

"A CLINICAL COMPARATIVE STUDY OF EFFICACY OF CHANDAN PADMAKADI TAILA AND BETADINE SOLUTION IN THE MANAGEMENT OF MOOLADHARA CHEDANA (SADYOVRANA) W.R.T EPISIOTOMY WOUND"

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Abstract: *Mooladhara Chedana* (Episiotomy) is a surgically planned incision on the perineum and posterior vaginal wall during second stage of labour with the aim of increasing soft tissue outlet dimensions to help with easier childbirth and prevent perineal lacerations wick may extend to anus, anal sphincter ot even up to rectum. The most common obstetric operation performed is *Mooladhara Chedana* (Episiotomy).

Episiotomy wound can be compared to china vrana and so its treatment can be inferred as that of sadhyo vrana. In sadhyo vrana there is Raaga, Sotha, Shrava, Shula at the Vrana site So, here in this trail study it is compared with that of episiotomy wound.

Keywords- *Mooladhara Chedana*(Episiotomy); *Sadhyo vrana*; *China vrana*

Introduction:

Reproduction is an inevitable act for existence of mankind / humanity. Ayurveda, the holistic healing *Shastra*, deals with the concept of individual approach. The preventive and curative aspects¹ of individual life related entities are summed up in eight branches of Ayurveda. *Prasutitantra*, the sub-branch of Ayurveda dealing with the medical, para-surgical and surgical approach towards diseases of in ladies, pregnancy and delivery related issues. Though, it is not

considered as one among *Ashtanga*, we get its discrete explanation in classics in various contexts. In the present era of specialization, it has grown as an individual specialty.

Safe and eventless pregnancy with delivery of healthy foetus contributes an immense priority of every country. Hence forth, several national and international level programmes planned for maternal and child health care issues.

Episiotomy is a planned surgical incision given in the medial or medio-lateral

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aspect of the perineum to reduce the maternal and neonatal trauma and morbidity associated with delivery. It has short-term benefits of episiotomy for doctor is easy to repair compared to a spontaneous perineal laceration. It can be taken as a *Sadyovruna* explained in classics. Thus, in the present study the efficacy of *Chandan Padmakadi Taila*² (Contains, *Chandan, Padmak, Rodhra, Utpala, Priyangu, Haridra, Madhuk*) application on episiotomy wound was observed under aseptic precautions and results were tabulated

Objectives:

- 1) Evaluation of the efficacy of Chandan Padmakadi Taila on *Mooladhara Chedhana* (Episiotomy).
- 2) To study about Mooladhara Chedhana and Episiotomy as per Ayurvedic and modern literature.
- 3) To restore the normal anatomy of perineum in post partum period.

Materials And Methodology:

Source of data

Study design: Comparative clinical study

Sample size : 60 patients, 30 patients in each group.

Group A : *Chandana Padmakadi Taila* application twice a day for 7 days.

Group B : Betadine application twice a day for 7 days.

Follow up : 15th day of delivery

Inclusion criteria :

- ⇒ Primi and multi grabid of age 18 – 35
- ⇒ Patients who have undergone episiotomy will be selected.
- ⇒ Uncomplicated pregnancy where mother and baby are in good condition.

Exclusion criteria :

- ⇒ All degree parineal tear cases are excluded.
- ⇒ Prolonged labour cases are excluded.
- ⇒ Patients having blood coagulopathy, hematoma and abscess are excluded.
- ⇒ Immune suppressed patients will be excluded.
- ⇒ HIV, HbsAg and VDRL cases will be excluded.
- ⇒ Specific systemic infections like Tuberculosis, Leprosy, Hypertension, Diabetes mellitus, etc.
- ⇒ Patients having HB 8gm% and below will be excluded.

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OBSERVATION AND RESULTS:

Distribution of patients according to their age group

Age Group	Group A		Group B		Total	
	No. of patients	Percentage	No. of patients	Percentage	No. of patients	Percentage
18-21	11	36.7	13	43.3	24	40.0
21-24	12	40.0	7	23.3	19	31.7
24-27	4	13.3	6	20.0	10	16.7
27-30	3	10.0	4	13.3	7	11.7
Total	30	100.0	30	100.0	60	100.0

Majority of the patients were in the age group 18-21(40%). There were only 11.7% of patients in the age group 27-30. In group A, maximum number of patients were in the age group 21-24(40%).

Distribution of patients according to their religion

Religion	Group A		Group B		Total	
	No. of patients	Percentage	No. of patients	Percentage	No. of patients	Percentage
Hindu	24	80.0	26	86.7	50	83.3
Muslim	6	20.0	4	13.3	10	16.7
Total	30	100.0	30	100.0	60	100.0

All the patients were either Hindu or Muslim by religion. Most of them were Hindu with 83.3% and only 16.7% were Muslim.

