

MANAGEMENT OF BHAGANDARA WITH APAMARGA KSHARASUTRA - A CASE STUDY

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ABSTRACT

Anorectal disorders are the group of disorders that occur at perianal region and between the junction of anal canal and rectum. Fistula in ano (*Bhagandara*) it is an infective disease of anal canal caused by crypto glandular infection of anal crypts. It is the commonest amongst them, causes pain and discomfort that creates problem in day to day activities. According to Acharya sushruta, *bhagandara* is considered as *kricchrasadhya vyadhi* because of its high reoccurrence rate and he mentioned it is one among *Astamahagada* in sushruta samitha. In this case report a 32 years male patient visited our opd of *shalya tantra* dept, JSSAH Mysore for the treatment of *bhagandara*. Patient had complained of pain in the B/L ischio-rectal fossa since 6 months and symptoms like pus discharge per rectum was severe since last 10 days. After per rectal examination and MIR Fistulogram, case was diagnosed as *bhagandara* (B/L Grade 5 complex fistula of ischio-rectal fossa). He was treated with the partial Fistulotomy and *Apamarga Ksharasutra* application. Fistula track was cleaned with betadin and hydrogen peroxide, dressing done with the *jatyadi taila* everyday and *ksharasutra* is been changed every 7th day to promote cutting and healing process. The wound of fistula track is healed completely within 3 months without any complication. The adjuvant medications prescribed during post-op period were sitz bath, *tailapoorana* and internal medications. This case demonstrates the management of *bhagandara* with *apamarga ksharasutra*.

KEYWORDS: *Bhagandara*, Fistula-in-ano, *Jatyadi Taila*, *Ksharasootra*

INTRODUCTION

Bhagandara is a disease of Anal region. According to Acharya Sushruta it is a disease which causes splitting pain in vagina, anorectal region and urinary bladder with resultant discontinuity of these sites. At first it present as *pidika* around *guda* and when it bursts out, it is called as *Bhagandara*¹. *Bhagandara* is one among

eight *Mahagada* by Acharya Sushruta the father of surgery. Vagbhatta also mentioned it under eight *Mahagadas*, but added three other types as *Parikshepi*, *Riju* and *Arsho Bhagandara*². Acharya Charaka also has given description about *Bhagandara* in the chapter of *Shotha Chikitsa*³. *Bhagandara* can be correlated with Fistula in ano as de-

scribed in Western medical science. Fistula in ano is a tract lined by granulation tissue which opens deeply in the anal canal or rectum and superficially on the skin around the anus⁴. The incidence of a Fistula-in-ano developing from an anal abscess ranges from 26- 38%⁵. A study conducted by Sainiop⁶. Showed that the prevalence rate in men and women is 12.3 and 5.6 cases per 100,000 population. The male-to-female ratio is 1.8:1. The mean age of patients is 38.3 years. A similar study conducted in India has reported that Fistula-in-ano constitutes about 15-16 % of all ano rectal disorders. It is being managed by Proctologists and Surgeons. But in spite of all the possible efforts, the recurrence rate is very high i.e. 20 to 30 % which is a big challenge before the surgeon's community. At present most common surgical procedure adopted in the treatment of fistula in ano is fistulectomy and fistulotomy. New treatment modalities like fibrin glue, fibrin plug, LIFT procedure and stem cell treatment also being practicing⁷. This surgical management carries several complications like frequent damage to the sphincter muscle resulting in incontinence of sphincter control, fecal soiling, rectal prolapse, anal stenosis, delayed wound healing and even after complete excision of the tract there are chances of subsequent recurrence. Generally in management of anorectal disorders, Sushruta (800 BC) described four folded line of approach as *Bhaisaja chikitsa*, *Kshara karma*, *Agni karma* and *Shastra karma*. Among all these therapies *Kshara karma* has become very useful and recently modified method of treatment for selected Anorectal diseases mainly in *Bhagandara*⁸. The present form of *Kshara Sutra* therapy was initiated by Dr.

P.S Shankaran and subsequently established by Prof. P.J Deshpande through many researches and development in department of *Shalya Tantra* at Banaras Hindu University. The process of development was supported in last few decades by eminent scholars like Prof. K.R Sharma, Prof. G.C Prasad, Prof. S.N Pathak and others from same department. Now *Kshara Sutra* therapy has been accepted globally and has emerged as a gold standard treatment for fistula in ano⁹. In this case study we are using *apamarga ksharasutra* to evaluate the efficacy in *bhagandara*.

CASE HISTORY

In this case report a 32 years old male patient visited in outpatient department of *Shalya Tantra*, JSS Ayurveda Hospital, Mysore for treatment of *Bhagandara* (Fistula-in-ano). Patient had complained of pain in the bilateral ischio-rectal fossa since 6 months and symptoms like pus discharge per rectum was severe since last 10 days. Per rectal examination done after performing HIV, VDRL, HBsAg investigation for blood. On inspection there is no external opening, no redness and no pus discharge. On digital examination we found tenderness with induration in 2 O' clock and 9 O' clock direction, sphincter tone is normal. On proctoscope examination we noticed internal opening at 6 O' clock direction with pus discharge, to conform diagnosis patient underwent MRI fistulogram (Grade 5 complex fistula on both side with ischio-rectal fossa and translevator plane abscess and high anal opening at 6 O' clock position). Routine blood and urine examinations were done and found within normal range. There was no previous history of surgery and other illness. Hence the case

was diagnosed as *Bhagandara*. So patient was admitted in *Shalya* male ward for further management.

