A wonder medicated thread in the management of Vagino-Anal Fistula - A Case Report

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ABSTRACT

In Ayurveda, Bhagandara (Fistula-in-ano) is considered as one of the Ashta Mahagaroga (8 major disease) by Acharya Sushruta due to high recurrence rate. In the present era anorectal disorders are increasing, due to sedentary life style and others factors. The word Bhagandara is composed of 2 words Bhaga and Darana. The formation of Pidika leads development of Bhagandara it is characterized by opening around the Guda Pradesha with painful discharge. Acharya Charaka mentions the line of treatment for Bhagandhara as Virechana followed by Paatana (Excision) or if Pakwa, Bhedana by Ksharasutra application. In India the Ksharasutra is having high success rate (96.67%) in the management of Bhagandhara (Anal fistula). A case of 36 years old female patient consulted with complaints of boil in the perianal / vaginal region associated with pain & foul-smelling discharge, was diagnosed as Vagino-Anal Fistula and treated with Ksharasutra therapy, along with some oral medications. Patient recovered well with complete excision of tract within a span of 4 months. Thus, Ksharasutra is very effective in treating this condition, with minimal surgical intervention.

Key words: Bhagandhara, Ashta Mahagaroga, Ksharasutra, Vagino-Anal Fistula.

INTRODUCTION

Anorectal diseases cause great discomfort making one’s life miserable. Arsha (Piles), Bhagandara (Fistula in ano) and Parikartika (Fissure in ano) are the common anorectal diseases suffered by the population globally.¹ Among them Bhagandara (Fistula-in-ano) is considered as one of the Ashta Mahagaroga (8 major disease) by Acharya Sushruta due to more recurrence rate.²

The word Bhagandara is composed of 2 words Bhaga and Darana.³ Bhaga word includes all the structures around the Guda (ano-rectal region) including Yoni (vagina) in case of females and Basti (urinary bladder). The word Darana means tear of surface associated with pain. When a Vedanaayukta Shopha (painful swelling) is formed in Gudapradesha within the vicinity of two Angula which becomes Pakwa and causes Daarana in Bhaga, Guda and Vastipradesha.⁴ Bhagandara can be correlated with fistula in ano. The word fistula 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 ano.⁴ It usually results from an anorectal abscess which burst spontaneously or opens adequately.⁵

Treatment for Fistula is a big challenge in front of the medical as well as surgical world due to high recurrence rate and increased likelihood of faecal incontinence.¹ Acharya Charaka mentions the line of treatment for Bhagandhara as Virechana (Therapeutic purgation) followed by Paatana (Excision) or if Pakwa, Bhedana by Ksharasutra application.⁶ Application of
**CASE REPORT**

Ksharasutra in anorectal disease has become more popular due to its easy approach and low rate of recurrence.

Acharya Sushruta has described about Ksharasutra in Nadivrana Chikitsa. The present form of Ksharasutra 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. 

Ksharakarma is more important among Shastra and Anushastra Karma, Kshara having the Chedana, Bhedana, Lekhana also Tridosaghna properties. Ksharasutra is capable to perform excision slowly by virtue of its mechanical pressure and chemical action in Bhagandara. So, for this study Ksharasutra therapy along with some internal medications are used to analyse the therapeutic effect in the management of Vagino-anal-fistula.

**A 36 years old female patient came to Shalya Tantra OPD, with complaints of painful boil in the perianal/vaginal region since 15 days, foul smelling pus discharge from external opening since 8 days.**

**Associated Complaints**

Patient also complains of passing of hard stools since more than 2 years.

**History of Present Illness**

Patient was apparently normal 15 days back, and then gradually developed with boil in the perianal region, in the lower part of left labia majora, which was associated with pain and foul-smelling pus discharge. Pain was severe, continuous and throbbing in nature. For this she consulted a doctor near to her home and advised with oral medications, but didn’t get relief, then the doctor had advised her to consult our hospital, so she approached our hospital for further management.

**Past History**

Patient had an H/O recurrent perianal abscess at the same place in the year 2015 & 2017 and had undergone incision & drainage twice. Patient is not known case of HTN/DM-2 and other medical disorders.

