

A CLINICAL STUDY OF TAIL DAHA IN THE MANAGEMENT OF BHAGANDAR W.S.R TO FISTULA IN ANO

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ABSTRACT

im of study: To Study The Effect Of Tail daha In Management Of Bhagandara w.s.r. to Fistula in Ano as Minimal Access Surgery.

Summary: Fistula in ano is one of the most common and miserable anorectal disease. In Ayurveda the sign and symptoms of Fistula in Ano are compared with Bhagandara which is included in eight Mahagadas (i.e difficult to treat). Inspite of so many surgical measures developed for the management in Fistula in Ano including VAAFT, Fistula plug, Glue method, LASER, Seton, Anal flap there is a recurrence. Fistula in Ano is notorious disease due to its recurrent nature even though operated by skillful surgeon. Material and

Methods: 30 patients of both sex and of age group 20 to 60 years of low anal Fistula in Ano were treated with Tail daha at R.A.Podar medical college, Mumbai. Clinical criteria for assessment of signs and symptoms are 1) Discharge 2) Pain 3) Tenderness Before and after treatment scores were statistically compared. Statistical analysis: Data was analysed using Wilcoxon matched pair test. Conclusion: Present studies shows that Taildaha is very effective and can be use.

KEY WORDS: (Bhagandara, Mahagada, Taildaha, Minimal access surgery).

INTRODUCTION

The day to day's lifestyle of an individual became more faster. For presenting this lifestyle individuals are adopting so many habits which are harmful to the health causing many ano rectal diseases. Fistula in Ano is a clinical condition, which has been recognized as difficult surgical disease in both the Ancient and Modern Medical Sciences. In modern aids, treatment

of Fistula in Ano includes various methods of surgical interventions including Fistulotomy, Laser technique, Glue method, Fistulectomy, Seton, Fistula plug, Skin flap and VAAFT. But these surgical procedures have very high recurrence rate. In Ayurveda the signs and symptoms of Fistula in Ano are closely related with the disease Bhagandara. **Acharya Sushruta** the father of surgery has explained the disease **Bhagandara** in a great detail and **Acharya Vagbhata** has considered it under **AshtaMahagada** as the condition is difficult to cure. Beside this, the surgery is definitely contraindicated when the patient is suffering from severe systemic diseases.

As mentioned by Acharyas Charak¹ Tail daha is simple, painless and can be done without any sort of anesthesia at OPD level. In Ayurveda Bhagandar chikitsa is described in modes of sanshodhan, lepa, langhan, shastra and kshara karma. Among that Tail Daha therapy is used for sanshodhan in Bhagandar. Even though the Kshar sutra is an emerging tool to treat the disease Bhagandar but we are coming across so many problems while preparing kshar sutra and patient cannot withstand pain after ligation because of irritation of kshar and long duration of treatment. We are trying simple, minimal access, non-invasive, OPD level and equally cost effective new treatment modality i.e Tail Daha.

Aim: To evaluate the efficacy of Tail Daha in the management Of Bhagandar w.s.r. to Fistula in Ano.

Objectives

- 1) To introduce a simple, safe, minimal access and OPD level modality in the management of Bhagandar.
- 2) To evaluate mode of action of Tail Daha in the Management of Bhagandara.

MATERIALS AND METHODS

The clinical study was carried out at Department of Shalya Tantra and M. A. Podar Hospital.

Detail Plan and Protocol

Centre of Study - Post Graduate Department of Shalya Tantra, M.A. Podar Hospital and R.A.Podar Medical (Ayu) College Worli, Mumbai.

Type of Study - Open Prospective Randomised Clinical study.

No. of Patients - 30

Selection of patients- Diagnosed patients of low anal Fistula in ano of Shalya Tantra Department of M. A. Podar Hospital from O.P.D. and I.P.D.

Duration of study- Oct 2015 to Nov 2016

Consent- A well informed written consent of all patients included in present study was taken before starting the treatment.

CRF- Sign, symptoms and clinical findings before and after treatment were documented to meet all the requirements of the clinical study.

Duration of Treatment - Hot Til Tail Dahi was done once in a week for 4 weeks.

