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Ayurvedic Dhoopana with Yavadi Yog for Pain and Discharge in Fistulectomy Wound: A Case Report

[*1]Dr. Akanksha Jilate and [2]Dr. Shubhangi Badole

[*1]P.G. Scholar, Department of Shalya Tantra, Dr. G.D. Pol Foundation's Y.M.T. Ayurvedic Medical College and Hospital, P.G. Institute Research Centre, Kharghar, Navi Mumbai, Maharashtra, India.

[2]Professor, Department of Shalya Tantra, Dr. G.D. Pol Foundation's Y.M.T. Ayurvedic Medical College and Hospital, P.G. Institute Research Centre, Kharghar, Navi Mumbai, Maharashtra, India.

Abstract

Fistula-in-ano is a chronic and distressing anorectal condition characterized by an abnormal tract lined with fibrous tissue and unhealthy granulation, often resulting from a perianal abscess due to cryptoglandular infection. In certain cases, it may also be associated with systemic conditions such as Crohn's disease, tuberculosis, malignancy, or other chronic infections. Postoperative management following fistulectomy presents challenges, with pain, discharge, and discomfort being common complaints that affect the patient's quality of life and delay wound healing.

Ayurveda, with its emphasis on holistic and preventive healthcare, advocates various methods for wound care and disinfection. Among them, Dhoopana Karma (medicated fumigation) is a natural and effective technique employing herbal and animal-origin substances with volatile, antimicrobial, and wound-healing properties.

This case report highlights the clinical outcome of a 30-year-old female patient presenting with persistent pain and discharge at the surgical site 15 days post-fistulectomy. She was treated with Yavadi Dhoop Yog, an Ayurvedic fumigatory formulation known for its Vedanahara (analgesic) and Vranashodhaka (wound-cleansing) actions. The intervention significantly reduced symptoms such as Shoola (pain) and Strava (discharge), promoting a cleaner wound environment and enhancing the healing process.

This case demonstrates the potential of Yavadi Dhoopana Karma as an effective adjunct in postoperative anorectal wound management, aligning with the Ayurvedic principle of local disinfection through safe, non-invasive, and natural means.

Keywords: Fistulectomy wound, dhoopana karma (or medicated fumigation), yavadi yog (or yavadi dhoop yog).

Introduction

In the management of Bhagandara (fistula-in-ano), a chronic and challenging condition described extensively in Ayurvedic as well as modern surgical texts, the primary line of treatment is Chedana Karma—a surgical excision of the fistulous tract. This procedure, although essential for complete removal of the diseased tract and prevention of recurrence, inevitably results in a large postoperative open wound, given the deep-seated and branching nature of the fistula.

One of the critical challenges in the postoperative care of Bhagandara is the location of the wound, which lies in close proximity to the anal verge. Due to its anatomical position, the wound is continuously exposed to fecal matter, moisture, and local bacterial flora, thereby significantly increasing the risk of secondary infection. Unlike wounds in other parts of the body, the perianal region is difficult to keep sterile and dry, which contributes to delayed wound healing, chronic discharge, and risk of reinfection.

Following fistula surgery, patients commonly present with symptoms such as persistent pain, which may be exacerbated during defecation or prolonged sitting, and continuous or intermittent discharge from the wound site. This discharge is often purulent or serosanguinous, indicating ongoing inflammation or infection. Additionally, due to the sensitive nature of the area and the involvement of sphincteric muscles, patients may also experience local irritation, difficulty in maintaining hygiene, and psychological discomfort, further complicating the healing process.

Therefore, postoperative management in such cases requires meticulous wound care, regular cleaning, appropriate use of antiseptic or antimicrobial agents, and sometimes adjunct therapies such as Dhūpana Karma (therapeutic fumigation), which is described in Ayurvedic texts as an effective method for wound sterilization, pain relief, and promotion of granulation tissue.