**General Examination**

- Pulse - 82 bpm
- Blood pressure - 120/70 mm of Hg
- RR - 18 /min
- Pallor, Icterus, Cyanosis - Absent

**Asththana Pariksha**

1. Nadi : 82 /min, Vatapittaja
2. Mala : Kathinamala, once/ day with straining
3. Mutra : Prakruta, 4 – 5 times/day
4. Jihva : Ishatliptata
5. Shabda : Prakruta
6. Sparsha : Anushnasheeta
7. Drik : Prakruta
8. Aakruti : Madhyama

**Systemic Examination**

- CNS - Conscious, alert, well oriented to time, place and person.
- CVS - S1 S2 heard, no added sounds
- RS - B/L AE+, NVBS - heard
- P/A - Soft, Non-tender, no organomegaly

**Local Examination**

**Inspection**

- Site: An external opening at lower part of left labia majora 4.5 cm away from the anal verge.
- Number: Single
- Colour: Pinkish red
- Discharge: Present
- Odour: Foul smell

**Palpation**

- Tenderness: Present
- P/R: Sphincter tone was normal, tender dimpling at 1’O clock position
On probing through external opening: A single internal opening of fistulous tract was found at 1’O Clock position in the anal canal.

Investigations

**Hematology report:** Hb - 12gm%, WBC - 8000 cells/cumm, DC: P- 65%, L- 33%, E- 02%, M- 06%, B- 00%, CT- 3min.10 sec, BT- 4min.35 sec, RVD - Negative, HbsAg- Negative

**MRI - Fistulogram:** An external opening in the left perianal region from which fistulous tract is travelling caudally & posteriorly in the extra sphincteric plane along left side of anal canal, after a length of about 4cm from external opening fistulous is entering the sphincter & further traversing cranially in the intersphincteric plane for a length about 1cm, then coursing posteriorly & having internal opening at 1’O clock position just below the level of levator ani muscle.

**METHODODOLOGY**

Treatment planned was *Ksharasutra* Therapy along with Oral medications as follows:

<table>
<thead>
<tr>
<th>SN</th>
<th>Medicines name</th>
<th>Dosage</th>
<th>Anupana</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Tab. Triphala Guggulu</td>
<td>1 TID</td>
<td>Ushnodaka</td>
</tr>
<tr>
<td>2.</td>
<td>Cap. Grab</td>
<td>1 BD</td>
<td>Ushnodaka</td>
</tr>
<tr>
<td>3.</td>
<td>Tab. Anuloma DS</td>
<td>1 HS</td>
<td>Ushnodaka</td>
</tr>
<tr>
<td>4.</td>
<td><em>Chirabilwadi Kashaya</em></td>
<td>2 Tsp TID</td>
<td>Ushnodaka</td>
</tr>
</tbody>
</table>

*Apamarga Ksharasutra* is prepared using *Apamarga Kshara, Arka Ksheera, Haridra* & Surgical linen thread no. 20

**Procedure of Ksharasutra Therapy**

**Poorva Karma**

- Informed written consent for procedure and anaesthesia
- Part preparation
- Inj. T.T 0.5 ml IM, Inj. Xylocaine 2% plain test dose ID
- *Avagaha Swedana* with *Panchavalkala Kwatha* was given for 15 min.

**Pradhana Karma**

- Patient was taken in lithotomy position
- Under all aseptic precaution painting and draping done
- Betadine was pushed from external opening
- Under local anaesthesia probing was done through external opening of fistulous tract at 5’ O clock position at lower part of left labia majora & was brought out from internal opening at 1’ O clock position in anal canal with the help of index and middle finger.
- *Ksharasutra* was placed in the tract.
- Haemostasis achieved
- Dressing and bandaging done.

**Paschat Karma**

- Patient was advised for regular *Avahaga Sweda* with *Panchavalkala Kwatha* & dressing daily.
- Advised to visit every week for assessment and to change *Ksharasutra*.
- Advised to have normal diet, regimen and oral medications mentioned above.
- Advised to avoid prolonged sitting and travelling.

