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Research Article

A CLINICAL EVALUATION OF MADHUKADI AND JATYADI TAILA ALONG WITH STANDARD KSHARA-SUTRA THERAPY W.S.R. TO UNIT CUTTING TIME IN THE MANAGEMENT OF BHAGANDARA (FISTULA-IN-ANO)

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ABSTRACT

In kshara-sutra therapy the cutting and healing of fistulous track takes simultaneously. In some cases it has been observed that the healing status of track was not satisfactory. In that situations the cutting of track further delayed and it takes more time to completetion the treatment of Fistula-in-ano with standard Kshara-sutra. An oil with wound healing property may useful in reducing the overall treatment in Fistula-in-ano. Keeping this view and to avoid complication and promote the better healing, Madhukadi taila and Jatyadi Taila had been used along with Ksharasutra. It was found that Madhukadi Taila is more competent and effective than Jatyadi taila in the management of Bhagandara (Fistula-in-ano).

Keywords: Fistula, madhukadi, jatyadi, unit cutting time

INTRODUCTION

From the onset of civilization the humanity suffered from various diseases and among the many uncomfortable conditions, Bhagandara was the one of the most important one. The disease is widely prevalent and numerous options are being practiced for its management. However none of them could provide solace to the suffering mankind.

वातव्याधिः प्रमेहÜच कुष्ठमर्शो भगन्दरम् ।

अश्मरी मूढ़गर्भश्च तथैवोदरमष्टमम् ।।

अष्टावेते प्रकृत्यैव दुश्चिकित्स्याः महागदाः । ¼सु.सू. 33/4–5½

The Bhagandara is one among the eight troubles some disease described in Ayurveda. Bhagandara is a disease that exists since the early days of evaluation of the mankind. In India the disease is known from very early days.

Fistula-in- Ano is a disease of ano rectum and form quite a large share of all the disease of this part of the body. It is characterized by single or multiple sinuses with purulent discharge in the perianal area. It becomes a notorious disease due to its anatomical situation and it is a disease of guda which is one of the most marms, in which recurrence of fistula in ano occurs even with skilled surgeons. In Ayurveda classics it is known as Bhagandara and is included in eight mahagada by Acharya sushruta.

ते तु गुद भगवस्ति प्रदेशदारणाश्च भगन्दरा इत्युच्यन्ते ।

अपक्वा पिड़काः पक्वास्तु भगन्दराः ।। ¼सु.नि. 4/4½

The literary meaning of Bhagandara is 'Daran' like Bhag (yoni), Guda and Vasti area. It clearly indicates that bursting of a pakva pidika results into daran of that area and communicates with Bhag (yoni), guda or vasti with surrounding skin surface and is term as Bhagandara.

Need and Significance of Present Research Work:

It is quite common for a patient to seek treatment of this disease through surgical intervention because this is only alternative known to the modern medical practitioners and the public in general.

In modern surgery the only form of treatment of an anal fistula that affords any reliable prospect of cure is operation. The surgeries of anal fistula have an unenviable reputation for subsequent recurrences faecal soiling, imperfect control of flatus, chronic wound healing, more hospitalization etc. These are few operations in surgery where the quality of the result is so much influenced by the technical skill of the surgeon.

John Goligher has reported that recurrence rate in the fistulectomy is about 8%. Besides that 12% of the patients complained of inadequate control of faeces, 16% of imperfect control of flatus and 24% of frequent soiling of their underclothes.

Man always strives for the best that is why the advancements and research has become a continuous process.Kshara-sutra will definitely play a key role in the development of Shalya Tantra branch. Kshara Sutra is a unique and an established procedure for the management of Bhagandara in ayurveda.

It has brought revolution in the Indian system of surgery. Kshara Sutra ligation therapy in the management of Fistula-in-ano has proved boon for the humanity. It can effectively Substitutes the modern surgical procedure, because of following facts -

- Economical.
- Early ambulation of patienteven after the procedure as it is a kind of minial invasive procedure.
- Less discomfort.
- No damage of sphincter and soft tissues in anal region.
- No need of long duration hospitalization.

