



A Clinical Evaluation Of Chincha Kshara Sutra In The Management Of Bhagandara

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Abstract: Background: Bhagandara (fistula-in-ano) is considered one of the Ashta Mahagadas (eight major diseases) in Ayurveda due to its chronicity, recurrence, and debilitating symptoms like pain and pus discharge. While modern surgical treatments offer temporary relief, they often involve complications such as incontinence and recurrence.

Objective: To evaluate the clinical efficacy and safety of Chincha (*Tamarindus indica*) Kshara Sutra as a herbal alternative to the standard Apamarga (*Achyranthes aspera*) Kshara Sutra in the management of low anal fistula.

Methods: A randomized clinical study was conducted on 40 patients diagnosed with Bhagandara, equally divided into two groups: Group A (Chincha Kshara Sutra) and Group B (Apamarga Kshara Sutra). Subjective and objective clinical parameters, including pain, discharge, itching, induration, tenderness, unit cutting time (UCT), and complete healing time (CHT), were assessed weekly.

Results: Both groups showed statistically significant relief in subjective and objective symptoms. Although the Chincha group had a slightly longer UCT and CHT, the results were comparable. No recurrence or serious post-operative complications were observed in either group.

Conclusion: Chincha Kshara Sutra is an effective, safe, and economical alternative to Apamarga Kshara Sutra in treating low anal fistula, with promising outcomes. Further large-scale studies are warranted to validate these findings.

Index Terms - Component, formatting, style, styling, insert.

I. INTRODUCTION

Bhagandara, clinically comparable to fistula-in-ano, is recognized in Ayurvedic literature as one of the Ashta

Mahagadas (eight grave disorders), marked by severe pain, pus discharge, and high recurrence rates even after surgical treatment. Modern surgical interventions like fistulotomy and fistulectomy often lead to

complications such as incontinence and recurrence, especially in socioeconomically challenged patients who may not afford repeated treatments. As an alternative, Kshara Sutra therapy, a minimally invasive Ayurvedic technique, has gained prominence. This study investigates the clinical efficacy of Chinchā (Tamarindus indica) Kshara Sutra, a novel herbal medicated thread, in comparison to the standard Apamarga (Achyranthes aspera) Kshara Sutra.

Methods

This clinical trial included 40 patients diagnosed with low anal fistula (Bhagandara), who were randomly divided into two groups:

- Group A: Treated with Chinchā Kshara Sutra
- Group B: Treated with Apamarga Kshara Sutra

Selection was based on inclusion and exclusion criteria specific to fistula-in-ano cases. Parameters assessed included subjective symptoms (pain, itching) and objective signs (tenderness, discharge, unit cutting time [UCT], and complete healing time [CHT]). The Kshara Sutra was prepared as per classical Ayurvedic procedures, and the thread was applied using standard surgical technique under local anesthesia.

IV. RESULTS AND DISCUSSION

Clinical Observations and Results

Results

The results were statistically analyzed and showed improvement in both groups across all clinical parameters:

- Pain and discharge significantly reduced in both groups.
- Chinchā Kshara Sutra demonstrated comparable results to Apamarga in terms of UCT and CHT.
- No significant post-operative complications or recurrence was observed in either group during the follow-up.

Statistical tools confirmed the therapeutic efficacy of both Sutras, with no statistically significant difference

between the two, indicating Chincha Kshara Sutra as an effective alternative. A total of 40 patients were enrolled and equally divided into:

- Group A (Trial group): Treated with Chincha Kshara Sutra
- Group B (Control group): Treated with Apamarga Kshara Sutra

Weekly observations were recorded for subjective and objective parameters.

Subjective Parameters (Before Treatment [BT] vs After Treatment [AT])

Parameter	Group A (Chincha)	Mean BT	Mean AT	% Relief	P-value
Pain	20 patients	2.35	0.15	93.61%	<0.0001
Discharge	20 patients	2.10	0.00	100%	<0.0001
Itching	20 patients	2.10	0.20	90.40%	<0.0001
Induration	20 patients	1.85	0.35	81.08%	<0.0001

Parameter	Group A (Chincha)	Mean BT	Mean AT	% Relief	P-value
Pain	20 patients	2.35	0.15	93.61%	<0.0001
Discharge	20 patients	2.10	0.00	100%	<0.0001
Itching	20 patients	2.10	0.20	90.40%	<0.0001
Induration	20 patients	1.85	0.35	81.08%	<0.0001

Objective Parameters

1. Tenderness

Group	BT	AT	% Relief	P-value
Group A	1.90	0.15	92.10%	<0.0001
Group B	2.05	0.15	100%	<0.0001

Clinical Observations and Results

2. Unit Cutting Time (UCT)

Group	Mean UCT (days/cm)	SD	P-value
Group A	9.59	±1.68	<0.0001
Group B	7.55	±0.67	

3. Complete Healing Time (CHT)

Group	Mean CHT (days)	SD	P-value
Group A	32.15	±4.61	0.0062

Conclusion from Observations

- Both Chinchha and Apamarga Kshara Sutra are effective in managing Bhagandara.
- Chinchha Kshara Sutra provided over 90% relief in subjective symptoms with full healing, though with a slightly longer UCT and CHT compared to Apamarga.
- No recurrence was observed in either group during the 3-month follow-up period.

Discussion

The findings affirm that Chinchha Kshara Sutra, like Apamarga, exhibits properties such as Ksharana (tissue destruction), Shodhana (cleansing), and Ropana (healing), making it suitable for managing Bhagandara. Given its seasonal availability, easy preparation, and cost-effectiveness, Chinchha is a viable herbal alternative. This supports the integration of diverse plant-based Ksharas in Ayurvedic parasurgical practices.

Conclusion

Chinchha Kshara Sutra proves to be a safe, effective, and economical method in managing low anal fistula. Further multicentric studies with larger sample sizes and longer follow-ups are recommended to validate and expand on these results.

II. ACKNOWLEDGMENT

I would like to thank my guide Dr. Srinivas Kumar for his constant support throughout my work.

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