A Clinical Evaluation of Chitrakadi Taila Poorana and Navakarshika Guggulu in the Management of Bhagandara

KULKARNI N.H., SACHIN.N.PATIL, VIJAYMAHANTESH TARNAL, SARMA J.K.

ABSTRACT

Fistula in Ano is a communicating tract lined by unhealthy granulation tissue opens internally either in the anal canal or rectum (primary or internal opening) and externally in the perineal, perianal or ischio-rectal areas (secondary opening or external opening). Bhagandara is major disease of Anorectal and characterized by persistent pus discharge associated with intermittent pain if not treated gives raises so many complications. Standard Ksharasutra is prepared by repeated coatings of Snushi ksheera, Apamarga Kshara and Haridra. With due considerations of the complications that are common after Ksharasutra therapy, an effort has been made to scientifically try another modality advocated by Sushruta i.e., Taila Poorana Chikitsa.

Key words: Bhagandara, fistula-in-ano, Ksharasutra, Taila Poorana, Navakarshika Guggulu

Introduction:

Fistula in Ano is a grave disease. The word fistula is derived from a Latin word a reed, pipe or flute. It implies a chronic granulating tract communicating two epithelial-lined surfaces of Anal canal or rectum, usually in continuity with one or more external openings in perianal skin. In modern medical science the description of Fistula is availed long back from the time of Hippocrates 6 BC. In Ayurvedic classics, this disease has been described with the name of Bhagandara. The importance of this disease was first realized by ancient surgeon Sushruta (1000-1500 B.C.), The Father of Indian Surgery, who described it elaborately in his treatise and enumerated it under Astamahagadas. Bhagandara clinically co-related to Fistula-in-ano.

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Since ages, Bhagandara (fistula-in-ano) is a challenge for surgeons, ancient Acharyas and great sages encountered it as Ashta-Mahagada. So, to overcome such crucial problem, different clinical study was required. In 1964 a scientific study was carried out in the department of Shalya and Shalakya IMS BHU Varanasi by Deshpande et. al. was found that Snushi based Ksharasutra is very effective with least complications in comparison with operating methods. The Ksharasutra therapy was practiced and used in since then with great success and without recurrences.

The Standard Ksharasutra is prepared by repeated coatings of Snushi ksheera, Apamarga Kshara and Haridra. Still some of the problems are faced during the preparation and also in the course of Ksharasutra therapy, like collection and Preservation of Snushi ksheera, burning pain during primary and successive changes, local irritant skin reactions during course of therapy etc. Similarly in Modern surgery the use of ligation and some irritant chemicals like urethane and silver nitrate has been advised but most of the modern surgeons depend on operative treatment for this disease. Where they follow the radical excision of the track along with the removal of major portion of surrounding tissue. Now a day even though surgery of modern science invented lots of minimal invasive techniques, but till today the Fistula-in-ano is one of the challenging and burning issue of Modern surgical therapeutics. Eminent surgeons of their time like Louis A. Buie (1931) has reported