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Nyagrodhadi Taila Pooran Chikitsa And Ksharsutra Parivartan In Bhagandara (Fistula-In-Ano) Review Article

Dr. Kiran Mendhekar[1]Dr. Amrapali R. Lade[2], Dr. Madhavi Banarase[3].

1. Associate Professor, Dept. of Shalya Tantra, PDEA's College of Ayurved and Research Centre, Nigdi Pune, Maharashtra India.
2. PG Scholar, Dept. of Shalya Tantra, PDEA's College of Ayurved and Research Centre, Nigdi Pune, Maharashtra India.
3. HOD and Professor, Dept. of Shalya Tantra, PDEA's College of Ayurved and Research Centre, Nigdi Pune, Maharashtra India.

Abstract

Bhagandara (fistula-in-ano) is a chronic anorectal disorder included among the eight major incurable diseases (Ashtamahagada) in Ayurveda, characterized by recurrent pus discharge, induration, and chronic sinus formation. Classical texts emphasize simultaneous cleansing (Shodhana) and healing (Ropana) action in the managment of fistula in ano. Ksharsutra therapy, a medicated thread has been extensively recognized for itsl role in the management of chronic fistula, offering both cutting and healingl action. Nyagrodhadi Taila, derived from the Nyagrodhadi group of herbs, enhances healing, reduces inflammation, and accelerates tissue regeneration. This review highlights the formulation, pharmacology, Mode of action, and intervation of Nyagrodhadi Taila with Ksharsutra therapy in the management of Bhagandara, emphasizing the role of Ksharsutra as a minimally invasive, effective, and recurrence-reducing modality in management of Bhagandara.

Keywords: Bhagandara, Ksharsutra, Nyagrodhadi Taila, Fistula-in-Ano, Shodhana, Ropana.

Introduction

Bhagandara, described as a chronic anorectal disorder in Ayurveda, is listed among the eight major incurable diseases (Ashtamahagada) [1,2]. Clinically, it corresponds to modern fistula-in-ano, presenting with persistent pus discharge, pain, induration, and occasional bleeding. Chronicity often leads to multiple sinus formation, patient morbidity, and impaired quality of life. Conventional surgical management is often associated with delayed healing, high recurrence, and risk of sphincter damage leading to incontinence.

Ayurveda offers an integrative approach using medicated oils, Sneha Kalpana, and Ksharsutra therapy, focusing on the correction of the root cause (Dosha–Dushya–Marga) and promotion of healing (Ropana) [3–5]. Among these, Ksharsutra therapy remains a cornerstone, uniquely combining mechanical excision of the fistulous tract with continuous medicinal action [6,7]. Nyagrodhadi Taila Pooran further enhances healing, reduces induration, and minimizes postoperative complications. [8]

Review of Literature

Pathogenesis of Bhagandara [11]

Bhagandara develops due to Vata and Kapha vitiation, leading to chronic sinus formation. Accumulated Pitta causes inflammation and discharge. Chronicity results in fibrosis, multiple tracts, and high recurrence risk.

Nyagrodhadi Gana [9]

The Nyagrodhadi group of herbs is traditionally indicated for chronic wounds and fistulous tracts. These herbs exhibit cleansing (Shodhana), scraping (Lekhana), and healing (Ropana) properties. Medicated oil prepared from this group is highly beneficial for chronic sinus tracts.

Sneha Kalpana in Bhagandara

In classical Ayurvedic pharmacology, one-fourth of the Sneha (oil or ghee) is combined with herbal paste (Kalka), and four times the quantity of liquid (preferably water) is used to prepare medicated oil. [10] This ensures proper extraction of active constituents, adequate oil consistency, and deep penetration into sinus tracts.

Pharmaceutical Review of Nyagrodhadigana Taila

Ingredients and Therapeutic Properties [4, 8, 9]:

Amongs all Nyagrodhadigana dravya Panchavalkala are easily available is a classical Ayurvedic formulation comprising the barks of five trees belonging to the *Ficus* genus — Vata (*Ficus benghalensis*), Udumbara (*Ficus racemosa*), Ashwattha (*Ficus religiosa*), Parish (*Thespesia populnea*), and Plaksha (*Ficus lacor*). Collectively, these herbs exhibit *Kashaya rasa*, *Sheeta virya*, and *Lekhana–Ropana* properties, making them highly effective in wound management, inflammation, and local infections.

Table No. 1 Showing Dravyas from Nyagrodhadigana Taila and their Properties

Ingredient	Botanical Name	Major Therapeutic Properties
Vata	*Ficus benghalensis*	Astringent, anti-inflammatory, wound healing, haemostatic
Udumbara	*Ficus racemosa*	Antimicrobial, promotes epithelialization
Ashwattha	*Ficus religiosa*	Antioxidant, cooling, enhances granulation tissue
Parish	*Thespesia populnea*	Anti-edematous, demulcent, anti-fibrotic
Plaksha	*Ficus lacor*	Antimicrobial, astringent, reduces discharge and local irritation

Table No. 2 Showing Nyagrodhadigana Taila Dravyas Chemical composition and their Action

Ingredient	Chemical Constituents	Pharmacological / Mechanistic Actions
Vata	Tannins, flavonoids, β-sitosterol, lupeol	Tannins promote tissue contraction and haemostasis; flavonoids and lupeol reduce inflammation and oxidative stress, enhancing wound repair.
Udumbara	Leucocyanidin, β-sitosterol, bergenin, flavonoids	Leucocyanidin and bergenin protect gastric mucosa and enhance epithelial regeneration; flavonoids inhibit microbial growth and inflammation.
Ashwattha	Tannins, flavonoids, saponins, β-sitosterol	Antioxidants neutralize free radicals; saponins promote cell proliferation and collagen formation in wound healing.
Parish	Gossypol, β-sitosterol, flavonoids, tannins	Gossypol and flavonoids exert anti-inflammatory and anti-fibrotic effects; β-sitosterol stabilizes cell membranes and reduces edema.
Plaksha	Lupeol, tannins, phytosterols, glycosides	Lupeol provides antimicrobial and anti-inflammatory effects; tannins reduce exudation and promote tissue contraction.

