



NIMBA KSHARSUTRA IN THE MANAGEMENT OF FISTULA IN ANO

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ABSTRACT

120 no of diagnosed cases with Fistula-in-ano were treated in two groups, one group by standard Ksharsutra therapy and other by Nimba ksharsutra therapy. Comparative efficacy was assessed by statistical analysis. Data related to the objectives of the study was collected. Considerable good result was noticed in the group treated with Nimba Ksharsutra.

KEYWORDS : Fistula-in-ano, Bhagandara, standard ksharsutra, Nimba ksharsutra.

Introduction:

Fistula-in-ano, one of the most annoying diseases in the ano rectal region. According to recent study conducted on the prevalence of anal fistula in India by Indian Proctology society in a defined population, approximately varied from 17 to 20% [1]. The ranges vary from 26% to 38% [2] in developed countries.

A fistula-in-ano is a track, lined by granulation tissue, which communicates with the Anal canal or Rectum by means of an internal opening and usually in continuity with one or more external openings in the perianal, perineal or ischioanal areas [3]. The surgical management of these cases needs a careful study of anatomical relation and physiological functions of this part of the body, which have to be kept in mind on every step of any surgical procedure undertaken in this region. Due to the involvement of anal sphincter, the treatment of complex fistula poses a high risk for developing incontinence. 4, 5.

Many techniques and researches has been tried since a prolong time to alleviate this ailment including Draining Setons, Cutting Setons, 6,7 rectal mucosal or full thickness advancement flaps, 8,9 Rerouting, 10, two stage Seton Fistulotomy, 11 Fistulectomy and anal plug, 12,13 ligation of intersphincteric fistula plug (LIFT), 14,15, Fistulotomy with reconstruction of the sphincter mechanism, 16 or fibrin glue, 17 etc. Yet, till today, fistula-in-ano remained as a back-breaking job for the modern system of medicine. On the contrary, Ayurveda named the disease as Bhagandara and considered as one under Asta Mahagadas and gained the supremacy in the field of Bhagandar Chikitsa due to its excellency in combating the disease. Apamarga ksharsutra is considered as simple, safe, and sure shot remedy for Bhagandara and has been standardized by CCRAS, New Delhi.

In spite of the fact that the standard Ksharsutra has earned an eminency as the first choice of treatment for fistula-in-ano, further research on Ksharsutra is a command of time. Keeping in view these points, a new Ksharsutra has been designed and prepared using Nimba as principal ingredient. It was used and comparative study with Standard Ksharsutra was conducted among 120 no of patients during the period of 2011 to 2015 in Govt. Ayurvedic College and Hospital, Guwahati.

MATERIALS & METHODS:

The clinical study has been carried out exclusively in total 120 no of patients, dividing in two groups-viz.
Group-A: treated with Standard (Apamarga) Ksharsutra
Group-B: treated with Nimba Ksharsutra

A detailed performa was prepared to study the patients as well as the disease. The patients attending the Shalya O.P.D. of Govt. Ayurvedic College and Hospital were selected irrespective of their sex, cast etc.

EXCLUSION CRITERIA

Patients suffering from fistula-in-ano associated with following disease/criteria were excluded from the study.

1. Diabetes mellitus
2. Ulcerative colitis
3. Crohn's disease
4. Tuberculosis
5. Cancer of rectum
6. AIDS
7. Hepatitis B and Hepatitis C
8. Children up to 16 years of age

INCLUSION CRITERIA

1. All the patients were between the age group of 16-60 yrs.
2. Patients were selected randomly, irrespective of sex, economical status, educational status & marital status.
3. All diagnosed cases of fistula in ano other than exclusion criteria.

ASSESSMENT CRITERIA

Subjective: Pain, Itching, Burning sensation.

Objective: Swelling, Pus Discharge, Thread Length Track length, U.C.T

FOLLOW UP

Follow up was continued up to 6 month after complete cut through of the track.

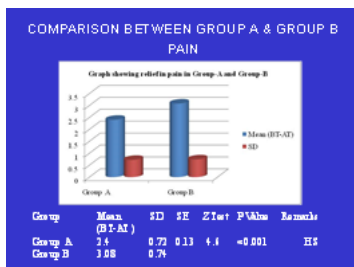
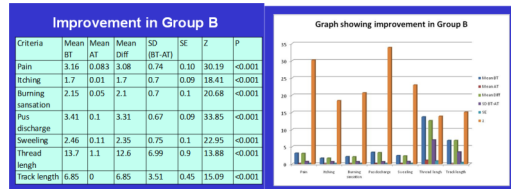
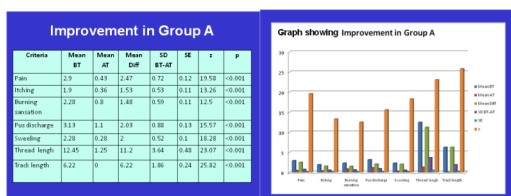


