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A management of *Bhagandara* (fistula-in-ano) with *Ksharasutra* : A Case Study

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ABSTRACT

Fistula-in-ano is a chronic inflammatory condition having a tubular structure with opening in the Anorectal canal at one end and surface of perineum or perianal skin on the other end. Any opening in perianal area with chronic pus discharge indicates fistulous tract. Prolong sitting, unhygienic condition, obesity, repeated irritation due to hair may increase the risk of occurrence. In Ayurveda it is correlated with *Bhagandara* and *Acharya Sushruta* mentioned five types of *Bhagandara*. He had explained *Shastra Karma* along with *Kshara karma* and *Bheshaja Chikitsa* for treatment. Here a case of fistula in Ano in a 30-year male patient was examined in Shalya OPD and treated with *Ksharasutra*, considering it as an ideal procedure in treatment of *Bhagandara* as it cuts and cures the unhealthy tissue present inside the fistulous tract.

Key words: *Bhagandara, Kshara Sutra, Fistula-In-Ano, Ayurveda*

INTRODUCTION

In *Ayurveda* it is mentioned that certain clinical condition requires surgical intervention for better cure. *Charaka* mainly a *Kayachikitsa* treatise also stated that the diseases like *Gulma, Arsha, Bhagandara, Ashmari* may require surgical intervention. *Sushruta* has discussed in the detail about various *Shastra karma* along with *Anushastra karma* which includes *Agnikarma, Jalaukavcharana* and *Ksharakarma*. *Kshara* is considered as one of the most important Para surgical procedures as it can produce excision, incision,

scrapping and can pacify all three *Doshas*.

Kshara application in the form of *Ksharasutra*, in anorectal diseases has become more popular due to its easy approach and low rate of recurrence. *Ksharasutra* induces both mechanical and chemical cutting and healing. Direct reference of *Ksharasutra* is found in *Sushruta* for treatment of *Nadivrana*. *Chakradatta* has referred to a medicated thread coated with *Snuhi* and *Haridra* powder in treatment of *Arsha* and *Bhagandara*. But the modified *Ksharasutra* available now a day is re-established by the Dept. of *Shalya Tantra*, Banaras Hindu University. The standard *Ksharasutra* is prepared by 11 coatings of *Snuhi Ksheera* then 7 coatings of *Snuhi Ksheera* and *Amamarga Kshara* and then again 3 coatings of *Snuhi Ksheera* and *Haridra Churna*.

In this case used *Ksharasutra* is prepared by 11 coatings of *Arka Ksheera* then 7 coatings of *Arka Ksheera* and *Palasha Kshara* and then again 3 coatings of *Arka Ksheera* and *Haridra Churna*. This *Kshara Sutra* is used in treatment of fistula in ano due to its cutting, curetting, and healing effect as well as it controls the infection.

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In this study a case report of Fistula in Ano treated by *Ksharasutra* which was cured and no further complaints were found in the patient during follow up period.

Ayurvedic view of *Bhagandara* and *Kshara Sutra*

Acharya Sushruta described *Fistula in Ano* under the heading *Bhagandara* along with its symptoms, types, and its management. The disease which creates *Darana* (tear) like *Yoni* in the area of pelvis, rectum & urinary bladder is called as *Bhagandara* and when these are not opened it's called as *Bhagandara Pidaka*. An abnormal passage between a hollow or tubular organ (*Bhaga, Guda, or Basti*) and the body surface or between two hollow or tubular organs is called fistula.

Kshara destroys the vitiated tissue and make them fall off. It is the most important among *Shastra* and *Anushastra* because it does functions like excision, cutting and scrapping, also mitigates all the three *Doshas*. *Acharya Sushruta* described that *Nadivrana* (sinus) should be cut open by *Kshara Sutra* and, he said the same procedure should be adopted for *Bhagandara*.

Case 1: *Palashaksharasutra* in situ before & during treatment of *Bhagandara*

Figure: 1



Figure: 2



After cut through of *Bhagandara* by *Palashaksharasutra*

Figure: 3



Figure: 4



CASE REPORT

Age - 30 year

Gender- male

Occupation- Businessman

Date of admission - 21/8/2022

Date of recovery - 28/9/2022

Chief complaints and duration

Patient complains of pus discharge with mild pain at the right side of perianal region in the last 8 months.

