

## A CLINICAL CASE STUDY ON THE EFFECTIVENESS OF GUNJA KSHARA SUTRA IN THE MANAGEMENT OF BHAGANDHARA (FISTULA-IN-ANO): A CASE STUDY

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### ABSTRACT

**Background:** Bhagandhara (fistula-in-ano) is considered one among ashtamahagadas<sup>1</sup> due to its chronic anorectal condition with high recurrence and complications. Kshara Sutra is an established Ayurvedic para-surgical technique in treating Bhagandhara. Gunja is selected from among 22 kshara dravyas mentioned by susruta for this study due to having additional healing properties. **Case:** A 40-year-old male presented with pain and pus discharge in the perianal region for 2 months. **Intervention:** Gunja Kshara Sutra therapy was performed with regular follow-up. **Result:** The fistulous tract length was 8 cm and complete cut-through occurred in 46 days with no recurrence during 3-month follow-up. **Reduction in pain, faster unit cutting time, and better wound healing.** **Conclusion:** Gunja Kshara Sutra is an effective and patient-friendly alternative.

### INTRODUCTION

Fistula-in-ano is a chronic tract communicating between anal canal and perianal skin.<sup>[2]</sup> It arises mainly due to cryptoglandular infection. The prevalence rate is 8.6 cases per 1000 population. The male-to-female ratio is about 1.8:1. It is categorized as a surgical domain which still to date is where surgeons have been struggling for centuries with its incurable with

recurrence rate of 30%-40%. In Ayurveda, Bhagandara can be correlated with fistula in ano, Bhagandara means which cause splitting or discontinuity in the region of Bhaga, Guda, Basti region.<sup>[4]</sup> Conventional surgeries are associated with recurrence and complications. Kshara Sutra therapy is a minimally invasive technique described in classical texts. GUNJA plant selected for the current study for preparation of ksharasutra due to the qualities of Vedanasthapana, Vranaropana and Tridoshaghna properties which may enhance wound healing and reduce post-procedural discomfort.

### CASE REPORT

A 40-year-old male presented with pain and pus discharge from subscrotal region for 2 months. No significant comorbidities were noted. Local examination revealed an external opening with discharge from sub scrotal region with induration towards anterior side of anal canal. Per rectal examination showed that the internal opening at at mid anterior region with active discharge from sub scrotal region. MRI fistulogram revealed a high anterior fistulous tract extending towards the scrotal region without secondary ramifications or scrotal involvement.

### INVESTIGATIONS

Hb: 11.6 g%

Total count: 8300 /mm<sup>3</sup>

ESR: 46 mm/hr

Rbc: 3.5laksh /mm<sup>3</sup>

RBS: 150 mg/dl

Platelet count: 2.2 lakh /mm<sup>[3]</sup>

HIV & HBsAg: Non-reactive

**Urine routine:** NAD

### General Examination

- CVS - S1 S2 Heard
- Pulse - 82/min, BP-120/70mmhg
- RS - B/L Air entry is clear
- Digestive system – Appetite – Normal,
- Bowel- Irregular
- Uro genital system - NAD

**Per rectal examination**

External opening at between 11 to 12 O' clock position with internal opening at 12 O' clock position.

Induration +ve with mild discharge local raise of temperature +ve

**Proctoscopic examination**

No anal pathology was Diagnosed. Complete anorectal examination was done, finally diagnosis was confirmed as a complicated high scroto – anal fistula.

**DIAGNOSIS**

Bhagandhara (Fistula-in-Ano)

**TREATMENT****Pre-operative**

Kshara Sutra prepared with Gunja as per standard protocol was used. Before application of Kshara Sutra, patient was advised for part preparation. Followed by Inj T.T. 0.5 ml and plain 2% xylocaine test dose were given.

**Operative**

Patient was taken in lithotomy position on operation table after proper painting and draping, Inj 2% xylocaine was infiltrated nearby anogenital space. Reassessment of extension of tract was done by probing. Probe was introduced through the external opening of scrotum at 11 o' clock.

position taken out from internal opening at 12 O' clock position. Kshara Sutra was tied covering the entire underlying track for cutting and healing. All aseptic precautions and haemostasis were maintained.

**Post operative**

Thread changes were done weekly till the complete cut through of the track. Advised to take Regular sitzbath with Triphala Churna, Jatyadi Taila local application was done.

**Followups**

After that complete cut through of the track, follow-ups were done with interval of 15 days, 1 month and 3 month.

## OBSERVATION AND RESULTS

The initial length of track was 8cm. which got cut through in 46 days. After cut through of track patient was followed up for 3 months weekly. No sign and symptom of recurrence were observed.

UCT : 5.75 DAYS/ 1CM REOCCURANCE : NIL.

Parameter	Before Treatment	After Treatment
PAIN	6	0
DISCHARGE	2	0
ITCHING	2	0
TENDERNESS	3	0

The sequence picture from post op to till complete heal of the track



## DISCUSSION

Kshara Sutra acts by mechanical pressure and chemical cauterization by the virtue of having the Chedana, Bhedana, Lekhana also Tridoshaghna properties<sup>5</sup>. In addition to this gunja have additional property of vedanasthapana, vranaropana and tridoshaghna properties<sup>6</sup> as mentioned in Rasa tarangini, these properties make the gunja ksharasutra better in reducing pain, inflammation, and enhances healing compared to conventional kshara sutra.

**CONCLUSION**

Gunja Kshara Sutra is effective in managing Bhagandhara with reduced complications and faster healing with minimal scar tissue. The present case demonstrates that Gunja Kshara Sutra may be a safe and effective alternative in the management of complicated Bhagandhara. However, larger controlled clinical studies are required to establish its efficacy.

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