



Research Article

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EFFICACY OF ARAGVADHADI VARTI IN BHAGANDARA WITH SPECIAL REFERENCE TO FISTULA IN ANO

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ABSTRACT

Application of Ksharsutra has been referred by almost all the authors of Ayurvedic Samhita including Charaka, Sushruta and Vagbhata for the management of Bhagandara (Fistula in Ano). Meanwhile the authors have also mentioned Varti Upakrama (Management) for the treatment of disease. Acharya Sushruta has given us impetus to explore the problem on scientific basis. The efficacy of Aragvadhadi Varti based upon special property of Aragvadh Majja, Haridra, Tagara, Madhu & Ghrita. In this present study an attempt is made to evaluate the efficacy of Aragvadhadi Varti through various aspects. In this clinical study 27 patients were incorporated which were in a group. The patients were treated with Aragvadhadi Varti which was assessed on the basis of close observation of disease and patient. The result of treatment of Bhagandara with Aragvadhadi Varti was found significantly encouraging. It reduces pain, discharge, local tenderness, track length and healing period. Hence it can be speculated that Aragvadhadi Varti possesses sufficient efficacy in Bhagandara treatment without producing any adverse effect.

Keywords: Ksharsutra, Bhagandara, Fistula in Ano, Aragvadhadi Varti

INTRODUCTION

The word Bhagandara (Fistula in Ano) has got well versed name in today's world. Many researches are going on for the better line of treatment of Bhagandara. We are in search of treatment for the Bhagandara so that patient get complete relief in short span of time without any discomfort. In Ayurvedic classics Bhagandara is considered as one of the Ashta Mahagada i.e. very difficult to treat^{1, 2}. Sushruta described as deep rooted pidaka (boil) around the guda (anus) within two angulas (fingers) circumference, producing fever & pain³. In the chapter of Chikitsa Sthana of Bhagandara, Acharya Sushruta has advocated various means and measures for the treatment of Bhagandara⁴. In the text he has also mentioned Aragvadhadi Varti (wicks) for Vrana Shodhana (wound cleaning) purposes⁵. Though it is claimed in Sushruta Samhita that the tract of fistula heals within short course of treatment, the efficacy has not yet been explored on the basis of modern methodology.

In this study an attempt was made to treat the disease with the help of Aragvadhadi Varti. According to the text this Varti has Vrana Shodhana property which heals the ulcer very soon⁵. Hence it is important to find out effective constituent of Aragvadhadi Varti that possesses both Shodhana and Ropana properties.

The defense mechanism of body is like phagocytosis and its local enzymatic action on dead tissues help to keep a

wound clean. But at times when infection is massive, surface area of wound is very large and slough or necrotic tissue is too much, this auto cleansing mechanism becomes inadequate. Acharya Sushruta was aware of these facts and has indicated the process by which these impediments can be removed thus paving way for uninterrupted healing. For treatment of Bhagandara, he incorporated number of drugs broadly classified into Shodhana and Ropana Dravyas.

Here we made an attempt to evaluate the efficacy of Varti in Bhagandara.

Aim and objectives

To evaluate the efficacy of Aragvadhadi Varti in the healing of fistula tract with in vicinity of perianal region.

MATERIAL AND METHODS

Ingredients

- 1) Aragvadh Majja (*Cassia fistula*)
- 2) Haridra (*Curcuma longa*)
- 3) Tagara (*Valeriana welllichii*)
- 4) Ghrita
- 5) Honey

Method for preparation of Aragvadhadi Varti

Raw drug was collected from the J.I.A.R, herbal garden and preparation of Aragvadhadi Varti was done at college pharmacy.⁵

Fine powder of Haridra and Tagara were mixed well with Aragvadh Majja, Ghrita and honey. All were mixed well in equal proportion. Then the wicks were prepared manually of 2-3 inches in length and dried in sunlight. When wicks become dried and hard, they were stored in airtight containers.

SOURCE OF DATA

Out Patient and Inpatient patients of Shalya ward of Jammu Institute of Ayurveda and Research College and Hospital, Nardni, Jammu, India.

Sample size: 27 patients

Method of collection data: It was the absolute pilot study in which patients were randomly selected from either sex. A detailed proforma was prepared considering all the points pertaining to history, signs and symptoms and examinations mentioned in allied science to confirm the diagnosis.

CLINICAL STUDY

In this group the patients having submucous, subcutaneous and low anal fistula unfit for any anesthetic procedure and willing to attend the clinic on alternate day were included and treated with Aragvadhadi Varti.

Insertion of Aragvadhadi Varti

Patient was kept in lithotomy position. Perianal region was cleaned with antiseptic lotion. Required length of Varti was heated on the hot plate for hardening. Later on it was introduced in fistula tract without putting any pressure on it. Wound was packed with sterile gauze piece. The length of tract can be calculated by subtracting the length of Varti outside the tract from the total length of Varti.

Assessment

The assessment of relief in clinical features was made on the basis of following criteria.

- Length of the tract
- Pain
- Discharge
- Local tenderness
- Healing time

Inclusion Criteria: Patients above 12 years of age, different duration of sign & symptom as documented in classics were included for the study.

Exclusion criteria: Patients suffering from high anal fistula, post operative incontinence of stool, secondary fistula due to Crohn's disease, Tuberculosis, Carcinoma of rectum, Ulcerative colitis, Intra abdominal cold abscesses, Osteomyelitis of pelvic bones, Intestinal & pelvic malignancies, venereal diseases, HIV and immune suppressed diseases were excluded from the study.

Duration of treatment: 30 days or till symptoms subsides.

