



A CLINICAL STUDY ON EFFECT OF KATUTRIKADYA CHURNA IN THE MANAGEMENT OF POST OPERATIVE PAIN IN BHAGANDARA

Ayurveda

Dr. Kalpana Verma Assistant Professor, Department of Shalya Tantra, IAMS Ayurveda College & Hospital, Lucknow.

ABSTRACT

In Ayurveda Acharya Susurut has mainly described surgical management of Bhagandara which includes Chedana and Bhedana. Along with this he has described 'Kshara sootra' treatment in 'Nadi-vrana' and added that Bhagandara also can be treated as Nadi-vrana. Now a days Kshara sootra is widely used by many surgeons with some good results. But due to the caustic action of Kshara-sootra it has been observed that patients suffer with some problems such as pain. To relieve such pain hot water fomentation, application of anaesthetic jellies and oral analgesics are used. But still some patients complaint of pain and gastric trouble due to analgesic induced gastritis. The present study has been carried out to evaluate the efficacy of this ayurvedic analgesic and also its gastric irritability, agnideepan, vatanuloman property. For this the reference has been taken from Susurut Samhita. For the study purpose 30 patients are selected randomly irrespective of their sex, education and socio economic condition etc. They were randomly divided into two equal groups Experimental and control group. The treatment was accessed with observation and results for a period of three weeks. After this therapy, significant result was observed. It was observed that the results achieved are effective and stable during follow up period.

KEYWORDS

Bhagandara, Kshara sootra, Chedan, Bhedan, agnideepan.

INTRODUCTION

In Ayurveda certain diseases are described as 'Mahagada' keeping in mind the severity and troublesome behaviours. Bhagandara (Fistula-in-ano) is one of them. It is a tract, lined by granulation tissue that connect deeply in the anal canal or rectum and superficially on the skin around the anus. In modern surgeries techniques are now in practice depending upon condition of the fistula-in-ano. These includes fistulotomy, fistulectomy, insertion of seton, endorectal advancement flaps, ano-cutaneous advancement flaps, repair of fistula using fibrin adhesive glue etc. In spite of many modification these operative managements has certain complications like incontinence to stool, loss of gluteal cushion, post operative stenosis, post operative pain etc.

In Ayurveda Acharya Susurut has mainly described surgical management of Bhagandara which includes Chedana and Bhedana'. Along with this he has described 'Kshara sootra' treatment in 'Nadi-vrana' and added that Bhagandara also can be treated as Nadi-vrana. Acharya Charaka and Vagbhata have described the treatment of 'Bhagandara' by 'Kshara-sootra'. It means that the 'Bhagandara' has been treated by 'Kshara-sootra' since Acharya Charaka's period. In Bruhatrayee, there is no clear description about preparation of Kshara-sootra.

Chakradatta and Bhavaprakash have described some about preparation of Kshara-sootra. Also, in view of preparation of Kshara-sootra, the institute of medical science, Banaras Hindu University has done lot of work and finally standardized the Kshara-sootra prepared with repeated coatings of the Snuhi ksheera, Apamarga kshara and Haridra powder.

Now a days Kshara sootra is widely used by many surgeons with some good results. But due to the caustic action of Kshara-sootra it has been observed that patients suffer with some problems such as:-

- Patient feels a lot of pain during and after application of Kshara sootra. So they feel fear to change the Kshara sootra thereafter.
- Some Avara Satva patients go in a state of shock due to pain.
- Also the pain and feeling of some sort of illness in the anal region hampers their day to day activities.
- If constipation occurs then it enhances the pain.

To relieve such pain hot water fomentation, application of anaesthetic jellies and oral analgesics are used. But still some patients complaint of pain and gastric trouble due to analgesic induced gastritis.

The present study has been carried out to evaluate the efficacy of this ayurvedic analgesic and also its gastric irritability, agnideepan, vatanuloman property. For this the reference has been taken from Susurut Samhita².

कतुत्रिकम् वचाहिगुलवणान्यथ दीप्यकम्।

पाययेच्चा मूलकौलत्थसुरासौवीरकादिभिः॥ (सु. चि. ८/३८)

For the study purpose 30 patients are selected randomly irrespective of their sex, education and socio economic condition etc. They were randomly divided into two equal groups Experimental and control group.

