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ROLE OF VISHYANANDA TAILA IN THE MANAGEMANT OF FISTULA IN ANO TREATED BY KSHARASUTRA

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ABSTRACT:

Fistula in ano is one of the major disease of the anorectal region and is characterized by persistent discharge of pus around anal canal and associated with pain. In *Ayurveda ksharasutra* therapy is an established treatment, but it has prolonged duration of wound healing associated with aching pain. So to minimize the duration of wound healing and to increase cutting rate, there is a need for adjuent healing therapy (*ropana karma*). So we selected the *vishyandana taila* for present study wich has given good result by increasing the efficacy of *ksharasutra* treatment in fistula in ano.

KEY WORD: Fistula in ano, *Vishyandana taila*, *Ksharsutra*

Introduction:

Fistula is ano is a communicating tract lined by granulation tissue which opens deeply in the anal canal or rectum, around the anus. Fistula is ano is one of the anorectal origins and is characterized by persistent discharge of pus around anal canal and associated with pain. This disease if not treated can give origin to various complications. As recurrences are very common after surgery, so *ksharasutra* therapy is an ideal treatment for fistula in ano, as reported by Deshpande etal 1968, 1972, 1973, 1974, Sharma1976, ICMR i991, Varshney 1993. Accoding to *acharya Sushruta* the fistula in ano is called bhagandara. The disease is so named from the fact that it bursts the rectum, perineum, and the bladder and the place adjoining to them, the pustules which appear in this region are called *bhagandara* when they are in a stage of suppuration. *Madhavakara* mentioned that a painful boil which is presented within two

finger of the anal opening when bursts is known as *bhagandara*[1].

Acharya Vagbhatta also told that when *pidika* get *pakvavastha* is called *bhagandara*[7].

Acharya Sustruta in the 17 th chapter of *chikitsa stana* mentioned the application of *ksharasutra* in nadi vrana[2].

The major problem involved in *kshara sutra* therapy is its prolonged duration of wound healing (*rapana karma*). So we selected the *VishyandanaTaila* for our study mentioned in *Yogaratnakar* and Chakradatta[3].

The siddha taila preared by kalka of chitraka moola, arka moola, trivrit, patha, malayu, kaneera moola, snuhi, vacha, langali, haratala, sajjakshara, malakagni and taila (4 times) promotes, shodhana, ropana and savarnikaran of the bhagandara wound[4].

Mehods and materials:

For our study, 60 patients suffering from fistula in ano were selected from OPD and IPD of *shalya tantra* department of Vidarbha Ayurved Mahavidyalaya rugnalaya, Amravati and they were divided into three groups, each group containing 20 patients.

First group: Administration of *Vishyandana taila* only in *bhagandara* tract after *ksharasutra*.

Second group: Administration of *Jatyadi taila basti* after *kshrasutra*.

Third group: Administration of of *Vishyanadana taila* in *bhagandara* tract and *Jatyadi taila basti* after *ksharasutra*.

Results: After treatment in three groups, each group containing 20 patients which were divided into (+) mild, (++) moderate and large (+++) depending on the quantity of discharge.

In group I we had 3 patients with mild discharge, which gets dried in the 1st week of treatment. Under moderate discharge there were 12 patients and gets dried in the 4th week and there were 5 patients with large discharge and after treatment dried in the 5th week.

In group ii there were 6 patients with mild discharge, 10 patients with moderate discharge and 4 patients with large discharge. After treatment 6 weeks were required in all three sub

groups mild, moderate and quantity discharge respectively to dry up.

Group iii had 2patients under mild discharge, 12 patients under moderate discharge and 6 patients under large discharge. After treatment got dried in the 1st week, moderate discharge patients required 3weeks to dry up and large discharge was dried in all patients in 4th week.

Significance of difference between the CRW (cutting rate per week) of administration of *Vishyandana taila* in the tract and *Jatyadi taila basti:-*

	Group 1	Group 2	Group 3
Number of patients	20	20	20
Mean	0.545	0.500	0.579
Standard deviation	0.138	0.086	0.158
Standard error	0.036	0.047	0.040
Mean difference	0.045	0.034	0.079
Obtained T	1.235	0.723	1.959
Level of significance	0.05	0.05	0 .05
Degree of freedom	38	38	38
Tabulated T	2.025	2.025	2.025

Discussion –

Present study dealt with management of fistula in ano by *Vishyandana taila* and *Jatyadi taila* as an adjuent with standard *kshara sutra*, and their efficacy was compared in terms of pain, discharge, cutting rate per week and other side effects[5].

For this study 60 patients were selected and they were distributed according to age, sex etc. In our study maximum number of patients were male and between the age group of 31-40 years. Deshpande and Sharma who did the the multicentric study of ICMR also reported the same data, which is also similar to study of other works of India. In our study non vegetarian(61.66%)

Patients were more as comparision to vegetarians (38.33%).Acharya Susruta had also mentioned that non-vegetarian diet is one of the causes of *bhagandara*. In our study most common varity is fistula (71.66%) which is comparable to *parisravi* (*kaphaja*)*bhagandara*. In this also our results agree with the statement of deshpande and Sharma. When looked at the chronicity of disease, our study shows 78.33% patient having 1 year

chronicity and 8.33% patient shows above 3years chonicity.

