



Research Article

COMPARATIVE STUDY ON DIFFERENT TREATMENT MODULES IN THE MANAGEMENT OF FISTULA-IN-ANO (BHAGANDARA)

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ABSTRACT

Bhagandara is a common disease occurring in the ano-rectal region. *Acharya Susruta*, the father of surgery has included this disease as one among the *Ashtamahagada*. It can be correlated with *Fistula-in-ano* as described in western medical science. *Fistula-in-ano* is a track lined by granulation tissue which opens deeply in the anal canal or rectum and superficially on the skin around the anus. The incidence of a *Fistula-in-ano* developing from an anal abscess ranges from 26-38%. The prevalence in men is 12.3 cases per 100,000 populations and in women are 5.6 cases per 100,000 populations. The male to female ratio is 1.8:1. The mean age of patients is 38.3 years. This randomized prospective cohort clinical study was done to compare and evaluate the effect of new herbal formulation consisting of *Vitex nigundo*(root), *Cratigeomys adansonii* (bark), *Ricinus communis* (bark), *Plumbago indica*(root) in managing *fistula-in-ano* conditions of patients in comparison to the effect of *tripala* decoction and *kshara sutra*. The patients were selected according to the selection criteria and randomly assign in to 2 groups (Group A, Group B) consisting of 20 patients for each. The patients of Group A was treated with, *Tripala* decoction, *kshara sutra* and prescribed dietary management. The patients of group B were treated with, new herbal formulation, *kshara sutra* and prescribed dietary management during the period of 8 weeks. In the group A and group B mean changes or decrement of pain, burning sensation, itching and discharge, P values = 0.00 95% confidence level P < 0.05 both groups are same P=0.000. Therefore, no difference between both groups and it shows statistically significant. In the group A mean decrement of length of the fistulous track P value p = 0.005 at confidence level P < 0.05. It shows a significant decrement of the length of fistulous track statistically in 95% confidence level. In the group B mean decrement of length of fistulous track P value p = 0.000 at 95% confidence level P < 0.05. It shows a significant decrement of the length of fistulous track statistically in 95% confidence level. But mean decrement of length of fistulous track of the group B greater than that of group A, which means group B more statistically significant. Finally, based on the observed results and the pharmacodynamic properties of both treatment protocols, it may be concluded that new herbal formulation + *kshara sutra* + dietary management treatment module is more effective than *Tripala* decoction + *kshara sutra* + dietary management in the management of *fistula-in-ano*.

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INTRODUCTION

Fistula-in-ano is an age old problem involving the ano-rectal region. It is notorious for its chronicity, recurrence and frequent acute exacerbations. Various treatments have been tried to cure *fistula-in-ano* including fistulectomy with skin grafting for the routine surgical treatment employed today is fistulectomy and fistulotomy.

Thus in principle the surgical treatment of *fistula-in-ano* has mentioned the same without much improvement.

More over the need of prolonged hospitalization, extensive mutilation of ano-rectal region, chances of recurrence and anal incontinence in some of the cases of high level *fistula* have encouraged us to try out a new indigenous ambulatory treatment of *fistula-in-ano*. Great Indian Surgeon *Susruta* narrated in his teachings the case of *kshara* for cure of *fistula-in-ano*. *Kshara sutra* is a medicated alkaline thread. Application of this thread in fistulous track causes simultaneous cutting and healing of the wound and allows

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