

**A ROLE OF JATYADI TAILA PICHU IN THE MANAGEMENT OF
INFECTED POST-CESAREAN WOUND – A CASE STUDY****¹*Dr. Shabanuri Wahid Khan and ²Dr. Amit Shinde**¹PG Scholar; ²Guide and Associate Professor

Department of Prasuti Tantra and Strirog;

SST Ayurved Mahavidyalaya, Sangamner- Maharashtra.

Article Received on
21 Dec. 2024,Revised on 11 Jan. 2025,
Accepted on 01 Feb. 2025

DOI: 10.20959/wjpr20253-35613

***Corresponding Author****Dr. Shabanuri Wahid
Khan**PG Scholar, Department of
Prasuti Tantra and Strirog,
SST Ayurved
Mahavidyalaya, Sangamner-
Maharashtra.**ABSTRACT**

Cesarean delivery is a surgical procedure used to deliver a baby through incisions on the abdomen and uterus. Infection rates after C-sections range from 3–16%. There are many factors which influence the wound healing like age, nutrition, co-morbid conditions, place and position of wound, blood supply to the area exposure etc. But involvement of infection will not allow the wound to heal and convert it into Dushta Vrana. Any discontinuity in the skin is known as Vrana. Acharya sushruta has described 60 upakramas in the management of vrana. Among sixty Upakramas local application of medicated oil (use of Taila) is one of most important Upakramas. The present case report shows 32 years female operated for Cesarean section & then wound get infected with pus discharge and gapping. For such an infected post-cesarean wound (dushta vrana), We used jatyadi taila pichu which shows vrana shodhana and Ropana property. These method were proven effective.

KEYWORDS: Dushta varana, Jatyadi taila pichu, Vrana shodhana, Vrana ropana.**INTRODUCTION**

Cesarean delivery(C-section) is a surgical procedure used to deliver a baby through incisions on the abdomen and uterus. Is one of the most common operatives performed currently in Obstetric Practice. Infection rates after C-sections range from 3–16%.^[1]

The four basic processes that take place in wound healing are- Inflammation, Wound contraction, Epithelialization and Granulation tissue formation. Many factors that influence wound healing are age, nutrition, co-morbid conditions, place and position of the wound, the blood supply to the area exposure etc.^[2]

Vrana means a gap or discontinuity of the tissue.

Acharya sushruta has classified Vrana as

- 1) Nija Vrana - caused by an imbalance of doshas within the body.
- 2) Agantuja Vrana- caused by external factors like trauma, bite, burns etc.

Both above types of Vrana if not treated properly then they can be converted into dushta Vrana which has the following lakshana-

vividha strava (different types of discharge)

vedana (pain)

kandu (itching)

shotha (swelling)

Acharya sushruta has explained shashti upakramas in the management of Vrana in Dvivraniya chikitsa adhyaya of sushruta samhita chikitsa sthana. Taila karma is one of them, which causes shodhana and Ropana in dushta Vrana. The application of medicated oil can be done with different procedures like Pichu (cotton pads), Lepa or vrana basti.^[3]

CASE REPORT

A 35 yrs old female patient visited OPD of Prasutitantra and strirog department with a chief complaint of non-healed post-LSCS wound with pain at the suture site, gapping and pus discharge through it. She was operated on for C-Section 9 days back in another hospital due to thick MSL (muconium stain liquor). After the operation, she was admitted there for four days with Intravenous antibiotics covered & then discharged with oral antibiotics.

Medical history

Her pre-operative was Hb -9.4gm%. She was given 1 PCV before posting for a C-section.

Past history

H/ o Anaemia.

No H/O HTN, DM, TB, ASTHMA, NO Specific family history.

No specific allergy.

History of present illness.

A female was operated 9 days ago. She came with a complaint of an unhealed post-LSCS wound with pain at the suture site.

After examination, there was a wound gapping of Approximately 5 cm x 3 cm x 2 cm.

Minimal slough noticed. Due to anaemia and unhygienic practices infected post-section wound was seen.

General and systemic examination

GC - fair

Bp -120/70mm HG

P-82/min

Temp - Afebrile

RS – AEBE clear

CVS – No abnormality detected

CNS – Concious and oriented

Lab investigations

Hb – 10.2 gm%

Serology - negative

RBS- 78 mg/dl

BT- 2.15 min CT- 3.56 Min

Blood group – B positive

Wound discharge culture and sensitivity - No organism noted

Local Examination

- 1) Wound gapping Approximately 5 cm x 3 cm x 2 cm.
- 2) Edges separated with a fibrosed margin
- 3) Discharge - serous discharge noted
- 4) Margin inflammed, redness seen
- 5) Minimal slough visualized
- 6) Tenderness - present at the suture site

INFORMED CONSENT - Informed consent taken from the patient

MATERIAL AND METHOD

Present study was carried out on an OPD basis. Jatyadi Taila, Pichu (sterile cotton pad), and sterile gauze were among the materials required for the study.