- Experimental group (30 patients)- This group is treated by Katutrikadya churna with anupana of Kulattha kwath.
- Control group (30 patients)- This group is treated by Tab. Diclofenac sodium.

Both the groups are given their respective medicine twice a day after meals. Medicines are given for twenty consecutive days and follow up is taken on every 7th day (weekly) when the applied Kshara-sootra has been replaced by new Kshara-sootra.

Pain assessed on the following criteria:-

- Pain on sitting
- Pain on walking
- Pain during sleep
- Duration of persistence of pain after application of kshara-sootra.
- Agnideepan, Vatanuloman and Gastric irritability are assessed.

Assessment of the results is decided and the whole data of the patient after every week of treatment is subjected to analyze statically.

AIMS AND OBJECTIVES:

- To study the pain relieving (Vedanasthapan) efficacy of Katutrikadya Churna after application of Kshara sootra in the treatment of Bhagandara.
- To study the Agnideepan, Vatanuloman property of Katutrikadya churna.
- To study the gastric irritability of Katutrikadya churna.

MATERIALS AND METHODS:

Total 30 patients presenting with signs and symptoms of Bhagandara (Fistula in ano) were selected and registered irrespective of their sex, education, religion and socio-economic status etc. which were divided into two groups by simple random sample technique.

Experimental group - 30 patients.
Control group - 30 patients.

Inclusive Criteria for Selection of Patients:

- Male and female both sex were selected.
- The patients were selected within the age limit of 18 years to 60 years.
- The patients of fistula-in-ano, whose fistulous tract already ligated with plane thread, were selected for Kshara sootra application. After application of Kshara sootra patient suffering with pain were selected.

Exclusive Criteria for Selection of Patients:

- The patients were not selected below the age of 18 years and above the age of 60 years.
- The patients suffering from Bhagandara but associated with malignancy, uncontrolled diabetes mellitus, uncontrolled hypertension, prolonged bleeding and clotting time, severe anaemia and critically ill patients were not selected for the study.
- Patients who had discontinued the treatment during follow up and patients who had developed any serious complication were dropped out from the study.

Laboratory Investigation

Blood investigation:- Haemoglobin, Random blood sugar level, Bleeding time and clotting time, TLC, HIV I-II, HBsAg were done.

Method of Application of Kshara-sootra:

Patients were kept in lithotomy position and under all aseptic precaution the previously tied plane thread was replaced by Kshar Sootra.

Method of giving Medicine:

Experimental group: Katutrikadya churn 4gms orally twice a day with 20 ml of luke warm kulattha kwath. The dose is given after breakfast and then at bed time after dinner.

Control group: Tab. Diclofenac sodium 50 mg orally bid. After breakfast and the n bed time after dinner. Both the groups were given medicines for 20 days.

Follow up: Three follow up were taken once in a week.

Criteria for Assessment:

Improvement in the pain was mainly assessed on the basis of relief in the sign and symptoms. For this purpose pain on sitting, pain on walking, pain during sleep and duration of persistence of pain were given a grade according to its severity.

Scoring of symptoms/ signs according to gradations

Score	Severity of pain
0	No pain
1	Mild pain
2	Discomforting
3	Distressing
4	Horrible
5	Excruciating

Score	Duration of persistence of pain
0	No pain
1	15 mins after application of Kshara sootra
2	30 mins after application of Kshara sootra
3	45 mins after application of Kshara sootra
4	1 hr after application of Kshara sootra
5	> 1 hr after application of Kshara sootra

1) Agnimandya (loss of appetite)

- Score**
- 0- Absent
 - 1- Transiently present
 - 2- Present but relieve with the use of appetizer
 - 3- Present and not relieve even with the use of appetizer

Vatanuloman (Malapravritti and Mutrapravritti)

2) Malapravritti:

- Score**
- 0- Samyak
 - 1- Sakashta (Passing stool daily but having painful defaecation)
 - 2- Mild Malavarodha (Not passing stool since 1 day)
 - 3- Malavarodha (Not passing stool>1 day)

1) Mutrapravritti:

- Score**
- 0- Samyak
 - 1- Asamyak-Sadaha
 - 2- Asamyak-Sadaha and Sakashta
 - 3- Mutravarodha (Not passing urine since last 8-12 hrs)