Distribution of patients as per their educational status

Education	Group A		Group B		Total	
	No. of patients	Percentage	No. of patients	Percentage	No. of patients	Percentage
Illiterate	5	16.7	9	30.0	14	23.3
Primary	12	40.0	8	26.7	20	33.3
Secondary	9	30.0	8	26.7	17	28.3
PUC+	4	13.3	5	16.7	9	15.0
Total	30	100.0	30	100.0	60	100.0

Educational status was categorized as Illiterate, Primary, Secondary and above PUC. In group A most of them had studied upto Primary (40%) and very less studied upto PUC and above

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Distribution of patients as per their occupation

Occupation	Group A		Group B		Total	
	No. of patients	Percent	No. of patients	Percent	No. of patients	Percent
Students	2	6.7	3	10.0	5	8.3
Agriculture	10	33.3	9	30.0	19	31.7
Business	7	23.3	2	6.7	9	15.0
Labour	9	30.0	9	30.0	18	30.0
House wife	2	6.7	7	23.3	9	15.0
Total	30	100.0	30	100.0	60	100.0

Majority of the patients were agriculture and labour by occupation with a percentage of 31.7 and 30 respectively. 6.7% were student in group A and 8.3% in group B.

Distribution of patients as per their economic status

Economic Status	Group A		Group B		Total	
	No. of patients	Percent	No. of patients	Percent	No. of patients	Percent
Lower Class	19	63.3	19	63.3	38	63.3
Middle Class	6	20.0	7	23.3	13	21.7
Upper Class	5	16.7	4	13.3	9	15.0
Total	30	100.0	30	100.0	60	100.0

Economic status was categorized as Lower class, Middle class and Upper class: 63% of the patients were belonged to lower class family, 21.7 % belonged to middle class and only 15% belonged to upper class.

Distribution of patients by Prakriti

Prakriti	Group A		Group B		Total	
	No. of patients	Percent	No. of patients	Percent	No. of patients	Percent
Kapha-Pitta	3	10.0	4	13.3	7	11.7
Pitta-Vata	8	26.7	8	26.7	16	26.7
Kapha-Vata	19	63.3	18	60.0	37	61.7
Total	30	100.0	30	100.0	60	100.0

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Prakruti of the patients was divided into Kapha-pitta, Pitta-vata and Kapha-vata: Same proportion of Prakruti was observed in both the groups. 63.3% of the patients had kapha-vata in group A and in group B it was 60%.

Distribution of patients as per length of episiotomy

Length of Episiotomy	Group A		Group B		Total	
	No. of patients	Percent	No. of patients	Percent	No. of patients	Percent
3cms	3	10.0	4	13.3	7	11.7
4cms	8	26.7	10	33.3	18	30.0
5cms	17	56.7	13	43.3	30	50.0
6cms	2	6.7	3	10.0	5	8.3
Total	30	100.0	30	100.0	60	100.0

50% of the patients had length of episiotomy of 5 cms, 30% of the patients had length of 4 cms and very few had length of episiotomy of 6 cms, 8.3%.

Independent sample t-test for comparing the cumulated assessment score treated with 'Chandana Padmakadi Taila' in group A patients and Betadine solution in group B patients.

Group		N	Mean	Std. Deviation	Mean Difference	t-value	P-value
Before Treatment	Group A	30	16.10	2.695	0.933	1.213	0.230
	Group B	30	15.17	3.239			
After Treatment	Group A	30	8.97	2.684	-3.533	-4.649	0.000
	Group B	30	12.50	3.181			
Follow Up	Group A	30	4.70	2.215	-4.433	-6.322	0.000
	Group B	30	9.13	3.137			

Statistical analysis clearly indicate that there are substantial evidences that, Chandana Padmakadi Taila very effective in the management of episiotomy. Though Betadine had effect in the management of episiotomy, results of the study have proven that, Chandana Padmakadi Taila is more effective than Betadine solution.

**DISCUSSION:
PROBABLE MODE OF ACTION OF
CHANDANA PADMAKADI TAILA**

Chandana padmakadi taila as per given reference, chandana padmakadi taila is been indicated in vrana due to its vranaropak property. The lakshana of vrana like shool (pain), shoth (edema), strav(discharge), vranaoshtha (edges), are markedly reduced by the virtue of Chandana Padmakadi Taila.

CONCLUSION:

This study was conducted for 7 days duration in 60 numbers of patients, 30 each group this drug can used for safely without any side effects in clinical practice as same as betadine.

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Before treatment

Mean defference : 0.933

t-value : 1.213

p-value : 0.230

After treatment

Mean defference : -3.533

t-value : -4.649

p-value : 0.000

Taila Protects the skin from any disorder and improves the complexion and absorbed in our body fastly.

Betadine is control drug and conventional method of wound management in episiotomy wounds it has no roll in pain management and wound healing rather than the asepsis measure.

Chandana Padmakadi Taila having properties like anti-microbial, deodorant, anti-inflammatory, analgesic, anti-biotics.

Hence, the Chandana Padmakadi Taila showed good results compare to betadine solution.

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