

UTKARTANA WITH SPECIAL REFERENCE TO EPISIOTOMY - A CONCEPTUAL STUDY

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ABSTRACT

Episiotomy is an incision of the pudenda synonymously with perineotomy, a common obstetrical procedure for almost all women in their 1st delivery. While explaining the concept of mudhagarbha chikitsa acharyas have mentioned utkartana vidhi which can be correlated to episiotomy, where Acharya have mentioned that cutting of structures which is obstructing is utkartana karma. And episiotomy is indicated to enlarge the vaginal introits which can be obstructed in case of rigid perineum, delayed second stage of labour and big baby etc, in such condition if episiotomy is not taken can lead to further complications like perineal trauma, pelvic floor dysfunction as of anal sphincter muscle damage, more blood loss and neonatal trauma. We can prevent complication by taking episiotomy. Even Ayurveda acharyas have explained centuries ago about utkartana karma (episiotomy) in mudhagarbha chikitsa.

Keywords: Utkartana, Episiotomy, Perineum, Vaginal introits, Pelvic floor

INTRODUCTION

The word episiotomy derived from the Greek word episton- Pubic region- plus – tomy – to cut. In strict sense, episiotomy is incision of the pudendum- the external genital organs¹. In obstetrics episiotomy is the most common surgical incision performed on the perineum and the posterior vaginal wall during second stage of labour to aiding the actual delivery process or preventing tears and lacerations. The time, mode and type of episiotomy differ according to indication. In Ayurveda Acharyas have mentioned vitapachadana/ muladhara chedana / utkartana indicated in different conditions of mudhagarbha². There are 4 types of mudhagarbha and according to gatibheda 8 types are mentioned. Among

which utkartana is indicated for Apatyapatham anuprapta anirasyamana and also in conditions like garbhasangha and bhaga sankocha. The word “Utkartana” is formed from two words ‘Ut’+ ‘Kartana’. Here prefix ‘Ut’ means urdhwabhaga, atishaya and adhikya as per Shabdhartha kausthubha The word ‘kartana’ is derived from the Dhatukrut+(bhava+ liyut) which means Chedana(cutting) and shitheleekarana i.e, making way for something by loosening. Thus “Utkartana” means the act of cutting up or cutting off with the help of a special instrument called ‘Kartari’.

Episiotomy in Ayurvedic perspective:

It can be consider as vaidyakrita vrana and also sadyovrana.

In concept of Mudhagarbha, Utkartana can be correlated to episiotomy.

UTKARTANA:-

“urdhvasya kasyachidangasya chedanam utkartanam”³

Indications

Sl.No	Ayurvedic ⁴	Modern ⁵
01	Lajjyastreenasankichatsankuchitebhage	Anticipating perineal tear
02	Mudhaapana	Premature labour, breech delivery, forceps delivery
03	Kilamudhagarbha	Rigid perineum
04	Beejakamudagarbha	To cut short the second stage.
05	Upavishtaka	Premature labour
06	Garbhashanku, savruta yoni	Forceps delivery.

Cutting of structures which is obstructing is called as utkartana karma. The usual structure which can impede the rate and process of delivery is perineum because of rigidity or previous scar.

Episiotomy type and timing

The timing of performing the episiotomy requires judgement. If done early, the blood loss will be more. If done late, it fails to prevent the invisible laceration of the perineal body and thereby fails to protect the pelvic floor-the very purpose of the episiotomy is thus defeated. Bulging thinned perineum during contraction just prior to crowning is the ideal time. During forceps delivery, it is made after the application of blades.

Types⁶

1. Mediolateral – The incision made downwards and outwards from the midpoint of the fourchette either to the right or left. 2.5 cm away from the anus.

2. Median – The incision comes from the centre of the fourchette and extends posteriorly along the midline about 2.5 cm.

3. Lateral -The incision starts from about 1 cm away from the centre of the fourchette and extends laterally. It has got many drawbacks including chance of injury to the Bartholin’s duct. It is totally condemned.

