ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 12| Issue: 4| April 2026|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2026: 8.753 || ISI Value: 1.188

ROLE OF AYURVEDIC THERAPIES IN EPISIOTOMY WOUND HEALING AND POSTPARTUM RECOVERY

Dr. Bhagyashri Bhanudas Patil[1], Dr. Archana D. Mahajan[2], Dr. Sujata S. Jagtap[3]
[1]PG Scholar, Prasuti Tantra Evam Stri roga department of APM'S Ayurved Mahavidyalaya sion, Mumbai
[2]Associate Professor, Prasuti Tantra Evam Stri roga department of APM'S Ayurved Mahavidyalaya sion, Mumbai
[3]Professor and HOD, Prasuti Tantra Evam Stri roga department of APM'S Ayurved Mahavidyalaya sion, Mumbai

ABSTRACT

Pregnancy is a dynamic and transformative phase in a woman's life. The process of childbirth depends on both maternal and fetal factors, with the mother playing a key role. The birth canal, particularly the perineum, must adequately stretch to facilitate safe delivery. Since perineal tissue elasticity varies among individuals, some cases may require an episiotomy during the second stage of labor to assist in childbirth. Proper wound care following delivery is crucial, as neglect may lead to infection, delayed healing, and interference with maternal-infant bonding and breastfeeding.

In traditional Ayurvedic practice, interventions such as Yoni Pichu, Yoni Abhyanga, and Basti after 37 weeks of gestation are believed to promote easier labor (Sukha Prasava) by enhancing perineal relaxation and muscular suppleness. Additionally, Ṣashṭi Upakrama, including Lepa (application of herbal pastes), Prakshalana (cleansing), and the use of Ropana Dravyas, is described for wound care to reduce pain, inflammation, and promote healing.

KEYWORDS: *Vrana, Episiotomy wound, Perineum, Dhupana, Lepa.*

INTRODUCTION

Childbirth is a natural process, yet it commonly causes trauma to the female genital tract, especially the perineal region. To prevent uncontrolled perineal tears and to facilitate the safe delivery of the fetal head, a surgically planned incision called an episiotomy is often performed during the second stage of labour.

According to standard obstetric definition, *"Episiotomy is a deliberate incision made on the perineum to enlarge the vaginal introitus, facilitate easy and safe delivery of the fetus, and minimize stress on the fetal head."*

In Ayurveda, all incised or traumatic wounds are termed *Vrana*. During delivery, an intentional cut may be made to aid childbirth- modern episiotomy, which corresponds to *Vitapa Chedana*, producing a *Vitapa Cheda Vrana*. This is considered a *Sadyovrana* (fresh wound) and classified as a *Shuddha Agantuja* or *Vaidyakṛta Vrana* because it is clean and surgically induced. As it is uncomplicated and created under aseptic conditions, it is regarded as a *Sukhasadhya Vrana*, meaning it heals easily with proper care.

Acharya Sushruta has elaborated extensively on the concept of Vrana in terms of etiology, pathology, types, and stages, and has proposed sixty measures known as Ṣasṭi Upakrama for its management. Among these, *Taila (medicated oils)* and *Ghṛita (clarified butter)* are specifically indicated for their Ropana (healing) and Śothahara (anti-inflammatory) properties. These two are considered fundamental in restoring tissue integrity and promoting rapid, healthy wound healing.

Indications (Restrictive) Of Episiotomy –

- Rigid or inelastic perineum: May hinder or delay the descent of the presenting part, commonly seen in elderly primigravidae Anticipating perineal tear:
  (a) Macrosomic (large) baby
  (b) Face-to-pubis delivery
  (c) Breech presentation
  (d) Shoulder dystocia
  (e) Persistent occiput posterior position
- Operative vaginal delivery: Forceps or vacuum (ventouse) delivery
- History of perineal surgery: Including pelvic floor repair or reconstructive procedures

Timing of Episiotomy

The timing of episiotomy requires careful clinical judgment. If performed too early, significant bleeding may occur between the incision and delivery; if done too late, it fails to prevent occult perineal tears and thus does not protect the pelvic floor. The ideal time is when the perineum becomes thinned and bulging during contractions just before crowning, with 3–4 cm of the fetal head visible. In forceps delivery, the incision is made after the blades are applied.

Types of Episiotomy

1. Mediolateral Episiotomy

The incision is made downward and outward from the midpoint of the fourchette at approximately 60° to the midline, directed either to the right or left. It follows a straight diagonal line and ends about 2.5 cm from the anus, roughly midway between the anus and the ischial tuberosity.

