



Original Research Article

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## HEALING BEYOND STITCHES: PERINEOTOMY RECOVERY BY AYURVEDA - CASE SERIES

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### ABSTRACT:-

**BACKGROUND:-** Perineotomy is a common surgical procedure during vaginal delivery, frequently associated with postpartum pain, inflammation, and delayed wound healing. In *Ayurveda Samhita*, no direct reference of perineotomy wound has been traced, but *Vrana* (wound) is described very well, and a perineotomy wound can be considered as *Shudh Vrana*. As ayurveda expressed wound management under *Vrana Ropana*, emphasizing both local care and systemic balance. In today's scenario excess use of antibiotics, NASIDs, and other drugs causes drug resistance, plus delayed wound healing. Hence, the prime focus is proper care and treatment to promote perineotomy wound healing by the esteemed power of natural herbs by avoiding complications.

**AIM-** To evaluate the preventive and therapeutic efficacy of "**Nimbhadi Ointment**" on perineal wound healing after perineotomy.

**OBJECTIVE-** To analyse the effect of "**Nimbhadi ointment**" in managing perineotomy wounds.

**MATERIALS AND METHODS-** The study was conducted among three post-natal patients with vaginal delivery with RMLE who were admitted to PTSR IPD of Shri Babu Singh Jay Singh Ayurvedic Medical College and Hospital, Farrukhabadh.

**RESULTS:-** These patients were successfully treated with “**Nimbhadi ointment**” followed by Nimbha Patra Prakshalan which contains *Nimbha patara*, *Ghrita* and Honey and has *Vrana Shodhana* and *Vrana Ropana* qualities. The result was assessed by using the REEDA Scale and VAS scale. The considerable results were noticed are reduction in pain, oedema, discharge, redness, and tenderness in perineotomy wounds.

**CONCLUSION-** Thus, we can conclude from the study that this Ayurvedic formulation was influential in managing perineotomy wounds.

**Keywords:** Perineotomy, Wound Healing, *Vrana Ropana*, Postpartum Care, Nimbhadhi ointment.

#### **INTRODUCTION:-**

Motherhood is often spoken of in soft, glowing terms but the reality is far more layered, physical and demanding. Labour pains, healing of a perineotomy and the deep fatigue of the postnatal period are not just medical events they are live experiences that reshape both body and identity. In obstetrics, the goal is always twofold the safety of the mother and the well-being of the baby. A surgically planned incision given on the perineum and the posterior vaginal wall during the second stage of labor is called episiotomy.<sup>1</sup> The word episiotomy derives from the Greek ‘*episton*’- pubic region and ‘*tomy*’- to cut. Hence, episiotomy is an incision of the perineum often synonymous with perineotomy.<sup>2</sup> This promotes a safer, smoother delivery while reducing the risk of bleeding and severe tears. As the perineum is vulnerable to infection without appropriate intervention, the wound may lead to immediate complications such as bleeding and infection or long-term issues like dyspareunia, scar endometriosis, or an increased risk of perineal laceration in future deliveries.<sup>3</sup> Recent medical literature reports that 60% of women who underwent perineotomies experienced severe postpartum pain, 25% developed infections at the wound site, and 20% faced difficulties with intercourse after delivery.<sup>4</sup> In modern practice, post-operative care of an perineotomy wound involves swabbing with cotton soaked in an antiseptic and antibiotic solution (Povidone-iodine), followed by the application of topical antiseptics or ointment (Furacin or neosporin).<sup>5</sup> For the same, in *Ayurveda* there is no direct reference for

perineiotomy but we can correlate as *Yoni-kshatha*.<sup>6</sup> So to prevent *Yoni-Kshata* there is a need of performing episiotomy which can be called as *Vitapa-Cheda*, perineotomy wound can be compared to *china vrana*<sup>7</sup>(type of *sadhyo vrana*) and so its treatment can be taken as of *shudha vrana*, *sadhyo-vrana*.<sup>8</sup> The drugs selected for this study i.e. Nimbh-patar, Madhu, Gharita are *sadhyo-vrana Ropak*<sup>9</sup>rather than this property these drugs also have the properties of *Shopha-hara*, *Shool hara*, *Krimi-ghan*, *lekhan*, *Ropan*, *Sandhaan karam*.