Grading

Grading for pain

Grade 0	-	No pain
Grade 1	-	Mild pain
Grade 2	-	Discomforting pain
Grade 3	-	Distressing pain
Grade 4	-	Horrible pain
Grade 5	-	Excruciating pain

Grading for Discharge

Grade 0	-	No discharge
Grade 1	-	Mild
Grade 2	-	Moderate
Grade 3	-	Profuse

Grading for Local Tenderness

Grade 0	-	No Tenderness
Grade 1	-	Tenderness to palpitation, without grimace or flinch
Grade 2	-	Tenderness with grimace and/ or flinch to palpitation
Grade 3	-	Tenderness with withdrawal (+ "jump sign")
Grade 4	-	Withdrawal (+ "jump sign") to non-noxious stimuli (i.e. superficial palpation, pin prick, gentle percussion).

Grading for Length of the tract

Grade 0	-	No tract
Grade 1	-	Up to 1 cm
Grade 2	-	1.1cm -2cm
Grade 3	-	2.1cm- 3cm
Grade 4	-	3.1cm-4cm
Grade 5	-	4.1cm-5cm
Grade 6	-	More than 5cm

Healing time: Healing time will be assessed by total number of days taken for healing.

Table 1: Effect of Varti on different signs & symptoms of Bhagandara

Cardinal Features	Mean score		Standard Deviation		Mean Difference	t	Degree of Freedom	p
	Before Treatment	After Treatment	Before Treatment	After Treatment				
Pain	3.222	0.296	0.641	0.465	2.926	19.204	47.465	0
Discharge	1.926	0.037	0.385	0.192	1.889	22.808	38.235	0
Local tenderness	2.815	0.222	0.483	0.424	2.593	20.96	51.122	0
Length of the tract	4.667	0.037	1.177	0.192	4.63	20.176	27.39	0

Table 2: Effect of Varti on healing time

Total number	Maximum days	Minimum days	Sum	Mean	Standard Error	Standard deviation
27	38days	12days	663	24.556	1.268	6.589

Table 3: Overall result of therapy and percentage of improvement

Result	No. of Patients	Percentage
Cured	26	96.29
Improved	1	3.7
Recurrence	0	0
Total	27	100

RESULT

The present study revealed that incidence of Bhagandara was more common in age group 18-60years, maximum number of patients were males i.e. 70%. Maximum patients were suffering from parisravi Bhagandara i.e. 85%, followed by Riju Bhagandara 15%. Maximum patients were suffering from low anal fistula i.e. 81%, followed by subcutaneous 15% and sub mucus 4%. In regard to position of fistula, maximum patients were of left lower 52% followed by right lower 33%, left upper 7% and right upper 7%. In terms of fistula tract, maximum numbers of patients were having blind external tract 81% and complete 19%.

DISCUSSION

According to Bhava Prakasha, Aragvadhya has Vatahara properties which reduces pain and inflammation and promotes healing⁹. Haridra having Kaphavata Shamaka and Pitta Rechaka properties therefore it reduces discharge which contributes healthy healing action on ulcers. It also acts as anti-inflammatory, analgesics and Shodhana- Ropana (cleaning and healing) properties¹⁰.

Ghrita is Pitta and Vata Shamaka. This is beneficial for Dhatu i.e. Rasa, Rakta, Shukra Dhatu and Ojas. It has Shita Guna, Mridukarma, Svava Prasadana and Varnya¹¹.

Honey is Ushna Guna and Katu Vipaka pradhana which is suitable for scrapping the pus from the tract. It promotes wound cleaning and wound healing.¹²

From these properties we can assume that Varti has Shodhana and Ropana properties.

Mode of action of Varti

All the ingredients of Varti having antibacterial properties kill bacteria in the tract. *Cassia fistula* is having alkaloids, flavonoids, glycosides, proteins, saponin, ethanol, methanol, petroleum ether etc. among them ethanol and methanol extracts are most effective against inhibiting activities of both gram positive and gram negative bacteria. On the other hand petroleum ether had better antibacterial activity against most gram negative bacteria^{13, 14}.

Essential oils from *Curcuma longa* extract having antimicrobial properties¹⁵.

Valeriana welichii have ethanol and methanol, antibacterial and antifungal properties^{16, 17}. Ghee is having antibacterial and antifungal properties¹⁸.

The acids of honey account less than 0.5% of the solids and responsible for excellent stability of honey against microorganisms.

Thus all the ingredients of Aragvadhadi Varti possess antimicrobial (anti bacterial and anti fungal) property which control infection within the fistula tract and promotes healing.

The present study was undertaken to know the efficacy of Aragvadhadi Varti with improvement in clinical features. This therapy was also found better as far as the following criteria were concerned.

During administration of Aragvadhadi Varti anesthesia were not required, minimum time require for the administration were 2 to 5 minutes, hospital stay were not required for the process, patient can do their daily work after process and lastly patient did not faced pain during and after every sitting.

CONCLUSION

At the end of the study we came to know that the efficacy of Aragvadhadi Varti is successful, omnipotent and well accepted. The treatment of Bhagandara by Aragvadhadi Varti was framed by the principles of management of Nadivrana by means of Vrana Varti. It concluded that administration of Aragvadhadi Varti can be used for short length sinuses. In case of incomplete fistula, it is not rational to pierce the healthy tissue to make a complete tract; here Aragvadhadi Varti is the best therapy. This process can perform easily by junior doctors. It can be performed in Out Patient Department. Anesthesia is not required during the process. Less time consuming and skill required to perform the process.

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