The other associated systemic diseases found are HTN, Bronchial *asthama*, Diabetes mellitus etc. and were treated accordingly before *ksharasutra* throughout the duration.

In the present study 60 patients were divided into 3 groups. 1st group was treated with *Vishyandana taila* only in the fistulous tract, 2nd group was treated with *Jatyadi taila Basti* and 3rd group was treated with combination of *Vishyandana Taila* in the fistulous tract and *Jatyadi taila Basti*. Incidence of pain and discharge showed dramatic result with the combined administration of *Visyandan Taila* and *Jatyadi Taila*; out of 20 patients (in 3rd group)before treatment 2 patiens had mild discharge, 12 patients had moderate discharge and 6 patients were with large discharge were dried in the 4th week.

In the 1st group treated with *Vishyandana Taila* in the fistulous tract, patients with mild discharge gets dried in 1st week, in case of moderate and large discharge required more duration to dry up.

In the 2nd group exposed for *Jatyadi Taila Basti*, required 6 weeks in all the subgroups (mild, moderate and large discharge) to dry up.

It was observed from our study that only *Vishyandana Taila* administration (1st group) showed encouraging results in cases of mild and moderate discharge. But in cases of large discharge *Vishyandana Taila* and *Jatyadi Taila* combination works effectively as compared to only *Vishyandana Taila* or only *Jatyadi Taila* administration.

In this study it was observed that CRW was comparatively less, thus prolonging the duration of treatment. In the present study *ksharasutra* along with *Vishyandana Taila* and *Jatyadi Taila* was taken. Due to *lekhana*,*ropan* and *shodhan* properties of *Vishyandana Taila* the CRW was found enhanced without creating much pain and irritation to the patient. Thus making standard *ksharasutra* quite possible in the management of fistula in ano.

The resultant wound after complete cure when treated with *ksarasutra* along with *Vishyandana Taila* and *Jatyadi Taila* will have

minimum scar tissue formation with very negligible skin colour deformity; hence the patient will be happy after treatment.

Cutting rate per week of fistulous track was observed in all the three groups and it was found that average CRW of *Vishyandana Taila* only in the fistulous tract with standard *ksharasutra* is 0.54cm,CRW of *Jatyadi Taila Basti* with standard *ksharasutra* is 0.49cm and CRW of combined administration of *Vishyandana Taila* in the tract and *Jatyadi Taila Basti* along with standard *ksharasutra* is 0.57cm.The significance of difference of all the three groups was studied and it was observed that there was no significance of difference among all the groups, may be because of a small no. of observations. However the cutting rate of 3rd group was found better than group1 and group2.

According to the earlier report submitted to our department by various scholars showed following data. Spare-Varshney 1993-94 report shows CRW of *udumbara ksheera sutra* 0.37cm,CRW of *Snuhi+Haridra sutra* 0.34cm and CRW of *Snuhi+Apamarga sutra* 0.42cm.Wankhede-Varshney 1997-98 reports CRW of *Udumbara ksheerasutra* 0.35cm,CRW of *Snuhi+Apamarga sutra* 0.48cm and CRW of Arka sutra 0.50cm.According to the reports of dhule-Varshney 2000 shows, CRW of *vata* (*Nyagroda*) ksheerasutra 0.45cm, CRW of *udumbara ksheera* sutra 0.43cm and CRW of *Snuhi+Haridra sutra* 0.50cm. On comparing all above data our present study has shown higher CRW i.e. 0.57cm with combined administration of *Vishyandana Taila* in the fistulous tract and *Jatyadi Taila Basti*.

Application of Ligature in Fistular track has been reported by various authors. Roche etal 1969 had reported the use of simple parlon thread but with a 50% failure rate. Thus the study could be indicative of the effect of a caustic coating over the thread(Deshpande etal 1968). Possibly the *kshara* (over sutra)responsible for the dissolution of unhealthy fibrous tissue lining the fistulous tract thus preparing the chronic wound to heal spontaneously with healthy granulation from the base of the wound, whereas the thread provides

effective drainage to the wound. Mishra and Kapoor have reported the passing of stainless steel in fistulous track but they found 13% recurrence. The report of CCRA &S shows 1.3% recurrence with standard *ksharasutra*. In our study out of 60 patients selected for our study 83.33% were fresh patients and 16.66%had recurrence as few underwent operative treatment and few were treated by *Chandsi*. After *ksharasutra* it was revealed that 96.66%were cured uneventful, where as 3.33% had recurrence because these patients did not followed the proper instruction and was irregular in attending the clinic. Thus it can be said that with the technique of *ksharasutra* treatment there had been very minimal or rather negligible recurrence thus *ksharasutra* is an ideal treatment in fistula in ano.

Conclusion:

1. Management of fistula in ano by *ksharasutra* has been proved effective by this study.

2. The undesired effect of *ksharasutra* management could be minimized by using *vishyandana taila* along with *ksharasutra* treatment.

3. *Vishyandana taila* has been found very effective in relieving following symptoms.

a) It reduces foul discharge of fistula in ano in shorter period.

b) It also increases the CRW in patients of a fistula in ano treated by *ksharasutra*.

4. So it can be safety said that use of *vishyandana taila* along with established treatment of fistula in ano could increase the efficacy of *ksharasutra* treatment in fistula in ano.

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