



RESEARCH ARTICLE

EFFICACY OF APAMARG KSHARSUTRA IN THE MANAGEMENT OF BHAGANDARA W.S.R TO FISTULA-IN-ANO

*Gupta Lokesh

Shalya Tantra Department, CDL College of Ayurveda, Haryana, India

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ABSTRACT

Fistula in ano, is mostly a chronic and complicated disease. In a field of surgery, patients faced most frequent problem is fistula in ano. It is notorious disease and having more recurrence rate. In Ayurveda, ksharsutra therapy is very effective treatment for fistula in a no. In ayurveda, It was mentioned as mahagad. Fistula originates from anal glands, which are located between the internal and external anal sphincter and drain into anal canal. If the outlet of these glands becomes blocked, abscess can form which can eventually extend to skin surface. The tract formed by this process is fistua. There are many options available for treatment of fistula in a no but due to lack of knowledge patients undergo wrong treatment and worsen disease so focus is drawn on various treatment described in Ayurvedic Samhita as well as modern science to came certain conclusion for making treatment of specific condition of these diseases.

INTRODUCTION

Due to change in life style, ano rectal diseases like piles, fistula-in ano, fissure are common in human being. Among them the treatment of fistula in a no has always been a challenge to the surgeons over the world. in ayurveda, the field of ano rectal disorders is one such area which has lot of scope for research through ayurvedic approach. kshar sutra therapy is one of the most successful treatment available for the patients with Bhagandara. ksharsutra is an alkaline herbal medicated thread. kshar sutra is a Sanskrit phrase in which kshara refers to anything that is caustic or corrosive, while sutra means a thread.it is described by many ayurvedic texts.it is one of the popular ayurvedic treatment modality in the branch of shalya tantra. Sushruta has described Bhagandara disease like disease in which there is daran (deformity) of Bhag (pubis), Gud (anus) and Basti (bladder) (Kaviraj Ambikadutta Shastri and Susrutasamhita nidansthan, 2010). There is pustule or swelling formation near anus within periphery of two fingers (Kaviraj Abhidevraj et al., 2009). A fistula is an abnormal communication between anal canal and rectum with exterior (perennial skin) even though multiple openings are seen in perennial skin the internal opening is always single (Rajgopal Shenoy, 2000). Treatment of fistula in a no (Rajgopal Shenoy, 2000) remains challenging. No definitive medical therapy is available for this condition,

Though long term antibiotic prophylaxis may have role in recurrent fistulas.

Aims and objectives

To evaluate the efficacy of apamarg ksharasutra in the Management of Bhagandara.

MATERIALS AND METHODS

Materials required for the study

- Prepared ksharsutra from the apamarg kshara ash with Snūhi latex and Haridra powder.
- Normal saline, cotton swabs, gauge pieces, pads, sterile surgical gloves, feeding tube, disposable syringes, adhesive tapes and artery forcepss and other essential equipment/ instruments.

The method includes 11 coatings of Snuhi kshira alone, 7 coating of Snuhi kshira and Kshara prepared by apamarga and finally 3 coating of Snuhi ksheer and Haridra powder. Total 21 coatings were applied on every Ksharasutra. The prepared Ksharasutra were placed for sterilization in Ksharasutra chamber. Study design: 10 patients were randomly selected from the OPD and IPD of ch devil al. college of ayurveda bhagwargarh jagadhri from department of Shalya Tantra. Informed consent. The study were explained clearly to the subjects and their signed, written informed consent were taken before starting the trial.

*Corresponding author: Gupta Lokesh,

Shalya tantra Department, CDL College of Ayurveda, Haryana, India.

Inclusion Criteria

- Patients of Bhagandara from 20 - 65 years age group, irrespective of sex and eco-nomic status.
- Patients were ready to give written informed consent.

Exclusion Criteria

Bhagandara with systemic involvement of disease like Diabetes Mellitus, Hypertension, AIDS, Hepatitis-B, Tuberculosis, Crohn's disease and Ulcerative colitis having morbid changes.

Withdrawal Criteria

- Intolerance to therapy.
- Unwillingness to continue with the study.
- Patients with irregular follow-up.

Assessment criteria

Subjective parameters

- Pain
- Tenderness
- Burning sensation
- Itching

Objective parameters

- Pus Discharge
- Granulation Tissue
- Unit cutting time

OBSERVATIONS AND RESULTS

Parameter	B.T. mean	A.T. mean	Difference	S.D.	S.E	t-value	p-value	% relief	Remarks	
Mean										
1	Pain	4.2	0.3	3.9	0.737	0.233	12.42	<0.0001	96%	ES
2	Tenderness	4.1	3.4	0.7	0.823	0.26	2.689	0.012	29.10%	S
3	Burning sensation	0.9	0.5	0.4	0.516	0.163	2.44	0.018	80%	S
4	Itching	3.1	2.4	0.7	0.2236	2.22	0.022	0.02	50%	S
5	Pus discharge	3.6	2.5	1.1	0.875	0.276	3.97	0.001	73%	HS
6	Granulation tissue	3.8	2.6	1.2	0.788	0.249	4.81	0.0001	75%	
7	Average cutting time									10days/cm

Operative procedure

At first the patient was kept in lithotomy position and perianal region was cleaned with antiseptic solution and draping was done after local anaesthesia. After assuming complete anaesthetic effect, lubricated gloved finger with xylocain jelly 2% was introduced into the anus.

Then suitable selected probe was passed through the external opening of fistula. The tip of the probe was guided by the tip of finger in anal canal and its tip was finally directed to come out through the internal opening in anal canal. Then suitable length of plain Barbour's thread was threaded into the eye of probe, thereafter the probe was pulled out through the anal orifice to leave behind the thread into fistulous track. The two ends of plain thread were tied together loosely outside anal canal. The area was cleaned and dressed with surgical pad and T- bandage was tied. Patient was shifted to postoperative ward.

Post-Operative Treatment

Adjuvant therapy

- Hot sitz bath- Patients were instructed to take hot sitz bath after defaecation and in morning & evening for about 10 to 15 minutes.
- Analgesics- Sometimes patient required analgesics (Diclofenac sodium) to pacify the pain in the course of ksharasutra therapy
- Laxative- Laxative (panchskar churna about 5gm) was advised at bed time with luke warm water to keep clear bowel. It reduces the loaded bowel pressure on the track.

DISCUSSION

The present study was done to evaluate the efficacy of Apamarg ksharasutra for the management of Bhagandara. After the analysis of the data we found that Apamarg ksharasutra is very much effective for treatment of Bhagandara. In pain there is 95% relief were found that is extremely significant. Probable mode of action of trial drugs

The present study shows that the kshara source plant carry their phytochemical properties in the kshara form also and helps in the improvement of pain management, burning sensation, and wound healing by improving healthy granulation tissue significantly.

Conclusion

The final conclusion of this study may be explained as Bhagandara (Fistula in ano) is found from ancient era in human being. Goodsall's rule is always appropriate for different type of fistula. Patients suffering to constipation have more risk to develop fistula in ano in future. Pain, tenderness and watery discharge is promi-nent feature of Bhagandara. Apamarg ksharasutra is having significant effect on reducing pain, burning sensation and granulation tissue in the patients of Bhagandara. The trial drugs Apamarg has good acceptability by the Bhagandara patients. Haridra is used for preparation of ksharasutratra may enhance the process of wound healing. No recurrence of case was found in follow-up study. There were no side effects found during the complete trial

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