In conclusion, while Chedana Karma remains the cornerstone of treating Bhagandara, a comprehensive approach addressing postoperative wound care, infection control, and symptom

***Corresponding Author:** Dr. Akanksha Jilate

management is essential for optimal recovery and to minimize complications.

Ayurveda, the ancient Indian system of medicine, places great emphasis on preventive healthcare alongside curative approaches. As part of its preventive strategies, it outlines various methods for disinfection and environmental purification, among which Dhūpana (fumigation therapy) holds a significant place. Dhūpana is regarded as a safe, natural, and effective method of sterilization that helps in maintaining hygiene and preventing the spread of infections, especially in clinical and surgical settings.

This process involves the use of medicinal substances of herbal and animal origin, many of which contain volatile and antimicrobial compounds. These substances are used either individually or in combination, depending on the therapeutic requirement. When burned, they release medicinal fumes that purify the surroundings, inhibit microbial growth, and support healing processes.

In the context of Vrana (wounds or ulcers), Ayurveda describes it as a pathological process involving the destruction of tissue, which—upon healing—results in the formation of 'Vrana Vastu', or permanent scar tissue. The Ayurvedic concept of Vrana is broad and not confined to superficial skin injuries; it encompasses any destructive lesion affecting the tissues of the body, whether external or internal.

Therefore, the application of Dhūpana is especially relevant in the management of wounds, particularly those that are infected (Duṣṭa Vrana), chronic, or located in areas prone to contamination, such as the perianal region. By utilizing the antimicrobial and healing properties of specific Dhūpana dravyas (fumigation substances), Ayurveda offers a natural and holistic approach to wound care and infection prevention [1].

Wound healing is an inherent and complex biological process in which the body's natural defense mechanisms, such as phagocytosis and localized enzymatic activity, play a crucial role in clearing necrotic tissue and facilitating repair. However, the presence of inhibitory factors like slough, infection, and foreign bodies can significantly impair the normal healing trajectory. Among various types of wounds, Duṣṭa Vrana represents a category of wounds characterized by persistent infection and delayed healing, necessitating targeted therapeutic intervention to restore tissue integrity.

Effective management of Duṣṭa Vrana requires the elimination of pathogenic factors through therapeutic modalities that include Śodhana (cleansing), Kṛmighna (anti-microbial), Strāvhāra (discharge control), Dahapraśamana (inflammation reduction), and Vranarōpaka (wound healing) drugs, which together create an optimal environment for tissue regeneration [2]. The primary objective of such treatments is to mitigate the factors hindering healing, a goal principally achieved through Śodhana Cikitsā, wherein Dhūpana Karma (medicinal fumigation) plays a significant role by providing local antiseptic effects and promoting wound sterilization.

The eminent Ayurvedic scholar Acharya Suśruta has comprehensively detailed the Śaṣṭi Upakramas, a set of sixty essential measures designed for effective wound management. These procedures aim to facilitate early wound closure, provide symptomatic relief, prevent complications, and ensure aesthetically acceptable scarring [3]. Notably, Vrana Dhūpana is incorporated among these sixty interventions, emphasizing its importance as an integral part of the classical wound healing protocol [4].

Aim and Objectives

To study the effect of *yavadi dhoopa* as a *vranashodhak* in post-operative fistula wound w.r.t pain and discharge.

Materials and Methods

Type of Study: A single observational case study.

Study Centre: Y.M.T. Ayurvedic Medical College and Hospital, Kharghar, Navi Mumbai.