Preparation [10]:

1. The bark powders of the five *Ficus* species are ground into a fine paste (*Kalka*).
2. To this, one-fourth quantity of *Sneha dravya* (preferably *Tila Taila*) is added.
3. Four times quantity of water or *Kwatha* (decoction) of the same ingredients is mixed.
4. The mixture is boiled under moderate flame until the liquid portion evaporates and the medicated oil is fully infused.
5. The final product is filtered through a clean muslin cloth and stored in sterile containers.

Ksharsutra therapy directly effective on these pathological features: it facilitates gradual excision of fibrotic tracts, maintains chemical cleansing, and allows simultaneous healing. Nyagrodhadi Taila complements this process by promoting tissue regeneration and reducing inflammation

Ksharsutra Therapy: Role in Bhagandara [6-7,12-15]

Concept

Ksharsutra therapy, described in classical texts as the treatment of choice for Bhagandara, utilizes a medicated thread coated with alkaline and herbal substances. This thread not only excises the fistulous tract gradually but also delivers continuous medicinal action, reducing infection and promoting tissue healing.

Mechanism of Action

1. **Mechanical:** Gradual cutting of fibrotic tissue through tension of the thread, allowing controlled healing without extensive surgery.
2. **Chemical:** Alkali and herbal coatings denature necrotic proteins and reduce microbial load.
3. **Medicinal:** Medicated components such as Nyagrodhadi Taila enhance anti-inflammatory, antimicrobial, and tissue regenerative effects.

Procedure (Parivartan – Thread Replacement)

1. Gentle removal of old Ksharsutra.
2. Irrigation of the tract with warm Nyagrodhadi Taila.
3. Introduction of fresh medicated thread.
4. Weekly repetition until complete healing.

Advantages:

- Minimally invasive with preservation of anal sphincter function
- Promotes simultaneous cleansing (Shodhana) and healing (Ropana)
- Reduces recurrence and fibrosis
- Shortens healing time compared to conventional surgery
- Can be performed on outpatient basis

Modern Correlation

Conventional fistula-in-ano surgery often involves risk of incontinence, delayed healing, and recurrence. Ksharsutra therapy, with its **mechanical and medicinal dual action**, is superior in many chronic and complex cases. Nyagrodhadi Taila enhances tissue regeneration, reduces induration, and accelerates epithelialization, integrating classical Ayurvedic principles with modern wound healing concepts [14–19].

Discussion:

The combined use of Nyagrodhadi Taila and Ksharsutra therapy reflects a well-integrated Ayurvedic approach toward the management of chronic wounds and fistulous tracts, emphasizing both *Shodhana* (cleansing) and *Ropana* (healing) principles. The Nyagrodhadi Gana, being *Kashaya rasa pradhana* and mildly antiseptic, effectively performs *Shodhana* by cleansing the wound bed, reducing microbial load, and controlling exudation. The presence of *Vata*, *Udumbara*, and *Ashwattha* promotes *Ropana* by accelerating granulation, epithelialization, and tissue regeneration, while honey and beeswax synergistically enhance wound contraction and repair.

Plaksha and *Udumbara* contribute *Stambhana* (haemostatic) action, controlling bleeding and excessive discharge, whereas *Parish* and *Ashwattha* exert *Daha Pahshamana* (anti-inflammatory and cooling) effects that soothe irritation and reduce local inflammation. Additionally, the astringent barks of *Ficus* species perform *Lekhana* (gentle de-sloughing), aiding in the preparation of a healthy wound bed. Therapeutically, Nyagrodhadi Taila serves as an effective topical agent for *Vrana*, *Vrana Srava*, *Dushta Vrana*, and *Yoni Roga*, offering antimicrobial, anti-inflammatory, and tissue-regenerative benefits. Its multifaceted pharmacological profile makes it a comprehensive and safe formulation for wound management. When used in conjunction with Ksharsutra therapy**,** the overall effect becomes synergistic. Ksharsutra ensures controlled chemical cauterization, sinus tract cleansing, and gradual excision, while Nyagrodhadi Taila enhances local healing, reduces fibrosis, and provides *Vedana Shamana* (pain relief).

This combination upholds the Ayurvedic principles of *Shodhana*, *Ropana*, *Lekhana*, and *Vedana Shamana*, forming a holistic and patient-friendly treatment protocol [14–18].

Overall, this integrative regimen represents a **holistic, evidence-based, and minimally invasive model** for chronic wound and fistula management, aligning traditional Ayurvedic wisdom with modern clinical practicality.

Conclusion

Ksharsutra therapy remains the **cornerstone in the management of Bhagandara**, combining mechanical excision with continuous medicinal action. Nyagrodhadi Taila Pooran further enhances healing, reduces induration, and prevents recurrence. Together, they provide a **holistic, minimally invasive, and effective treatment**, integrating Ayurvedic Shodhana-Ropana principles with modern clinical relevance. Standardization and controlled clinical trials can further optimize this integrative therapy for wider application.

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