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A Clinical Comparative Study of *Vishyandan Taila* and *Kashisadi Taila* in Management of *Bhagandara*

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ABSTRACT:

Background: Anal fistula a common problem that causes substantial morbidity in persons who are otherwise healthy. It is one in which patient experiences pain, discharge and discomfort etc. This study was conducted to evaluate the effectiveness of *Vishyandan taila* with *Kashisadi Taila* as the management of *Bhagandara* (Fistula- in-ano).

Objectives: The present clinical study aims to ascertain the effect of *Vishyandan taila* with *Kashisadi Taila* in management of *Bhagandara*.

Methods: This study was conducted within the facilities the patients attending the O.P.D. and I.P.D. of Shalya tantra department of the S.S.R.A.M.C. Hospital, Inchal Bailahongal have been selected irrespective of their sex, religion, race, occupation etc. The total 40 patients presenting the features of *Bhaganadara* were selected randomly treated with a *Vishyandan taila* with *Kashisadi Taila* for duration of 14 days.

Results: The treatment modalities of *Vishyandan taila* with *Kashisadi Taila* equally significant in management of *Bhaganadara*.

Conclusion: It can be concluded that *Vishyandan taila* with *Kashisadi Taila* is significant in the management of *Bhaganadara*.

Key words: *Vishyandan taila*, *Kashisadi Taila*, *Bhaganadara*.

INTRODUCTION

The word fistula is derived from a Latin word a reed, pipe or flute. It implies a chronic granulating track connecting two epithelial-lined surfaces. The anal fistula is a single track with an external opening in the skin of perianal region and an internal opening in the modified skin or mucosa of anal canal or rectum. Fistula-in-ano is considered second to Haemorrhoids among all Ano-rectal abnormalities, is

prevalent all over the world and its occurrence in a London Hospital Study (Marks & Richie, 1977) was reported to be 10% of all in patients and 4% of all new out patients.¹ Similar study in India (Raghavaiah, 1976) reported anal fistula to constitute 1.6% of all surgical admissions.² Fistula-in-ano is one of the most common ailments pertaining to ano-rectal region. This disease causes discomfort and pain to patient, which creates problems in



routine work. As the wound is located in anal region which is more prone to infection, thus takes long time to heal and the condition remains troublesome, operative procedures often leads to complications like recurrences and incontinence.³

To alleviate such problems in the management of this disease, it was thought to find out some technique to treat these cases without operative complications. In Ayurvedic classics, this disease has been described with the name of BHAGANDARA, which has more similar signs and symptoms with anal fistula. The importance of this disease was first realized by Sushruta (800-1000 B.C.), The Father of Indian Surgery, who described it elaborately in his treatise.⁴

Acharya Sushruta in the 17th chapter of Chikista Sthana mentioned the application of *Kshara Sutra* in *Nadi vrana*. The *Kshara Sutra* therapy was practiced and used in since long with great success and without recurrences.⁵ The Standard *Kshara Sutra* is prepared by repeated coatings of *Snuhi ksheera*, *Apamarga kshara* and *Haridra*. Still, some of the problems are faced during the preparation and also in the course of *Kshara sutra* therapy, like collection and preservation of *Snuhi ksheera*, burning pain during primary and successive changes. Local irritant skin reactions during course of therapy etc. To overcome these disadvantages was of utmost importance to make the treatment widely popular and acceptable. In spite of the good rates of cutting, severe pain and burning sensation caused during the treatment withheld many patients from accepting this treatment.

Overcoming the causation of pain and burning sensation was a very important necessity because of which surgeons of Ayurveda came out with newer ideas. Vagbhat say in *Bhagandara* there is a pustule or swelling formation near anus near periphery of two finger.⁶ One study show that prevalence of fistula in ano is 8.6% case per 10,000 population per year in western country and Asian country , these their third , fourth and fifth decades of life are most commonly affected its basic treatment by fistulectomy and fistulotomy .⁷ because high rate of recurrence frequency of post operative complication and unduly lengthy hospitalization disfavours the choice of operative treatment in fistula in ano. The KSHAR sutra therapy is an effective and universally accepted treatment but it causes pain and discomfort to patient. This study was conducted to evaluate the effectiveness of *Vishyandan taila* with *Kashisadi Taila* as the management of *Bhagandara* (Fistula- in-ano).