TREATMENT

Preoperative

Patient underwent investigations like ultrasonography, chest X-ray, 2D Echo, blood and urine routine to get fitness for surgery from General physician after fitness patient was posted for surgery. Patient is advised nil by mouth 6 hours before surgery. Written inform consent was taken from patient as well as patient attenders. The local part of patients was prepared. Proctolysis enema was given 2 hours prior to surgery. Inj. T.T. 0.5cc IM and sensitivity test for inj. Xylocaine 0.1% ID was done, patient is shifted to operation theater.

Operative

In Operation Theater under spinal anesthesia, patient was laid down in lithotomy position, painting and draping done. Four fingers anal dilation was performed by Lord's procedure. On proctoscopic examination, found internal opening at 6 and 2 O' clock position, incision done on the both the side of the ischio-rectal fossa to drain the abscess and infected fascia is excised. Probing done from the both ischio-rectal abscess towards anal canal, found internal opening at 2 O' clock position, plain barbour thread no-20 was applied, continued probing towards upper and lower direction, incision done and barbour thread is applied. Probing done at 6 O' clock direction and barbour thread is applied, it's a high anal fistula. After Hemostasis achieved patient with stand with the procedure. Track is cleaned with betadin and hydrogen peroxide, wound was packed with *jatyadi taila* soaked gauze and T-bandage was applied.

Post-operative

Patient is shifted to post-operative recovery room, catheterization done, vitals recorded, Nil by mouth for 6 hours followed by sip of water after appearing bowel sound. Intra venous fluid antibiotics and analagics given for 5 days along with this adjuvant medications like sitz bath/*Avagaha swedan*(warm water + *Panchavalkala* decoction) was advised one time a day, 10 ml *Jatyadi Taila* (*tailapoorana*) instillation per rectum daily once, orally *Abhayarista*, *Drakshasava* and Amyron syrup 20 ml twice a day. *Triphala guggulu*, Tab *Amalaki* and *Swamla* compound twice a day after food. Tab *Anuloma* DS in the night for 45 days.



Fig1: After Surgery



Fig2: During Dressing



Fig3: After 30 days



Fig4: Complete healed wound

RESULT

On post-operative 7th day, All barbours thread is changed to Ksharasutra, *tailapoorana* with *jatyadi taila*, sitz bath with *panchavalkala kashaya* and track is cleaned with betadin and hydrogen peroxide, wound was packed with *jatyadi taila* soaked ribbon gauze every day till the wound heal. Old *Ksharasutra* was changed on weekly interval by putting new *Ksharasutra* in the fistulous tract after applying 2% xylocaine jelly by railroad technique till complete cut through and healing of fistulous tract is achieved. The length of *Ksharasutra* thread was recorded to assess progress of cutting and healing on every change. On the 21st day wound was observed in healing stage and there was no sphincter spasm. On post-operative 45th day the post fistulotomy wound was healing without stricture or any complication. Total 3 months were required for complete cutting and healing of fistulous tract. The unit cutting time of fistulous tract

case was 7 days per centimeter. Postoperative fibrous scar is seen in perianal region and no evidence of perianal abscess or Fistula at present. That indicates the fistulous tract and fistulotomy wound was healed complete with normal scar and fibrous tissue.

DISCUSSION

In this study, *Ksharasutra* threading was done in fistulous tract under spinal anaesthesia. The length of *Ksharasutra* in fistulous tract was noted and found decreased on every change which suggested the cutting of tract. The applied *Kshara* on thread has anti-inflammatory and antimicrobial activity. Alkaline nature of *Kshara* cauterizes dead tissue and facilitates cutting as well as healing¹⁰. Due to alkaline pH of *Ksharasutra* local infection was under control which helps to healing. The cutting is presumed by local action of *Kshara*, *snuhi* and mechanical pressure of tight *Ksharashootra* knot during initial 1-2 days of its application which followed by healing in rest of the 5-6 days. The turmeric powder minimizes reaction of caustics and helped for healing of wound¹¹. And said to be unique drug formulation for cutting and healing of fistulous tract. *Panchavalkal* decoction has cleaning and wound healing properties respectively so it helped to kept wound clean and promoted healing¹². *Jatyadi taila* has soothing and healing and *Vatashaman* property which helped in *Vatanuloman*, and healing. The fistulotomy wound, fistula tract wound was healed completely.

CONCLUSION

This single case study revealed that fistula can be manage by *Ksharasutra* threading and fistulotomy in Fistula-in-ano. Post fistulotomy wound healed early with cleaning and dressing. As this is a single case

study so it required further study in more number of patients.

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