Table 1:

Sr. No.	Dravya	Latin Name	Virya	Guna	Karma	Prayojyanga	Quantity
1	Yava	Hordeum vulgare	Shita	Mrudu guru ruksha picChila	Kaphapittashamak	Beej	1 Part
2	Bhojpatra	Betula utilis	Ushna	laghu	kaphapittashamak	saal	1 Part
3	Devdaru	Cedrus deodara	Ushna	Laghu Snigdha	Krumighna Vedana Sthapak Vranashodhan	Kanda	1 Part
4	Gandhviroja	Pinus longifera	Ushna	Snigdha	Tri Doshshamak Vedana Sthapak	Saral	1 Part
5	Mome	Beehives	Ushna	Mrudu	Vranaropak Vatnashak	-	1 Part
6	Ghruta	Butyrum Departum	Shita	Snigdha Mrudu	Vishghna Varnya	-	1 Part

Method of Preparation

i). **Powder Preparation:** Take equal quantities of Devadāru Chūrṇa, Yava Chūrṇa, and Bhojapatra Chūrṇa. Ensure all are finely sieved and uniform in texture.

ii). **Base Mixing:** Weigh an equal amount of Mome (beeswax) and gently heat it until it melts.

iii). **Incorporation of Powders:** Add the powdered ingredients to the molten mome, stirring continuously to ensure even mixing.

iv). **Addition of Adjuvants:** Mix in a suitable quantity of Ghṛta (cow's ghee) and Gandhaviroja, ensuring a homogeneous mixture.

v). **Moulding (Optional):** The mixture can be allowed to cool and shaped into small fumigation pellets or sticks for convenient use.

Mode of Administration

- The prepared formulation is to be ignited and the medicated smoke directed over the Duṣṭa Vraṇa (infected/chronic wound) using standard Dhūpana Karma technique.
- The procedure may be carried out once or twice daily, as per the severity and clinical condition of the wound [5].

Case Report

A 30 years female patient came to YMT Ayurvedic Medical College and Hospital with complaints of the pain and discharge in postoperative wound with discomfort at the wound site.

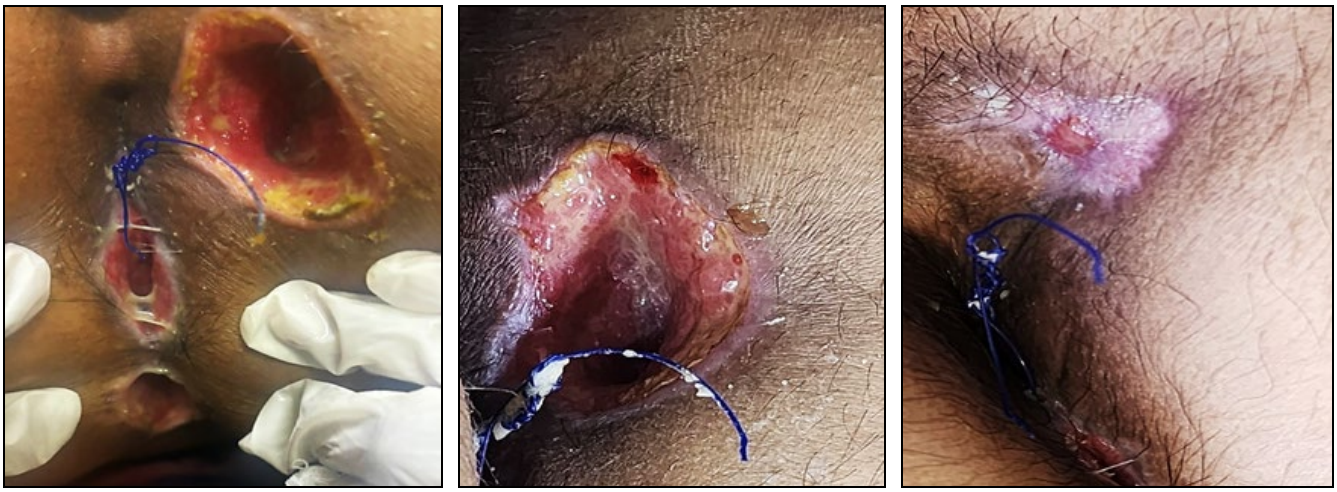
Investigation

Hb – 11.2gm%, TLC – 13200 cu/mm, DLC – P – 53%, L – 42%, E+M – 4%, BSL (Random) – 90mg/Dl, Triple H – Negative