2) Gastric irritability:

- Score**
- 0- Absent
 - 1- Flatulence, Belching, Heart burn
 - 2- Score 1+ Abdominal pain
 - 3- Score 2+ Vomiting

3) Pus Discharge

- Score**
- 0- No discharge
 - 1- Mild discharge (needs single pad/day)
 - 2- Moderate discharge (needs 2-3 pads/day)
 - 3- Profuse discharge (needs more than 3 pads/day)

Pads measured approx. 3"length x 3"width x 1cm depth

OBSERVATION AND RESULTS

Statistical Analysis of Experimental and Control Group by using Mann-Whitney Test

Symptoms	Group	Sum of Ranks	Mean	Median	P Value	Significance
Pain on walking	Experimental	1254.0	1.0333	1.0000	<0.0001	Extremely Significant
	Control	576.00	0.1000	0.0000		
Pain on Sitting	Experimental	1098.0	0.6333	1.0000	0.0060	Very significant
	Control	732.00	0.2000	0.0000		
Pain during Sleep	Experimental	960.00	0.1333	0.0000	0.4860	Not significant
	Control	870.00	0.0333	0.0000		
Duration of persistence of pain	Experimental	1109.0	0.9333	1.0000	0.0037	Very Significant
	Control	721.00	0.4667	0.0000		

Statistical Analysis of Experimental and Control Group by using Mann-Whitney Test

Symptoms	Group	Sum of Ranks	Mean	Median	P Value	Significance
Agnimandya	Experimental	477.00	0.1333	0.0000	<0.0001	Extremely Significant
	Control	1353.0	2.0000	2.0000		
Malapravritti	Experimental	586.00	0.1333	0.0000	<0.0001	Extremely significant
	Control	1244.0	1.0667	1.0000		
Mutrapravritti	Experimental	945.00	0.1000	0.0000	<0.6434	Not significant
	Control	885.00	0.0333	0.0000		
Gastric Irritability	Experimental	600.50	0.4000	0.0000	<0.0001	Extremely Significant
	Control	1229.5	1.5000	1.0000		
Pus Discharge	Experimental	900.00	0.1667	0.0000	0.8234	Not Significant
	Control	930.00	0.2000	0.0000		

DISCUSSION:

Analysis of the result in both the groups clearly indicates the effectiveness of the therapy. Katutrikadya Churna is an efficient Vedanasthapan Aushadhi (Analgesic) in the pain occurring over the anal region during the treatment of Bhagandara with Kshara sootra. Katutrikadya Churna not only relieves the pain but also it treats the

prime cause of the disease i.e. Agnimandya and Malavarodha by having Agnideepan and Vatanuloman property. It also decreases the inflammation and pus discharge. Also, it doesn't produce gastric irritability which the modern allopathic analgesic (Diclofenac sodium) usually produces. (Except in those patients who is already having hyperacidity and other irritable gastric trouble).

Probable Mode Of Action of Katutrikadya Churna on Pain:

Katutrikadya Churna contains mostly guru, ushna, Snigdha dravyas which will reduce the increased vata dosha. Also due to its vatanuloman property it reduces constipation which reduces straining during defecation which is one of the cause of pain. It also increases the jatharagni. Vacha has Sangyasthapan property due to that also it decreases intensity of pain and prevents state of shock due to severe pain. Pharmacological study reveals that most of the drugs especially Shunthi, Hingu, Maricha and Vacha have Analgesic, Anti Inflammatory property. Also Vacha have mild sedative property and thus reducing the pain.

CONCLUSION:

Conclusion drawn on the basis of study that Katutrikadya Churna is effective in pain management after application of Kshara sootra in Bhagandara (fistula in ano) and also it reduces Agnimandya, have better Vatanuloman property and do not produces Gastric irritability.

REFERENCES

1. Dr. Ambikadutta Shastri; Sushruta Samhita, Vol-1, Chikitsa Sthana, 17th chapter, shloka no 29-32, Edition-2010, Chaukhambha Sanskrit sansthan, Varanasi.
2. Dr. Ambikadutta Shastri; Sushruta Samhita, Vol-1, Chikitsa Sthana, 8th chapter, Arshachikitsa, shloka no 38, Edition-2010, Chaukhambha Sanskrit sansthan, Varanasi..