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A Single Case Study of *Bhagandhara vis-à-vis* Fistula in Ano with *Kshara Sutra*

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ABSTRACT

Anorectal emergencies comprise a wide variety of diseases that share common and overlapping symptoms, i.e., anorectal pain or bleeding, some of the them could be life-threatening and might require proper diagnosis and immediate management. 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.^[1] Here a case of fistula in Ano in a 28 year male patient was examined in Shalya OPD and treated with *Aparmarga Ksharasutra*, considering it as an ideal procedure in treatment of *Bhagandhara* as it cuts and cures the unhealthy tissue present inside the fistulous tract.

Key words: *Bhagandhar, Kshara Sutra, fistula in ano, Ano-rectal.*

INTRODUCTION

Ano-rectal disorders present with a variety of symptoms and result from either structural or functional dysfunction. A fistula-in-ano is an irregular, chronic, granulation tissue-lined channel that extends from the internal opening of the anorectal lumen to the perineum or other nearby structures. The majority of anal fistulas are the consequence of an infection in the anal glands, which causes an abscess to form in the intersphincteric plane. From there, the sepsis can spread in all four directions, opening either internally or externally or blindly. In Ayurveda it is mentioned

that certain clinical condition requires surgical intervention for better cure.^[1] *Sushruta* has discussed in the detail about various *Shashtra Karma* along with *Anushastra Karma* which includes *Agnikarma, Jalaukavcharana* and *Ksharakarma*. *Kshara* is considered as one of the most important parasurgical procedure 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. It has been accepted by WHO as treatment modality for management of *Fistula-in-ano*. *Ksharasutra* induces both mechanical and chemical cutting by virtue of the *Kshara* and also helps in doing *Shodhana* and *Ropana* of the Tract leading to early healing of the tract. Direct reference of *Ksharasutra* is found in *Sushruta Samhitha* for the treatment of *Nadivrana*. *Chakradatta* has referred to a medicated thread coated with *Snuhi* and *Haridra* powder in treatment of *Arsha* and *Bhagandar*. But the modified *Ksharasutra* available now a day is reestablished and standardised 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 *Apamarga Kshara* and then again 3 coatings of *Snuhi*

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Ksheera and *Haridra Churna*.^[2] 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. Although the success rate of this conventional mode of *Ksharasutra* therapy has been reported to be as high as 96.5% with a low incidence of incontinence, the duration of treatment has been long, with patients requiring multiple hospital visits in long fistulas and other complex cases.^[2] Here an attempt is made to present a single case study of Fistula in Ano managed completely with *Kshara Sutra* with successful outcome is presented hereby. And *Apamarga* (*Achyranthes aspera* Linn.) belongs to the family amaranthaceae. It is known as “Prickly chaff flower” in English and “*Chirchita*,” “*Onga*,” “*Latjeera*” or “*Apamarga*” in local language and dialects. The plant is highly esteemed by traditional healers and used in treatment of asthma, Anaemia, piles, fistula, menorrhagia, bleeding, in facilitating delivery, boils, bronchitis, cold, cough, colic, debility, dropsy, dog bite, dysentery, ear complications, headache, leucoderma, pneumonia, renal complications, scorpion bite, snake bite and skin diseases, it has a Ph of 10.61.^[3]

CASE REPORT

Patient name - XYZ

Age - 28 years

Gender - Male

Occupation - Manager

Chief complaints and duration

In the present case study, a 28 year old male patient came to our OPD of Shalya Tantra, with chief complaints of pain and pus discharge from perianal region since last 8 months.

H/o present illness

Patient was apparently normal before 8 month. Then he had developed boil with intermittent discharge in perianal region since last 8 months. He also complained of mild pain and discomfort while sitting and continuous pus discharge with soiling of undergarments since 2-3 months. He had taken analgesics and antibiotics from local practitioner for it,

but didn't get any relief. Therefore, for further treatment he came to OPD of Shalyatantra, Ashwini Ayurveda Hospital, Davangere.

Personal history

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

Family history

No person from his family had suffered from similar complaints.

General examination

G.C. - Moderate Afebrile

CVS - S1 S2 Normal, no cardiac murmurs

RS - Chest clears on both sides.

Digestive System - Appetite - normal, Bowel - constipated.

P/A - No Abnormality detected, no organomegaly. No previous surgical scar marks.

