INTRODUCTION
Fistula-in-ano is a commonest disease of the ano-rectum, which is characterized by single or multiple sinuses with purulent discharge in peri-anal area. It becomes a very notorious disease because of its anatomical situation, recurrences and difficult to cure. The most common cause of fistula-in-ano is anal gland sepsis.

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ABSTRACT
Sushruta, the father of surgery has narrated 8 Mahagadas (difficult curable disease). Bhagandara (fistula-in-ano) is one among the Mahagadas. The word ‘Bhagandara’ literary means splitting or daran around guda, yoni & basti. Thus it conveys that fistula-in-ano is a very painful, dischargeable and uncomfortable condition which presents a challenging situation from the viewpoint of surgeons and a constant source of anxiety and agitation for the sufferer. In this study 20 patients were treated with Standerd Ksharsutra along with the local application (Vrana Basti) of Karanjadi Ghrita for the duration of 6 weeks. Result of the study revealed that Standerd Ksharsutra and Karanjadi Ghrita provide highly significant relief in the signs and symptoms of Bhagandara.

Key words: Bhagandaraa, Fistula-in-ano, Ksharsutra, Ghrita, UCT.

INTRODUCTION
Fistula-in-ano is a commonest disease of the ano-rectum, which is characterized by single or multiple sinuses with purulent discharge in peri-anal area. It becomes a very notorious disease because of its anatomical situation, recurrences and difficult to cure. The most common cause of fistula-in-ano is anal gland sepsis. This fistulous track is nothing but a passage of fibrous tissue, the walls of which are unable to collapse. The fibrous tissue does not permit the fresh and healthy granulation tissue to cover the space.

In Ayurveda similar condition, due has been described by various texts and termed ‘Bhagandara’. According to “Charaka” the extremely painful boil near the anus, when suppurate and bursts results in Bhagandara. Sushruta similarly mentions Bhagandara as the suppurating stage of a boil in the pari-anal region. The word ‘Bhagandara’ literary means splitting or daran around guda, yoni & basti. Thus it conveys that fistula-in-ano is a very painful, dischargeable and uncomfortable condition which presents a challenging situation from the viewpoint of surgeons and a constant source of anxiety and agitation for the sufferer.

In this study the selected drugs as “Karanjadi Ghrita” is the first choice because its decrease post ligation Ksharsutra complication i.e. pain, burning sensation, discharge & itching by uses locally. As well the standard Ksharsutra applied which helps to the cutting in the tract of fistula-in-ano.

In modern surgery treatment for anal fistula involves an extensive excision of the fistulus tract. The wide open wound refuses to heal spontaneously and might tack months together to produce described results of healing and painful post operative dressings. In fistulectomy did not prove its significance the standard surgeons because the primary closure of the wound often resulted in collection of the tissue fluid inside giving rise to a secondary abscess formation and recurrence of fistula.

Therefore, in these circumstances, an alternative method was need for study which combination of surgical and para-surgical technique. In such a situation, the ancient technique like Ksharsutra came to the free of surgeons, since a chemical
fistulectomy rather than a surgical fistulectomy proved to be free from complications. The foreword of *Ksharsutra* into the fistulous track was capable of dissolving the though fibrous tissue and ultimately draining it out creating a healthy base for healing. The *Ksharsutra* treatment of fistula-in-ano is now an accepted technique in India.

**AIMS AND OBJECTS**

1. To enhance the healing process after the cutting of fibroused track and relieve the patients from discomfort i.e. burning sensation, pain, inflammation etc. that remains for 2-3 hour after each thread change.
2. To develop more simplified and ideal therapy with addition to more healing effect and less discomfort to the patient along with K.S. therapy.
3. To study indigenous medicine; which is described by the *Sushruta* in the management of *Paittic Vidhradi* as healing agent.

**MATERIALS AND METHODS**

**Clinical study**

A clinical study was trial in the ano-rectal unit of post graduate Dept. of Shalya Tantra, N.I.A., Jaipur (Raj), for the management of fistula-in-ano with standard Ksharsutra and Karanjadi Ghrita local application (Vrana Basti) in the fistulous track.

**Selection of patients:**

The selected patients were examined thoroughly as per the case sheet especially designed for study. In the middle of them, those who reached with a primary complaint of discharging wound (sinus), discomfort, pain in the perianal region were selected for this study.

**Grouping of patients:**

For the clinical trial 20 patients were grouped into 2 groups consisting of 10 patient in each group- Group A - in this group of patient’s only standard Ksharsutra was ligated. Group B – in this group of patients Karanjadi Ghrita was local application (Vrana Basti) in the fistulous track and standard Ksharsutra was ligated.

