions. She has no relevant family history.

Detailed case history revealed that she attained menarche at the age of 13 yrs. She had a regular 28 day cycle with 3-4 days bleeding followed with 2 days spotting. She married at the age of 25 years which is non-consanguineous. They were under barrier contraception for one year, afterwards got conceived spontaneously. Her last menstrual period was on 03-03-2018. Her expected date of delivery was on 10-12-2018. Her antenatal period was uneventful. She started with intermittent lower abdominal pain at 5 AM on 29-11-2018 and got admitted in the nearby maternity hospital at 10 AM. Her second stage of labour was prolonged for more than 2 hours and the lady was much exhausted. Hence fundal pressure was applied along with episiotomy to facilitate normal vaginal delivery. A baby girl having birth weight of 3.200 kg was delivered at 8.13 PM. As she got an extended episiotomy wound, she had been admitted in that hospital for 5 days.

On local examination, she was very restless and was not allowing even to touch over the wound site due to pain. On careful inspection, an infected median episiotomy wound starting from the vagina extended up to the anal margin 1.3cm away from the anal opening was noticed with marked swelling and redness all over the wound site. On gentle pressure, thick yellowish discharge from the stitches was seeping out. Local temperature was raised. Tenderness was present in and around margins of wound. She was thoroughly examined and vitals were recorded.

Her blood pressure was 110/80mm/Hg, pulse rate was 72/min, temperature was 98.6 degree FH and BMI was 18.5. No abnormality was detected in central nervous system, cardiovascular and respiratory systems.

After taking a detailed case history and thorough clinical examination, a probable diagnosis of Dushtavrana⁵ has been drawn out.

Table 1: clinical presentations of wound

CLINICAL PRESENTATIONS OF DUSHTAVRANA	CLINICAL PRESENTATIONS OF WOUND IN PRESENT CASE
Ativivrutha	Wide/broad mouthed
Mrudu	Soft
Utsanna	Elevated
Athyushna	Hot
Raaga	Redness
Putipuyasrava	Foul smelling discharge
Athyarta vedhana	Severe pain
Shobha	Swelling
Deergha	Extended wound
Bhairava	Unpleasant

Since this case needs an utmost observation and proper management, she was advised for admission on 06-12-18. Her baseline outcome (before treatment value) and after treatment outcome in intensity of pain, QOL and wound healing was recorded using Visual Analogue Scale (VAS)⁶, Maternal Postpartum Quality of Life Questionnaire (MAPP-QOL)⁷ and Photographic Wound Assessment Tool (PWAT)⁸ respectively.

From the concept of shastiupakramas (60 measures) mentioned by Acharya Susruta for vrana chikitsa (wound management), appropriate methods have been adopted as treatment code. Treatment was mainly aimed at vranashodhana (wound cleansing) and vrana ropana (wound healing)⁹. Irrigation

(parisheka) with triphalaqwatha (decoction)¹⁰ was done and then given avagaha (sitz bath) with concentrated triphalaqwatha for 30 minutes twice daily. Varti (cotton wick) dipped in jathyadighrita (medicated ghee)¹¹ was kept twice daily and patient was asked to keep until she urges to micturate. She was also subjected to Matra Basti (medicated enema) with 75 ml of yastimadhutaila¹². Oral administration of guggulupanchapalachurna¹³ 12gm once morning was given daily. Total duration of the treatment was 10 days. After completion of the treatment she was discharged on 16-12-18 and was advised to continue guggulupanchapalachurna internally and application of jathyadigrita over the wound site for 15 days. Followup was done on twenty sixth day from day one of the treatment.

Table 2: Treatment code

TREATMENT	PROCEDURE	MEDICATIONS USED
PARISHEKA (irrigation of medicated decoction)	Washing of the wound site with decoction	Triphalaqwatha
AVAGAHA (sitz bath)	Patient is made to sit in the avagaha tub filled with decoction for 30 min twice daily	Triphalaqwatha
VARTI (medicated cotton wick)	Varti dipped in grita is kept in wound for 2 hours, twice daily	Jathyadigrita
MATRAVASTI (medicated oil enema)	Basti with 75ml of taila is administered	Yastimadhutaila

General Quality Of Life, intensity of pain and progress of wound healing was measured using MAPP-QOL tool, Visual Analogue Scale (VAS) and Photographic Wound Assessment Tool (PWAT) respectively before and after treatment. Baseline outcome of QOL was 29.6% and after treatment (AT) it was improved to 97%. Her baseline VAS Score was 10 at baseline (before treatment) and was measured at 2nd day, 4th day, 6th day, 8th day, 10th day and 26th day of followup. The pain score

before treatment (BT)=10, 2nd day of treatment (D2)=6, 4th day of treatment (D4)=4, 6th day of treatment (D6)=2, after 8th day of treatment (D8)=2, 10th day of treatment (D10)=1 and after first follow up on 26th day (FU-1)=0. In photographic wound assessment baseline outcome was 62.5% and after treatment (AT) was 10.6%.