Other complications of the operation that mentioned priority has never been reported in K.S. therapy.

In kshara-sutra therapy the cutting and healing of fistulous track takes simultaneously. In some cases it has been observed that the healing status of track was not satisfactory. In these situations the cutting of track further delayed and it takes more time for completetion of the treatment for Fistula-in-ano with standard Kshara-sutra. An oil with wound healing property may useful in reducing the overall duration of treatment in Fistula-in-ano. Keeping this view and to avoid complications and to promote the better healing, the comparative study of Jatyadi taila and Madhukadi taila along with standard kshara-sutra was established.

AIMS AND OBJECTS:

- To study fundamental principal describe by the Sushrut Samhita in the management of Bhagandara.

- Comparative study of Jatyadi taila and Madhukadi taila after ligation of Kshara-sutra in the management of Fistula-in-ano.
- Taming the symptoms like pain, burning sensation, and discharge. Itching and Tenderness in management of Fistula-in-ano.
- To compare the healing status in both group.
- To provide the safe, painless & economical & without recurrence management of Fistula-in-ano.

MATERIALS AND METHODS

The contents of standard- Kshara sutra:

- Snuhi ksheer (Euphorbia nerifolia)
- Apamarg kshara (Achyranthus aspera)
- Haridra (Curcuma longa)

Jatyadi Taila: According to Sharangdhara, Jatyadi taila is indicated in Nadivrana.(Sha.sam.ma.kha.9)

Madhukadi Taila: The drug is used for present study describe in Astanga-Hridaya for Bhagandara. (A.H.U. 28/35-36)

Grouping of the Patient

For clinical trial 20 patients have been grouped in two groups having 10 patients in each group.

Group A - Kshara sutra + Jatyadi taila

Group B - Kshara sutra + Madhukadi taila

Inclusion Criteria

Diagnosed patients of fistula-in-ano were selected, randomly irrespective of sex, length of track, type of Fistula, chronicity, prakriti etc. and were in between the age group of 16-70 years.

Exclusion Criteria

Patients who are suffered with diabetes mellitus tuberculosis, children's, other systemic disease like osteomyelitis of coccyx, ulcerative colitis, biopsy of the track suggestive of malignancy were excluded from the study.

Criteria of Assessment:

Efficacy of Kshara-sutra and taila were assessed on the basis of UNIT CUTTING TIME

U.C.T. = Total number of days for cut through / Initial length of Track (in cm)

Administration of Drug

Kshara-sutra was changed weekly till recovery.

Drug (Jatyadi & Madhukadi taila) administered after Kshara-sutra ligation in Fistula-in-ano in two groups.

Doses: According to the depth of Fistula-in-ano (standard dose 2ml) in morning and evening every day.

Duration: Symptoms were assessed for 4 weeks.

Posology of Trial Drug

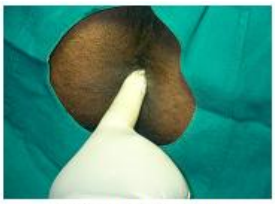
S.No.	Patients	Group	Drug	Form	Dose	Duration
1.	10	A	Jatyadi	Taila	2ml	4 weeks
2.	10	B	Madhukadi	Taila	2ml	4 weeks

Mode of administration of Drug

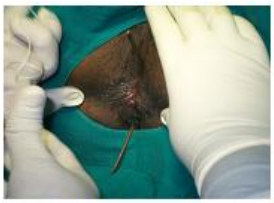
Taila administration with the help of Syringe attached with catheter No. 3 pushed in the track & also in anus and dressing with bandage.

Observation

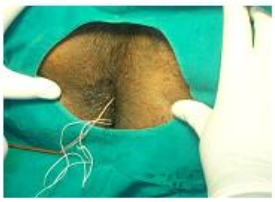
During trial, the progresses were observed till the track of fistula has been completely cut off and results were evaluated.