**Inclusion criteria:**

The cases were selected from patients attending to Anorectal Clinic of department of Shalya in N.I.A, Jaipur at random of above age 20 years, sexes, operative recurrences, various duration, signs and symptoms as documented in Ayurvedic classics.

**Exclusion criteria:**

1. High anal fistula.
2. Post operative incontinence of stool.
4. External or Internal Haemorrhoids.
5. Fissure-in-ano.
6. HbS Ag +ve patients
7. HIV +ve patients
8. Diabetes mellitus
9. Children

**Assessment criteria:**

1. U.C.T. = Total No. of days taken for cut through = ……. days/cm
2. Pain
3. Burning sensation
4. Discharge
5. Itching.

**Scoring criteria**

<table>
<thead>
<tr>
<th>Grade score</th>
<th>Explanation</th>
<th>Grade score</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
<td>0</td>
<td>No discharge</td>
</tr>
<tr>
<td>1</td>
<td>Mild</td>
<td>1</td>
<td>If Vrana (wound) wets ½ x ½ cm gauze piece (Mild)</td>
</tr>
<tr>
<td>2</td>
<td>Moderate</td>
<td>2</td>
<td>If Vrana (wound) wets 1 x 1 cm gauze piece (Moderate)</td>
</tr>
<tr>
<td>3</td>
<td>Severe</td>
<td>3</td>
<td>If Vrana (wound) wets more than 1 cm gauze piece (Severe)</td>
</tr>
<tr>
<td>4</td>
<td>Unbearable</td>
<td>4</td>
<td>Continuous and copious discharge</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade score</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No itching at any time.</td>
</tr>
<tr>
<td>1</td>
<td>Negligible itching, with 10-12 hrs gaps.</td>
</tr>
<tr>
<td>2</td>
<td>Occasional sensation of itching with 4-6 hrs gaps.</td>
</tr>
<tr>
<td>3</td>
<td>Frequent sensation of itching with 2-3 hrs gaps.</td>
</tr>
<tr>
<td>4</td>
<td>Frequent sensation of itching with 15-30 minute gap.</td>
</tr>
</tbody>
</table>

**Drug review**

In the management of *Bhagandara* different medicines are mentioned in different text books of *Ayurveda* as various types of *talla, lepa, churna & guggulu* etc. In this present study work “Karanjadi Ghrita” was used for the treatment of *Bhagandara* as healing agent which mentioned in *Sushruta samhita Vidradhi Chikitsa Adhaya*. On the other hand the standard *Ksharsutra* was ligated in the fistulus track.

It has been noticed that the post application of Ksharsutra in fistula-in-ano the patients are
suffered from some complications like pain, burning sensation, discharge, Inflammation & itching; that situation the selected drugs Karanjadi Ghrita (Su. S. vidh. Chi.) was the best for the following reasons. The contents are:-

1. Karanja
2. Chameli
3. Patola
4. Nimba
5. Haridra
6. Daruharidra
7. Madhuyasti
8. Kutaki
9. Priangu
10. Kashamoola
11. Manjistha
12. Chandana
13. Ushira
14. Kamala
15. Sariva
16. Krishnasariva
17. Nishoth
18. Mome
19. Cow’s Ghrita

Preparation of Karanjadi Ghrita:
The drug (Karanjadi Ghrita) prepared in the Pharmacy of N.I.A. Under the Department of Ras Shastra & Bheshjya Kalpana.

Preparation of Ksharasutra:
The Standard Ksharasutra prepared in the ano-rectal unit of post graduate Dept. of Shalya Tantra, N.I.A., Jaipur (Raj).

Briefly, preparation of Ksharasutra comprises smearing a 50 cm long Barbar’s Surgicle thread No.20 sequentially with fresh latex (Snuhi Ksheera) of Euphorbia nerifolia Linn. (Euphorbiaceae) a specially prepared alkaline powder known as Apamarga Kshara from Achyranthes aspera Lina.(Amranthaceae) and powder of the dried rhizomes of turmeric (Haridra) Curcuma longa Lina. (Zingiberaceae).
The thread is coated manually first with the latex eleven times, followed by seven alternate coating of latex and Apamarga Kshara and dried at 50°C in specially designed drying cabinet. In the final phase, three alternate coating of latex and turmeric powder ere given and the thread is dried. The threads thus prepared are given a single fold and enveloped in a polythene sachet which is sealed and packed in a glass tube along with a silica bag as the desiccant.

