

A Case Study on the Effect of Guggul Dhoopan on Episiotomy Wound Healing and Pain Relief in Sootika (Postpartum Woman)

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Abstract: *Background: Episiotomy is a surgical incision of the perineum performed during selected vaginal deliveries. Postpartum pain, local inflammation and delayed wound healing can affect maternal comfort and daily activities. Ayurveda describes Sootika Paricharya as a specialized approach to postpartum care. Guggulu Dhoopana has been discussed in Ayurvedic clinical literature as a potential adjunct for episiotomy wound management.*

Objective: To describe the clinical course of a 28-year-old woman following full-term normal vaginal delivery (FTND) with episiotomy who received Guggul Dhoopan for five consecutive days, with follow-up on days 5, 12 and 21.

Case presentation: Guggul Dhoopan was administered for five consecutive days as an adjunct to routine postpartum care. Reported observations indicated progressive improvement in assessed parameters at each follow-up. Pain decreased from 10/10 on day 1 to 1/10 by day 21. Bleeding was controlled in the context of routine obstetric management, and improvement was reported in local inflammation and wound healing.

Conclusion: This case documents a favourable temporal course after adjunctive Guggul Dhoopan. A single case cannot establish causality or determine the independent effect of Dhoopan. Standard obstetric wound care remains essential, and controlled studies are required to evaluate effectiveness and safety.

Keywords: Guggulu; Dhoopana; Sootika; episiotomy; perineal wound; pain relief; wound healing

I. INTRODUCTION

The puerperium is a period of maternal recovery after childbirth. Episiotomy, when clinically indicated during vaginal delivery, creates a perineal wound that may be associated with pain, tenderness, swelling and difficulty with sitting or walking. Less commonly, complications include infection, hematoma, wound separation and delayed healing. Management requires appropriate repair, hygiene, pain relief, follow-up and early recognition of complications. Ayurveda gives importance to postpartum care through Sootika Paricharya, which encompasses individualized diet, rest, hygiene and supportive measures. Dhoopana is a traditional procedure involving medicinal fumes in selected contexts. Guggulu, the oleo-gum-resin of *Commiphora wightii*, has traditional medicinal uses. A published clinical article has specifically examined local Guggulu Dhoopana in episiotomy wound management; however, the available evidence remains preliminary.

II. AIM AND OBJECTIVES

Aim: To describe the observed course of episiotomy pain and wound recovery in a postpartum woman receiving Guggul Dhoopan as an adjunct to routine care.



Objectives: (1) To document pain change from day 1 to day 21; (2) to describe reported changes in local inflammation and wound healing at follow-up; (3) to document the five-day intervention and follow-up schedule; and (4) to discuss the findings in light of available Ayurvedic and contemporary literature.

III. REVIEW OF LITERATURE

3.1 Sootika Paricharya

Sootika Paricharya refers to care during the postpartum period. In the Ayurvedic framework, it aims to support recovery, nourishment, strength and restoration of physiological function after childbirth. Classical descriptions should be cited from the specific edition consulted; exact textual references should be verified before journal submission.

3.2 Dhoopana and Guggulu

Dhoopana is a fumigation-based procedure described in traditional Ayurvedic practice. Guggulu is a resin obtained from *Commiphora wightii* (Arn.) Bhandari. In the context of episiotomy, Guggulu Dhoopana has been investigated as a possible adjunct for local wound-related symptoms. Garthe and Bhosale (2021) reported improvement in pain and inflammatory features following local Guggulu Dhoopana with Ghrita. Such findings are hypothesis-generating and should not be treated as conclusive evidence of efficacy.

3.3 Contemporary wound-healing principles

Wound healing involves overlapping haemostatic, inflammatory, proliferative and remodelling phases. Episiotomy wounds require monitoring for pain, redness, oedema, bruising, discharge and wound-edge approximation. The REEDA scale (Redness, Oedema, Ecchymosis, Discharge and Approximation) is one structured approach to perineal assessment. Pain should be measured separately, for example with a 0–10 Numerical Rating Scale (NRS). Reduced pain alone does not establish wound closure or exclude infection.

IV. MATERIALS AND METHODS

4.1 Study design

This is a single-patient descriptive case report based on the clinical details provided. No control group was used. Findings are presented descriptively; causal conclusions or statistical inference are not possible.

4.2 Patient and setting

A 28-year-old woman following full-term normal vaginal delivery (FTND) with episiotomy received Guggul Dhoopan for five consecutive days during the postpartum period, in addition to routine obstetric care. Additional details such as parity, indication and degree of episiotomy, delivery date, repair details, medical history, medications and vital signs should be added from the patient record if available.

4.3 Intervention

Guggul Dhoopan was administered for five consecutive days. The exact formulation, inclusion of Ghrita, quantity, session duration, distance from the wound, delivery method and environmental precautions were not provided. These details should be entered from the actual procedure record rather than inferred. Standard perineal hygiene, appropriate analgesia and obstetric follow-up should continue as indicated.

4.4 Outcome measures

The reported outcome domains were pain, bleeding status, local inflammation and wound-healing progression. Follow-up assessments were conducted on days 5, 12 and 21. Only the pain score was provided quantitatively. Other outcomes are reported qualitatively and should be supplemented with objective findings, including REEDA scores, if recorded.



