EFFECT OF MADHUYASHTI GHrita ON POST- FISTULECTOMY WOUND: A SINGLE CASE STUDY

Dr. Ankit Kumar Nema1*, Dr. Vishal Verma2, Dr. Sourmi3 and Dr. Anusree E. R.4

1M.S.Ayu, Second year P.G. Scholar, Department of Shalya Tantra, Rishikul P.G. College Campus, Uttarakhand Ayurved University, Haridwar, India.

2Professor, Department of Shalya Tantra, Rishikul P.G. College Campus, Uttarakhand Ayurved University, Haridwar, India.

3Medical Officer, Department of Shalya Tantra, Rishikul P.G. College Campus, Uttarakhand Ayurved University, Haridwar, India.

4M.S.Ayu, Third year P.G. Scholar, Department of Shalya Tantra, Rishikul P.G. College Campus, Uttarakhand Ayurved University, Haridwar, India.

ABSTRACT

Fistula is an abnormal connection between two epithelial lined surfaces. The term fistula is derived from the Latin word, meaning “of reed” pipe, or flute. Fistula in ano is a hollow tract that is lined with granulation tissue and connects a primary opening inside the anal canal to a secondary opening in the perianal skin. For all practical purpose, fistula in ano is a tract which usually communicates an infected anal gland to a secondary opening in perianal skin, and often lined with granulation tissue. Acharya Sushruta in his text described different types of Chedana Karma in Bhagandara. In this case, track of fistula was excised with use of Ardhalanglak Chedana and Madhuyashti Ghrita was applied under post-operative care. Study was conducted for evaluating the healing effect of Madhuyashti Ghrita on post operative wound and the result showed beneficial effects of the formulation based on its anti-ulcer, anti inflammatory and rejuvenating properties.

INTRODUCTION
An anal fistula is a single track with an external opening in the skin of the perianal region, and an internal opening in the modified skin or mucosa of the anal canal or rectum. However, the fistulous track is often more complicated in its course and has several external openings; multiple internal openings are very rare. The wall of track is composed of a thick tough layer of fibrous tissue which, in the intact fistula forms a fibrous tube lined on its inner aspect by a layer of granulation tissue.\(^1\) The main aetiology of fistula in ano is crypto-grandular infection. History of Fistula in ano dates back to thousands of years ago that a detailed description about the disease can be found in Sushruta Samhita in the chapters Bhagandara Nidana and Chikitsa. According to Acharya Sushruta, Bhagandara is of five kinds, caused by Vata, Pitta, Kapha, Sannipata and Agantuja named as Shatponaka, Ustragriva, Parisravi, Sambukavarta and Unmargi Bhagandara respectively.\(^2\) Since these create tear in the area of pelvis, rectum, and urinary bladder, these are called as Bhagandara; when these are not open they are called Pidika (eruption), and when open called as Bhagandara.\(^3\)

TYPE OF STUDY: - Observational single case study.

STUDY CENTER: - Department of Shalya Tantra, Rishikul Campus Hospital, Uttarakhand Ayurved University, Haridwar, Uttarakhand.

CASE REPORT
A 32 years old male patient was attended in Shalya O.P.D., Rishikul Campus & Hospital, Uttarakhand Ayurved University, Haridwar, (O.P.D Reg. No. S–3611/11898) with chief complaints of boil present at peri-anal region with intermittent pus discharge along with a mass present at anal region since 6 – 7 months. Having past history of Haemorrhoids with on/off bleeding since 15 years, everytime he used to take medicines from chemist rather than consulting a physician. Then after few years, he felt a boil at right side of peri-anal region which busted out on its own. He took allopathic medications from chemist and got relief but again after 1 year, he felt a boil at left side of peri-anal region, which busted out subsequently. Since that time, he was having on and off pus discharge. So the patient came to Rishikul Ayurvedic College and underwent Kshar Sutra management. The patient got relief but due to CoViD restrictions, he could not come properly for Kshar sutra management and for further management, he wanted surgery. So Fistulectomy was planned. The patient has not given any previous history of illness like hypertension, tuberculosis, diabetes or any other related pathology.
GENERAL EXAMINATION
General condition – fair
B.P - 132/88 mm hg
Pulse – 84 / min
Respiratory rate -16/min
Pallor / Icterus /Clubbing/ Oedema / Lymphadenopathy – Absent

LOCAL EXAMINATION: - External opening of fistula in ano is present at 1 and 5 O’clock positions.