*Figure 1: External opening*
**Figure 2:** Probing from external opening

**Figure 3:** Ksharasutra application

**Figure 4:** 3rd sitting of Ksharasutra

**Figure 5:** 6th sitting of Ksharasutra

**Figure 6:** 8th sitting of Ksharasutra

**Figure 7:** After Fistulotomy

**Figure 8:** After 1 month

### Assessment:

<table>
<thead>
<tr>
<th>Sittings</th>
<th>Size</th>
<th>Pus discharge</th>
<th>Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>4.5 cm</td>
<td>Present</td>
<td>Severe</td>
</tr>
<tr>
<td>2nd</td>
<td>4 cm</td>
<td>Present</td>
<td>Moderate</td>
</tr>
<tr>
<td>3rd</td>
<td>3.5 cm</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>4th</td>
<td>3 cm</td>
<td>Moderate</td>
<td>Mild</td>
</tr>
<tr>
<td>5th</td>
<td>2.5 cm</td>
<td>Mild</td>
<td>Mild</td>
</tr>
</tbody>
</table>
Follow-up and Result

- Patient was advised to visit every week for assessment and to change Ksharasutra.
- In every sitting, the Ksharasutra length was measured and recorded.
- After 8th setting of Ksharasutra changing 90% of length of the tract was cut and 0.5cm was remained.
- Under local anaesthesia fistulotomy was done & advised dressing with BC 56 Oint.
- On 8th day of follow up wound was healthy & healing.
- Wound got healed within a 1 month.

Discussion

Now a days Ksharasutra is a gold standard method in the treatment of Bhagandhara without any complications & recurrence. Apamarga Kshara is having Chedana, Bhedana, Lekhana, Tridoshagna properties. Apamarga Kshara on Ksharasutra cauterizes the tissue of mass indirectly by its Ksharana Guna. Haridra is having Raktashodhana, Shothahara, Vatahara, Vishaghna Gunas & Vranaropaka Property. The action of turmeric powder provides the effect of bactericidal action with healing properties. Arkaksheera is having Shophahara, Vranahara, Kanduhara, Krimihara properties. The combined effect of all the ingredients was found effective in cutting & healing of fistulous tract. It cuts unhealthy portion of the tract & provides simultaneous healing due to above properties. Ksharasutra, it facilitates the drainage of infection, promotes healing and cuts the fistula tract naturally.

Avagaha Sweda with Panchavalkala Kwatha helped to clean the pus discharge & associated debris from the tract & reduced local congestion, inflammation at perianal region. Panchavalkala Kwatha is having Kashaya Rasa Pradhana dravyas, exhibited Vranashodhana & Ropana properties. Oral Medications like Triphala Guggulu is indicated in Bhagandara, Arsha, Vrana Shopha etc, diseases and ingredients of Triphala Guggulu are having Tikta, Kshaya and Madhura rasa, Ushna Virya, Katu Vipaka and properties like Rechana, Deepaniya, Vatashamana, anti-inflammatory, anti-microbial, and analgesic qualities.

Cap Grab is having Vranapahari Rasa, Triphala Guggulu, Gandhaka Rasayana, Arogyavardhini Vati, Guduchi and Manjista which are having anti-microbial, anti-inflammatory properties, helps in healing of fistulous tract.

Chirabilwadi Kashaya which is mentioned in Sahasrayoga is indicated in Bhagandara. It is having Ushna Virya, Kapha Pradhana Dravyas, exhibited Deepana, Pochana & Vatanulomana properties.

Tab. Anuloma DS contains Ajamoda, Jeeraka, Haritaki, Yastimadhu, Shunti, Saindava Lavana and Sonamukhi Dravyas and acts as a laxative.

BC 56 Ointment is having Yastimadhu, Nimba, Karanja, Sal, Chakramarda, Jasada Bhasma Dravyas, which are having Vranashodhaka and Vranaropaka properties.

Conclusion

Thus, Ksharasutra therapy is very effective in the management of Bhagandhara with minimal surgical intervention with high success rate. It is a sphincter saving procedure, prevents recurrence and anal incontinence. Ksharasutra therapy is a gold standard para surgical procedure in the management of Bhagandara. Oral medications used are indicated in Bhagandara, and having Deepana, Rechana, Vatanuloma, anti-microbial and Anti-inflammatory properties, thus effectively helped in the healing of the fistulous tract and management of Bhagandara.

References

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