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Case Study

AN AYURVEDIC APPROACH TO YONISOPHA IN PUERPERAL WOMEN: A CASE REPORT

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ABSTRACT

Sutika is very delicate stage of women life. She needs to be given special care during this stage. Acharya *Sushruta* and *Vagbhat* have said that after one and half months of regulated or restricted specific dietics and mode of life the women becomes free from epithet of *Sutika roga* developing due to use of direct air, dietics and mode of life likely to aggravates dosas, incompatible food and indigestion are very serious. *Kashyapa* has described puerperal disorders at 2 places once in *Dusprajata chikisaadhaya* without giving exact number but numbering 35 and again 64 disorders in *Sutikoprakramaniya adhaya*. Among the described disorders yoni sophia (inflammation) was one which noted in this case. In this case a primi patient had underwent full-term normal delivery with right mediolateral episiotomy without any obvious complications. Thenafter *Yonisopha* (inflammation) was noted in right side of episiotomy which could have been converted to *Rakta Vidhradhi* (Haemotoma) which has been explained by our classics *Indu* and *Vhagbhat*- "external and internal *Rakta Vidhradhi* can be seen in women after childbirth during *sutikakala*. A married women G1P0A0L0 came with POG 39 weeks 4 days since 7 pm 17/04/2021. We received her in NIA PTSR IPD at 1am on 18/04/2021. There was no history of leaking and bleeding p/v. Patient was admitted and further evaluation was assessed. Then, FTND with RMLE as vertex presentation an alive male child of weight 3.25 kg delivered at 4:20 am on 18/04/2021. Patient stood the procedure well. When the patient was taken for perineal care at 5pm in the evening on the same day, sign of inflammation (reddish bluish in colour) was noted on the right lateral side of episiotomy wound. On examination, severe tenderness was noted with raised temperature locally. Oral drugs were prescribed as *Triphala guggulu*, *Jwarhara Kashya*, *Kaishore Guggulu*. Ice fomentation was done. Perineal care was done with *Panchvalkala kwatha churna*. *Shatdhouta Ghrita* was applied. Then the wound was completely resolved.

INTRODUCTION

Sutika is very delicate stage of women life. She needs to be given special care during this stage. Acharya *Sushruta* and *Vagbhata* have said that after one and half months of regulated or restricted specific dietics and mode of life the women becomes free from epithet of *Sutika roga* developing due to use of direct air, dietics and mode of life likely to aggravates dosas, incompatible food and indigestion are very serious.

Kashyap has described puerperal disorders at 2 places once in *Dusprajata chikisaadhaya* without giving exact number but numbering 35 and again 64 disorders in *Sutikoprakramaniya adhaya*.^[1] Among the described disorders yoni sophia (inflammation) was one which noted in this case. Common features for *Sutika* disorders are explained as fever, bodyache, tremors, cough, thirst, heaviness of body, oedema, pain in abdomen and diarrhea. During *sutika* or puerperium, women faces weakness, emaciation, so she needs all the sutika paricharya to regain her vigour and vitality.

In this case a primi patient had underwent full-term normal delivery with right mediolateral episiotomy without any obvious complications. Thenafter

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Yonisopha (inflammation) was noted in right side of episiotomy which could have been converted to *Rakta Vidhradhi* (Haematoma) which has been explained by our classics *Indu* and *Vhagbhat*—“external and internal *Rakta Vidhradhi* can be seen in women after childbirth during *Sutikakala*.^[2] Different Acharyas has given different opinions regarding the *Sutika paricharya*. In general all the classics have advised massage, oral administration of fats with medicine and decoctions for three to seven days after delivery. Use of medicated rice gruel is prescribed in diet. From seventh or twelfth day medicated meatsoup is advised. Charaka says when puerperal women feels hunger she should be prescribed powdered *Pippali*, *Pippalimula*, *Chavya*, *Citraka* and *Sringabhera* with any one out of *Ghrita*, oil, *Vasa* or *Majja* considering her tolerability for these, and in the quantity which she can digest easily. After ingesting this, her abdomen should be massaged and wrapped properly with a big clean cloth. This wrapping produces compression of abdomen, thus prevents presence of hallow space, so the *vayu* does not get vitiated. After digestion of *Ghrita* etc. fats, liquid gruels made with rice and medicated with *Pippali* etc. mixed with *Ghrita* should be given. After use of this regimen for five or seven night (days and nights) gradual administration of *Brumhana* substances (anabolic or likely to increase flesh and energy) should be done. This regimen is suitable for the woman of *Janagala* (wild or dry) area.

From modern point of view, it has been observed in the complications of Episiotomy as immediate – infection, vulval haematoma, extension of the incision. Infection can be correlated with this case

The image shows the inflammation and episiotomy wound condition



Fig: 1 Inflammation (reddish bluish in colour)

study. Inflammation was seen due to infection, the features are tabulated^[3]:

1. Rise in temperature
2. Wound looks red, swollen and moist
3. Throbbing pain in perineum

Patient Information: A married women G1P0A0L0 came with POG 39 weeks 4 days since 7 pm 17/04/2021. We received her in NIA PTSR IPD at 1am on 18/04/2021. There was no history of leaking and bleeding p/v. Patient was admitted and further evaluation was assessed. Then, FTND with RMLE as vertex presentation an alive male child of weight 3.25 kg delivered at 4:20 am on 18/04/2021. Patient stood the procedure well. When the patient was taken for perineal care at 5pm in the evening on the same day, sign of inflammation (reddish bluish in colour) was noted on the right lateral side of episiotomy wound. On examination, severe tenderness was noted with raised temperature locally. With thorough examination episiotomy wound was healthy.

