

**MANAGEMENT OF BHAGANDARA(FISTULA-IN-ANO) WITH
KSHARA SUTRA: A CASE STUDY****Dr. Nikhila*¹ and Dr. Vijay Kumar Biradar²**

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ABSTRACT

Fistula-in-ano is one of the most common ailments pertaining to Ano-rectal region. This disease causes discomfort and pain to patient, which create problems in routine work. As the wound is located in anal region which is more prone to infection. Thus, takes long time to heal and the condition remains troublesome, operative procedure often leads to complications like recurrences and incontinence. In Ayurveda, Bhagandara is considered as one of the Ashta Mahagada(8 major diseases) by Sushruta due to more recurrence rate. The word Bhaga is composed of 2 words Bhaga and Darana. It is a common disease occurring in Anorectal region around the anus which extends up to Genitalia. Bhagandara is treated by different modalities in modern

science but till day no single modalities have proven to be complete one for Fistula, ksharasutra therapy is the unique specialized parasurgical procedure which is used in Fistula-in-ano. The present study was undertaken to assess the role of Apamarga kshara sutra in treatment of Fistula in ano from the OPD of NKJAMC attached teaching, shree sidharudha charitable Hospital, Bidar. A 54yr male patient presenting with the complain of pain, swelling and discharge in anal region was examined in Shalya OPD and treated with Ksharasutra considering it an ideal procedure in the treatment of Bhagandara as it cuts and cures the unhealthy tissue present inside the fistulous tract.

KEYWORDS: Apamarga kshara sutra, Bhagandara, FistulaInAno.

INTRODUCTION

In Ayurveda, Bhagandara is considered as one of the Ashtamahagada¹ by Sushruta due to its more recurrence rate. Bhagandara can be co-related with Fistula in ano. Bhagandara means which cause splitting or discontinuity in the region of Bhaga, Guda, Basti region². In modern fistula word is derived from a Latin word, a reed, pipe or flute. It is an abnormal communication between anal canal and rectum with exterior(perianal skin) is called fistula in ano³. It usually results from an anorectal abscess which burst spontaneously or opened inadequately. In this study we found the patient having 2 external opening at perianal region with excessive amount of pus discharge, redness, pain and swelling. Goodsall's Rule for predicting the tract of fistula is diagnosed with flexible copper probe it opens into the anterior anal canal.

Application of Ksharasutra in anorectal disease has become more popular due to its easy approach and low rate of recurrence. In this case study, Fistula in ano was treated by Ksharasutra which was cured and no further complaints and recurrence were found. It is more important among Shastra and Anushastra Karma. Kshara having the Chedana, Bhedana, Lekhana also Tridosha properties⁴.

CASE REPORT

Gender- Male

Age-39yrs

Occupation-Business

Date of admission-05/04/21

Date of recovery-07/06/21

Chief complaints and duration – Patient complains of pain, swelling, pus discharge from the anal region since 1month

H/O Present illness

Patient was apparently healthy before 1month. Then he developed 2 boils over perianal region, with intermittent more amount of pus discharge in perianal region along with pain, swelling and intermittent fever. He had taken analgesics for it, but didn't get any relief. Therefore he came to our hospital for further management.

H/OPastillness – No previous h/o any other severe illness.

General Examination

- GC- moderate
- CVS-S1 S2 Heard
- Pulse- 84/min, BP-120/80mmhg
- RS-B/L Air entry is clear
- Digestive system – Appetite – Normal, Bowel-Normal
- Urogenital system-NAD

On Local Examination

In lithotomy position of patient, the findings observed were: patient had hairy perineal region with 2 small opening in left side of perianal region with seropurulent pus discharge through that opening, tenderness on touch with indurations was felt around external opening. Probing was done from external opening but internally it was fibrosed. About 4cm and 5cm two tract were found after probing.

On proctoscopic examination no any anal pathology was seen. After complete examination the diagnosis was confirmed as Fistula in Ano, i.e. Bhagandara.

Preparation of KsharaSutra

Snuhi Ksheera = 11 coating

Snuhi + Apamarga Kshara= 7 coating

Snuhi + Haridra Churna =3 coating

This was prepared in the hospital using barbour's linen thread No. 20, one coating was applied each day and kept for drying in Ksharasutra cabinet. In this way, a thread has total of 21 coatings of Snuhi latex, 7 coatings of Apamarga Kshara and 3 coating of Haridra powder. After 21 coatings are completed, each thread measuring about 10-11 inches should cut away from the hanger and sealed in glass tube or polythene pack. As a pre-operative measure patient is advised for routine investigations like CBP, CT,BT,RBS,HIV, HbSAg, complete urine examination. When all reports are found within normal limits, then consent was taken from the patient and posted for the Kshara Sutra application.

Pre-operative

KsharaSutra prepared with Apamarga as per standard protocol was used. Before application of KsharaSutra, part preparation was done. Followed by inj. T.T. 0.5ml and plain 2% xylocaine test dose were given.

**FIRST DAY OF VISIT****Operative Procedure**

Patient was taken in lithotomy position. The perianal area is cleaned with antiseptic lotion & is covered by sterile clothes. Then a suitable probe is passes through the external fistulous opening. The tip of the probe is forwarded & is guided by the finger inside the anal canal, to reach the lumen of the anal canal through the internal opening, n its tip is finally directed to come out of the anal orifice. Then a ksharasutra thread is threaded into the eye of the probe & is pulled out through the anal orifice to leave the thread behind the fistulous track. The two end of the thread are tied together with moderate tightness outside the anal canal & the wound is dressed with yashtimadhutaila.

Probing**1st Opening****2ND Opening**

Post-operative

The patient is instructed to take warm sitz bath daily. Orally Triphala Guggulu, Gandhaka Rasayana, Arogya Vardini Vati, BD were prescribed.

Application of Ksharasutra

1StWEEK



3rd WEEK

Follow up

Ask the patient to come every week for changing the Ksharasutra thread. The changed thread promotes healing, reduces pain, and inflammation. After 10 sittings tract was totally cut through and healing was achieved simultaneously.

**TRACK HEALD****OBSERVATION**

The initial length of tract were 4cm and 5cm. Which got cut through in 2month. After cut through of track patient was followed for 2 months weekly. No sign and symptom of recurrence were observed.

CONCLUSION

The incidence of fistula in ano is increasing now a days due to improper job style where a person sits for long time on hard surfaces. The management of anorectal disease need a complete knowledge of anorectal anatomy and physiology. Also it needs to be diagnosed early so that appropriate treatment can be given without delay. Ksharasutra helps in removal of debridement and also prevent from bacterial infections. Ksharasutra at a time provides both cutting and healing, so we can use it in any type of fistula tract. So we can conclude that in fistula in ano Ksharasutra treatment is a better option due to minimum complication and patient can resume normal activities earlier.

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