

**ROLE OF SYANDANA TAILA AND TRIPHALA GUGGLU IN THE MANAGEMENT OF BHAGANDARA W.S.R. TO FISTULA-IN-ANO.**

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**ABSTRACT**

Sushruta has described bhagandara in asthamahagada<sup>[1]</sup> i.e, the disease which is very difficult to cure. A very similar condition is described in modern science as fistula-in-ano. The main aim and objective of present study is to treat fistula-in-ano without much pain and long duration as in standard kshar sutra procedure. Also to avoid other complications like incontinence and reoccurrence. For this Syandana taila<sup>[2]</sup> was taken from reference Sushruta chikitsa sthan 8/50-52 and Triphala gugglu<sup>[3]</sup> from Sharangdhar madhyam khand 7/82-83. Present study was an open clinical study in which 20 patients between 20 to 60 years of age and having low anal fistula were selected randomly in a single group. Syandana taila was applied after proper

debridement and curettage of fistula track and closure of its internal opening and Triphala gugglu was given orally for 6 weeks. Out of 20 patients 10 patients were markedly improved i.e., percentage relief of 75% to 99%. 8 patients showed improvement of 50% to 74% relief in symptoms and 2 patients showed less than 50% relief of symptoms. The overall result was highly significant. Further study has been needed especially in high anal fistulae and in greater number of patients.

**KEYWORDS:** Bhagandara, Syandana tail, Triphala gugglu, fistula in ano.

## INTRODUCTION

Literally the word “Bhagandara” means splitting around guda, yoni and vasti.<sup>[4]</sup> In classics like Sushruta Samhita, this disease start as pidika called as “bhagandara pidika” which suppurates and on bursting leads to bhagandara.<sup>[5]</sup> A very similar condition is described in modern science as fistula-in-ano. Etymologically fistula is a latin word which means a reed or pipe or a flute. 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. Fistula-in-ano is a condition which has been recognized as difficult surgical diseases in all the ancient and modern medical sciences of the world. Recurrent nature of this diseases makes it more difficult for treatment.

On the contrary the ray of hope is moving towards ayurveda, for its excellency in combating the disease. Inpite the fact that the ksharsutra, the excellent ayurveda remedy has earned an eminency as the first choice of treatment for fistula-in-ano, the further research is a demand of time. Acharya Sushruta has described Syandana tail in the treatment of bhagandara in the chikitsa sthan(Su.chi.8/50-52) in which there is presence of chitrak, ark etc 12 herbs which helps in shodana , ropana and savarnikaran.<sup>[2]</sup> From this text, the idea came in mind to include “Syandana tail” in the treatment of bhagandara along with “Triphala gugglu” which is given by Sharangdhar in the madhyam khand 7/82-83 which is used in nadi vrana and bhagandara.<sup>[3]</sup> Triphala gugglu has antibacterial and anti-inflammatory properties along with also act as laxative.

The main aim and objective of present study is to treat fistula-in-ano without much pain and long duration as in standard kshar sutra procedure and to evaluate the role of Syandana taila and Triphala gugglu in the management of fistula-in-ano.

In modern science main symtoms of fistula-in-ano are persistent seropurulent discharge, frequently solitary external opening usually situated 3.5 cm – 4 cm of the anus, pain is also a symptom if the orifice is occluded, induration of the skin and sub-cutaneous tissue around the fistula is also present. In Ayurveda symtopms of bhagandara is according to type of bhagandara present.

## MATERIALS AND METHODS

Present study was an open clinical study in which 20 patients were selected on the basis of simple random sampling (SRS) procedure in a single group. It was performed on the patients

who attended the outpatient and inpatient Department of Shalya Tantra, R.G.G.P.G. Ayurvedic college and Hospital paprola, Kangra(H.P.). Routine blood investigations as B.T., C.T., T.L.C., D.L.C., Hb, ESR, FBS, LFT, RFT, HIV, Urine routine and microscopy were carried out to know any infection and systemic disease. Fistulogram was done if there is necessity. Detail history along with examination of the patient, DRE, probing, proctoscopy was done.

- **Selection criteria**

**Inclusion criteria**

- Patients willing for trial.
- Patients age group 20-60 years of either sex.
- Low anal fistula with linear track.

**Exclusion criteria**

- Patients not willing for trial or not ready to give informed consent.
- Patient below 20 years and above 60 years.
- Low anal fistulae with ramifications.
- Horse shoe shape fistulae.
- High anal fistulae.
- Fistulae associated with others diseases like.

carcinoma of rectum and anal canal tuberculosis ulcerative colitis, crohn's disease lymphogranuloma and HIV positive patients.