CLINICAL FINDINGS:

A FTND with RMLE as vertex presentation an alive male child of weight 3.25 kg delivered at 4:20 am on 18/04/2021. Patient stood the procedure well. When the patient was taken for perineal care at 5pm in the evening on the same day, sign of inflammation (reddish bluish in colour) was noted on the right lateral side of episiotomy wound. On examination, severe tenderness was noted with raised temperature locally. With thorough examination episiotomy wound was healthy.



Fig: 2 Healthy episiotomy wound

General Examination

Body temperature (98.9 degree F), Pulse (86/min), BP (110/70 mm of hg) were within normal limit. Uterus was well contracted (18-20 weeks size), bleeding per vagina normal.

Systemic Examination

In systemic examination, respiratory and cardiovascular system found normal.

Diagnostic assessment

After delivery, CRP and CBC was sent. The report suggested CRP as positive and CBC within normal limits. Based on clinical presentation, the case diagnosis was confirmed as *Yoni-sopha*.

Therapeutic interventions

S.No.	Aushadi/Drug	Matra/Quantity	Kalpana/Form	Kala/Dosa	Anupana
1.	<i>Triphala guggulu</i>	2 tab	<i>Guggulu</i>	BD	Luke warm Water
2.	<i>Jwarhahar kashya</i>	20ml	<i>Kwatha</i>	BD	Luke warm Water
3.	<i>Kaishore guggulu</i>	2 tab	<i>Guggulu</i>	BD	Luke warm Water
4.	<i>Shatdouhta ghrita</i>	-----	<i>Lepa</i>	BD	-----

Timeline

In the present case, all the treatment was continued for seven days. Strict dietary plan was followed.



Fig. 3 Shows clinical outcomes according to Ayurveda

Follow up and outcomes

As patient was admitted in ward, procedure was planned for twice in a day. Ice fomentation was done in morning and evening for 15-20 mins. Perineal care with *Panchavalkala kwatha churna*. *Shatadhauta Ghrita* was applied on the inflamed area. On first day (Fig-3) Sign of inflammation (reddish bluish in colour) was noted on the right lateral side of episiotomy wound. On examination, severe tenderness was noted with raised temperature locally. On second day, Observation: it was observed that there was slight relief in inflammation, tenderness. On fourth day it was observed that sign of inflammation was subsided, patient did not complaint any pain during the procedure. On fifth day, it was observed wound has completely healed. Patient visited after seven days for follow up and the wound was completely resolved. There was no sign of any occurrences.

DISCUSSIONS

Panchavalkala kwatha churna has *Shodhana* (cleaning) and *Ropana* (healing) of wounds. Individual drugs and in combination have *Kashaya rasa* (astringent) dominant and useful in the management of *Vrana* (wounds) as well as *Shotha* (inflammations). Research Updates related to *Panchavalkal kwatha churna* Recently Bhatt RM (1984-1986), Mehta DS et al (Unpublished data 2002) and Mehta AG & Palep et al (1994), Ashar et al (2011,2012), Aswar et al (2008). Vyas et al (Vyas) have demonstrated the antibacterial activity of PVK extracts “in vitro” against pathogenic organisms and have prepared user friendly formulations like a oral tablets, capsules, dermal cream, or liquid or gel hand wash.^[4] Cold application is simple and common method used to relieve pain. It is safe, effective, low - cost alternative.

Perineal pain interferes in daily activities of post episiotomy mother and as well as early bonding of mothers and baby. Applying ice pack causes vasoconstriction, decreases capillary permeability, decreases cellular metabolism and relaxes muscles by decreasing muscle contractibility. Cold pack gives immediate pain relief. Ice and cold packs reduces skin temperature by 10°C and 15°C within 15 minutes. It slows bacterial growth, decrease inflammation and pain by numbing the area, slowing the pain impulses and by increasing pain threshold. The purpose of using cold therapy is to reduce the period of inflammation and helping the women to return to their normal activities faster. *Shatadhauta Ghrita*, It is a water and oil emulsion and so is better absorbed through the skin. It acts mainly by maintaining better hydration of the skin and gives moist environment for wound healing. It provides effective oxygen circulation to aid regenerating cells and tissues and a low- bacterial load.^[5] It is very good wound healer, used in *Daha*, *Shotha*, *Visarpa*. If it is used along with *Panchavalkala*, the healing wounds is anticipated to be quicker. It is *Dhatu vardhana* (increasing body tissue), it pacify *vata*, which vitiates very quickly in *Sadyo vrana* (acute wound), due to *sheeta guna* it helps in normalizing vitiated *pitta*, thus helps in pacifying *Daha* (burning sensation) property.^[6] *Triphala guggulu* acts as Anti-bacterial, anti-fungal, anti-septic, anti-oxidant, anti-inflammatory, *Jwarahar kashya* acts as *Kashya* in nature which does absorption of vitiated *Doshas*. *Kaishore guggulu* has anti-inflammatory properties. It is equally effective in soothing wounds and ulcers.

Patient perspective:

The patient shared her perspective about the Ayurveda treatment in her local (Hindi) language. She had severe pain and stress at the time of presentation, while she was free from all sign and symptoms at the end of treatment.

CONCLUSION

In this study, Ayurveda has played significant role in combating the infection. It not only cured the inflammation but prevent the formation of hematoma. So it is high time to come up with Ayurveda as this problem is emerging day by day. Patients had to go long term use of antibiotics, thus causing many side effect. Ayurveda protocol is safe, economical and no need for longer stay in hospital.

Informed Consent

Consent of the patient was taken for the photographs and before reporting the case for publication.

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