### SELECTION CRITERIA FOR CASES (Table No. 1)

INCLUSION CRITERIA	EXCLUSION CRITERIA
<ul style="list-style-type: none"> <li>❖ All primi gravida irrespective of age, woman with episiotomy.</li> <li>❖ Those who are ready to sign the informed and written bilingual consent form(Hindi and English).</li> <li>❖ Subjects with HB% more than 8.0 gm% and more.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Systemic disorders in pregnancy like diabetes mellitus, hypertension.</li> <li>❖ Subjects with skin disorders.</li> <li>❖ Subjects tested positive for HIV, HCV, HBsAG and VDRL,</li> <li>❖ History of impaired wound healing.</li> <li>❖ Subjects with third and fourth degree perineal tears, hematoma or abscess.</li> </ul>

#### TREATMENT PLAN :-

##### PURVAKARMA:-

- A. Yoni Prakshalana was done.
- B. By using Neem Patra Kwatha.
- C. Dry with sterile gauze piece.

##### PRADHANAKARMA:-

- A. Apply Nimbadhi Ointment on perineotomy wound.

##### PASCHATKARMA:-

- A. Retain position for few minutes.
- B. Do not flex thighs during application.
- C. Maintain local hygiene( specially use cotton penties, cotton pads/soft pads and wash after every urination and defecation).
- D. Duration: 15 days.
- E. Follow-up.

**KAWATHA AND OINTMENT USED FOR TREATMENT (Table No. 2)**

<b>Nimbha Patar Kawatha For Prakshalan</b>	<b>Nimbhadhi ointment</b>
	

**METHODOLOGY AND POSOLOGY OF NIMBHADHI OINTMENT (Table No. 3)**

<b>Drug Name</b>	<b>Nimbhadhi ointment</b>
Form	Ointment
Route Of Administration	Local application
Dose	As per wound.
Frequency	Twice daily after cleansing the wound with Nimbhapatra decoction.
Duration	15 days

**REVIEW OF DRUG:-** There are three drugs involved in composition of Nimbhadi Ointment and they are having following rasa panchaka by which they have their mode of actions.

**RASPANCHAK OF CONTENTS OF NIMBHADHI OINTMENT (Table No.4)**

<b>Raspanchak of contents of Nimbhadhi ointment :-</b>					
<b>Contents of Nimbhadhi ointment</b>	<i>Rasa</i>	<i>Guna</i>	<i>Virya</i>	<i>Vipaka</i>	<i>Prabhav</i>
<i>Nimbh (Azadirachta indica) A.Juss.</i>	Tikt Kashaya	Laghu Ruksha	Shita	Katu	Kapha/Pitta hara, Grahi, Sothara, Krimighna
<i>Madhu</i>	Madhur	Ruksha	Shita	Madhur	Sukshma marga anusari
<i>Ghrita</i>	Madhu	Snigdha, Guru	Shita	Madhur	Vata/Pitta hara,

**CASE PRESENTATION****CASE NO. 1**

A 22-year female patient with UHID-422945 (Primi gravida -38 weeks) with c/o leaking p/v was admitted to PTSR department. She delivered a male baby of 2.9kg on 05/10/2025 with RMLE at 06:07pm. She had on regular ANC and received two doses of Inj. TT.

Obstetric History- Primi with 38 weeks of gestation, with a marital life of 1.5 years, without any history of abortions or any usage of oral or other contraceptives, with uneventful pregnancy period with mild to moderate emesis gravidarum, not a known anaemic with adequate nutritional status during ANC period.

Past medical history: No significant history.

Past surgical history: No history of any surgical intervention.

Family History: No considerable history.

**CLINICAL EXAMINATION: (Table No. 5)**

<b>GENERAL EXAMINATION</b>	
Built - average	PR - 68/min
Height - 5 feet	BP - 120/70 mmHg
Weight - 56 kg	R/R - 16
BMI - 24.11	Temp - afebrile
Pallor- not present	Thyroid gland - not palpable

<b>LOCAL EXAMINATION</b>	<b>P/A and P/V EXAMINATION</b>
All episiotomy stitches are intact.	P/A- Uterus Contracted
Wound Healthy	Lochia- Within normal limits
Moderate redness+ , edema+	Abnormal Odour- Absent
Bloody Discharge+	Amount - 3 pads per day.
Moderate Tenderness- present	Clots - Absent.

