

**“COMPARATIVE STUDY OF APAMARGA KSHARA KARMA AND
APAMARGA KSHARA SUTRA CHIKITSA IN MANAGEMENT OF
BHAGANDARA”**



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ABSTRACT**“COMPARATIVE STUDY OF APAMARGA KSHARA KARMA AND APAMARGA KSHARA SUTRA CHIKITSA IN MANAGEMENT OF BHAGANDARA”****INTRODUCTION:**

Bhagandara is one of the anorectal diseases which occur in the perineum region. *Bhagandara* is placed among *Asta Mahagada*, as it affects physical, psychological, socio-economical status of patient and hinders his quality of life. This condition is known for its recurrence rate even after employing the available best modalities due to various pathophysiological, dietary, psychological and other causes. The classical treatment modalities of *Bhagandara* are neglected in the wave of popularity of *kshara sutra* application even by the ayurvedic surgeons. Hence, this work was intended to assess the result, non recurrence rate and practical applicability of classical method *patana* followed by *kshara karma* over the popular fistulotomy and *kshara sutra* ligation.

MATERIAL AND METHODS:

Minimum 60 Patients of *Bhagandara* will be randomly divided into the following three groups. In GROUP A, 20 Patients were taken and *Fistulotomy* of the track and *Apamarga Kshara karma* was done. In GROUP B, 20 Patients were taken and *Apamarga Kshara Sutra* ligation and consequent change of thread was done. In GROUP C, 20 Patients were taken and *Fistulotomy* of the track was done.

Ethical clearance was obtained from Institutional Ethics Committee (IEC No. PU/PIA/IECHR/2017/5), and this study was registered in Clinical Trial Registry of India (CTRI/2018/04/01346).

RESULTS:

The shortest wound healing period is observed in *kshara sutra* ligation group that is 34 days compared to 35 days in *fistulotomy* group and 37 days in *fistulotomy* followed by *apamarga kshara pratisarana* may be because simultaneous cutting and healing by the *kshara sutra*.

Discussion:

Even the *bhagandara* is counted among *chhedhya* and *bhedhya vyadhi*, *kshara sutra* application referred in the contexts of *nadi vrana* and *shwaythu adhikara* appears to be more acceptable because of its easy applicability, cost effectiveness and day care procedure.

CONCLUSION:

Even though among the 3 groups, *kshara sutra ligation* group(standard group 1) has got marginal edge over the trial group and standard group 2 with respect to wound healing time, all three groups were found equally effective in curing the disease. so, null hypothesis is rejected and alternate hypothesis is accepted.

KEYWORDS: Bhagandara, fistula in ano, *Kshara karam*, *Kshara Sutra*, Fistulotomy