During and after treatment photographs of few patients

OBSERVATION AND RESULTS

Maximum number of patients of Fistula-in-ano was between 31-40 age group, predominantly males (83.33%), were non-Vegetarian (76.67%). possesses good appetite history (70%), holds Vataja-pittaja prakriti. (40%). Maximum number of patients have Parishravi Bhagandara (40%), abundant pus discharge with a percentage of (50%), external opening is common in maximum cases (90%), followed by internal opening (10%), in maximum cases, (86.67%) distance of the opening from the anal verge was more than 1 1/2", highest number 6 & 8 o'clock with of cases has a external opening at 5 o'clock (23.33%) , followed by a percentage of 16.67% each . 90.00% cases had a normal anal sphincter and 6.67% case had a hypertonic anal sphincter. Low anal (80%) fistula is most common , most of the patient had a blind external track (73.33%), followed by complete track (16.67%). Previous operative history was present in only 16.67% of cases, whereas most of the cases (83.33%) presented a negative history. Average U.C.T. in group A was 1.91 days/ cm. The fastest cutting rate was 1.3 days / cm and the slowest cutting rate was 2.2 days/cm. Average U.C.T. in Group-B was 1.03 days / cm. The fastest U.C.T. was 0.5 days / cm and the slowest cutting rate was 2.3 day/cm in Group B.

Overall improvement in group A was 62.04%, whereas it was 74.36% in group B.



DISCUSSION

PAIN:

Result shows that Nimba Ksharsutra has a better pain reliving capacity in comparison to standard Ksharsutra.

This most probable cause behind the significant result of Nimba Ksharsutra in relief of pain may be the fact that pain occurs in the fistula in ano because of the accumulation of pus in the cavity. Already in Dhanvantari Nighantu it is emphasized that Nimba has a property which does help in suppuration of immature Sotha and drains the suppurated Vran, this lead to cleaning of the cavity, subsequently subsides the pain. Again, Nimba is denoted as Anila-hara, by Acharya Sushrut, which made an Appealing result in the relief of pain in group-B.

ITCHING :

Result reveals that percentage of relief in Itching was higher in each week after application of Nimba Ksharsutra than standard Ksharsutra. The predictable cause may be the 'Kandughna' property of Nimba mentioned in Dhanvantri Nighantu. Again according to Ayurveda, itching (Kandu) is a property of Kapha, so any drug which will contain the Kaphahara property will definitely play a key role to dwindle the symptom. Nimba possesses the Shlesma-hara quality and helps in doing it.

BURNING SENSATION

Result indicates that Group-B, was superior in relief of burning sensation in each successive seating, in comparison to Group-A.

The cause behind it is, due to the effect of Ushna virya of Apmmarga kshar ,it causes irritation and burning sensation in the fistulous wound, whereas by the effect of Sheeta virya, Nimba kshar is able to dissolve the burning sensation in group-B.

SWELLING

Nimba Ksharsutra was more effective in reducing Swelling than standard Ksharsutra.

The better result of Nimba Ksharsutra is due to the fact that Nimba possesses the sothahara property as mentioned in Kaidev Nighantu. Modern researches also proved that Nimba has anti-inflammatory action against any kind of inflammation. The active principle of Nimba, called Nimbidine has a quality to suppress the functions of macrophages and neutrophils, relevant to inflammation.18(Kaur.G, Alam.M.S., Athar.M, page-498, vol-26, no-5, oct-2004)

The increase of swelling in 1st week may be due to the reason that Kshara owns the lekhan property, which causes irritation in the fresh wound, leading to more swelling in the fistulous track.

DISCHARGE :

The reason for increased pus discharge in the initial stage of treatment is due to the Chedan and Bhedan proerties of Kshar, which breaks down the pus pockets, remained in the diseased track. Accordingly increase the amount of pus discharge. As it turns to heal up, the discharges get diminished.

Another condition for continuous reduce of pus discharge in Group-B, is that in most of times, pus discharge is caused by microbial infestation in the fistulous track. As Nimba holds the excellence of Krimighna, it easily destroys the microbial pores of the track.

In current research on Neem revealed its inhibitory effect on wide range of micro-organisms. The most well known active compound Azadirachtin shows behavioral effect through chemoreceptor mechanisms, whereas growth related effect are due to interference with neuro-endocrine control.19

Modern researches also points out the same notification. In 2004 it has come out on research that the ether extract of Neem was found effective against Klebsiella with 11 mm zone of inhibition²⁰

SPECIFIC OBSERVATION

A better response and quick healing was found in Group B comparison to group A. Again in group B out of 15 patients 13 patients were found with opening all the concealed tracks within two weeks. That was most probably due to the Vranaghna property of Nimba, which helps in healing of the

track and due to another specific property which causes 'suppuration of immature Vrana and drains the suppurated one. (D. Ni). Thus Nimba kshar helped in drainage of all concealed tracks.

CONCLUSION

1. Ksharsutra therapy is a radical cure, without complications and recurrences in the treatment of Bhagandara
2. The standard Ksharsutra and Nimba Ksharsutra both are significant, though Nimba Ksharsutra shows better result in healing of the fistulous track.
3. Nimba Ksharsutra has a specific property of unsealing the concealed track, thus reduces the possibility of recurrence of the disease in future.

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