Follow up- 15 days interval for 3 months

Authentication of drug and Til Tail preparation was done in department of Dravya Guna and Ras shastra.

Review of literature of drug

TIL

Botanical name: Sesamum indicum

Family: Pedaliaceae

Classical name: Til.

English name: Sesamum

Chemical composition: vit A, vit B, vit C, sesamin, sesamalin, fats-43-56%

Guna: guru, snigdha

Rasa: Madhur Anurasa-kashaya, tikta

Veerya: Ushna

Vipaka: Madhur

Doshaghnta: Tridosha shamak (yogvahi)

Karma: Vranaalepana, himsparsha, twachya, sanyog sanskarat sarvrogapaham, vranashodhan

CRITERIA FOR SELECTION OF THE PATIENTS

INCLUSION CRITERIA

- 1) Patient diagnosed as Low Anal Fistula
- 2) Patient of either sexes
- 3) Age group 20 to 60 years.

EXCLUSION CRITERIA

1. Fistulous track secondary to some other pathology such as T.B.
2. Patient with generalized debility disorders like Immuno-compromised (HIV positive), Cancer and HBsAg positive.
3. Pregnancy & Lactation, Uncontrolled Diabetes and hypertension.
4. Patients with Hepatic Disorders, Pulmonary & Intestinal Tuberculosis, bleeding disorder, Ulcerative Colitis, Crohn's disease, any carcinomatous condition of anorectal region and syphilis.

Withdrawal criteria

1. Treatment is withdrawn if any patient develops any complications.
2. If patient has become unco-operative.

Clinical Examination

- Digital Rectal Examination(DRE)
- Proctoscopy
- Probing

INVESTIGATIONS**• Blood- CBC**

ESR

BT

CT

- BSL
 - a) Fasting
 - b) Post prandial
- LFT
- RFT
- Urine
 - a) Routine
 - b) Microscopic
- Stool
 - a) Routine
 - b) Microscopic

- HBsAg
- HIV I and II
- X-ray chest PA-view
- Fistulogram if necessary.
- Fistula track biopsy for histopathological study if necessary.
- Sigmoidoscopy if necessary.
- M.R.I Fistula tract if required.

ASSESSMENT CRITERIA

The clinical examinations of the patient were conducted before & after treatment and accordingly the effectiveness were evaluated as per the assessment criteria fixed. The subjective and objective parameters for assessment are as follows.

I] SUBJECTIVE PARAMETERS

A) Pain - Visual Analogue Scale: (Mac'gills pain scale)

The following scale was used to help out assessing the severity of pain. Patients were asked to locate a finger at any of the numerical over the scale and the severity of pain was assessed according to that for which the numerical are labelled.

0	1	2	3	4	5	6	7	8	9	10
No pain	Mild		Discomforting		Distressing		Horrible		Excruciating	
Nil	Mild		Moderate		Severe					

Grade 0 - Nil

Grade 1 – Mild

Grade 2 – Moderate

Grade 3 – Severe

B) Tenderness

Grade 0 - No tenderness

Grade 1 – Patient feels pain on touch

Grade 2 – Wincing of face.

Grade 3 – Wincing of face and withdrawal of affecting part

C) Discharge

Grade 0 - Dry dressing

Grade 1 - One dressing pad soaked with discharge per day

Grade 2 - Two dressing pad soaked with discharge per day

Grade 3 - Three or more pad soaked with discharge per day

ASSESSMENT OF EFFECT OF THERAPY

The effect of the therapy was assessed in terms of complete relief, markedly improvement, improvement, unchanged. The details are as follows

1. Complete relief -100% relief in the complains of the patients
2. Marked improvement- More than 50% relief in the complain of patients.
3. Improvement- 25-50% relief in the complains of the patient
4. Unchanged- up to 25% relief in the complains of patients