4. ‘J’ shaped – The incision begins in the centre of the fourchette and is directed downwards and outwards along 5 or 7 o’ clock position to avoid the anal sphincter.

Instruments

There are many yantras and shastras explained in Ayurvedic texts. The following might be used for utkartana.

Sl.No	Ayurvedic ⁷	Modern ⁸
01	Samdamsayantra (sanigraha- with catch)	Thumb forceps with teeth
02	Swastika yantra	Sponge holder
03	Mucundiyantra	Curved artery forceps
04	Shararimukha (antarmukha)	Episiotomy scissor
05	Suchi(dhanurvakra), Kousheya(silk)	Cat gut suture material with needle, syringe
06	Karpasa(Cotton)	Cotton
07	Vastra	Covering towel

Procedure of Episiotomy: Episiotomy procedure should conduct on appropriate time to prevent blood loss and lacerations. Before episiotomy, analgesia may be provided by bilateral pudendal nerve blockage, or by infiltration of 1% lidocaine. It includes the incision of the fourchette, the superficial muscle and skin of perineum and posterior vaginal wall. For episiotomy, fingers are insinuated between the crowning head and the perineum. The scissor is positioned and the incision is customized for specific delivery needs but should stop well before reaching the external anal sphincter as long as to 1-3 inches in the vagina. After delivery of placenta repair of episiotomy done in 3 layers. Antiseptic lotions were applied under aseptic measures. Even in Ayurveda acharyas also explained

SUTURE

madyapana or akantapurna yavagu pana for sangnanasha and for vedana stapana. Acharya Sushruta mentioned procedure of the utkarthana karma which is similar to that of episiotomy. Acharyas also have the clear knowledge about anatomy of stree so they have mentioned about extra 20 streevishishtapeshis. Which can be considered as 2 bahyamukhashrita peshis and 2 antarmukhashrita peshis with superficial and deep muscle of perineum and Susruta explained about utakartana karma and sivana karma and its management in detail. According to vrana 4 types of sivana karma were explained. It also explains about care of vrana after sivana by using ropana and shodana dravyas and also upadrava and its management.

Sl.No	Ayurveda ⁹	Modern ¹⁰
01	Vellitakam	Metres suture
02	Tunnasevanee	Continues suture
03	Rijugrandhi	Simple suture
04	Vayasatuda	Figure of eight suture

Complication:

The complication of sadyovrana can be considered as complication of utkartana

Sl. No	Episiotomy ¹¹	Utkartana ¹²
01	Postepisiotomy pain	Shoola
02	Episiotomy dehiscene	Vishistata
03	Episiotomy infection	Madhitaah
04	Anal Sphincturerepture	Hata
05	Rectoveginal fistula.	Marmahata, Prahara

If sadyovrana not treated properly it may turn into dustavrana.

DISCUSSION

The pelvic and urogenital diaphragm provides greatest support to the perineum is often lacerated during delivery unless an

adequate episiotomy is made. The appropriate time for episiotomy is also important to avoid complications. Though episiotomy has advantage but it has complications like infection, abscess formation, incontinence of stool, necrotizing

fasciitis, rectovaginal fistula if proper care is not taken while performing it or after it. In mudagarbha chikista acharyas have explained utkartana karma as treatment which can be correlated with episiotomy, wherein acharyas have explained about utkartana karma, sivana karma, care of wound, its complications and management in detail.

CONCLUSION

Even Acharyas have explained about Utkartana / Vitapachedana in case of Mudha garbha¹³(Obstructed labour) and also about repair of Utkartana with sivana karma which is explained by Acharya Sushruta i.e Rujukara, valaya etc¹⁴. Episiotomy is a procedure to reduce the complication during 2nd stage of labour by expanding the opening of vagina i.e Yoni. Because tissue in this area may tear during delivery, another reason for performing episiotomy is that a clean incision is easier to repair than a jagged tear and may heal faster. In case of healing wound in classic they explained utkartana karma, seevana karma and its management which is followed now a day's also.

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