DIAGNOSIS: - On the basis of local examination, Fistula in ano at 1 and 5 O’clock positions.

MATERIAL AND METHODS
In the present study, after Fistulectomy, Madhuyashti Ghrita has been used in post operative care.

PREPARATION OF GHRTA:- In the study Madhuyashti Churna and Goghrita was used. Madhuyashti Churna mixed with Goghrita and applied over post operative wound.

ROUTE OF ADMINISTRATION: - local application.

MANAGEMENT
Pre-operative procedure: - Written informed consent of patient was taken. Peri – anal part was prepared by doing necessary shaving. Soap water enema was given twice, one was given at night prior to surgery and one was given in early morning before surgery. Inj T.T. 0.5 cc was given IM and sensitivity test for Inj. xylocaaine was done.

Operative procedure: - In O.T., patient was kept in lithotomy position on O.T. table after giving spinal anesthesia. Peri–anal area was painted with betadine solution and sterile cut sheet was draped. Probing was done from external opening present at 5 O’clock position and the internal opening was revealed at 6 O’clock position. Complete excision of track was done starting from the external opening in the manner of Ardhlangalaka Chedana. Bleeding was arrested using electric cautery. Same procedure was repeated at the other external opening present at 1 O’clock position. Sentinal tag present at 6 O’clock position was excised with
electric cautery. After that, complete haemostasis was achieved with packing of the wound and anal canal with Madhuyashti Ghrita soaked guaze and T- Bandage was applied.

**Post-operative procedures:** Patient was advised to do Avagaha Swedana once a day after clearing the bowel, from the next day of surgery. Dressing was done daily with Madhuyashti Ghrita until complete wound healing. Patient was given Triphala Guggulu along with Triphala Churna as internal medications. The patient was advised to avoid junk food, prolonged sitting.
DISCUSSION

Acharya Sushruta promoted different treatment modalities to treat Bhagandara (fistula in ano) as per Doshas and also described different types of treatment in wound management. Madhuyashti Ghrita is mentioned in 5\textsuperscript{th} chapter (Agropharniya Adhyaya) of Sutra sthan in Sushruta samhita sthan in Sushruta samhita specially in Shashtranipat janya pida (post operative wound).\cite{4} In the present study, healing effect of Madhuyashti Ghrita was evaluated in post operative management of fistula in ano. Dealing with the drug, Yashtimadhu has Guru Snigdha Guna, Madhur Ras, Madhur Vipak, Sheet Virya properties. It is Vaatpitta Shamak.\cite{5}

Study conducted on the pharmacological action of Glycyrrhizin glabra using the modern scientific parameters have proved healing, anti-ulcer, anti-inflammatory, and skin regeneration activity of Yashtimadhu. Sodium glycyrrhizate posses anti-ulcer activity and stimulation of regeneration of skin.\cite{6}

Properties of Ghrita include Snigdha, Mridu, Shlakshana, Guru, Yogvahi, Alpabhishyandi, Soumya Guna, Madhur Ras, Madhur Vipak, Sheet Virya and Tridosha Shamaka.\cite{7} Ghrita has a soothing effect and forms a thin film layer over the wound and that allows early epithelization of wound and alleviates toxins.

CONCLUSION

Wound healing is a natural process, even though there are chances for complications such as delayed healing, infection, tissue necrosis, peri wound dermatitis, peri wound edema. Ayurveda has its own treatment modalities exclusively for wound management namely Shashti Upakrama. Ropana Upakram is one among them. Madhuyashti Ghrita has been used for Vran Ropana in the present study, which has shown a considerable effect on wound healing and also on symptoms such as pain and swelling.

REFERENCES