**Protocol during trial period**

- a. Fulfillment of inclusion criteria.
- b. Informed consent of the patient to be taken.
- c. Registration of the patient.

**Interventional Drug: (1) Syandana Tail**

Sneha dravya: Murchit Til taila - 6000 g.m.

**Table no. 1: Contents of Syandana tail.**

S.no.	Name of the drug	Botanical name	Part used	Quantity
1	Chitrak	Plumbago zeylanica	Root	2 kg.
2	Ark	Calotropis procera	Stem bark	2 k.g
3	Trivrit	Operculum turpethum	Root	2 k.g.
4	Patha	Cissampelos pariera	Root	2 k.g.
5	Malpu	Ficus hispida	Fruit	2 k.g.
6	Haymar	Nerium indicum	Dry leaves	2 k.g.
7	Sudha	Euphorbia neriafolia	Stem	2 k.g.
8	Vacha	Acarus calamus	Dried rhizome	2 k.g.
9	Langli	Gloriosia superb	Tuberous root	2 k.g.
10	Saptarn	Alstonia scholaris	Stem bark	2 k.g.
11	Suvarchika	Potassium nitrate	-	2 k.g.
12	Jyotishmati	Celastrus paniculatus	Seeds	2 k.g.

**(2) Triphala gugglu****Table no.2: (Contents of Triphala gugglu)**

S.no.	Name of the drug	Botanical Name	Part used	Quantity
1	Aamlaki	Emblica officinalis	Pericarp	720 g.m.
2	Bibhitaki	Terminalia belerica	Pericarp	720 g.m.
3	Haritaki	Terminalia chebula	Pericarp	720 g.m.
4	Krishna	Piper longum	Fruit	720 g.m.
5	Gugglu(shudh)	Commiphora mukul	Olio resin	4000 g.m.

All Dravyas were identified in Dravyaguna department and then processed to form taila and gugglu in Charaka Ayurvedic Pharmacy, Paprola under the supervision of pharmacy experts under batch number R-17/18 for Syandana taila and batch number R-22/18 for Triphala gugglu following G.M.P. norms. The trials drugs were tested for quality in DTL Joginder nagar, Dist. Mandi H.P. and satisfactory report was obtained (attached in appendices).

**Schedule**

Following schedule will be observed uniformly in all the patients.

- Purva karma (Consent, counseling and preparation of patients)
- Pradhana karma (Debridement of fistula track for proper drainage and curettage with scoop and closure of internal opening, wherever necessary and application of Syandana tail)
- Pashchata karma (Dressing and internal use of Triphala gugglu)

**Criteria of assessment**

The overall improvement which will be shown by the patients in sign and symptoms according to subjective and objective criteria.

Table.no.3.

Parameters	Grade 0	Grade 1	Grade 2	Grade 3
Pain	No pain	Slight pain	Need some medicine	Need parenteral medicine
Discharge (during dressing)	No wetness on gauze piece	Some soakage on gauze piece	Gauze completely wet	Change of dressing 2-3 times a day
Induration	No induration	Less than 1cm area from tract is indurated	Induration less than 3cm around tract	Induration more than 3cm
Length	Track healed completely	Track between 0.1-2.5 cms	Track between 2.6-4.5 cms	Track greater than 4.5 cms
Healing of wound	Time taken to completely heal the wound			

### Follow-Up

All the patients were instructed to visit ano-rectal OPD once in a week in order to make thorough follow-up of the cases. Then the patients were examined and treated accordingly till the wound heals completely. For each follow-up visit, the patient is examined for any recurrence of disease or any associated lesion of the ano-rectal region.

Total effect of treatment was assessed in terms of relief in subjective and objective parameters. The overall result was shown in terms.

CURED	100% relief
MARKEDLY IMPROVEMENT	Above 75 % relief
IMPROVEMENT	50 % TO 75% relief
UNCHANGED	Less than 50%
DETERIORATED	Symptoms aggravate

### Duration of trial (4 -6 weeks)

The whole procedure followed were in accordance with the standards of the Institutional Ethics Committee(Human) under no. Ayu/IEC/2016/1110.(attached in appendices) and with the Helsinki Declaration of 1975, as revised in 2000.

### OBSERVATIONS AND RESULT

Out of 20 cases, maximum 16 (80%) were blind external fistula and 4 (20%) were complete fistula. Analysis of initial length of tracks showed that the maximum (60%) cases had between the range of 2.6 - 4.5 cms of length and minimum (5%) cases at the range of greater than 4.5 cms of length. Average time for healing is 49.3 days. If the length of track was

between 0.1 - 2.5cms than average time was 44.45 days , which increase to 54 days if the length of track was greater than 4.5 cms.