<b>INVESTIGATIONS</b>	
<b>Hb% - 12.0gm%</b>	<b>VDRL - Negative</b>
<b>ABORh - B +ve</b>	<b>S. Creatinine -0.72mg/dl</b>
<b>RBS - 97.2mg/dl</b>	<b>S. Bilirubin-0.89mg/dl</b>
<b>HIV,HCV, HBsAg - Negative</b>	<b>BT - 2.19 &amp; CT - 4.45mts</b>
<b>CASE NO. 1. (UHID-422945)</b>	
<b>Before treatment</b>	<b>After treatment</b>
	

**CASE NO. 2:-**

A 26-year female patient with UHID-422989 (Primi gravida with 39 weeks) was admitted to PTSR department with Labor pains. She delivered a male baby on 06/10/2025 with RMLE had regular ANC, received two doses of inj. TT.

Obstetric History - Primi with 39 weeks of gestation, with marital life of 2 years, without any bad obstetric history of abortions, hypertensive disorders, etc., without any usage of oral or other contraceptives, with eventful pregnancy period with moderate emesis gravidarum, not a known anaemic with adequate nutritional status during ANC period.

Past medical history: No significant history.

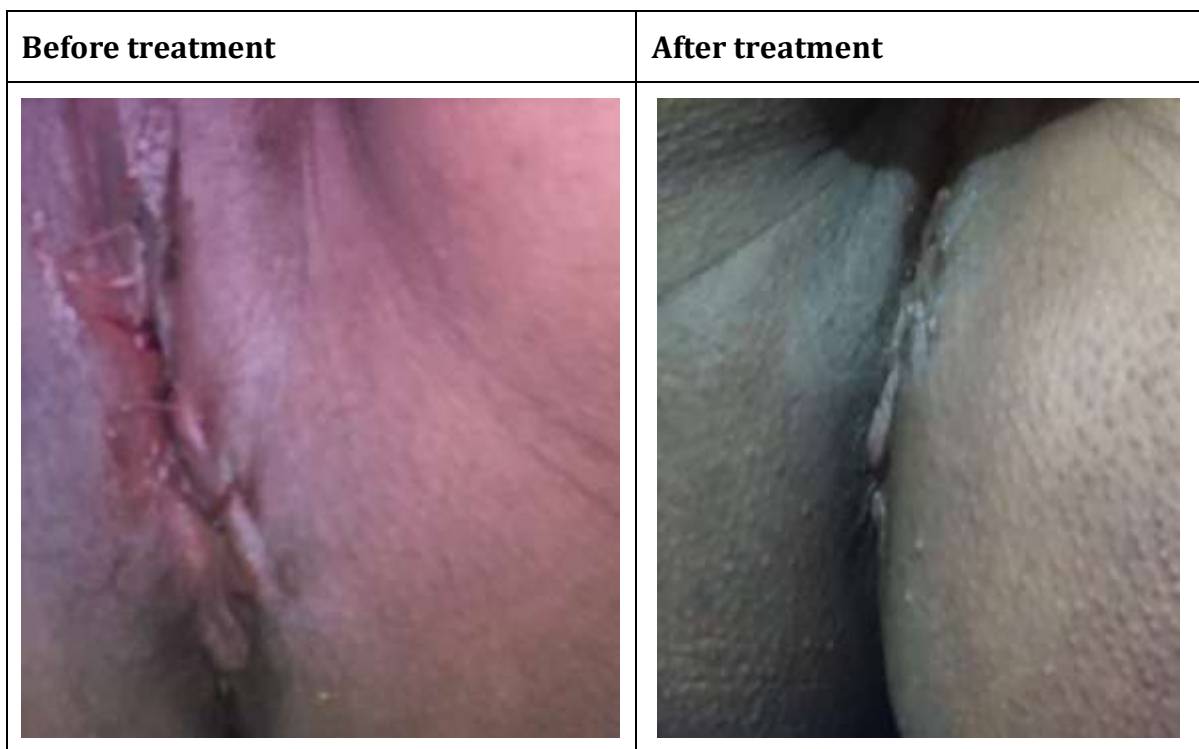
Past surgical history: No history of any surgical intervention.

