

Research Article**A COMPARATIVE STUDY OF GUGGULU (*COMMIPHORA MUKUL*) COATED KSHARA SUTRA AND SHALA (*SHOREA ROBUSTA*) COATED KSHARA SUTRA ALONG WITH STANDARD KSHARA SUTRA IN THE MANAGEMENT OF BHAGANDARA W.S.R. U.C.T.****¹AKHLESH KUMAR BHARGAVA*, ²DEVESH SHUKLA, ³SHARMILASAXENA****¹Lecturer Shalya Tantra Deptt., Govt. Ashtang Ayurved College Indore(M.P.), ²Reader shalya tantra, Govt. Ayurved college Atrra(u.p.),****³Associate Professor, Department of English, S.B.S Government P.G. College Rudrapur****Email: akhlesh.bhargava@yahoo.com****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 Ksharasutras 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).

Keywords: Fistula, madhukadi, verbal analogue scale, unit cutting time**INTRODUCTION**

भगन्दर चिकित्सा में मानकीय अपामार्ग क्षारसूत्र का प्रयोग पूर्व में अन्य शोधार्थी के द्वारा सफलता पूर्वक किया गया है, किन्तु यह देखा गया है कि एकत्रण के दौरान स्नुही क्षीर अल्पमात्रा में निकलता है, एवं हमेशा क्षारसूत्र कोटिंग के लिये ताजा क्षीर की आवश्यकता है एवं स्नुही क्षीर सम्पूर्ण भारत में नहीं पाया जाता है। यदि स्नुही क्षीर को तुरन्त प्रयोग में न लिया जाये तो यह जम जाता है। स्नुही क्षीर एकत्रण की प्रक्रिया कठिन है। कभी-कभी स्नुही क्षीर के प्रयोग से रोगी को दर्द उत्तेजना एवं एलर्जी का सामना करना पड़ता है। स्नुही क्षीर क्षारसूत्र निर्माण के दौरान त्वचा के लिये नुकसानदायक होता है। यदि सावधानी पूर्वक प्रयोग न किया जाये।

गुग्गुलु रेजीन, क्षारसूत्र बनाना आसान है। किन्तु यह भारत के कुछ विशेष क्षेत्रों में ही अल्प मात्रा में पाया जाता है एवं गुग्गुलु के द्वारा अनेक आयुर्वेदिक औषधियों का निर्माण किया जाता है अतः भविष्य में निश्चित रूप से गुग्गुलु की कमी का सामना करना पड़ेगा।

इन सभी समस्याओं को देखते हुए हमने शाल रेजीन क्षारसूत्र का प्रयोग किया है। क्योंकि आचार्यों ने शाल की उत्तम क्रिया, उत्पादकता एवं सहज प्राप्ति का वर्णन किया है। शाल का एक वृक्ष एक साल में चार से पाँच किलो रेजीन उत्पन्न करता है।

अतः इन सभी उपरोक्तों को ध्यान में रखते हुए हमने तीनो प्रकार के क्षारसूत्रों का तुलनात्मक अध्ययन किया है।

अध्ययन एवं प्रयोग के उपरांत यह पाया गया है कि भगन्दर रोग में शाल रेजीन क्षारसूत्र, अपामार्ग क्षारसूत्र एवं गुग्गुलु क्षारसूत्र से अधिक प्रभावशाली है।

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

वातव्याधिः प्रमेहश्च कुष्ठमर्शां भगन्दरम् ।

अश्मरी मूढगर्भश्च तथैवोदरमष्टमम् ॥

अप्तावेते प्रकृत्वैव दुश्चिकित्साः महागदाः । (सु.सू. 33/4-5)

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.

ते तु गुद भगवस्ति प्रदेशदारणाश्च भगन्दरा इत्युच्यन्ते ।

अपक्वा पिडकाः पक्वास्तु भगन्दराः ॥ (सु.नि. 4/4)

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 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)

Statistical Analysis:

All information which are based on various parameters was gathered and statistical calculation were carried out in terms of mean (X), standard deviation (S.D.) standard error (S.E.), paired test (t value) and finally results were incorporated in term of probability (p) as-

P>0.05 Insignificant

P ≤0.020 moderately significant

P≤0.010Significant

P<0.001 highly significant

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 mellitus
- Osteomyelitis of coccyx
- High anal type of Fistula

Administration of Drug

Kshara-sutra was changed weekly till recovery.

Drug (Madhukadi taila) administered after Kshara-sutra ligation in Fistula-in-ano in all three groups.

Doses:

To the depth of Fistula-in-ano (standard dose 2ml) in morning and evening every day.

Duration

Symptoms were assessed till recovery of the disease.

Table 01: Average Unit Cutting Time of Group-A

S.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
Average U.C.T.			7.063

This table shows that average UCT in group A was 7.063 days/cm. The slowest cutting rate was 7.589 days/cm. and the fastest was 6.818 days/cm.

Table 02: 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.

Table 03: 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.	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

Conclusion \$ Result

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).

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