Conceptualizing Episiotomy Wounds as Sadhya Vrana: Bridging Ayurveda and Modern Wound Care

Rubab Chaudhary[1], Jayalekshmi[2]
[1]PG Scholar, Department of Prasuti tantra Evum Stri Roga, Kunwar Shekhar Vijendra Ayurved Medical College and Research Centre, Gangoh, Saharanpur, Uttarpradesh
[2]PG Guide and Professor, Department of Prasuti tantra Evum Stri Roga, Kunwar Shekhar Vijendra Ayurved Medical College and Research Centre, Gangoh, Saharanpur, Uttarpradesh

***Abstract*—Episiotomy [1], a surgically created perineal incision during childbirth, is commonly performed to facilitate delivery and prevent severe perineal tears. Despite being a controlled procedure, its healing may be affected by various factors, leading to pain, infection, or delayed recovery. In Ayurveda, wounds are classified under Vrana, with Sadhya Vrana denoting those that are easily curable and presents favourable healing. Episiotomy wounds closely resemble Sadhya Vrana due to their acute onset, minimal tissue damage, and predictable healing pattern. This review interprets episiotomy wounds through the Ayurvedic framework and explores integrative management approaches. Emphasis is placed on Shodhana (cleansing), Ropana (healing), and Pathya–Apathya in promoting optimal recovery. Classical formulations such as Jatyadi Taila, Panchavalkala, and Triphala Guggulu are highlighted for their therapeutic potential. An integrative approach combining modern and Ayurvedic care may enhance healing and improve postpartum outcomes.**

***Index Terms*—Episiotomy, Sadhya Vrana, Vrana Chikitsa, Wound Healing, Ayurveda, Shodhana, Ropana, Pathya–Apathya, Integrative Care, Postnatal Healing**

I. INTRODUCTION

Episiotomy is a planned and controlled surgical incision made on the perineum during the second stage of labour, primarily at the time of crowning, to facilitate vaginal delivery and prevent severe perineal tears. By enlarging the vaginal outlet, it aids in the smooth passage of the foetus and reduces excessive strain on maternal soft tissues. Despite being a routinely performed obstetric intervention under aseptic conditions, the healing of episiotomy wounds remains a significant clinical concern due to the influence of multiple local and systemic factors.

Globally, episiotomy rates vary widely, reflecting differences in clinical practices and guidelines. In developing countries, including India, the prevalence remains relatively high, particularly among primiparous women, where it is performed more frequently than in multiparous women. According to the World Health Organization (WHO) guidelines, routine or liberal use of episiotomy is not recommended for women undergoing spontaneous vaginal birth, as evidence does not support its routine application and efforts should be made to avoid excessive use in clinical practice.[2]

This high prevalence underscores the importance of effective wound management strategies, as a large number of women are exposed to potential postoperative complications. Annually 120,243 vaginal birth takes place in India, with 63.4%of them having episiotomy. Episiotomy rates in primiparous women are 8.8 times higher than multiparous women.[3]

The process of wound healing in episiotomy is dynamic and multifactorial, involving the phases of haemostasis, inflammation, proliferation, and remodelling. Disruption in any of these phases due to factors such as infection, poor perineal hygiene, anaemia, malnutrition, tissue trauma, or improper suturing may result in complications including pain, Edema, infection, hematoma formation, wound dehiscence, and delayed healing. These complications not only prolong recovery but also adversely affect maternal comfort, mobility, neonatal care, breastfeeding, and overall quality of life during the postpartum period.

In modern obstetric practice, there is a growing emphasis on evidence-based and patient-centred care,

focusing on minimizing unnecessary interventions and optimizing postnatal recovery. Although current management primarily includes aseptic surgical techniques, meticulous suturing, analgesia, and infection control, it often does not fully address the holistic aspects of healing, such as tissue regeneration, systemic balance, and long-term maternal well-being. In this context, Ayurveda offers a comprehensive and holistic framework for understanding wound healing through the concept of Vrana [4]. It emphasizes not only local wound care but also systemic factors such as Dosha balance, tissue nourishment, and individualized treatment approaches. Integrating these traditional principles with modern obstetric practices presents a promising strategy for improving healing outcomes. Such an integrative approach may accelerate tissue repair, reduce complications, and enhance the overall postpartum experience and quality of life in women undergoing episiotomy.