Family History: No considerable history .

**CLINICAL EXAMINATION (Table No. 6)**

<b>GENERAL EXAMINATION</b>	
Built – average	PR – 78/min
Height – 5 feet	BP – 110/70 mmHg
Weight – 56 kg	R/R – 18/min.
BMI – 24.11	Temp – afebrile
Pallor – not present	Thyroid gland – not palpable

<b>LOCAL EXAMINATION</b>	<b>P/A and P/V EXAMINATION</b>
All episiotomy stitches are intact.	P/A- Uterus Contracted
Wound Healthy, intact.	Lochia- Rubra
Moderate redness+ , mild edema+	Abnormal Odour- Absent
Bloody Discharge+	Amount – 2 pads per day.
Serous discharge and Tenderness- present	Clots – Absent.
<b>INVESTIGATIONS</b>	
<b>Hb% - 11.5 gm%</b>	<b>VDRL – Negative</b>
<b>ABORh – A+ve</b>	<b>S. creatinine -0.79mg/dl</b>
<b>RBS – 96.2 mg/dl</b>	<b>S. bilirubin _ 0.67mg/dl</b>
<b>HIV,HCV, HBsAg – Negative</b>	<b>BT – 2.24 &amp; CT – 5.00 mts</b>
<b>CASE NO. 2 ( UHID -422989)</b>	



**CASE NO. - 3.**

A 24-year-old female patient with UHID- 422949 (primigravida of 37 weeks) was admitted to PTSR department for safe confinement. Received two doses of inj. TT.

Obstetric History- She delivered a male baby of 3.1kg on 05/10/2025 with RMLE at 10:45 am.



Past medical history: No significant history.

Past surgical history: No history of any surgical intervention.

Family History: No considerable history.

**CLINICAL EXAMINATION: (Table No.7)**

GENERAL EXAMINATION	
Built – average	PR – 68/min
Height – 5 feet	BP – 120/80 mmHg
Weight – 56 kg	R/R – 16
BMI – 24.11	Temp – Afebrile
Pallor – present	Thyroid gland – not palpable

<b>LOCAL EXAMINATION</b>	<b>P/A and P/V EXAMINATION</b>
All episiotomy stitches are intact.	P/A- Uterus Contracted
Wound Healthy, intact.	Lochia- Rubra within normal limits
Moderate redness+ , mild edema+	Abnormal Odour- Absent
Bloody Discharge+	Amount – 2 pads per day.
Serous discharge and Tenderness- present	Clots – Absent.
<b>INVESTIGATION</b>	
<b>Hb% - 12.5 gm%</b>	<b>VDRL - Negative</b>
<b>ABORh - AB+ve</b>	<b>S. creatinine -0.67mg/dl</b>
<b>RBS - 98 mg/dl</b>	<b>S. bilirubin 0.71 mg/dl</b>
<b>HIV,HCV, HBsAg - Negative</b>	<b>BT - 2.15 &amp; CT - 4.35 mts</b>
<b>CASE NO. 3 ( UHID - 422949)</b>	
<b>Before treatment</b>	<b>After treatment</b>
	

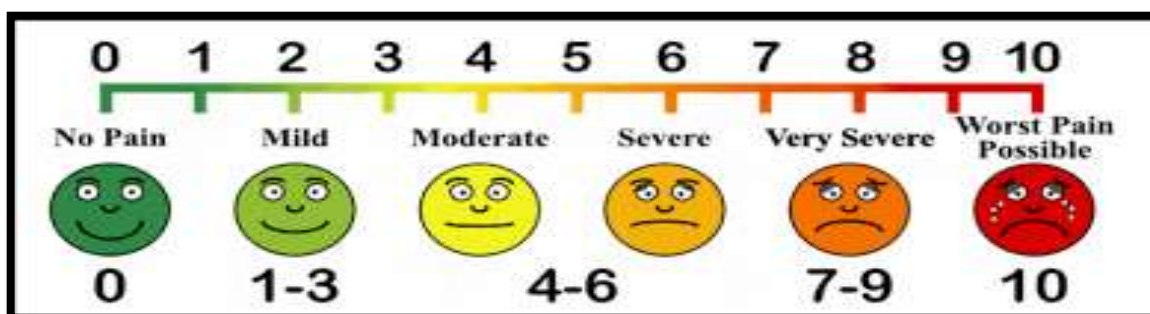
**ASSESSMENT:- REEDA SCALE<sup>10</sup>AND VAS<sup>11</sup> SCALE.****REEDA SCALE FOR ASSESSMENT OF EPISIOTOMY WOUND HEALING (Table: No.8) .**