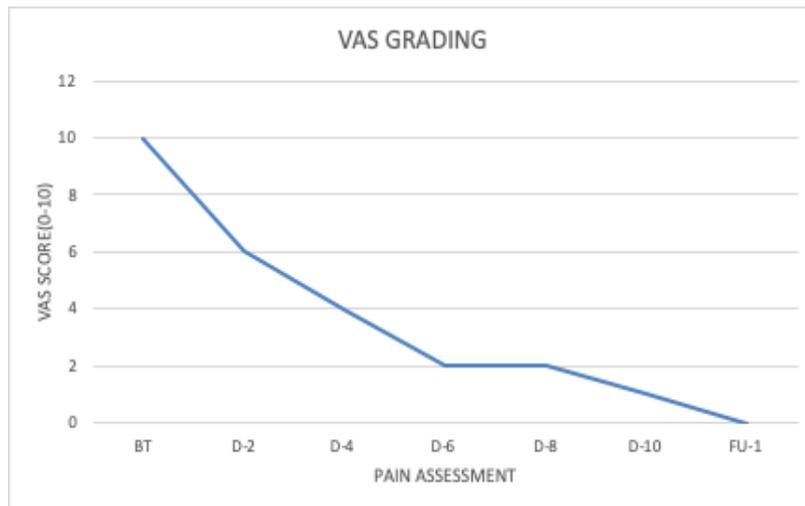


Fig-1: Intensity of pain assessed with visual analogue scale: Before Treatment (BT) =10

DISCUSSION

Perineal trauma can be considered as any type of damage to the female genitalia during labour, which occurs spontaneously or iatrogenically due to episiotomy or assisted vaginal delivery. Among the types of episiotomy practised, median episiotomy has a greater risk of third degree lacerations. Expected short term outcome of a repaired anal sphincter are pain, infection and wound Dehiscence. The wound healing is a complex dynamic process of which differs from one kind of tissue to another and is dependent based on injury. The phases of wound healing are haemostasis, epithelisation, formation of granulation tissue and remodelling of extracellular matrix. Eventhough wound management has advanced options, an ideal solution is still lacking due to the concern of multi resistant organisms. Our Ayurvedic legends have already explored and experimented the way of wound healing in a definite pattern after properly assessing different phases of wound healing. Acharya Sushruta, gave importance to wound healing as well as healed wound to look like the pre-injured state owing to the Varna (colour), surface /shape(aakriti) and depth of the wound. Keeping this fact in mind Acharya Sushruta described Shasti Upakramas (60 measures) for the management and proper healing of vrana (wound).

In Ayurveda, this present case comes under the broad concept of Vrana¹⁴. Various methods are explained by Acharyas for getting proper diagnosis, knowledge of complications, prognosis and management of vrana. Thorough examination of this case considering the sthana (site) and panchalakshanas (five symptoms) of vranakruthi (shape), g andha (smell), varna (colour), vedhana (pain) and srava (discharge) directed to the concept of dusta vrana.

Considering these facts, treatment was planned giving due importance to pain management and faster wound healing without any complications. Forthat, most appropriate procedures mentioned under shashtiupakramas (60 measures) which is meant for vranachikitsa (wound management) has been adopted. Management of the wound may be the important medico-surgical problem faced by physicians. Dustavrana (infected/chronic wound) implies obstacles to achieve the goal of healing. Ayurveda has a scope in this regard, since it is blessed with knowledge of medicines having fast wound healing properties. Hence it is very essential to understand the concept of healing,

stages of wound and the treatment modality, to enhance wound healing and therefore helping patient to tolerate the intensity of pain.