II. AYURVEDIC REVIEW OF EPISIOTOMY AS SADHYA VRANA

In Ayurveda, all types of wounds are described under the broad concept of Vrana. Episiotomy, being a surgically created incision, can be correlated with Agantuja Vrana [5], which arises due to external factors. As it is intentionally produced using surgical instruments under controlled and aseptic conditions, it is specifically categorized as Shastra Kruta Vrana or Sadyovrana. Owing to its clean nature, minimal tissue damage, and predictable healing pattern, it can further be considered as Sadhya Vrana, which denotes wounds that are easily curable and exhibit favourable prognosis when managed appropriately.

Nidana (Etiology) [6]

The primary causative factor in episiotomy is Agantuja Hetu, namely surgical incision performed by a sharp instrument (Shastra). Unlike accidental or traumatic wounds, episiotomy is planned and precise, resulting in minimal Dhatu Kshaya and controlled tissue injury. The use of aseptic precautions further limits microbial contamination and reduces the extent of Dosha Dushti, thereby supporting favourable healing.

Samprapti (Pathogenesis) [7]

The pathogenesis of episiotomy wound predominantly involves Vata Dosha due to the incision and disruption of tissue continuity, which manifests as pain (Vedana). Pitta Dosha is also involved, contributing to inflammatory changes such as redness (Raga) and burning sensation (Daha). In cases where wound care is inadequate or infection sets in, Kapha Dosha may become involved, leading to discharge (Srava), heaviness, and delayed healing. Thus, the condition can be understood as primarily Vata-Pitta dominant, with secondary Kapha involvement in complicated cases.

Lakshana (Clinical Features) [8]

The clinical features of episiotomy wounds closely resemble those described for Vrana in Ayurvedic texts. These include pain (Vedana), swelling (Shopha), redness (Raga), burning sensation (Daha), and tenderness at the site of incision. In cases of infection or improper healing, discharge (Srava) and delayed wound closure may also be observed. These manifestations correspond well with the inflammatory and reparative phases of wound healing.

Correlation of Episiotomy with Ayurvedic Surgical Principle

Episiotomy can be effectively correlated with the classical surgical procedures described in Ayurveda. The preparatory phase involves thorough assessment of the patient and the condition (Rogi–Vyadhi Pariksha), appropriate selection of the operative site (Yogya Desha Nirnaya), and maintenance of aseptic conditions (Vrana Shuddhi). The surgical incision itself corresponds to Chedana Karma [9], resulting in a Shastra Kruta Vrana involving Twak, Mamsa, and Snayu, characterized by controlled Rakta Srava and predominance of Vataja Vedana.

Subsequently, suturing of the wound aligns with the principles of Seevana or Sandhana Karma, facilitating proper approximation of wound edges and promoting optimal healing (Sukha Ropana). Postoperative care reflects the principles of Vrana Chikitsa [10], particularly Shodhana and Ropana Siddhanta, wherein procedures such as Prakshalana (cleansing), Lepa (topical application), and Dhoopana (fumigation) are employed to maintain wound hygiene, prevent infection, and enhance tissue regeneration.

Prognosis

Episiotomy wound can be considered as Sadhya Vrana due to its clean, incised nature, minimal involvement of deeper tissues, and the rich vascular supply of the perineal region, which ensures adequate Rakta Dhatu perfusion. The controlled surgical environment, along with proper suturing and postoperative care, contributes to a predictable and favourable healing pattern. Hence, when managed appropriately, it exhibits the characteristics of Sukha Sadyovrana.

Principles of Management (Vrana Chikitsa Siddhanta)

The management of episiotomy wound in Ayurveda is based on the fundamental principles of Vrana Chikitsa, primarily Shodhana and Ropana. Shodhana involves cleansing and purification of the wound by removing vitiated Doshas, necrotic tissue, and microbial contaminants, thereby creating a suitable environment for healing. Ropana refers to the process of tissue regeneration (Dhatu Punar-nirmana), which includes cellular proliferation, angiogenesis, and collagen synthesis, ultimately restoring structural and functional integrity.

Shodhana and Ropana Dravya

Classical Ayurvedic texts describe various formulations that promote wound healing through Shodhana and Ropana actions. Panchavalkala, mentioned under Nyagrodhadi Varga [11], is widely used for its antimicrobial and astringent properties, aiding in both cleansing and healing of wounds. Jatyadi Taila [12] is well known for enhancing granulation tissue formation and epithelialization. Triphala Guggulu [13], containing Haritaki, Vibhitaki, Amalaki, Pippali, and Guggulu, is indicated in Vrana Shotha and helps reduce inflammation while promoting tissue repair. Karanja Ghrita [14] possesses detoxifying, antimicrobial, and wound-healing properties, making it effective in managing infected or non-healing wounds.

