

**THE ROLE OF JATYADI TAIL IN THE MANAGEMENT OF POST-OPERATIVE
FISSURE AND FISTULA WOUND HEALING WITHOUT FIBROSIS –A CASE STUDY****¹Dr. Ajay Gindewar, ²Dr. Veena Kulkarni, ³Dr. Nikita Dasarwar**¹Assistant Professor, Department of Shalya Tantra, Jupiter Ayurveda Medical College, Shankarpur Nagpur.²Professor, Department of Shalya Tantra, Jupiter Ayurveda Medical College, Shankarpur Nagpur.³ Assistant Professor, Dept. of PTSR Jupiter Ayurveda Medical College, Shankarpur Nagpur.***Corresponding Author: Dr. Ajay gindewar**

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Article Received on 21/11/2022

Article Revised on 11/11/2022

Article Accepted on 01/12/2022

ABSTRACT

Parikartika is a condition which is related to '*Kartanvat Vedana*' around the Guda region i.e. cutting type of pain at anal region.^[1] And which is tremendous pain after defecation and patient had fear about defecation and patient avoid to take food and again stool not pass for 2-3 days and while passing severe pain occurred and this procedure is repeated and spasm of sphincter muscle. Fistula is also called as '*sarvat kastatam vikar*' as per susruta and in this pus and flatus discharge from opening at perianal region and which is connected to rectum and this tunnel is lined by squamous epithelium and lined by granulation tissue and this non healing track/tunnel is cure by surgery like coring of fistula and ksharsutra.^[2] Wound healing is a normal event and is required for the healing of damaged tissues and requires the deposition of collagen into the tissues, whereas fibrosis is the replacement of normal structural elements of the tissue with excessive accumulation of scar tissue comprised of distorted collagens. In contrast, fibrosis is a chronic uncontrolled pathology in which cytokines are constantly being produced to drive the continuous production of collagens. Jatyadi taila are Shothahara, Vedanasthapana and Ropaka. Naktahva and Abhaya have wound healing properties. Katuka improves re-epithelialization, neo-vascularization and migration of endothelial cells, dermal myofibroblasts and fibroblasts into the wound bed. Madhuka has soothing and healing action on skin lesions topically. Nymphaea stellata has astringent and antiseptic properties. Tuttha i.e. copper sulphate induces vascular endothelial growth factor (VEGF) expression in the wound. The post-operative fissure fistula wound healing with fibrosis has trouble for surgeon and patient to tackle pain this is very impressive in treatment and application of jatyadi tail we know about wound healing but it also has beneficial in healing without fibrosis and no pain and no fibrosis at post-operative wound.

INTRODUCTION

Very challenging thing to be accepted after anorectal surgery (fissure and fistula) with delay in healing and after healing wound many patient complaint pain at operative site because of healing with fibrosis and this pain at operative site hamper feeling and trust after surgery and surgeon also facing such problem

Acharya Sushruta has described it as a complication of other diseases or produced by the Vaidya while treating for other diseases.^[2] He has also described its treatment. It seems that he did not consider this disease have any significance which required surgical intervention, because it should be cured by local medicaments only.

Charakacharya.^[3] and Vagbhattacharya.^[4] have described about the treatment of Parikartika in details. Kashyap has described the full details of its various types and treatment.^[5] Sharangdhar Samhita has also described it as a complication of excessive emesis.^[6]

Wound healing is a normal event and is required for the healing of damaged tissues and requires the deposition of collagen into the tissues, whereas fibrosis is the replacement of normal structural elements of the tissue with excessive accumulation of scar tissue comprised of distorted collagens. IL-1 β and IL-18 are required during wound healing and fibrosis and the downstream signalling mediated by these cytokines regulates the deposition of collagen. Wound healing in the absence of underlying disease is transient and the cytokine signalling is strongly regulated, inducing controlled collagen deposition. In contrast, fibrosis is a chronic uncontrolled pathology in which cytokines are constantly being produced to drive the continuous production of collagens. The management of vran wound is the first medico-surgical problem face by physician and surgeon, comprehensive management of vran is exclusively described in the susrut samhita. there are lot of drug in different formulation described for vran ropas.^[6]

