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

Akshay Dinesh Goud1 M.D.P Raja2 K.H. Pachchinavar3 R.C. Yakkundi4 G. Vinay Mohan5

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 (Raghaviah, 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

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 Bhagandara 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 Bhagandara.

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

Key words: Vishyandan taila, Kashisadi Taila, Bhagandara.
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. 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.

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. 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. Vaghbhat say in Bhangandara there is a pustule or swelling formation near anus near periphery of two finger. 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, four and fifth decades of life are most commonly affected its basic treatment by fistulectomy and fistulotomy, 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 Vishyand 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 Kashsadi 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 Vishyanand 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 Vishyanand 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 POORAN* FOR 20 patients

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

**GROUP B:** *KASHISADI TAIL POORAN* FOR 20 patients

**Procedure:** Under all aseptic precaution probe have been inserted into anus to find *Bhagandara nandi* then *kashisadi tail* taken in 5ml syringe used to draw for tail pooran and instilled through 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 mucopurent 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 gauze 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 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 Vishyandana 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 drayvas 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.

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 heals 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, Kandughi and Dahahara. 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,

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Overall Effects: Table 3

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