H/o present illness

Patient was apparently normal before 5 months. Then he had developed boil with intermittent discharge in perianal region since last 5 months. He also complained of mild pain and discomfort while sitting and continuous pus discharge in the last 1-2 months. He had taken analgesics for it, but didn't get any relief.

Therefore, for further treatment he came to OPD of Shalyatantra, Sri Siddarameshwara Ayurvedic Medical College & Hospital, Bidar.

Family history

No H/O HTN, DM or any other major illness

General examination

G.C - Moderate Afebrile

CVS - S1 S2 Normal.

Pulse - 78/min

BP - 120/80 mm Hg

RS - Chest clears on both sides.

Digestive System

Appetite – normal

Bowel - constipated.

Uro-genital System - NAD

Local examination

In lithotomy position of patient, the findings observed were: patient had hairy perineal region with a small opening in right 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 to access the internal opening but internally it was fibrosed. About 5 cm tract was found during probing.

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

In this patient perianal skin was normal with no dermatitis.

Ksharasutra application

Pre-operative preparation

Local part preparation i.e., shaving was not done as patient didn't allow due to some ritual believe. 5gm *Panchasakar Churna* with Luke warm water was given to the patient at night before operation. Proctoglycerin enema was given at early morning on day of operation. After proper bowel passed, patient was taken to recovery room and injection T.T. 0.5ml IM was given and plain xylocaine 2% was given subcutaneously for sensitivity test.

Operative procedure

Patient was taken in lithotomy position on operation theatre table.

After proper painting and draping, local anesthesia with 2% xylocaine was infiltrated nearby opening and around anal verge.

Reassessment of extension of tract was done by probing. Probe was removed through anal opening via internal opening after feeding of *Ksharasutra* and *Ksharasutra* ligated appropriately. Complete hemostasis was maintained and T bandaging was done.

Postoperative procedure

Ayurvedic medicines and sitz bath was given. Patient was admitted to the Hospital for 7 days till next *Ksharasutra* was changed.

Oral medications

Triphala Guggulu TID

Gandhak Rasayan TID

Panchasakar Churna 5grams at night

Sitz bath with *Triphala Kwath*.

Patient was advised to take *Khichdi* and *Daliya* during hospital stay. He was also advised to resume his normal day to day activities.

Follow-up

Patient was discharged from hospital after 1st *Ksharasutra* change and then asked for changing *Ksharasutra* every 7th day till cutting of the tract. Warm water sitz bath and *Jatyadi Taila* local application was done during this period. Patient was allowed to do his routine job after discharged from hospital. After 6 sitting the tract was totally cut and healing was achieved simultaneously. *Jatyadi Taila* application on scar mark was advised.

DISCUSSION

Acharya Sushruta described the treatment of fistula in ano as *Bheshaj*, *Ksarakarma*, *Agnikarma* and *Shastra Karma*. In modern medicine treatment like fistulotomy, fistulectomy, seton ligation are indicated. These treatments have more recurrence rate and post-operative complications like hemorrhage, pain, delayed healing etc. In comparison to Modern Treatment *Ksharasutra* ligation is better due to its minimal complications and less recurrence. Even fecal incontinence and anal stricture are not seen in this case.

The application of *Ksharasutra* is having anti-inflammatory and anti-microbial property and due to its alkaline property helps in cutting and healing. Cutting mainly occurs due to local action of *Kshara*, *Snuhi* and the mechanical pressure of *Ksharasutra* knot. *Haridra* powder having antiseptic action helps in healing of the tract.

CONCLUSION

The incidence of fistula in ano is increasing now a day due to improper job style where a person sits for long time on hard surfaces. The management of anorectal diseases need a complete knowledge of anorectal

anatomy and pathophysiology. Also, it needs to be diagnosed early so that appropriate treatment can be given without delay. *Ksharasutra* helps in removal of debridement and 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 conclude that in fistula in ano *Ksharasutra* treatment is a better option due minimum complication and patient can resume normal activities earlier.

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