AIMS AND OBJECTIVES

1. To review both Ayurvedic and modern Literature of the disease *Bhagandara* with special reference to fistula in ano from various references.
2. To evaluate efficacy of *Vishyanand Tail And Kashesadi Tail* on *Bhagandara* with special reference in fistula in ano.
3. To evaluate where there fistula track heal up change in discharge in surrounding area of fistula granulation tissue

METHODOLOGY

Source Of Data :

A minimum of 40 patient suffering from *Bhagandara*(fistula in ano) have been select from shalyatantra opd and ipd of S.S.R. ayurvedic college hospital inchal

Material: the material required for the *tail poorna* procedure is *vishyandan tail* , *kashisadi tail* , disposable syringes 5ml, probe , dressing gauze ,cotton ,gloves, lithotomy table, spot light, cotton pad.

Method of collection of data :

The patient which diagnosed by *Bhagandara* in OPD of S.S.R. Ayurvedic college Inchal. And fulfilling of inclusion criteria have been select. Patient have been divided into group A and B. The patient's of group A have been treated with *Vishanand Tail Pooran*. The patient's of group B have been treated with *kashisadi Tail Pooran*.

Inclusion Criteria :

1. Patient suffering from fistula in ano specially of low level type will be taken
2. Patient of both sex have been included .
3. Patient irrespectively of age have been selected .
4. Patient suffering from controlled DM have been selected.

Exclusion Criteria:-

1. Complex fistula in ano
2. Multiple fistula in ano
3. Subject with HIV, HbSAg,
4. Patient suffering from uncontrolled DM
5. Other systemic disorders
6. Fistula developing secondary to disease like ulcerative colitis, chronic disease,
7. tuberculosis, malignancy etc.

STUDY DESIGN:

40 patients of *Bhagandara* who fulfils the inclusion criteria have been selected and randomly assigned into the

following 2 groups each group comparing of 20 patients.

SAMPLE SIZE:

Minimum of 40 diagnosed cases of *Bhagandara* have been selected incidentally and randomly characterized into 2 groups. consisting of minimum 20 patients in each group.

GROUP A: VISHYANDAN TAIL POORAN⁸ FOR 20 patients

Procedure : Under all aseptic precaution probe have been inserted into asses to find *Bhagandara nandi* then *vishyandan* tail taken in 5ml syringe use to draw for tail pooran and instilled throw blunt needle into *Bhagandara nandi* slowly followed by packing with gauze piece and dressing.

GROUP B: KASHISADI TAIL POORAN⁹ FOR 20 patients

Procedure : Under all aseptic precaution probe have been inserted into asses to find *Bhagandara nandi* then *kashisadi tail* taken in 5ml syringe use to draw for *tail pooran* and instilled throw blunt needle into *Bhagandara nandi* slowly followed by packing with gauze piece and dressing

Duration Of Treatment : *Vishyanand tail pooran* have been done daily for 14 days *Kashisadi tail pooran* have been done daily for 14 days

Observation Period :

Patient will be observed daily for first 14 days Follow up of patient will be done on 21st days

Assessment Criteria :

It has been done on subjective and objective parameter before and after treatment.

Grading Subjective:

1. Itching :

Grade 0 – No Itching

Grade 1 – Mild – Slight itching that is somewhat bothersome

Grade 2 – Moderate - Definite itching that somewhat bothersome

Grade 3 – Severe – Intense itching that may interrupt daily activity or sleep

Grade 4 – Uncontrolled

2. Pain :

Grade 0 – No Pain – Feeling perfectly normal

Grade 1 – Mild – Nagging, annoying, but does interfere with most daily living activities. Patient able to adopt to pain psychologically and with medication or device such as cushion.

Grade 2 – Moderate – Interferes significantly with daily living activities. Requires

lifestyle changes but patient remains independent. Patient unable to adopt pain.

Grade 3 – Severe – Disabling unable to perform daily living activities. Unable to engage in normal activities. Patient is disable and unable to function inadequately.

3. Burning sensation

Grade 0 – No Burning sensation

Grade 1 – Mild – Slight burning sensation. Not really bothersome.

Grade 2 – Moderate – Definite worm, burning sensation somewhat bothersome.