V. CLINICAL CASE PRESENTATION

5.1 Patient information

A 28-year-old woman underwent full-term normal vaginal delivery (FTND) with episiotomy. During the postpartum period, Guggul Dhoopan was administered for five consecutive days as an adjunct to routine obstetric care. Follow-up was performed to observe pain, local inflammation, bleeding status and episiotomy wound healing.

5.2 Clinical course and follow-up

According to the information provided, pain was rated 10/10 on day 1. Follow-up was conducted on days 5, 12 and 21. All assessed parameters were reported to improve at each follow-up, with pain decreasing progressively to 1/10 by day 21. The observations also indicated controlled bleeding in the setting of routine obstetric management, reduced local inflammation and better healing of the episiotomy wound.

Table 1. Reported clinical course

Time point	Pain score	Other reported observations
Day 1 (baseline)	10/10	Initial assessment; detailed objective wound findings not supplied.
Day 5	Improving; exact score not supplied	First follow-up; parameters reported to have improved.
Day 12	Improving; exact score not supplied	Continued improvement in assessed parameters reported.
Day 21	1/10	Further improvement in inflammation and wound-healing progress reported.

Interpretation: Pain decreased by 9 points on the 0–10 NRS from day 1 to day 21. Exact scores on days 5 and 12 were not supplied and have not been estimated. Improvement in other parameters is qualitative unless supported by recorded wound scores.

5.3 Haemostasis and wound status

The supplied case information indicates that bleeding was controlled and that local inflammation and wound-healing status improved over follow-up. For accurate clinical reporting, clarify when bleeding stopped and whether haemostasis occurred after episiotomy repair and routine obstetric management. Dhoopan should not be attributed as the cause of haemostasis unless this is supported by contemporaneous clinical documentation.

5.4 Clinical documentation

For a complete case report, include the episiotomy grade, suture material and repair, postpartum day at first Dhoopan, vital signs, wound-edge approximation, redness, oedema, discharge, tenderness, analgesic use and any adverse effects. Record the exact intervention protocol and any concurrent oral or topical therapies.

VI. RESULTS

The main quantitative observation was a decrease in reported pain from 10/10 on day 1 to 1/10 on day 21. The patient was assessed on days 5, 12 and 21, and all assessed parameters were reported to improve at each follow-up. Reduced local inflammation and improved episiotomy wound-healing progress were described qualitatively. Numerical REEDA scores, wound-closure time and comparator data were not supplied.

These observations are descriptive and do not establish that Guggul Dhoopan alone caused the changes. Natural healing, routine wound care, analgesics and other concurrent interventions may contribute to the outcome.



VII. DISCUSSION

This case describes a favourable clinical course in a 28-year-old woman after FTND with episiotomy who received five consecutive days of Guggul Dhoopan as an adjunct to routine postpartum care. Pain declined from 10/10 on day 1 to 1/10 by day 21, while local inflammation and wound-healing progress were reported to improve at follow-up. The temporal association is clinically noteworthy, but a single case cannot determine treatment efficacy.

7.1 Ayurvedic perspective

The intervention may be discussed within Sootika Paricharya and traditional approaches to Vrana care. Concepts such as Vrana Ropana, Shotha and Vedana provide an Ayurvedic framework for describing wound healing, inflammation and pain. They should not, however, be presented as direct proof of a specific biological mechanism for Guggul fumes.

7.2 Comparison with published evidence

Garthe and Bhosale (2021) reported improvement in pain and inflammatory features following local Guggulu Dhoopana with Ghrita in episiotomy wound management. A separate case report described a multimodal Ayurvedic approach that included cleansing, Dhoopana, topical treatment and oral medication. Since these reports are limited and multiple therapies were used in the latter case, they cannot isolate the independent effect of Dhoopana or establish comparative effectiveness.

7.3 Interpretation of pain improvement

The decline from 10/10 to 1/10 represents a 9-point absolute reduction in reported pain intensity. The initial score, timing of measurements, analgesic use and functional effects should be verified from the clinical record. Pain reduction can occur during normal postpartum recovery and may be influenced by medication, rest, wound repair and individual variation. Exact scores for days 5 and 12 were not supplied.

7.4 Haemostasis and safety

Haemostasis is an essential early outcome after delivery and episiotomy. Active bleeding is managed through appropriate obstetric assessment and interventions, including repair when indicated. The case information reports controlled bleeding but does not establish that Guggul Dhoopan achieved haemostasis. A fresh perineal wound is also vulnerable to irritation and thermal injury; fumigation requires clinical oversight, standardized delivery, ventilation and precautions. Standard perineal hygiene, prescribed analgesia and assessment for infection or wound breakdown must not be delayed or replaced by Dhoopan.

VIII. CONCLUSION

This case describes a 28-year-old woman following FTND with episiotomy who received Guggul Dhoopan for five consecutive days as an adjunct to routine postpartum care. Follow-up on days 5, 12 and 21 indicated progressive improvement in the assessed parameters. Reported pain decreased from 10/10 on day 1 to 1/10 by day 21, accompanied by reported reduction in local inflammation and better wound-healing progress.

These findings are encouraging as a clinical observation, but the independent contribution of Guggul Dhoopan cannot be determined from a single uncontrolled case. Haemostasis should be attributed to documented obstetric management unless evidence supports another conclusion. Prospective controlled studies with standardized REEDA scoring, validated pain measures, clear intervention protocols and systematic safety monitoring are needed.

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