Here, vranashodhana (wound cleansing) followed with vranaropana (wound healing) line of management was planned. Treatment mainly aims at mitigation of vatadosha and wound healing. Kashaya, varti, grita and taila are used in this case for the treatment as it enhances vranashodhana and vranaropana. Wound contraction occurs as the centripetal movement of the tissues which surrounds the wound predominantly acts via myofibroblasts. Increased wound contractions and enhanced production of collagen content is one of the major properties of triphala. Triphala favours wound healing and is an antioxidant rich herbal formulation and possesses immunomodulatory and antimicrobial properties. The site specific action of jathayadigrita varti helped for decreasing the inflammation and helps in the enhancement of crust formation as well as promoted fast healing. The wound healing property of jatyadi ghrita is also proved for its faster maturation of granulation tissue, lesser inflammatory cells and early angiogenesis. Basti (medicated enema) is considered as the best management for pacification of vata. Hence matrasthi was given which helped in immediate pain relief. Increased hydroxyproline level in the yastimadhu (Glycyrrhiza glabra) induces increased collagen synthesis, proliferation, granulation tissue formation and epithelisation, which also proved its wound healing effect on injured anal sphincter. In total, selected formulations possessed pain reduction as well as wound healing properties which was apt for the present condition.

CONCLUSION

The Ayurvedic management was effective in managing an infected third degree perineal tear. This study could pave the way for future research works on Ayurvedic wound and pain management.

REFERENCES

1. Dutta D. C, Textbook of Obstetrics and Gynaecology, Hiralal Konar, New Central Book Agency(P) Ltd, Calcutta, 5th edition. 2008, Chapter 1: p.17
2. Zekiye Karaçam, Hatice Ekmen, Hüsnüye Çalışır, 2 and Sibel Şeker Prevalence of episiotomy in primiparas, related conditions, and effects of episiotomy on

- suture materials used, perineal pain, wound healing 3 weeks postpartum, in Turkey: A prospective follow-up study, Iran J Nurs Midwifery, Res. 2013 May-Jun; 18(3): 237–245, PMID: 23983762
3. Christianson LM1, Bovbjerg VE, McDavitt EC, Hullfish KL, Risk factors for perineal injury during delivery, Am J Obstet Gynecol. 2003 Jul;189(1):255-60, PMID:12861171
 4. Gond P, Singh L. Concept of Infected Wound (DushtaVrana) in Ayurveda. J Adv Res Ayur Yoga Unani Sidd Homeo 2017; 4(3): 11-15.
 5. Srikanth Murthy K. R. Susruta Samhita.Vol.1. Sutrasthana.Chapter 22/7.Varanasi.Chaukamba orientalia. Edition: 2012.p.166
 6. Myles P S, Urquhart N. The linearity of the visual analogue scale in patient with severe acute pain. Anaesth intensive care.2005;33:54-58
 7. Hill PD, et al .Maternal Postpartum Quality of Life Questionnaire. J Nurs Meas.2006 Winter;14(3):205-20
 8. Thompson, et al. Reliability and Validity of the revised photographic wound assessment tool on digital images taken of various types of chronic wounds. Adv skin Wound Care.2013 Aug;26(8):360-73.doi:10.1097/01
 9. Srikanth Murthy K.R.Susruta Samhita.Vol.1. Sutrasthana. Chapter 1/53-63.Varanasi.Chaukamba orientalia. Edition:2012.p.166
 10. Kumar M. S, Kirubanandan S, Sripriya. R. Triphala incorporated collagen sponge-a smart biomaterial for infected dermal wound healing.JSurg Res.2010 jan;158(1):162-70.doi:10.1016/j.jss.2008.07.006[pubmed]
 11. Shailajan. S, Menon. S, Pednekar S, Singh A Wound healing efficacy of jatyaditaila: in vivo evaluation in rat using excision wound model 21907784 10.1016/j.jep.2011.08.050
 12. Sushmakotian, Kumar Bhat et al. The role of natural medicines on wound healing: A biomechanical, histological, biochemical and molecular study. Ethiop J Health Sci.2018 Nov;28(6):759-770.doi:10.4314/ejhs.v28i6.11
 13. Krishnan Vaidyan, Sahasrayogam .26 th edition. Vidhya rambham publishers; Alappuzha,2009,P 172
 14. Srikanth Murthy K.R.Susruta Samhita.Vol.1. Sutrasthana. Chapter 1/6-63.Varanasi.Chaukamba orientalia. Edition:2012.p.4

How to cite this article:

Anjuraj et al. An effective Ayurveda treatment for a repaired third degree infected perineal tear: A case report. J Pharm Sci Innov. 2019;8(3):87-90.

<http://dx.doi.org/10.7897/2277-4572.083132>

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

Disclaimer: JPSI is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. JPSI cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of JPSI editor or editorial board members.