**STATISTICAL ANALYSIS**
All information which are based on various parameter was gathered and statistical was carried out in terms of mean (X), standard deviation (S.D.), standard error (S.E.), paired test (t-value) and finally result were incorporated in term of probability (p) as –

- p < 0.05 - Insignificant
- p < 0.01 - Significant
- p < 0.001- Highly Significant

**RESULTS**
Clinical study has been conducted in well-established cases of Bhagandara (Fistula-in-ano). Each and every patient has undergone complete clinical examination and laboratory investigations. The total numbers of 20 cases were divided into 2 groups, 10 patients in each group. Group (A) was treated with only Standard Ksharsutra Application (ligation), while group (B) was treated Karanjadi Ghrita with Standard Ksharsutra ligation.

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**Table 4: Showing average U.C.T. and their deviation mean of group (A)**

<table>
<thead>
<tr>
<th>Pt. No</th>
<th>Initial length of track (cm)</th>
<th>Total days for cutting</th>
<th>U.C.T.</th>
<th>Deviation from mean</th>
<th>d²</th>
<th>U.C.T. cm./day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3.6</td>
<td>37</td>
<td>7.4</td>
<td>-0.64</td>
<td>0.41</td>
<td>0.2</td>
</tr>
<tr>
<td>2</td>
<td>4.1</td>
<td>32</td>
<td>8.0</td>
<td>-0.04</td>
<td>0.001</td>
<td>0.25</td>
</tr>
<tr>
<td>3</td>
<td>10.0</td>
<td>81</td>
<td>8.1</td>
<td>-0.06</td>
<td>0.003</td>
<td>0.1</td>
</tr>
<tr>
<td>4</td>
<td>7.7</td>
<td>59</td>
<td>8.43</td>
<td>0.39</td>
<td>0.15</td>
<td>0.14</td>
</tr>
<tr>
<td>5</td>
<td>8.8</td>
<td>68</td>
<td>8.5</td>
<td>0.46</td>
<td>0.21</td>
<td>0.13</td>
</tr>
<tr>
<td>6</td>
<td>12.1</td>
<td>106</td>
<td>8.83</td>
<td>0.79</td>
<td>0.62</td>
<td>0.08</td>
</tr>
<tr>
<td>7</td>
<td>4.1</td>
<td>31</td>
<td>7.56</td>
<td>-0.48</td>
<td>0.23</td>
<td>0.24</td>
</tr>
<tr>
<td>8</td>
<td>8.5</td>
<td>68</td>
<td>8.00</td>
<td>-0.04</td>
<td>0.001</td>
<td>0.12</td>
</tr>
<tr>
<td>9</td>
<td>4.6</td>
<td>36</td>
<td>7.83</td>
<td>-0.21</td>
<td>0.044</td>
<td>0.22</td>
</tr>
<tr>
<td>10</td>
<td>9.6</td>
<td>75</td>
<td>7.81</td>
<td>-0.23</td>
<td>0.052</td>
<td>0.10</td>
</tr>
</tbody>
</table>

Average U.C.T 8.04

Σd² = 1.721

Above table shows the average unit cutting time (UCT) was 8.04 day/cm. where S.D.= 0.44 and S.E.= 0.14

**Table 5: Showing Average U.C.T. and their deviation mean of Group (B)**

<table>
<thead>
<tr>
<th>Pt. No</th>
<th>Initial length of track (cm)</th>
<th>Total days for cutting</th>
<th>U.C.T.</th>
<th>Deviation from mean</th>
<th>d²</th>
<th>U.C.T. cm./day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7.4</td>
<td>38</td>
<td>7.84</td>
<td>-0.1</td>
<td>0.01</td>
<td>0.14</td>
</tr>
<tr>
<td>2</td>
<td>5.0</td>
<td>39</td>
<td>7.8</td>
<td>-0.14</td>
<td>0.019</td>
<td>0.2</td>
</tr>
<tr>
<td>3</td>
<td>4.3</td>
<td>32</td>
<td>7.44</td>
<td>-0.5</td>
<td>0.25</td>
<td>0.23</td>
</tr>
<tr>
<td>4</td>
<td>5.8</td>
<td>44</td>
<td>7.59</td>
<td>-0.35</td>
<td>0.123</td>
<td>0.17</td>
</tr>
<tr>
<td>5</td>
<td>8.2</td>
<td>66</td>
<td>8.05</td>
<td>0.11</td>
<td>0.012</td>
<td>0.12</td>
</tr>
<tr>
<td>6</td>
<td>6.2</td>
<td>49</td>
<td>7.20</td>
<td>-0.74</td>
<td>0.547</td>
<td>0.15</td>
</tr>
</tbody>
</table>

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Above table shows the average unit cutting time (UCT) was 7.94 day/cm. where S.D. = 0.41 and S.E. = 0.13. In between two groups average unit cutting time shows very negligible difference.