2. Median Episiotomy

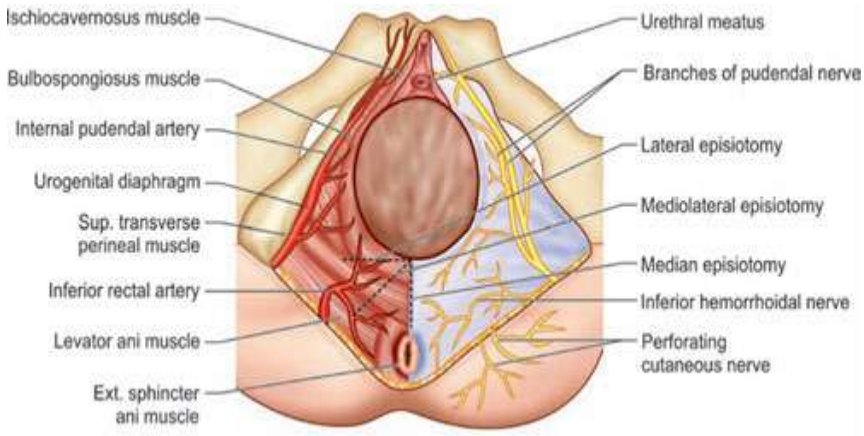
This incision starts at the center of the fourchette and extends posteriorly along the midline for about 2.5 cm.

3. Lateral Episiotomy

The incision begins about 1 cm lateral to the midpoint of the fourchette and extends sideways. It poses a risk of injuring the Bartholin duct and is therefore not recommended.

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 12| Issue: 4| April 2026|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2026: 8.753 || ISI Value: 1.188

4. J-shaped Episiotomy
The incision starts at the center of the fourchette, advances posteriorly along the midline for about 1.5 cm, and then curves downward and outward toward the 5 or 7 o'clock position to avoid the anal sphincter. This type is also rarely used.



Plan of Treatment
- Preventive care during pregnancy
- Precautions and care during labour
- Wound care during the puerperium period

Preventive Care During Pregnancy
After completion of 37 weeks of gestation, pregnant women may be advised certain Ayurvedic practices such as Yoni Pichu, Yoni Abhyanga, and Basti. These therapies are believed to promote *Sukha Prasava* (easy and comfortable childbirth) by improving perineal relaxation and enhancing muscular flexibility during labour.

There is also evidence suggesting that performing perineal massage once or twice a week can help reduce the likelihood of requiring an episiotomy.

Role of Yoga Asanas
Yoga practices can help improve pelvic flexibility, enhance blood circulation, and support a smoother labour process. Some beneficial asanas include:
- **Bhadrasana**: Strengthens the inner thighs, improves hip flexibility, and enhances blood circulation in the pelvic region.
- **Malasana**: Helps strengthen the pelvic muscles, while also improving overall flexibility and comfort.
- **Marjariasana**: Promotes better blood circulation, ensuring adequate nourishment to the reproductive organs.
- **Utkata Konasana**: Strengthens the leg muscles and helps create more space in the pelvic region, facilitating easier delivery.

Preventive Care During Labour
Certain measures during labour may help reduce the need for an episiotomy and promote a smoother delivery:
- **Controlled pushing**: During the second stage of labour, women should aim for slow and controlled pushing rather than forceful, rapid efforts. Gentle and gradual pushing allows the perineal tissues to stretch naturally, reducing the risk of injury. Classical Ayurvedic texts also suggest that bearing-down efforts should be mild in the early second stage and become more forceful towards the end of labour.
- **Application of warm compresses**: Keeping the perineum warm by applying warm compresses during labour, under the guidance of a birth attendant, can help soften the tissues. This improves elasticity, making the area more flexible and easier for the baby to pass through.
- **Perineal massage**: During the second stage of labour, a healthcare provider may perform gentle perineal massage using lubricated, gloved fingers to enhance tissue stretchability. Similarly, Ayurvedic references describe gentle massage with lukewarm oil over the flanks, back, sacral region, and thighs to facilitate the descent of the fetus.
- **Adopting appropriate birthing positions**: Maintaining an upright position or lying on the side during delivery can support the natural process of childbirth. Traditional texts also describe the supine position with flexed thighs supported by pillows as a suitable posture during labour

Wound Care During the Puerperium Period
- The perineal muscles are essential for many normal bodily functions, and any incision in this area, such as an episiotomy, can lead to significant pain and discomfort for the mother. This may interfere with daily activities and can also contribute to psychological distress during the postpartum period.
- Effective episiotomy wound care is therefore crucial. Proper approximation of tissues during suturing is important for optimal healing. Additionally, the wound should be kept clean and dry to prevent infection and promote healthy recovery.
- In this stage, Ayurvedic principles such as *Shashti upakrama* can be used. These include therapies like *Ropana Dravyas* (healing substances), Lepa (application of medicated pastes), Dhupana (medicated fumigation), and Prakshalana (cleansing procedures), which help in wound cleaning, reducing

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 12| Issue: 4| April 2026|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2026: 8.753 || ISI Value: 1.188

pain and inflammation, and enhancing the healing process. According to Ayurveda, the stages of healing, namely *Ropanavastha* (healing phase) and *Rudavastha* (inflammatory phase), are observed during this period.

