



EFFECT OF SAINDHAVADI TAILA IN THE MANAGEMENT OF BHAGANDARA VRANA- A CASE STUDY

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ABSTRACT

In all major Samhita, Bhagandara is considered under Ashtamahagada¹ with seven other diseases due to its arduous nature. Its clinical features, described in classical literature are similar with Fistula-in-ano. In Bhagandara there is a Pidika occurs around Guda Kshetra, when bursts, it called as Bhagandara. There are different kind of treatment mentioned in ayurvedic classics like Eashana, Paatana, Kshara, Agni etc. and finally it treated as Vrana and for minimize the time of healing of Vrana, many remedies are described. So we selected the Saindhavadi Taila for present study which has good result by reducing the healing time in the management of Bhagandara Vrana.

KEY WORD: Fistula in ano, Bhagandara Vrana, Saindhavadi Taila.

INTRODUCTION

In Ayurvedic literatures Bhagandara is described as Guda, Bhaga, Basti Pradesha Daaranaat. Bhaga the area between anus and the genitalia is defined as Bhaga. Darana to tear or destroy. In early stage there is a Pidika formed at Guda, Bhaga, Basti Pradesha undergoes suppuration, burst open and makes an opening externally known as Bhagandara² Hence, Bhagandara can be corelated to Fistula-in-ano in the perianal area or perineum which discharges pus or blood and left untreated, there may be discharge of faeces, flatus, urine and semen. Fistula-in-ano or anal fistula, is a chronic abnormal communication usually lined to some degree by granulation tissue, which runs outwards from the anorectal lumen (internal opening) to an external

opening on the skin of perineum or buttocks³. Fistula in ano is part of the spectrum of perianal sepsis which generally developed after an anorectal abscess and cryptoglandular infection. Modern surgery has many treatment option of anal fistula e.g. fistulotomy, fistulectomy, Seton, Mucosal flap, fibrin glue, Ablation, Laser Surgery, VAAFT (Video assisted anal fistula treatment) and LIFT (Ligation of inter-sphincteric fistula tract)⁴. These new techniques are too costly so they are not affordable for low economy country. And one of the major complications of these surgeries is recurrence. Other complications like anal incontinence, sepsis and loss of natural anatomical structure also occurs. But when we review history about 3000 years ago, Ayurveda has already explanation about Patana, Kshara or Agnikarma followed by Vrana Chikitsa for the treatment of Bhagandara⁵. Acharya Sushruta has included Bhagandara in Chhedana Yoga Vyadhi⁶ and explained general surgical procedure (Chhedana Karma) for Bhagandara⁷, that procedure is similar to modern fistulectomy, Along with this, many other surgical procedures are described according to different types of Bhagandara. Acharya Sushruta and other Acharyas mentioned different herbal or herbo-mineral preparation for the treatment of Vrana made after surgical procedure. We have tried Saindhavadi Taila⁸, described in Bhaishajya Ratnavali for faster healing of the fistula wound made after fistulotomy.

AIMS

To see the efficacy of Saindhavadi Taila in the management of Bhagandara Vrana.

OBJECTIVE

To find the most convenient, simple and cost-effective management of Bhagandara Vrana.

CASE HISTORY

A 32year male patient with complaint of pain and pus discharge in perianal region since 1week approached OPD of Shalya Tantra Department of Shri Khudadad Dungaji, Govt. Ayurved College Hospital Raipur, (C.G.). Patient had no history of medical, surgical or any drug allergy. From past 1 week patient noticed pain and discharge near anal verge. On inspection, external opening seen at 6 O' clock position with indurated skin. In Per Rectal examination sphincter tone found normal, but a dimpling feels at 6 O'clock position 0.5 cm inner to os. On probing there is a linear tract around 1.5 cm length found. There Routine blood examinations and viral marker were done and found within normal range and non- reactive. Hence the case was diagnosed as Bhagandara (Posterior low anal fistula in ano) at 6 O' clock position. So patient was admitted in Male Surgical Ward and Fistulotomy done under L.A. with

all aseptic and antiseptic precaution after following the pre-surgical instruction.