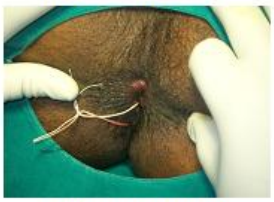
PR EXAMINATION



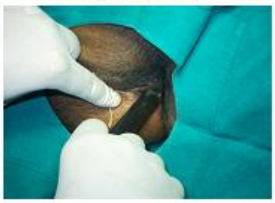
PROBING OF TRACK



THREADING



KNOT APPLICATION



DRUG APPLICATION (JATYADI TAILA)

LAST THREADING OF TRACK

DISCUSSION AND RESULTS

Bhagandara was greater in males (95%) compared to females (5%). Long hours as sedentary jobs. Excessive physical exercise like riding of vehicles, Bed dietary habits increased the incidence in males. Beside few ladies turned up in the O.P.D., may be due to lack of knowledge, education and their shy nature.

The disease was more prevalent in Kaphaj (45%) and Vataj (30%) individuals. This is probably due to the fact that Kaphaj prakriti persons are more prone to adopt sedentary life style

60% patients were married in this clinical study.

The majority of the cases (65%) were of low anal variety. Fistula occurs due to non-specific infection of anal glands. These anal glands are situated in anal crypts which occur in lower portion of anal canal.

Majority of Fistulas have their external opening in the posterior half. Because of locations of anal glands which are numerous in numbers in the posterior half of anal canal.

In this study majority of fistula (55%) were complete. Most of fistula are due to infection of anal gland (non-specific type) and are of low anal variety so there is more chance of complete fistula.

The average UCT in group A was 8.68 day/cm. and in group B it was 7.14 day/cm. This is probably due to contents of madhukadi taila having shool haran properties. Owing to which patient can tolerate more tightening of the thread. Beside, lekhan and bhedan property, shodhan and ropan properties act synergistically in cutting of the track faster in the group B.

Younger the patients better cutting rates

In the present study. It was observed that in group A the age group of 20-30 years had the best UCT (7.31). The UCT was highest in the patients above 50 years. It was 9.06 days/cm in group A and 7.46 days/cm. in group B.

Younger the patient, better is immune response and better is healing rates, owing to which these patients got freedom from the disease earliest.

In the present study the minimum UCT in both groups was of vataj (Shatponaka) type of Bhagandara (7.75 days/cm in group A and 6.88 days/cm in group B) and maximum UCT of Parishravi Bhagandara (9.25 days/cm in group A).

In shatponaka Bhagandara, the fistulous track is not so deep and some skin to skin ligation of Kshara-sutra is needed. Hence in this condition there is minimum U.C.T.

The parishravi Bhagandara are profuse pus discharging which represents good amount of infection and tracks are deep and transverse sphincter musculature, so chance of high U.C.T. is possible.

In the present study the UCT was in the males (8.77 day/cm) and in female (7.83 days/cm).. It is probably due to the soft skin and tissue

Average Unit Cutting Time (U.C.T.)

Group A				Group B			
Numbr of patient	Initial length of track (cms.)	Total days for cutting	U.C.T. (Days/cm.)	Number of patient	Initial length of track (cms.)	Total days for cutting	U.C.T. (Days/cm.)
1	4.8	39	8.12	1	3.2	22	6.87
2	4.2	40	9.52	2	4.5	33	7.33
3	3.2	26	8.12	3	5.0	37	7.40
4	4.7	42	8.93	4	6.8	46	6.76
5	8.6	84	9.76	5	7.2	51	7.08
6	7.9	74	9.36	6	9.4	66	7.02
7	4.1	30	7.31	7	8.2	58	7.07
8	3.7	29	7.83	8	7.6	55	7.23
9	4.8	38	7.91	9	6.9	52	7.53
10	12.2	121	9.91	10	16.3	116	7.11
	Average U.C.T.		8.68		Average U.C.T.		7.14

CONCLUSION

THE RESULTS OF GROUP (A) WERE STATISTICALLY HIGHLY SIGNIFICANT THEN GROUP B ON THE BASIS OF U.C.T.

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