

HEALING EFFECT OF TALISADI TAILA ON POST OPERATIVE FISTULECTOMY WOUND- CASE SERIES

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ABSTRACT

Fistula in ano is an inflammatory tract which has an external opening (secondary opening) in the perianal region and an internal opening (primary opening) in the anal canal or rectum and tract lined by unhealthy granulation tissue.^[1] *Vrana* is the prime topic of discussion in the *Sushrut Samhita*. In modern surgery many different surgical procedures are described like fistulotomy, fistulectomy, core fistulectomy, partial fistulectomy to treat fistula in ano.^[2] All above mentioned procedures are having notorious problem of healing in post-operative wound because of low blood supply, continuous faecal contact with wound. In this case study the patient with post-operative fistulectomy wound has been treated by application of *talisadi taila*

pichu locally and the effect on fistulectomy wound was satisfactory.

KEYWORDS: Fistula in ano, *Vrana*, *Talisadi taila pichu*, Wound Healing.

INTRODUCTION

Elaborated scientific description about *Bhagandara* is found in *Brihatrayi*. The condition in which *Darana* (tearing) of *Bhaga* (perineum), *Guda* (rectum), and *Basti pradesha* (pelvis) is known as *Bhagandara*.^[3] *Bhagandara* is included in *Astauomahagada* by Acharya *Sushruta* as it is difficult to manage by medicine as well as surgery and it may also land up in life threatening situations. *Sushruta* has described *Ashtavidha shastrakarma* viz. *Chedan*, *Bhedan*, *Lekhan*, *Vedhan*, *Eshan*, *Aaharan* and *Sivan*. Amongst all above *Shastrakarma* he has described *Bhagandara* as "*Chhedya Vyadhi*" i.e treated with *Chedana Karma* (surgical excision).^[4] *Chedana karma* can also be done by application of *Ksharsutra* described in *Nadivrana* (sinus) *Chikitsa*. Some *Ayurvedic* procedures are also invented like Partial

fistulectomy with *Ksharsutra* ligation, IFTAK etc. in this era. Fistula in ano is chronic infectious disease or condition which is due to cryptoglandular infection characterized by chronic purulent discharge in perianal region. In modern science many different surgical procedures are described like Fistulotomy, fistulectomy, core fistulectomy, LIFT to treat the fistula in ano.^[5] All the above mentioned procedures are having the notorious problem of healing in the post-operative wound, which is major challenge for surgeons. Wound healing is a natural process but there are some agents which may enhance the healing rate. These includes local antibiotics, antiseptic solutions or local application of ointments containing growth factors, collagen etc. But all above methods are quite expensive and have very limited results. In Ayurveda *Acharya Sushruta* has described much more elaboration about *Vrana*. He has mentioned *Shudhha*, *Dushta*, *Ruhyamana* and *Rudha Avastha of Vrana* which describes the healing changes in wound bed. *Sushruta* has mentioned total 60 *Upakramas* for healing of wound.^[6] He has described almost all the fundamental principle of basic surgery in a very aphoristic form in the chapter of *Dwi-vraniya Chikitsa* under the heading of *Shashthi Upakrama*. Constituents of *Talisadi tail* has *Vran ropak* and *Utsadhan* property as stated by *Sushrut* and *Vagbhata*. *Utsadan* property is helpful for wound elevation.^[7] *Sushruta* and *Vagbhata* have described *Talisadi taila* in the treatment of *Sadyovrana* as best *Vranaropak* (wound healing). Other constituents of *Talisadi tail* has *Vran shodhan*, anti-inflammatory, anti-microbial, anti-bacterial, antioxidant, *Kandughna*, *Dahashamak* properties which helps in wound healing mechanism.

Post-operative fistulectomy wound considered as *Sadyovrana* and *Utsadana*, *Vranropak* action of *Talisa* and *Padmaka*, hence we had selected this patient for application of *Talisadi tail pichu* on post-operative fistulectomy wound.

CASE PRESENTATION

Study was conducted at Shri Ayurved Mahavidyalaya and Pakwasa Samanvaya Rugnalaya, Nagpur.

Case-1: A male patient of age A 38 years diagnosed as trans-sphencteric low anal fistula in ano. He had complaint of boil at perianal region from which pus discharge occurred and operated under Spinal anesthesia, partial fistulectomy with *ksharsutra* ligation done. After weekly assessment the symptomatic relief was noted and wound size was 10cm having moderate pain, mal-odor, moderate indurations and moderate pigmentation in surrounding skin, sero-purulent discharge and no reduction in wound size, after 20 days wound size 1cm

no pain, no odor, normal color of margin and surrounding skin. Wound healed completely at 1 month. Patient cured completely within 4 weeks. Follow up of 6 months showed no any recurrence.

