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A Clinical Comparative Study of Guggulu (Commiphora mukul) coated Kshara Sutra and Shala (Shorea robusta) coated Kshara Sutra in the management of Bhagandara (Fistula-in-ano) w.s.r. to U.C.T

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ABSTRACT: Standard Apamarga ksharasutra is used successfully in the management of Bhagandara by researcher. But Snuhi latex having a very little amount of it is collected after the incision of stem, requires fresh latex in ever coating , rare to get in all part of india.It coagulates if not used early and become useless. Collection is more difficult in summer, so preparation is possible only in limited seasons. Sometimes it is painful, irritant and allergic to the patients. Sometime it may be harmful for skin and eyes during preparation, if not use carefully.In Guggulu resin coated Ksharasutra, Guggulu found in some special zone and in a very little quantity. Use of Guggulu having a large share in medicinal preparations. So in future the lack of Guggulu will be definitely face.

Considering the above mentioned problems, we have decided to plan for modified Shala resin (Shorea robusta) coated Ksharasutra having better action, acceptability and more availability. An annual yield of 4-5 kg. resin per tree is obtained, For this above cited study three type of Kshara sutras were prepared. So at the end of this study final conclusion can be drawn that Shala resin coated ksharasutra is more competent and effective than Guggulu coated Ksharasutra & Snuhi coated Ksharasutra in the management of Bhagandara (Fistula-in-ano).

INTRODUCTION

From the onset of civilization the humanity suffered from various diseases and among

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the many uncomfortable conditions, Bhagandara is 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. The Bhagandara is one among the eight troubles 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. 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 and 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. 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 patient even after the procedure as it is a kind of minimal 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. 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 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 with Snuhi Ksheera coated Kshara Sutra. In these situations we decided a comparative study of different Kshara

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Sutra. AIMS AND OBJECTS: 1. To study fundamental principal describe by the Sushrut Samhita in the management of Bhagandara. 2. Comparative study of Guggulu coated Kshara- Sutra and Shala coated Kshara- sutra in the management of Fistula-in-ano. 3. Taming the symptoms like pain, burning sensation, and discharge. Itching and Tenderness in the management of Fistula-in-ano. 4. To compare the healing status in all groups. 5. To provide the safe, painless & economical & without recurrence management of Fistula-in-ano. MATERIALS AND METHODS (A) Content of standard Ksharasutra. 1. Snuhi Ksheera (Euphorbia nerifolia) 2. Apamarg Kshara 3. Haridra Churna (B) Content of Guggulu coated Ksharasutra. 1. Guggulu resin (Commiphora mukul) 2. Apamarg Kshara 3. Haridra Churna (C) Content of Shala coated Ksharasutra. 1. Shala resin (Shorea robusta) 2. Apamarg Kshara 3. Haridra Churna (D) Madhukadi taila- The drug is used for present study describe in Astanga-Hridaya for Bhagandara. (A.H.U. 28/35-36) Grouping of Patients: For clinical trial 90 patients will be grouped in three groups – Group A: Standard Ksharasutra + Madhukadi Taila Group B: Guggulu coated Ksharasutra + Madhukadi taila. Group C: Shala Coated Ksharasutra+Madhukadi taila INCLUSION CRITERIA: All the patients were between age group of 16-70 years. EXCLUSION CRITERIA: - Patients above the age of 70 years - AIDS patients - Childrens - Fisure -in- ano - Carcinoma of rectum - Crohn's disease - Ulcerative colitis - Tuberculosis - Diabetes mallitus - Osteomyelitis of coccyx - High anal type of Fistula ADMINISTRATION OF DRUG: Kshara-sutra was changed weekly till recovery. Average Unit Cutting Time of Group-A .No. Length of track Days for cutting U.C.T. days/cm. 1. 5.6 40 7.142 2. 4.2 30 7.142 3. 9.8 67 6.836 4. 11.2 85 7.589 5. 8.2 58 7.073 6. 11.5 79 6.869 7. 7.5 52 6.933 8. 13.5 98 7.259 9. 8.4 60 7.142 10. 6.2 44 7.096 11. 5.4 37 6.851 12. 8.6 59 6.860 13. 6.6 46 6.969 14. 9.4 65 6.914 15. 7.6 53 6.973 16. 8.4 58 6.904 17. 9.4 68 7.234 18. 7.4 52 7.027 19. 6.2 44 7.096 20. 5.4 38 7.037 21. 11.2 79 7.053 22. 9.2 65 7.065 23. 8.4 59 7.023 24. 5.4 39 7.222 25. 6.6 45 6.818 26. 7.4 53 7.162 27. 8.4 60 7.142 28. 9.4 65 6.914 29. 5.4 39 7.222 30. 8.9 63 7.078 AverageU.C.T. 7.063 This table shows that average UCT in group A was 7.063 days/cm.The showiest cutting rate was 7.589 days/cm. and the fastest was 6.818 days/cm. Average Unit Cutting Time of Group-B S.No. Length of track Days for cutting U.C.T. days/cm. 1. 3.8 24 6.315 2. 3.2 22 6.875 3. 4.2 30 7.142 4. 4.6 32 6.956 5. 5.9 42 7.118 6. 6.2 45 7.258 7. 4.2 30 7.142 8. 5.9 39 6.610 9. 6.8 47 6.991 10. 7.2 50 6.944 11. 8.9 58 6.516 12. 4.8 33 6.875 13. 9.2 65 7.065 14. 6.2 45 7.258 15. 11.2 80 7.142 16. 4.9 35 7.142 17. 8.2 57 6.951 18. 7.4 51 6.891 19. 5.4 38 7.037 20. 8.2 58 7.073 21. 6.4 45 7.031 22. 9.8 70 7.142 23. 8.4 60 7.142 24. 7.2 52 7.222 25. 6.5 47 7.230 26. 8.4 60 7.142 27. 5.6 42 7.5 28. 9.6 67 6.979 29. 12.2 86 7.049 30. 11.8 80 6.779 Avarege UCT 7.018 The above table shows the average UCT of group B, which was 7.018 days/cm. The slowest cutting rate was 7.5 days/cm. and the fastest was 6.315 days/cm. Average Unit Cutting Time of Group C S.No. Length of track Days for cutting U.C.T. days/cm. 1. 7.4 50 6.756 2. 7.9 52 6.582 3.