MATERIALS AND METHODS

Drug Source: Saindhavadi taila

Saindhavadi Taila Contents: Saindhava Lavana, Arka moola, Maricha, Chitraka moola, Bhringraja, Haridra, Daruharidra, Tila Taila. All above the drugs are Ushna, Tikshna and having Lekhana properties.

METHODOLOGY

Pre procedure

Patient who diagnosed with Bhagandara was selected from O.P.D. and I.P.D. The patients were selected according to age, sex, occupational, history of previous disease etc. Patient history was recorded in patient information sheet. Eligibility evaluation as per inclusion and exclusion criteria was done. Trial was conducted in compliance with protocol. Screening by examination: History taking, Physical Examination and investigations done. Then collected all dressing materials like Gauze, Betadin solution, Artery forceps, Saindhavadi taila etc.

Main Procedure

The perianal part along Bhagandara Vrana clean with antiseptic solution and draped with sterilized linen sheet. After probing fistulotomy procedure performed. Chemical and mechanical debridement of Bhagandra Vrana was done with the use of some drop of H₂O₂ and lekhana Karma performed (mechanical cureted) on the wound as per requirement. Then Saindhavadi taila Pichu (Saindhavadi Taila soaked gauze) applied over wound and proper bandaging done.

Post Procedure

Patients was advised Usnodaka Avagaha (hot sitz bath) twice a day from first operative day and Saindhavadi taila pichu application twice daily after sitz bath. Further patient was advised to take laxative e.g. Panchsakara churna 5gm with luke warm water at night for vaatanulomana and to avoid long sitting, travelling, straining during defaecation, maintain local hygiene and follow Pathya Ahara and Vihara.

Duration Of Treatment

Saindhavadi tail Pichu Dharana have been done daily for one month.

Observation and Result

The Bhagandara Vrana assessment was done to know the efficacy of Saindhavadi taila in post operative wound of fistula-in-ano by evaluating relief in post operative pain, discharge and days required for complete wound healing. This assessment has been done by weekly interval i.e. on 7th day, 14th day, 21st day and on 28th post operative day. It was observed that in first week pain was reduced completely and patient could do his daily work. There was mild slough over post operative wound. On second week healthy granulation was observed without any discharge. On fourth week wound healed completely with minimal scar formation and normal skin colouration.

Discussion

In this case there was a complete linear fistulous tract found with external Opening at 6 O'clock position and internal opening in same position 0.5 cm inner to anal verge. After fistul-otomy, Saindhavadi Taila Pichu applied over wound after post-operative day one. A fistulous tract is lined by unhealthy granulation and fibrous tissue so tract fails to heal and if even after surgery this tissue is left behind there is

a chance of recurrence of fistula. So, in this case fistulotomy was done and Saindhavadi Taila was applied. Saindhavadi taila has drugs like Saindhava Lavana⁹, Arka¹⁰, Bringaraj¹¹, Haridra¹², Daruharidra¹³ which has Vrana Shodhana and Vrana Ropana properties and Maricha¹⁴ and Chitraka¹⁵ have Lekhana property. It cleans the unhealthy granulation and fibrous tissue of tract due to its Shodhana, Lekhana and Ropana properties thus it promotes healing and prevents recurrence.

CONCLUSION

This case study concluded that Saindhavadi Taila application in post operative (fistulotomy) Bhagandara Vrana is one of the options for management of low anal fistula-in-ano.

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AFTER FISTULOTOMY WPOUND TREATED WITH SAINDHAVADI TAILA



PRE-OPERATIVE



DURING OPERATION



DURING OPERATION



POST-OPERATIVE DAY 1



POST OPERATIVE 2ND WEEK



POST OPERATIVE 3RD WEEK



POST OPERATIVE 4TH WEEK WOUND COMPLETELY HEALED