OBSERVATION AND RESULTS

Statistical Analysis of effects of therapy on subjective parameters

By Wilcoxon signed rank test

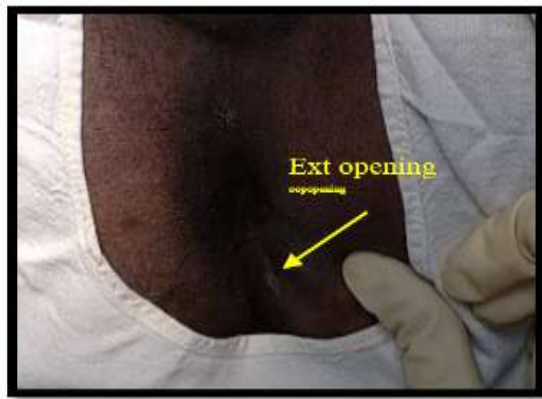
Sr. no			Mean	SD	SE	W	N	P	Result
1	Pain	BT	1.233	0.8172	0.1492	256.00	24	<0.0001	Significant
		AT	0.4667	0.5074	0.09264				
		Diff	0.7667	0.7279	0.1329				
2	Tenderness	BT	1.100	0.6618	0.1208	210	20	<0.0001	Significant
		AT	0.3667	0.4901	0.08949				
		Diff	0.7333	0.5833	0.1065				
3	Discharge	BT	1.667	0.9942	0.1815	378.00	27	<0.0001	Significant
		AT	0.3000	0.4661	0.08510				
		Diff	1.367	0.6687	0.1221				

SHOWING EFFECT OF THERAPY BY WILCOXON SIGNED RANK TEST

1. Pain- The results were **significant** as W-256.00 and $p < 0.0001$
2. Tenderness -The results were **significant** as W-210.00 and $p < 0.0001$
3. Discharge-The results were **significant** as W-378.00 and $p < 0.0001$

Sr. No	Symptom	BT	AT	Diff	%
1	Pain	37	14	23	62.16
2	Discharge	50	9	41	82
3	Tenderness	33	11	22	66.66
4	Total	120	34	86	71.66

Data obtained from observation of 30 patients shows that, Pain was relieved by averagely 62.16%, Discharge was relieved by 82% while 66.66% relief occurs in Tenderness. This shows overall averagely 71.66% relief in all symptoms which is highly significant.

**Before Treatment****Hot Til Tail Instillation****After Treatment****Previous Work Done**

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2. Momin Mohsin: A clinical comparative study of somaraji taila & kasisadi taila Bashir Ahmed instillation in the management of Bhagandar-.2009(RGUHS).
3. Singh S K: Role of Guggulu based kshara sutra in the management of recurrent high anal fistula.- 2003(BHU).
4. Satyanarayana B: The management of fistula in ano with Palashadi kshara sootra & Navakarshika guggulu.- 2005(HYDERABAD)
5. Karunatilake Ipa: A comparative study of different kshara-sootras in fistula ano 2002(Jamnagar)

DISCUSSION

The clinical observation before, during and after the treatment was carried out along with the statistical analysis. Total 30 patients were included in the study according to the inclusion and exclusion criteria after through clinical examination and hematological and other laboratory

tests. Patients were treated by Til Tail Daha weekly once for 4 weeks and observed data is recorded.

By applying wilcoxon signed rank test in all sign and symptoms P value is < 0.0001 that means result is extremely significant. It means drug had positive result on Pain, Tenderness and Discharge. 2 patients shows recurrence of fistula in ano in second month and 1 patient at the end of 3rd month of follow up.

Mode of action of Tail Daha in Bhagandara: Tila Taila has Ushna³, Tikshna, Vataghna, Vyavayi, Vikasi, Sarann and Sukshma gunas. It helps in reaching the minute channels by means of its Sukshma, Vyavayi, Vikasi gunas and promotes healing. It reduces discharge by its Ushna, Tikshna, Vranshodhan and Krimighna gunas.

Tail daha is inherently therapeutic, sealing off nerves and tiny blood vessels. By sealing superficial nerves ending patient have a minimum post-operative pain. The unhealthy fistulous tract is burnt and healing of Fistulous tract occurs.

CONCLUSION

- 1) The Tail Daha in the management of Bhagandara w.s.r. Fistula in Ano is effective to reduce symptoms Pain, Discharge and Tenderness and has effective action on Fistula tract.
- 2) Tail Daha is very simple, amble, safe, minimal access and cost effective therapeutic regime in the management of Bhagandar.

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