**Table 6: Showing: Total average U.C.T. In days/cm. of Group A & B**

<table>
<thead>
<tr>
<th>S. No</th>
<th>Group of Patients</th>
<th>Number of Patients</th>
<th>U.C.T. (days/cm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Group A</td>
<td>10</td>
<td>8.04</td>
</tr>
<tr>
<td>2</td>
<td>Group B</td>
<td>10</td>
<td>7.94</td>
</tr>
</tbody>
</table>

Above table shows that the average U.C.T. of group (A) was 8.04 and group (B) was 7.94 days/cm.

**Table 7: Overall results in both groups**

<table>
<thead>
<tr>
<th>Sign &amp; Symptoms</th>
<th>Group – A</th>
<th>Group – B</th>
<th>t</th>
<th>p</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>%</td>
<td>S.D.</td>
<td>S.E.</td>
<td>t</td>
<td>p</td>
<td>S.D.</td>
</tr>
<tr>
<td>Burning sensation</td>
<td>80.64</td>
<td>0.84</td>
<td>0.26</td>
<td>9.3</td>
<td>&lt;0.001</td>
<td>93.33</td>
</tr>
<tr>
<td>Discharge</td>
<td>53.33</td>
<td>0.96</td>
<td>0.30</td>
<td>5.2</td>
<td>&lt;0.001</td>
<td>96.55</td>
</tr>
<tr>
<td>Itching</td>
<td>86.36</td>
<td>0.73</td>
<td>0.23</td>
<td>8.1</td>
<td>&lt;0.001</td>
<td>95.23</td>
</tr>
</tbody>
</table>

The above table and graph shows the two groups of percentage of relief in signs & symptoms and also t, p values depending on the weekly assessment. The percentage of relief in pain at the end of 6th week in group A was 80.64% with t-value = 9.30 where as group B was 93.33% with t-value = 21. The percentage of relief in burning sensation in group A was 53.33 with t-value = 5.23 where as group B was 96.55% with t-value = 14. The percentage of relief in discharge in group A was 86.36 with t-value = 8.14 where as group B was 95.23% with t-value = 13.41. The percentage of relief in itching in group A was 78.87% with t-value = 11 where as group B was 88.88 with t-value = 10.85.

The above table and graph shows the two groups of percentage of relief in signs & symptoms and also t, p values depending on the weekly assessment. The percentage of relief in pain at the end of 6th week in group A was 80.64% with t-value = 9.30 where as group B was 93.33% with t-value = 21. The percentage of relief in burning sensation in group A was 53.33 with t-value = 5.23 where as group B was 96.55% with t-value = 14. The percentage of relief in discharge in group A was 86.36 with t-value = 8.14 where as group B was 95.23% with t-value = 13.41. The percentage of relief in itching in group A was 78.87% with t-value = 11 where as group B was 88.88 with t-value = 10.85.

The results of both groups were statistically highly significant (p<0.001).

**DISCUSSION**

Fistula-in-ano is one of the uncomfortable diseases of the perianal region. In ancient period as well now a day it is most difficult to treat for these mighty disorders. Most of the scholars are research in fistula-in-ano in both wings Ayurvedic and modern. But in Ayurvedic method is more effective treatment for Bhagandara at present time.

In fact, the thread techniques of treatment for fistula-in-ano are not quite a new invention. It is assumed that even Hippocrates around 460 B.C. by the name Apolinose, which had been developed later by Celsus. But the use of plain silk thread, which was enunciated by Hippocrates in due course of time give way to the use of rubber bands and other such parallel devices.