But the vran particularly (dustravrana) is still challenge for physician and surgeon Charakacharya^[3] and Vagbhattacharya^[4] have described about the treatment of Parikartika in details. Kashyap has Described the full details of its various types and treatment.^[5] Sharangdhar Samhita has also described it as a complication of excessive emesis.^[7]

OBJECTIVES

1. Conceptual study of post-operative anorectal wound healing
2. To evaluate the efficacy and mode of action of Jatyadi Taila in wound healing without fibrosis.
3. To study the nature of disease and its changes during the course of treatment.

Case of Study Jupiter Ayurveda hospital and college Nagpur.

Case report- A 23 yr. male diagnosed as acute fissure in ano with sentinel tag with anal spasm All investigation done

Present illness

Patients had developed above complaint Before 1 months and for its management They visited OPD of *Shayla*.

Past history

No h/o HT/DM/any other disease
Signs: pain at anal; region
L/E- sentinal tag at 6^o clock with chronic fissure in ano with anal spasm

Investigation

Hb-14 gm%, BSL-110mg/dl, LFT-WNL, KFT-WNL, ESR-05min, Prothrombin time report-17.2 sec, INR-1.2The management of

Diagnosis

This patient undergone surgery by Dr Ajay gindewar .procedure was performed was excision of sentinal tag with radioablation of fissure in ano with internal sphincterectomy under spinal anesthesia and anesthesia given by anesthesiologist.

Management

Intravenous antibiotic and analgesic and antacid given for 5 days
Sits bath continue for till wound healed
First 5 days lignocaine with betadine ointment used for to avoid any sepsis
After 5 day only jatyadi tail application and sits bath and laxative given for 30 days
After 30 days wound healing with no pain at operative area
No tender at operative area
No scar tender

Patient Assessment Criteria

Patient assessment criteria-	ON 7 th DAY	14 th DAY	28 st DAY
Pain (vas score)	7	4	1
Fibrosis	Absent	Present	Absent
Scar	Absent	Absent	Absent

DISCUSSION

As the post-operative fissure fistula wound pain after wound healing because of wound healing with fibrosis as we applied jatyadi tail puran 2 times d days from days 5 to next 30 days and till wound healing we found that fibrosis at day 30 is minimal and pain also minimal no need any pain killer.

Most of the ingredients used in Jatyadi taila are Shothahara, Vedanasthapana and Ropaka. The ingredients like Neem, Haridra, Daruharidra, Abhaya, Lodhra have antimicrobial activity. Manjistha, Sariva, Karanja ingredients are having vrunashodhana (wound cleansing) property. Naktahva and Abhaya have antioxidant and wound healing properties. Katuka improves re-epithelialization, neo-vascularization and migration of endothelial cells, dermal myofibroblasts and fibroblasts into the wound bed. Jati, Patola and Sikta have vrunaropana (Wound healing) action Kushta has anti-inflammatory action. Madhuka has soothing and healing action on skin lesions topically. Nymphaea stellata has astringent and antiseptic properties. Tuttha I.e. copper sulphate induces vascular endothelial growth factor (VEGF) expression in the wound.

In such situation, a drug which produces a soothing effect; Vraṇa Shodhana, Vraṇa Ropana, Vedana Sthapana and Vata-pittahara action, is more suitable. and we also proved above shodhan ,ropana ,vedana stapana but jatyadi tai also role in healing without fibrosis

CONCLUSION

As the surgeon facing more problem when post-operative fissure fistula wound healing and pain continue after wound healing stage and it may trouble and how to tackle with painkiller and sitz bath may helpful and pain may question on surgery and give bad impact on surgery as we done purpose in surgery with fissure remove and we tried on this patient with application of jatyadi tail in 2 times a days we realized that fibrosis is minimal and pain also subside in postoperative hence we concluded that jatyadi tail in postoperative fissure fistula wound healing without fibrosis and pain also subside and we need further study in more patient to elaborate this result and more beneficial to researcher.

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