Treatment

- Firstly, informed written consent was taken.
- Vrana Dhoopan of YAVADI DHOOPAN YOG was done to the wound by exposing the wound to the smoke coming out from specially designed Dhoopan Yantra [6].
- Fumes are exposed to the wound for 15 minutes after cleaning the wound with sterile water. • After Vrana Dhoopan dressing of wound done.
- This procedure was done for 10 days, and assessment was done on 0, 7th, 14th, 21st days [7].

Fig 1: Dhoopan Yantra



Day 1 **Day 11** **Day 21**

Fig 2: Before and After Vrana Dhoopan

Table 2:

Sr. No.	Criteria	Pre Pro	3rd Day	7th Day	11th Day	21st Day
1.	Pain	4	2	2	1	0
2.	Discharge	3	2	1	0	0

The subjective and objective parameters show improvement in the clinical symptoms. Symptomatic Assessment: (As per criteria of assessment shown in table no 3)

Table 3:

Sr. No.	Parameters	Grade
1.	Shoola (pain)	0 = No pain 1 = Mild (Pain relieving without analgesics) 2 = Moderate (Pain relieving with analgesics) 3 = Severe (Pain not relieving with analgesics
2.	strava (discharge)	0 = No discharge 1 = Scanty serous discharge on guaze 2 = Often discharge and pus on guaze 3 = Profuse pus discharge on guaze

Results

The patient, a 30-year-old female with postoperative fistula-in-ano wound complaints, underwent treatment with Yavadi Dhoop Yog fumigation for 10 days. Clinical assessments were conducted on day 0 (pre-treatment), day 3, day 7, day 11, and day 21.

- Pain intensity decreased steadily from severe to no pain by day 21.
- Discharge from the wound reduced significantly, reaching complete cessation by day 11.
- The wound exhibited visible signs of healing and reduction in inflammation over the treatment period.

Discussion

Postoperative wounds in fistula-in-ano patients pose unique challenges due to their anatomical location near the anal verge, making them highly susceptible to infection, persistent discharge, and delayed healing. Conventional management requires extensive care to maintain hygiene and prevent reinfection.

In this case, the application of Yavadi Dhoop Yog via Dhūpana Karma (medicinal fumigation) demonstrated significant therapeutic benefits in managing postoperative symptoms. The herbs and substances used in the preparation possess proven antimicrobial (Kṛmighna), anti-inflammatory (Dahapraśamana), analgesic (Vedanāhara), and wound healing (Vranarōpaka) properties. Their combined effect facilitated a conducive environment for wound healing by:

- Reducing microbial load and preventing secondary infection through local antiseptic action of fumigation.
- Controlling inflammation and thereby alleviating pain.
- Promoting granulation and tissue regeneration, leading to early wound closure and reduction in discharge.
- Offering a non-invasive, natural, and patient-friendly adjunct therapy in the postoperative care of fistula wounds.

The improvement in subjective parameters such as pain and discharge corresponded with the classical Ayurvedic principles of wound management (Śodhana and Vranarōpaka), validating the integration of traditional Dhūpana Karma in modern clinical practice. Furthermore, the use of a specially designed Dhoopan Yantra ensured standardized and effective delivery of the medicinal fumes.

Conclusion

The present case study suggests that Yavadi Dhoop Yog administered through Dhūpana Karma is an effective and safe adjunct therapy in the postoperative management of fistula-in-ano wounds. It significantly reduced pain and discharge, thereby enhancing wound healing and patient comfort. This natural fumigation method can serve as a valuable addition to conventional wound care protocols, especially in wounds prone to infection and delayed healing due to anatomical and environmental factors.

However, further studies with larger sample sizes and controlled trials are warranted to establish its standardized therapeutic efficacy and broader clinical application.

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