**On drugs**

For the present study, I have selected the drug against the Tri-dosha. Here Kshara karma of fistoulus tracks has aggravated Pitta dosha so Karanjadi Ghrita has taken against the Kshara karma in Bhagandara. Kshara karma mainly enhances Pitta dosha and causes continuous pain & burning sensation, Karanjadi Ghrita is having Pittahara & Dahashamaka properties. Standard Ksharsutra is well known for debridement of unhealthy granulation tissues. Ksharasutra produces debridement of tissues all the three ingredients i.e. the proteolytic action of the latex, the caustic action of the Kshara and the anticeptic action of Haridra.
Haridra has a weak antiseptic and anti-histaminic property. In Ayurvedic view it has Kaphahara, Vranashodhana, Ropana and Lekhana properties, Snuhi is ushna veerya and Haridra is also ushna veerya and Krimihara. These properties are against the Kapha properties. So locally Lekhana, Vranashodhana and Vranaropana activity will takes place when we used the Standard Ksharasutra.

**Discussion on pain**

Graph 2: Relief of Pain in the 6th week study in both groups

In group A & B patients the percentage of relief in pain in successive six weeks was as follow:

In Group-A) it was 12.90%, 25.80%, 45.16%, 51.61%, 67.74% & 80.64%.

In Group-B) it was 26.66%, 43.33%, 56.66%, 73.33%, 83.33% & 93.33%.

The pain in fistula-in-ano is a chief complaint when there is collection of pus. The proper drainage of track may also help in relieving pain. Another major factor may be the presence of Karanja, Jati, Patol, Manjistha, Daruharidra are having the properties of Chedana, Vranashodhan and Lekhana. This will help in opening the tract. The other ingredients like Nishoth, Kutki & Moma, they are also doing Chedana and Shodhan karma, due to this the fibrosed material dissolve track remains open. When track remains open, there is no question of collection pus in the tract. Hence, there is a relief in pain in both Groups-A & B. Another important factor is action of Apamarga kshara. This will enhance the action of Chedana & Shodhana karma of the wound. Moreover when there is a presence thread in the tract, the tract will remains always open. The above said all factors will help in reliving the pain. Most of drugs are having laghuguna, it makes Ropana karma because of this wound will heal. Moma makes Sandhana karma, the cavity of the wound fill up with granulation tissue.

**Discussion on Burning sensation**

Graph 3: Relief of Burning sensation in the 6th week study in both groups

Percentage relief in burning sensation in group A was 13.33%, 26.66%, 33.33%, 40%, 50% and 53.33% at the end of sixth week, but in Group B patient’s percentage of relief on Burning sensation was 31.03%, 48.27%, 68.96%, 85.20%, 93.10% & 96.55 at end of sixth week.

This may be due to the Drugs of Karanjadi Ghrita in Group B. Nimba, Mulethi, Priangu, Chandana, Ushir, Kustha, Jalvetasa, Kamal, Sariva, Krishnasariva, Kutaki, Moma and Ghrita all are having Sheeta veerya. They are having Vedanasthapana, Jantughna, Rakshogna, Putihara, Durgandhanashan & Dahaprasamana properties. This will enhance the action of Pittahara & Dahaprasamana karma of the Local application on the wound. So above said ingredients subsides the side effect of Kshara karma i.e. burning sensation, redness due to Sheeta veerya.

**Discussion on Discharge**

Graph 4: Relief of Discharge in the end of 6th week study of both groups

The percentage relief of pus discharge in successive six weeks, In Group-A it was; -40.91%, -36.36%, 9.09%, 27.27%, 63.63% & 86.36%.
In Group-B it was: -52.38%, -57.14%, 0%, 28.57%, 76.19% & 95.23%.

Both groups increase the pus discharge in first two weeks because of *Apamarga Kshara*. It is having the properties of *Chedana*, *Bhedana*, *Shodhana* and *Lekhana*. This will help in opening the tract. Due to this *karma* the fibrosed material dissolve and track remains open so first two weeks enhance pus discharge. When track remains open, there is no question of collection pus in the tract. Moreover when there is a presence thread in the tract, the tract will remains always open.

Due to the *Shodhana*, *Vranaprasadana*, *Putihara*, *Jantughna* and *Ropana* property of ingredients of *Karanjadi Ghrita* and *Apamarga kshara* leads to decrease in discharge in Group B when compared to Group-A. This will trim down the severity of infection and serves as supporter in decreasing pus discharge.

**Discussion on Itching**

Graph 4: Relief of Itching in the end of 6th week study of both groups

The percentage of relief of itching in successive six weeks is as follows.

In Group-A it was 0%, 10.71%, 46.42%, 60.71%, 67.85% & 78.87%.

In Group-B it was 0%, 3.70%, 40.74%, 62.96%, 85.18% & 88.88%.