Case-2: A male patient of age 52 years presented at our OPD with complaints of multiple external opening at one o'clock position, serosanguinous discharge from external opening, pain at that site. He taken conservative treatment but got no relief. Hence he had operated for fistulectomy at Shri Ayurved Mahavidyala, Nagpur. Then he developed wound at 1 o'clock position. Later-on there was unhealthy granulation, slough, sero-sanguinous discharge, foul smell, pain at that site. After weekly assessment the symptomatic relief was noted and wound size was 6cm having serous discharge, moderate pain, pigmented surrounding skin, after 15 days wound size was 1cm with no foul smell, no pain, normal color of margins and surrounding skin. Wound healed completely at 20 days. Patient cured completely within 3 weeks. Follow up of 3 months showed no any recurrence.

Case-3: A male patient of age 27 years old diagnosed as intersphincteric low anal fistula in ano. He operated for perianal abscess in 2020 in private hospital. But since 1 and half month boil at perianal region from which pus discharge occurred. Patient was operated under Spinal anesthesia, partial fistulectomy with Ksharsutra ligation done 2 wound one at 6 O'clock and 8 O'clock positions, then weekly Ksharsutra changed. After weekly assessment the symptomatic relief was noted and wound size day first 9cm at 8 o'clock position and 5cm at 6 o'clock positions with intermittent pain, mal odor mild marginal indurations mild pigmentation in surrounding skin, purulent discharge, 1 month 0.7 cm at 8 o'clock positions and 1.78cm at 6 o'clock positions. There was no pain, no odor, no discharge, normal color of margin and surrounding skin. Patient cured completely within 8 weeks. Follow up of 2 months show no any recurrence.

Case-4: Male patient of age 40 years old diagnosed as high anal fistula in ano. He had history of boil at 1 o'clock position and pus discharge from that site with pain. Then patient was operated for partial fistulectomy with ksharsutra ligation under spinal anesthesia. Wound size on day one was 5cm having moderate slough and unhealthy granulation tissue. after weekly assessment relief was noted and wound size was 0.1cm, wound healed completely within 4 weeks and no any recurrence.

Case-5: Male patient of age 28 years old diagnosed as low anal fistula-in- ano. H/O Boil at perianal region since 2 years for that he had taken medicine but did not get relief. Patient was

operated for under spinal anesthesia, partial fistulectomy with ksharsutra ligation at 4 O'clock position. After weekly assessment the symptomatic relief was noted and wound size day first 7.9cm after 1month wound size was 1.3cm, wound healed completely within 4weeks and no any recurrence.

Case-6: Male patient of age 20 years old diagnosed as intersphincteric fistula-in- ano. H/O Boil at perianal region since 2 years for that he had taken medicine but did not get relief. Patient was operated for under spinal anesthesia, partial fistulectomy with ksharsutra ligation at 11 O'clock position. After weekly assessment the symptomatic relief was noted and wound size on day first 8 cm after 1month wound size was 0.1cm, wound healed completely within 7 weeks and no any recurrence.

MATERIAL AND METHODOLOGY

Material

Trial drug i.e *talisadi taila* was prepared and analysed on parameters like morphological evaluation, rancidity, weight/ml, refractive index, viscosity, saponification value, acid value, peroxide value in the pharmacy of Shri Ayurved Mahavidyalaya, Nagpur.

Methodology

Local application of *talisadi tail* on post-operative fistulectomy wound on post operative day one and procedure was repeated on every follow up to complete wound healing.

Standard operating procedure

On post-operative day 1st i.e. second day of surgery, under all aseptic precaution wound was cleaned with normal saline. Gauze soaked in *Talisadi Taila* was applied on the fistulectomy wound. Sterile dressing pad was applied and dressing was done. Procedure will be repeated every day untill complete wound healing.

Subjective criteria^[8]

1. *Vedana*/Pain: Pain was calculated on Visual analogue scale and scored as 1 to 10.

Objective criteria

1. *Akruti* / dimensions

Size of wound was taken by length, width and depth of the wound.

2. *Gandha* / odor

Table no. 1: Assessment criteria for *Gandha* / odor.

Grade	Score
No smell	0
Bad smell	1
Tolerable unpleasant smell	2
Foul smell which is intolerable	3

3. *Srava*/Discharge

Table no. 2: Assessment criteria for *Srava* / Discharge.

Grade	Score
The gauze is slightly moist	0
Bloody/sanguineous discharge	1
Sanguineous discharge	2
Serous discharge	3
Seropurulent discharge	4

4. *Varna* / Granulation tissue formation

Table no. 3: Criteria for granulation tissue formation.