**Table no. 4.**

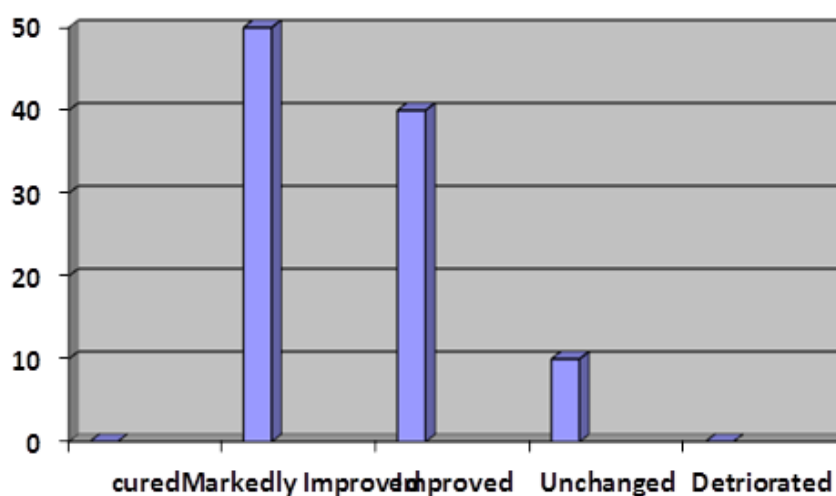
Symptom	Mean Score		% change	S.D. (±)	S.E. (±)	“t”	P	Result
	B.T.	A.T.						
Pain	1.150	0.00	100	0.875	0.196	5.877	P <0.001	H.S.
Discharge	1.800	0.700	94.44	0.571	0.128	13.309	P=< 0.001	H.S.
Induration	1.700	0.950	55.88	0.550	0.123	6.097	P =<0.001	H.S.
Length of track	1.700	0.450	26.47	0.639	0.143	8.753	P=<0.001	H.S.

Out of 20 patients, 10 patients(50%) were **markedly improved** i.e, having percentage relief of symptoms lies between 75% to 99% of range, 8 patients (40%) had showed **improvement** i.e, 50% to 74% relief of symptoms and 2 patients (10%) had showed **unchanged** in symptoms i.e, less than 50% relief in symptoms.

Overall effect of therapy is expressed in terms of clinical criteria as.

**Table.no. 5.**

S.no.	Results and Range	NO. of Patients	Percentage
1	CURED (100%)	0	-
2	MARKEDLY IMPROVED >75 % BUT <100 %	10	50 %
3	IMPROVED >50 % BUT < 75	8	40 %
4	UNCHANGED LESS THAN 50 %	2	10 %
5	DETERIORATED	0	-
	TOTAL	20	100 %



**Graph -1.**

## DISCUSSION AND CONCLUSION

The description of bhagandara pidika clearly shows that Acharya's had an exact idea regarding the occurrence of a fistulous abscess and also knew that not all abscesses in this region lead to the causation of fistula-in-ano. Painful reddish pidika which occur within two angulas i.e, approx. two inches, around the guda due to vitiated doshas and dooshita rakta and mamsa dhatus, on suppuration this pidika bursts out side to the surface or inside into the anal canal to discharge different types of sravas is called as bhagandara.

Current evidence suggests that infection of anal glands is probably the most common cause of fistulous abscess.

### Probable mode of action of the Drugs

The relief in **pain** shows that Syandana taila and Triphala Gugglu have good pain relieving capacity. The most probable cause is ushna guna and vedna shamak property of Syandana taila & snigdha, picchila guna of gugglu & its anti-inflammatory & analgesic properties. Pain is due to vata dosha, Charaka has mentioned taila is best vatahara dravya (Ch.su.25/40). Charaka has also mentioned gugglu as best anilhara(vatahara) in (Ch.su.3/4,7).

The relief in discharge is due to shodhana, ropana and shothahar properties of Syanadana tail. Its maximum contents have ruksha guna & katu, tikta, kashaya rasa which is responsible for decrease in discharge. Also gugglu also has kapha shamaka property thus reduces pus discharge.

The relief in induration may be due to shodhana & ropana properties of Syanadana taila and antioxidant & and healing properties of Triphala gugglu. **Finally**, there are many hidden properties of our ayurvedic drugs, whose mode of action is still unknown and in which the active ingredient is unrevealed by which they perform the specific karma.

So Syandana taila and Triphala guuglu can be considered as a better alternative in place of modern techniques of management for fistula-in-ano especially in low anal fistula because it has more acceptability, easy, O.P.D procedures, cost effective, minimal invasive, short duration of hospital stay, no recurrence rate, patient can carry out day today works and better wound healing property after debribement.

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