On the basis of percentage relief of itching, it is very much evident that the *Karanjadi Ghrita & Apamarga ksharasutra* is more efficient in relieving itching than standard *Ksharsutra*. This is may be due to the anti-allergic, anti-bacterial and *Tridoshahara* properties of *Karanjadi Ghrita*.

Itching will be usually duo to increase in *Kapha*. The *Apamarga Ksharsutra* and *Karanjadi Ghrita* are having *Tridoshahara* properties. Hence there is reduction in itching in Group-B when compared to Group-A.

**Discussion on average Unit Cutting Time (U.C.T.)**

In this clinical study the average Unit cutting time were observed that the (patient 1) whose initial length of track was 5cm. and cutting time 37 days and their UCT was 7.4 days/cm; in this way the (patient 2) was 4cm. with 32days and UCT was 8 days/cm; the (patient 3) was 10cm. length with 81 days and UCT was 8.1 days/cm; the (patient 4) was 7 cm. length with 59 days and UCT was 8.43 days/cm; the (patient 5) was 8 cm. length with 68 days and UCT was 8.5 days/cm; the (patient 6) was 12 cm. length with 106 days and UCT was 8.83 days/cm; the (patient 7) was 4.1 cm. length with 31 days and UCT was 7.56 days/cm; the (patient 8) was 5.5 cm. length with 68 days and UCT was 8 days/cm; the (patient 9) was 4.6 cm. length with 36days and UCT was 7.83 days/cm; the (patient 10) was 9.6 cm. length with 75 days and UCT was 7.81 days/cm; on the other hand their daily cutting measures were 0.2 cm/day; 0.25 cm/day; 0.14 cm/day; 0.13 cm/day; 0.08 cm/day; 0.24 cm/day; 0.12 day; 0.22 day; 0.10 day; group A respectively. So in group A, the average UCT was 8.04 day/cm. where S.D. = 0.44 and S.E. = 0.14

In this way the study observed in Group B and noted that the (patient 1) whole initial length of track was 7.4 cm. and cutting time 58 days and their UCT was 7.84 days/cm, in this way the (patient 2) was 5 cm. with 39 days and UCT was 7.8 days/cm; the (patient 3) was 4.3 cm. length with 32 days and UCT was 7.44 days/cm; the (patient 4) was 5.8 cm. length with 44 days and UCT was 7.44 days/cm; the (patient 5) was 8.2 cm. length with 66 days and UCT was 8.05 days/cm; the (patient 6) was 6.2 cm. length with 49 days and UCT was 7.20 days/cm; the (patient 7) was 5.9 cm. length with 47 days and UCT was 7.97 days/cm; the (patient 8) was 4.8 cm. length with 39 days and UCT was 8.13 days/cm; the (patient 9) was 9.2 cm. length with 80 days and UCT was 8.69 days/cm; the (patient 10) was 3.0 cm. length with 24 days and UCT was 8 days/cm; on the other hand their daily cutting measures were 0.14 cm/day; 0.2 cm/day; 0.23 cm/day; 0.17 cm/day; 0.12 cm/day; 0.15 cm/day; 0.17 cm/day; 0.01 cm/day; 0.33 cm/day; in group B respectively. So in group B, the average UCT was 7.94 day/cm. where S.D. = 0.41 and S.E. = 0.13

Therefore in Group A & B where Standard *Ksharasutra* used, here U.C.T was very negligible difference. There was highly significant reduction in Pain, burning sensation, discharge and Itching.
when compared to group A. The statistical values also proved it.

CONCLUSION
In this view of any dissertation, the research work in clinically study conducted by me can be concluded in following a few words-
1. Standard Ksharasutra and Karanjadi Ghrita are having wonderful effect on management of Bhagandara.
2. There was a marked reduction in Pain, Burning sensation, Discharge, itching and local reactions in treated group (B) as compared to control group (A).
3. The Standard Ksharasutra application is the unique procedure in the management of Bhagandara than other methods.
4. Post Application complications were found less in experimental medicine (Karanjadi Ghrita) along with Standard Ksharasutra as compare to only Standard Ksharasutra.
5. Unit cutting time of both groups is highly significant shown.
6. Wound healing after cut through was faster in treated group (1-2 weeks) as compared to (2-3 weeks) in control group.
7. No faecal incontinence was caused.

At the end of this clinical trial, it was found that both groups are efficient in management of Bhagandara, but Karanjadi Ghrita with Standard Ksharsutra (Gp.-B) can be considered as better than Group-A.

The study was carried out in less number of patients and hence the results obtained through this work will be having value only after confirmation by subsequent large sample multi-centered study.

REFERENCES
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