Sr.No.	Parameters	Findings	Grade
1.	Redness	None	0
		Within 0.25cm of the incision bilaterally	1
		Moderate-Within 0.5cm of incision bilaterally	2
		Severe-Beyond 0.5cm of the incision bilaterally	3
2.	Edema	None	0
		Mild-Less than 1cm from incision	1
		Moderate-Between 1 to 2 cm from the incision	2
		Severe-> 2 cm from incision	3
3.	Ecchymosis	None	0
		Mild-Within 0.25cm bilaterally or 0.5cm unilaterally	1
		Moderate-Between 0.25cm to 1cm bilaterally or between 0.5 to 2cm unilaterally	2
		Severe- > 1cm bilaterally or >2cm unilaterally	3
4.	Discharge	None	0
		Serum	1
		Sero-sanguinous	2
		Purulent	3
5.	Approximation	Closed	0
		Skin separation 3mm or less B/L from incision	1
		Skin & subcutaneous fat	2
		Skin, subcutaneous fat & fascial layer separation	3

**OBSERVATION ON REEDA SCALE AMONG FOUR SUBJECTS (Table: No.9) :-**

Parameters	Case-1 BT (Day 1)	Case-1 AT (Day 7)	Case-2 BT (Day1)	Case-2 AT (Day7)	Case-3 BT (Day1)	Case-3 AT (Day7)
Redness	2	0	2	0	2	0
Edema	2	0	1	0	1	0
Ecchymosis	1	0	1	0	1	0
Discharge	2	0	1	0	1	0
Approximation	1	0	1	0	1	0

**VAS SCORING PATTERN FOR PAIN ASSESSMENT:-**



**OBSERVATION ON INTENSITY OF PAIN AT THE WOUND SITE (Table no. 10)**

Observation on Intensity of pain at the wound site			
PAIN INTENSITY	Case-1	Case-2	Case-3
BT (Day 1)	6- Severe	5- Moderate	5-Moderate
AT (Day 7)	0	0	0

## RESULTS:-

**DISCUSSION:-**Nimbha patra prakshalan including nimbha in it which have the same properties which are present in nimbha patra used for ointment preparation. Nimba is considered as Vranapachaka, Vranashodhaka, Pootihara, Dahaprashamaka, Kandughna, Krimighna, Kapha pitta hara, twachya etc. The Tikta and Kashaya rasa along with Laghu and Ruksha guna of Nimba patra play a very significant role in wound healing.

1. **Antimicrobial Action (Prevention of Infection):-** Compounds involved are Nimbidin, Quercetin, Azadirachtin, Essential oils. It inhibits bacterial cell wall synthesis and disrupts its membrane integrity. It also reduces colonization of Staphylococcus aureus, Pseudomonas aeruginosa, and other wound pathogens which further helps in preventing fungal infections by inhibiting spore germination and fungal cell wall formation. Hence keeping the wound sterile & hence reducing the chances of delayed healing.
2. **Anti-inflammatory Effect (Control of Excess Inflammation):-** the compounds involved are Nimbidin, Nimbolide, Flavonoids (quercetin, kaempferol). These compounds inhibit COX and LOX enzymes, reducing prostaglandin and leukotriene synthesis. They also regulate pro-inflammatory cytokines like TNF- $\alpha$ , IL-1 $\beta$ , IL6. Also, they stabilize lysosomal membranes, preventing release of degradative enzymes. Main effect seen is that it minimizes tissue damage and pain, allowing transition from inflammatory to proliferative phase.
3. **Antioxidant Activity (Protection Against Oxidative Stress):-**Compounds involved in this process are Quercetin, Catechin, Gallic acid, Rutin. These scavenge reactive oxygen species at wound site and also protects fibroblasts, keratinocytes, and endothelial cells from oxidative damage thereby enhancing collagen stability by preventing oxidative degradation leading to faster healing.
4. **Collagen Synthesis & Fibroblast Proliferation-** Stimulate fibroblast proliferation and migration to wound site which increases the deposition of collagen type I and III, providing tensile strength. They also Promote angiogenesis (formation of new blood vessels) via regulation of vascular endothelial growth factor (VEGF) leading to granulation tissue formation and wound contraction.