Grade 3 – Severe - Hot burning sensation that causes definite discomfort and may interrupt daily activities and or sleep

4. Discharge

Grade 0 – No Discharge

Grade 1 – Mild - If Small amount of clusting muco parent or discharge from track, weights greater than 1 cm square gauze piece.

Grade 2 – Moderate – Surface area of site mucopurant discharge or clusting greater than 2 cm square in total over gauze piece.

Grade 3 – Severe - Surface area of track site mucopurant discharge or clusting greater than 2.5 cm square in total over guaze piece.

Objective :

1. Granulation tissue

Grade 0 – Absent -

Grade 1 – Mild – Epithelization. No granulation tissue form No Epithelization, granulation tissue purely formed

Grade 2 – Moderate – Complete Epithelization. Poor granulation tissue formed.

Grade 3 – Hyper granulation

Grade 4 – Unhealthy granulation

2. Tenderness

Grade 0 – Absent – Palpitation is not painful even when asked about it.

Grade 1 – Mild - Palpitation is painful only when asked about it.

Grade 2 – Moderate – Indicates palpitation is painful by winching during palpitation.

Grade 3 – Severe – Patient not allowed to palpitation over site.

3. Length of track

Grade 0 – Absence of track

Grade 1 – Mild – Appear approx. 1 cm of track.

Grade 2 – Moderate - Appear approx. 2 cm of track.

Grade 3 – Severe - Appear approx. 3 cm of track.

OBSERVATIONS

In Group A, 6 patients & in group B, 4 patients were of age group between 21-30 years, totally 8 patients i.e. 20% have suffered. In Group A, 4 patients & in group B, 9 patients were of age group between 31-40 years, totally 13 patients i.e. 32.5% have suffered. In Group A, 7 patients & in group B, 4 patients were of age group between 41-50 years, totally 11 patients i.e. 27.5% have suffered.

In Group A, 5 patients & in group B, 3 patients were of age group between 51-60 years, totally 8 patients i.e. 20% suffered. Maximum number of patients i.e. 72.5 % were male and rest of 27.5% were female. By considering the nature of occupation, It was found that maximum i.e. 37.5% patients were labour followed by farmers and housewives i.e., 35% and 20% whereas 5% were students.

RESULTS

Significant Effects of Group A: (Table : 1)

Group A provided significant relief after the 14 days of its *poorana* in, Pain (61.6%), Discharge (68%), length of track (43.4%), Itching (68%), external opening (43.4%), Tenderness (59%) and burning sensation (57.4%). Group A initiated *Shodhana* in the *Bhagandara* after 3 days of the treatment where it was 17.5% and on the last day it became 82.4%. Consideration of overall *Shodhana* showed that 40% both marked & moderate improvement and 15% mild improvement.

Significant Effects of Group B: (Table : 2)

Group B provided significant relief after the 14 days of its *poorana* in Pain (72.7%), Discharge (61.2%), length of track (78.9%), Itching (63.6%), external opening (71.9%), Tenderness (66.6%) and burning sensation (54.3%). Group B initiated *Shodhana* in the *Bhagandara* after 6 days of the treatment where it was 18.2% and on the last day it became 84.8%. Consideration of overall *Shodhana* showed that it provided marked improvement in 25%, moderate *Shodhana* in 60% and mild improvement 15%.

Comparison of the Effects:

Group B provided comparatively better relief in length of track (78.9%), Itching (90.7%), Tenderness (66.6%) and external opening (71.9%). It also provided better overall

relief to the patients. Group A provided comparatively better relief in Itching (68%), Discharge (68%), Burning sensation. On the basis of the foregoing discussions it can be concluded that Group B was better in providing relief to the patients of *Bhagandara* in comparison to Group A.

Over all Effects:

In the Group A, 40% patients had marked improvement as well as moderate improvement. Whereas in Group B, 60% patients had marked improvement and 25% patients had moderate improvement. (Table-3) Hence it can be inferred that Group B provided better overall effect to the patients of *Bhagandara* in comparison to Group A.