Therapeutic Procedures

Ayurvedic management of episiotomy wounds includes both local and systemic approaches. Prakshalana with Triphala or Panchavalkala Kwatha helps maintain wound hygiene and reduce microbial load. Lepa using Jatyadi Taila, Lodhra-based preparations, and Haridra–Kumari promotes healing through anti-inflammatory and antimicrobial actions. Dhoopana with Guggulu, Sarshapa, and Kushta aids in disinfection and prevents infection.

Pathya–Apathya [15]

Pathya Ahara includes light, easily digestible and Agni Deepaka foods such as Jeerna Shali and vegetable soups, which support Dhatu Poshana and healing. Proper hygiene, rest, and minimal exertion help maintain Dosha Samyata. In contrast, Apathya like heavy, oily, sour foods, excessive activity, and poor hygiene can aggravate Doshas, leading to delayed healing and complications.

III. MODERN PERSPECTIVE OF EPISIOTOMY WOUND [16]

Indications [17]

Episiotomy is performed selectively in modern obstetrics when clinically indicated. Common indications include non-reassuring fetal heart rate requiring rapid delivery, operative vaginal delivery using forceps or vacuum, shoulder dystocia, prolonged second stage of labour, and a rigid or non-distensible perineum. It may also be considered in preterm deliveries to reduce fetal trauma.

Types [18]

Episiotomy is classified based on the direction of the incision. Midline episiotomy involves a vertical incision and is easier to repair with less pain but carries a higher risk of extension into severe perineal tears. Mediolateral episiotomy is angled laterally and reduces the risk of anal sphincter injury, though it is associated with more pain and blood loss. Lateral and J-shaped episiotomies are less commonly used due to higher complication rates.

Clinical Features [19]

Post-episiotomy, women commonly experience perineal pain, swelling, tenderness, and discomfort while sitting or walking. Mild bleeding and difficulty in urination may occur. In some cases, complications such as infection, wound gaping, discharge, and dyspareunia can develop.

Healing Process

The episiotomy wound heals through the phases of haemostasis, inflammation, proliferation, and remodelling. Proper blood supply, aseptic conditions,

and accurate suturing are essential for timely healing. Most wounds heal within 2–3 weeks, although complete tissue remodelling may take longer.

Complications [20]

Complications include infection, hematoma formation, wound dehiscence, excessive pain, and scar formation. Severe extension into third- or fourth-degree tears may involve the anal sphincter, leading to long-term complications such as faecal incontinence. Dyspareunia is a notable long-term concern.

Management / Treatment [21]

Management involves maintaining perineal hygiene, use of antiseptic solutions, and regular wound assessment. Pain is managed with analgesics, cold compresses, and sitz baths. Proper suturing with absorbable materials supports healing. Antibiotics are used when infection is present. Pelvic floor exercises and early mobilization help in recovery. A restrictive, evidence-based approach to episiotomy is recommended to minimize complications and improve maternal outcomes.

IV. DISCUSSION

Episiotomy, a controlled surgical incision during the second stage of labour, represents a predictable model of wound healing. In Ayurveda, it can be correlated with Shastra Kruta Vrana and classified as Agantuja Nava Vrana, where the injury is clean, intentional, and associated with minimal Dosha Dushti, indicating a favourable healing potential. The phases of wound healing—haemostasis, inflammation, proliferation, and remodelling—closely parallel the Ayurvedic principles of Shodhana and Ropana.

Application of Vrana Chikitsa Siddhanta through procedures such as Prakshalana, Lepa, and Dhoopana, along with formulations like Jatyadi Taila, Panchavalkala, and Triphala Guggulu, supports wound cleansing, reduces inflammation, and promotes tissue regeneration. Modern obstetric care, emphasizing selective use of episiotomy, aseptic technique, proper suturing, and postoperative management, further ensures effective healing. Integration of these approaches addresses both local wound care and systemic factors such as Agni and Dhatu Poshana, thereby enhancing recovery and minimizing complications.

V. CONCLUSION

Episiotomy wound, due to its controlled origin, minimal tissue damage, and predictable healing course, can be appropriately classified as Sadhya Vrana. The integration of Ayurvedic principles of Shodhana and Ropana with modern obstetric practices improves healing outcomes and reduces complications. This combined approach underscores the relevance of Ayurvedic concepts in contemporary clinical practice and contributes to better postpartum care and maternal well-being.

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