Sign	Grade
Pinkish red	0
Slight pinkish red	1
Slight yellowish	2
Yellowish	3

OBSERVATION AND RESULTS

Following results are observed with local application of *talisadi tail* as below:

Observation of wound healing

Pt.sr no.	Before treatment	5 th day	10 th day	15 th day	20 th day	After treatment
Case-1	10cm	8cm	5cm	4cm	2cm	1cm
Case-2	6cm	5cm	4cm	2cm	1cm	Healed
Case-3	8 o clock-9cm 6 o clock-5cm	7cm5cm	5cm4cm	3cm3cm	1cm1cm	HealedHealed
Case-4	5cm	4cm	3cm	1cm	5mm	Healed
Case-5	7.9cm	6cm	5cm	4cm	2cm	1.3cm
Case-6	8cm	6cm	5cm	3cm	2cm	Healed

Wound healing follow up



DISCUSSION

Sushruta and *Vagbhata* have described *Talisadi taila* in the treatment of *Sadyovrana* (incised wound) and stated as best *Vranaropak* (wound healing). In This study assessment of talisadi taila is studied for the management of *Sadyovrana*. Considering Post-operative fistulectomy wound as *Sadyovrana* as well as *Utsadana* action of *Talisa* and *Padmaka*, this topic is selected to study the healing action of *Talisadi tail*. In the previous study, it was found that all the ingredients of *Talisadi Taila* have collective potential of anti-inflammatory, wound healing properties as well as antioxidant, vascularization activity which results in good wound healing in *Sadyovrana*.

In the same study *Talisadi Taila* showed improvement in *Vranaropan*, *Vranasrava*, *Vranavedana* and *Daha*. *Talisadi tail* contains *Talispatra*, *Padmak*, *Agaru*, *Harenu*, *Jatamansi*, *Chandana*, *Haridra* and *Padmak beej*, *Ushir*, *Madhuk* has *Vranaropan*, *Vran Shodhan*, anti-inflammatory, skin regeneration, *Vedana Shamak*, *Dahashamak*, *Sthambhak*, antiseptic, disinfectant, *Krumihara*, *Kandughna* properties. *Taila* has soothing properties and form thin film layer over there then that allows early epithelialization and enhance granulation tissue formation.

Talispatra (*Abies webbiana*) active ingredient aziridine which acts as a antibiotics and antimicrobial properties and it therapeutically proven wound healing property.

Padmak (*prunus cerasoides*) has *Kashay*, *Tikta* properties which help in skin regeneration, the phytocostituents like flavonoids, diterpenes, glycosides has antimicrobial property.

Harenu (*vitex negundo*) has *lagu ruksha guna* which decreases *Vrana srava*.

Agaru (*Aquilaria agallocha*) has active ingredient ethyl acetate which act as antimicrobial and anti-inflammatory and ulcer protective property.

Chandan (*santalum album*) has essential oil a santanol and b santanol acts as a aniseptic and disinfectant property, cleanses wound, stop secretions and bad odour.

Haridra (*curcuma longa*) improves skin complexion, detoxifies blood and natural anti inflammatory, anti-microbial stated by *Acharya Charak*.

Padmak beej (*Nelumbo nucifera*) has active ingredient steroidal triterpenoid which act as anti- inflammatory, antioxidant property. All the above properties of *talisadi taila* used for quick wound healing.

Yashthimadhu (*Glycyrrhiza Glarba*) root extract has anti-microbial property (gram positive bacteria).

Jatamansi (*Nardostachys Jatamansi*) has 42 essential oil which promotes wound healing due to its Ropan property and also helps in reducing skin infection.

Ushir (*Vitivera Zizanioides*) has *madhur*, *tikta guna* which helps in *daha shaman*.

Tila taila is main ingredient of *Talisadi Tail*. It has *Lekhniya* and *Krimighna* action and thus helps in reducing edema and infection at local *Vran* site, also it helps to remove cell debris, hence improves granulation i.e *vranaropan*. *Tila Taila* is *Vatashamak* due to its *Madhur ras*, *Ushna virya*, and *Snigdha guna*, so it also reduces pain. *Panchavalkala* ointment has healing property by reducing infection in post operative fistulectomy wound. Patients were observed for 6 months and there was no recurrence was found among all cases. By this study, it can infer that *talisadi taila* formulations has role in relieving pain and wound healing which can be further validate with large sample study. The study shows that time require for post fistulectomy wound healing is minimum and no any side effect of oil and recurrence was noted. Wound healing was assessed by scoring of sign and symptoms and Unit healing time (UHT). Unit healing time is total number of days taken during treatment divided by initial area of wound minus last area of wound (in cube cm).

CONCLUSION

On the basis of 6 patients case series study concluded that *Talisadi Taila* is effective to

controls infection and enhance wound healing process in the post operative fistulectomy wounds without recurrence.

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