**GHRITA:-** In these case series we found that ghrta make that area moist due to which a barrier protection against drying and cracking created by moisturizing effect, promotes

faster healing, reduces swelling, redness, and irritation. Supports growth of new skin (epithelialization), enhances collagen formation and mild antimicrobial effect.

**HONEY:-** Honey is effective in curing a wide range of wound types, including trauma, burns, malignancy, leprosy, diabetic ulcers, boils, cervical varicose ulcers, scratches, leg ulcers, gastric ulcers, fistulas, amputation, burst abdominal wounds, septic and surgical wounds, cracked nipples, and wounds in the abdominal wall.<sup>12</sup> Due to high sugar concentration and low pH inhibits bacteria production, produces hydrogen peroxide (natural antiseptic), effective against resistant bacteria (e.g., MRSA), keeps wound hydrated while absorbing excess fluid, helps remove dead tissue naturally, Reduces pain, swelling, and scarring, promotes tissue repair.

**CONCLUSION:-** Perineum is highly susceptible to infection due to both excretory orifices and different secretions like vaginal discharges. Along with it, the continuous flow of the lochial discharges keeps the wounded area wet. Thus, it becomes more disposed to infections. In addition, these areas have sensory nerves anastomosis leading to severe pain and discomfort and hence impeding the patient to sit or do daily chores. Hence to get more effective wound healing. The procedure for application of “*NIMBHADHI OINTMENT*” was done in aseptic conditions. The assessment and obstetrical history were collected by interview and observation method. The procedure was carried out twice a day for a period of 15 days during postnatal period. On day one and seventh postnatal day, the wound was assessed using REEDA SCALE and pain intensity by VAS SCALE. The REEDA score and VAS score on day seven (AT) were 0 in all three subjects, which means the episiotomy wound healed appropriately without any complications.

#### **REFERENCES :-**

1. D.C. Dutta Textbook of Obstetrics reprint edition, 2019; 9: 37-528.
2. Williams Ostetrics McGRAW-HILL, Medical Publishing Division, Sec, 22, 4: 17-435.
3. D.C. Dutta Textbook of obstetrics reprint edition, 2019; 9: 37-531.
4. Jyoti Jain, Hetal H. Dave, episiotomy wound healing & Pain management in Ayurveda, Ayushdhara, 2019; 6(1): 2075- 2078.
5. Misra, Brahma.sankara, bhisagratna. Bhavaprakasha, Vidyotinihindi commentary; Chaukambha Sanskrit bhawan, Varanasi:2013 vol 2. p-788
6. D.C. Dutta Textbook of obstetrics, reprint edition, 2019; 9: 37-530.
7. Misra, Brahma.sankara, bhisagratna. Bhavaprakasha, Vidyotinihindi commentary;

- Chaukambha Sanskrit bhawan,Varanasi:2013 vol 2. p-788
8. Murthy K.R.S, English translation on SushrutaSamhita of Sushruta. 2<sup>nd</sup> edition. Chikithsa Sthana; Sadhyovranachikithsaadhyaya:chapter 2, Verse 10.varanasi: Chaukambha orientalia;2005:p-30
  9. PV Sharma , English translation on SushrutaSamhita of Sushruta.Reprintedition. ChikitsaSthana; SadhyoVranaChikitsa:chapter 2, verse 30, 38-40.varanasi: Chaukambha Visvabharati,2010:p-279-281.
  10. Davidson NS. REEDA (1974): Evaluation of postpartum healing J. Nurse Midwifery 1974; 19:6-8. Lam, K.M., H.S. Wong and T.C. Pan, 2006. The practice of episiotomy in public hospital in Hong Kong. Hong Kong Med. J., 12: 94-9
  11. <https://pubmed.ncbi.nlm.nih.gov/4048757/> open at 27-04-2026 at 16:20.
  12. Eteraf-Oskouei T, Najafi M. Traditional and modern uses of natural honey in human diseases: a review. Iran J Basic Med Sci. 2013;16(6):731-42.