Procedure Name	Drugs	Action
Vrana Dhupana	Dhupana with Sarshapa, Kushta, Vacha, Guggulu. Agaru, Sarjarasa, Hingu	This therapy is believed to promote vasodilation, which improves blood circulation and enhances oxygenation of tissues. As a result, it supports adequate tissue perfusion and accelerates the healing process. The drugs used in this procedure, such as Kushta, Agaru, and Guggulu, possess beneficial properties including Jantughna (antimicrobial), Kandughna (anti-itching), Shothahara (anti-inflammatory), Vranashodhana (wound cleansing), and Ropana (healing).
Vrana Prakshalana	Panchavalkala Kwatha, Dashamoola Kwatha Triphala Kwatha etc.	Prakshalana involves cleansing the wound with medicated liquids to maintain hygiene and prevent infection. Preparations like Dashamoola help reduce pain, while Panchavalkala Kwatha provides anti-inflammatory and antimicrobial benefits, promoting healing.
Vrana Lepa	Manjishthadi taila ,Tumbi Lodhra Lepa, Jatyadi Taila Karpoora Gritha, Kumarimajja, Haridralepa Durvadi Taila, Yastimadhu Gritha,	Drugs possessing *Vrana Shodhaka* (wound cleansing) properties, when applied externally, help control infection and promote effective wound healing

PATHYA APATHYA

Vranita should follow the following Pathya -Apathya.

Varga	Pathya	Apathya
Shak Varga	Balmulak, Vartak, Patol, Karvellak, Tanduliyak, Jeevanti, Sunnishannak Vastuk	Patra-shak, Haritak shak, Shushk Shak
Phala Varga	Dadim, Draksha, Phanas	-
Mansa Varga	Jangal mansa	Anup Mansa, Aja mansa, Avik mansa, Shushka mansa
Krutanna Varga	Vilepi, Odana, Laj-manda, Mudga Yusha	Dadhi, Takra, Payas, Krushara
Tail Varga	Katu Tailam, Tila Tailam	-
Toya Varga	Shrut Jala	Sheetambu
Madya Varga	-	Maireya, Seedhu, Sura
Shuka Dhanya	Yava, Godhum	Nava Dhanya
Shimbi Dhanya	Mudga, Masur	Masha, Kalay, Kulattha

CONCLUSION

The principles described in Ayurveda remain relevant and applicable even today, alongside modern wound care practices. Ayurveda emphasizes *Pathya* and *Apathya* (dietary guidelines) as an essential part of treatment, highlighting that proper diet alone can support healing; while neglecting it may limit the effectiveness of medicines.

Therapies such as Vrana Prakshalana, Upanaha, Dhupana, Lepa, Vrana Shodhana, and Ropana, along with appropriate dietary measures, contribute to effective wound management. These approaches help provide adequate nourishment to the wound, promote faster healing, prevent infection, and ensure a smooth and uncomplicated recovery.

REFERENCES

1. *Carroli G, Mignini L. Episiotomy for vaginal birth. Cochrane Database Syst Rev 2009, Issue 1. Art. No.: CD000081. DOI: 10.1002/14651858.CD000081.pub2.*
2. *Thacker SB, Banta DH. Benefits and risks of episiotomy: an interpretative review of the English language literature, 1860–1980.*
3. *S.N. Daftary et.al, Elsevier Manual of obstetrics, publication, 2"d edition 529.*
4. *Azhari S, Aradmehr M, Rakhshandeh H, Tara F, Shakeri MT. The effects of chamomile cream on wound healing of episiotomy in primiparous women. Iran J Obstetric Gynecology Infertility, 2014; 17: 16-26.*
5. *"Classification of episiotomy: towards a standardization of terminology - Kalis - 2012 - BJOG: An International Journal of Obstetrics & Gynaecology - Wiley Online Library"https://obgyn.onlinelibrary.wiley.com/doi/10.1111/j.1471-0528.2011.03268.x*
6. *Dutta DC. Text book of Obstetrics including perinatology and contraception, Konar H. 6th edition. New Central Book Agency: Calcutta, 2004.*
7. *Tewari. P.V. Ayurvediya Prasutitantra Evam Striroga part 1, Varanasi; Chaukambha Orientalia, 2011. P 224.*
8. *https://www.mayoclinic.org/healthy-lifestyle/labor-and-delivery/expertanswers/preventing-vaginal-tearing-during-childbirth/faq-20416226*
9. *Sushrut Samhita Sharirsthana (10/8), Hindi commentary by Dr. Anantram Sharma, Chaukhamba Prakashan, Varanasi-2015*
10. *Cunningham FG. Williams Obstetrics. 24th ed. New York: McGraw-Hill Education; 2014. Section 2, p. 18–24.*

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 12| Issue: 4| April 2026|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2026: 8.753 || ISI Value: 1.188

11. *A SYSTEMIC REVIEW ON VRANA AND IT'S MANAGEMENT 1572503996.pdf*
12. *https://wjpr.s3.apsouth1.amazonaws.com/article_issue/1e884cc85f252fb1bb7aaac9dca2a450.pdf*