Method of application

- 1) Under aseptic precautions, the wound was cleaned with an Antiseptic solution.
- 2) After proper cleansing, Jatyadi taila pichu (sterile cotton pad soaked in oil) was kept in the gapped wound.
- 3) Dressing was done by sterile gauze.
- 4) G- Plast surgical tape is applied over it so that the Pichu will remain in the wound till the desired duration.

Same procedure was done daily for 10 days until a fresh wound was achieved.

After Vrana Shodhana and Vrana Ropana on the 10th day, a fresh wound with healthy granulation was visualized.

Throughout the treatment patient was given oral medication as follows for 15 days - Triphala guggul 250mg 2 BD. Chandraprabhavati 250mg 1 TDS.

From 11th day to 30th day, every 3rd-day procedure was done till complete healing of the wound was noted.

OBSERVATION AND RESULT

After starting of treatment, there was a marked reduction in slough and pus discharge and healthy granulations started appearing 10 days after the treatment.

Before treatment



Appearance on 15th day



Appearance on 30th day (completely healed)



DISCUSSION

Jatyadi Taila is Tikta and Kashaya Rasa Pradhana, which is Pitta Kapharahara and have Vrana Shodhana, Ropana, Pootihara, and Vedanasthapana properties.

Jaati - has antibacterial, anti-inflammatory and anti-fungal properties due to the presence of salicylic acid in it.

In Nimba, the active compound known as nimbine, margosin has anti-inflammatory analgesic and anti-bacterial properties.

The active ingredient of Yastimadhu has wound-healing properties.

Turmeric has anti-inflammatory, anti-microbial and anti-bacterial properties. Tutta helps in Lekhana Karma which helps to remove the slough.

Tila Taila, the base provides a better medium for tissue repair. Overall, it's the combined effect of the ingredients which brings about the healing effect.^[4]

Chandraprabha vati helps to restore normal wound healing by stimulating correct dhatupariposhan (tissue metabolism) in the wound.^[5]

Triphala guggulu found to have Vrana Shodhan (antimicrobial) as well as Vrana Lekhan & Rukshan properties (wound cleaning and drying action). Along with this, it has wound healing action (Ropan).^[6]

CONCLUSION

Infected post C-section wounds can be rapidly healed by ayurvedic perspectives.

The cost and benefit ratio was found high as there is no re-exposure to the surgical procedure (debridement and resuturing) along with minimal expenses and hospital stay.

SCOPE OF THE STUDY

This is a single case study on infected post-cesarean wound management without resuturing it. So various this type of cases need to be assessed to ensure the potency of Ayurvedic formulations in sandhan karma (tissue repair and reconstruction).

***Source of funding – Nil.**

***Conflict of interest- None.**

REFERENCES

1. Fathia E. Al Jama. Risk factors for wound infection after lower segment Caesarean Section. Qatar Med J., 2012; 2: 26-31. Published online 2013 Nov 1. doi: 10.5339/qmj.2012.2.9.
2. Dr. Soman Das, A Concise Textbook of Surgery, by, 5th edition, 2008, published by Dr. S. Das, 13, Old Mayor's Court, Calcutta, 1, 3,211 and 212.
3. Dr. Srinivas Masalekar, Dr. M. R. Poornima. A Case Study on Jatyadi Taila Vrana Basti in the management of Dusta Vrana with special reference to Venous Ulcer. J Ayurveda Integr Med Sci., 2021; 1: 336-340.
4. Pandit Parashurama Shastri, Vidyasagar- The Sharangadhara Samhita by Pandit Sharangadharacharya s/o Pandit Damodar with commentary- Adhamalla's Dipika and Kashirama's Gudarth Dipika, 1931, Published by Nirnayasagar press-Bombay. Sha. Madhyama khanda, chap 9/168-171.
5. Gangadharshastri Gune, Ayurvediya Aushadhigundharma Shastra, 2nd ed, Pune, Viadyak granth bhandar, 2008; 311.

6. Ambikadatta, Bhaishajya Ratnavali of Shree Govind Das, 2nd ed, Varanasi, Choukhamba Prakashan, 2015; 849.