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8.4 56 6.666 4. 11.2 78 6.964 5. 6.8 45 6.617 6. 7.4 51 6.891 7. 5.6 36 6.428 8. 12.2 85 6.967 9. 9.4 64 6.808 10. 8.2 57 6.951 11. 7.6 51 6.710 12. 8.4 58 6.904 13. 7.6 53 6.973 14. 5.4 37 6.851 15. 9.6 65 6.770 16. 7.4 52 7.027 17. 8.7 60 6.896 18. 9.4 65 6.914 19. 10.7 71 6.635 20. 10.8 80 7.407 21. 16.2 112 6.913 22. 12.2 85 6.967 23. 9.4 65 6.914 24. 7.4 51 6.891 25. 5.2 36 6.923 26. 7.2 50 6.944 27. 6.2 43 6.935 28. 6.4 44 6.875 29. 5.4 36 6.666 30. 9.2 65 7.065 Avarege UCT 6.87 The above table shows the average UCT of group C, which was 6.87 days/cm. The slowest cutting rate was 7.407 days/cm. and the fastest was 6.428 days/cm RESULT U.C.T. In all three groups (N=30) Sr. No. GROUPS U.C.T. (Days/cm.) 1. GROUP A 7.063 2. GROUP B 7.018 3. GROUP C 6.870

DISCUSSION

&

CONCLUSION

So at the end of this study final conclusion can be drawn that Shala resin coated Kshara-Sutra is more competent and effective than Guggulu coated Kshara-Sutra & Snuhi coated Kshara-Sutra in the management of Bhagandara (Fistula-in-ano).

REFERENCES

1. Ambikadatta Shastri, Sushruta Samhita, vol-1, Varanasi: Chaukhambha Orientalia,; reprint 12th edition 2005. part Ist, Nidan Sthan, p.285. 2. Ambikadatta Shastri, Sushruta Samhita, vol-1, Varanasi: Chaukhambha Orientalia,; reprint 12th edition 2005. part Ist,Cikitsa Sthan, p.47. 3. Shrivastav Shailja, Sarangdhar Samhita Madhyam Khanda, Varanasi: Chaukhambha Orientalia 3rd edition 2003, p.237 4. Gupta Atridav, Ashtanga Sangraha, Cikitsa Sthan, vol-2, Varanasi: Chaukhambha Orientalia; p.87. 5. Dr. Anna moreshwar kunte and Krishna ramchandra Shastri. Ashtanga hrudayam (sutrasthana chapter 1). Varanasi; Krishnadas academy; page no.8 Astanga hridaya uttar tantra 28/35-36 6. Goligher John; Surgery of the anus rectum and colon, bailliere tindall, London, 1984, 5th edition p 178- 220. 7. Grace R H, Harper I A Thompson R G, Anorectal sepsis: microbiology in relation to fistula in ano, Br. J Surg, 69: 401.403, 1982. 8. Milligan E T C Morgan C N: Surgical anatomy of the anal canal, with special reference to anorectal fistulae, Lancet, 2,1150,1213,1934.

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