DISCUSSION

Probable mode of action of *Vishyanadana Taila*:-

For this study, Group-A is treated with *Vishyanadana taila* for the treatment of *Bhagandara*. In classics *Vishyanadana Taila* is indicated for *Dushta Vrana and Nadi Vrana*., *Arsha's*, Maximum *dravyas* of *Vishyanadana Taila* have *Tikta Rasa, Katu, Vipaka, Laghu Guna, Ushna Veerya and Ruksha guna pradhanata*. *Tikta rasa*: - It has the property of *twak-mamsa sthireekarana and lekhana*. It may help in increasing tensile strength of *Vrana* and removing slough tissue. *Katu vipaka*:- It has *Vrana Shodhana and avasadana* properties. *Laghu Guna*:- Due to *Laghu guna* the *Vrana* gets *laghuta* and *dosha pachana* occurs. *Ushna Veerya*:- *Ushna Veerya* helps to penetrate the drug up to the site of *Bhagandara*.¹⁰

The Constituents of the *Vishyanadana Taila* as property action are mentioned below: - *Vishyanadana Taila* has the well-known proved anti-microbial drug and helps to heal the *Bhagandara* and also it acts as an anti-microbial agent. And also having the properties of *Ushna veerya* and *Tridosha shamaka*. So it also works as *Vedana Shamaka, Kandughna and Dahahara*.¹¹ As *Vishyanadana Taila* includes the drugs which possess both *Shodhana and Ropana* qualities it helps in proper healing of *Bhagandara*.

Probable mode of action of *Kashishadi Taila*:- For this study, Group-B is treated with *Kashishadi Taila*. All the properties like anti-inflammatory, antimicrobial, vasodilatation increase blood flow and are very much helpful to heal a *Bhagandara*. All the properties are present in the *Kashishadi Taila* which helps in proper nourishment, oxygen supply and removing the toxic substances from the site of *Bhagandara*. May be because of these actions present in *Kashishadi Taila* group B showed better results

than group A where *Vishyanadana Taila* was applied.

CONCLUSION

The current study can be concluded by stressing up on the literary aspects of *Bhagandara*, clinical diagnosis and observations done during and after the course of treatment; beneath the beam of both Ayurveda and Conventional medicine. After the completion of this study, On applying the test over the observation, it was found that both the groups were significant. On applying the test over the individual symptoms of *Bhagandara* like Length of track, itching sensation and burning sensation on both the groups, it was found that group B (*Kashisadi Taila*) had good results than group A. When overall results on symptoms were calculated, group B was found better than group A. Group B showed 90% relief in reducing symptoms shown in the observation. Hence by looking at the overall results of both groups it was found that group B where *Kashisadi taila poorana* showed better results in reducing symptoms and also in healing the *Bhagandara* faster. Based on this study it can be concluded that is *Kashisadi Taila* gives better result in the management of *Bhagandara*.

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Table 1-Effect of *Vishyanand Taila* on *Bhagandara*, Group A,

Symptoms	Mean Score		% of Reduction	S.D (±)	S.E (±)	‘t’ Value	P Value
	B.T	A.T					
Pain	3.00	1.15	61.6	0.67	0.153	12.33	<0.001
Itching	1.25	0.40	68	1.08	0.24	3.48	<0.001
Burning Sensation	2.35	1.00	57.4	0.98	0.22	6.110	<0.001
Tenderness	2.20	0.90	59.0	0.80	0.17	7.255	<0.001
Discharge	1.25	0.40	68	1.08	0.24	3.48	<0.01
Length of Track	1.15	0.65	43.4	1.14	0.24	2.023	<0.05
Site of external opening	1.15	0.65	43.4	1.10	0.24	2.03	<0.001

Table 2:-Effect of *Kashisadi taila* on *Bhagandara*, Group B,

Symptoms	Mean Score		% of Reduction	S.D (±)	S.E (±)	‘t’ Value	P Value
	B.T	A.T					
Pain	2.75	0.75	72.7	0.64	0.14	13.7	<0.001
Itching	2.20	0.80	63.6	0.82	0.18	7.62	<0.001
Burning Sensation	2.85	1.30	54.3	0.88	0.19	7.81	<0.001
Tenderness	2.40	0.80	66.6	0.50	0.11	14.23	<0.001
Discharge	2.45	0.95	61.2	0.68	0.15	9.74	<0.001
Length of track	1.65	0.35	78.8	0.92	0.20	6.29	<0.001
Site of external opening	2.85	0.80	71.9	0.68	0.15	13.35	<0.001

Overall Effects : Table 3

Overall Effect	Group A%	Group B%
Marked Improvement	40	25
Moderate Improvement	40	60
Mild Improvement	15	15
Unchanged	5	00