Inverted Umbilicus and normal scaphoid shape was noted

Pulse - 86/min,

BP - 130/90 mm Hg,

Local Examination

In lithotomy position of patient, the findings observed on Inspection were, Single external opening noted in perianal region approximately 5-6 cm away from anal verge at 5'o Clock Position with pus discharge noted. Internal opening noted at 3 o' clock position inside the anal canal above the dentate line proctoscopic examination. Probing was done to confirm site of internal opening of *Bhagandara*. On proctoscopic examination no any other anal pathology like Haemprroids / Fissure in ano noted. After complete examination the diagnosis was confirmed as Transphincteric Fistula in Ano i.e., *Bhagandara*. In this patient perianal skin was normal with no dermatitis or skin excoriation.

Investigations

Complete blood count, CT, BT, random blood sugar was normal and HIV I & II, and HBsAg were non-reactive.

Treatment given

Following the preliminary assessment, the patient was explained about the *Kshara Sutra* procedure and informed consent taken from the patient. Patient was posted for OT and under Spinal Anaesthesia, pt was given lithotomy position and part painted with Betadine 5% solution. Lords anal dilatation was done and four finger dilatation achieved. Probing done and Fistulous tract identified in at 5'0 clock position about 6cms from the anal verge. Internal opening identified 3'0 clock position above the dentate line. *Apamarga Kshara Sutra* placed in situ of fistulous tract. Perfect haemostasis achieved and anal packing done and Patient was shifted to recovery room post catheterisation.

Later, the patient was instructed to take care of good bowel habits in addition to maintaining local hygiene by taking a sitz bath in warm water. While treading, the wound was in good condition. *Apamarga Kshara Sutra* was changed once a week using the Rail-Road approach until the fistulous track was completely excised. The track was initially 5-6 cm long, and it was cut in 28 days. After complete excision of the tract by *Kshara Sutra*, *Kshara Sutra* was removed and the patient was advised to apply *Yashtimadhu Taila* for the post op scar mark for *Mrudukarana* and also to prevent infection. Unique cutting Time for the entire length of track was 1.20cm per week. No sign and symptoms of recurrence were observed till the completion of Follow up period.



Week	Length of the tract
1 st Week	4.8cm

2nd Week	3.8cm
3 rd Week	2.4cm
4th Week	1.2cm

Lakshana	Before	After
Daha	+	-
Kandu	++	-
Shula	++	+
Shrava	+++	-

DISCUSSION

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 haemorrhage, pain, delayed healing etc. In comparison to Modern Treatment *Ksharasutra* ligation is better due to its minimal complications and less recurrence. Even faecal incontinence and anal stricture are not seen in this case. *Kshara* is considered superior to all surgical and Para surgical measures 6, because they perform the work of incision, puncture, and scarification to relive derangements of the *Tridosha* 7 and uniformly affect the diseased part to which they are applied. As per *Sushruta*, *Kshara* possess the following qualities, *Tridoshaghna* – because of different types of drugs it can pacify all the humours, *Saumyata* – owing *Pachana*, *Katuka*, *Vilayana*, *Shodhana*, *Ropana*, *Stambhana*, *Lekhana*, *Krimighna*, It normalizes *Aama*, *Kapha*, *Visha*, *Medo Dhatu* and also cures *Kushtha* when given in proper doses⁴. *Kshara Sutra* means thread made up of caustic material which destroys or cleans the devitalized tissue and to disintegrate the skin or other tissues¹. Pioneer of Ayurvedic surgery Acharya *Sushruta* first mentioned *Ksharasutra* in the treatment of *Nadi Vrana* (sinus), *Bhagandara* (fistula in ano), *Arbuda* (Benign tumor)^[2] etc. But does not

emphasis upon its preparation. *Chakrapani Dutta* was the first person to mention the method of preparation with its indication in *Bhagandara* (fistula-in-ano) and *Arsha* (hemorrhoid). He described method of preparation as smearing a thread repeatedly in latex of *Snuhi* (*Euphorbia neriifolia*) and *Haridra* (turmeric) powder.^[4] After *Chakrapani Dutta* almost all the later author described same method of preparation of *Kshara Sutra*. To their white color qualities of *Kshara* helping *Inchedhana* and *Bhedana* of the fistula tract, *Kshara Sutra* by virtue of its *Kshariya Guna* and *Dravyas* used, it helps in cutting the tract in phased manner followed by healing of the cut tract.^[5] *Apamarga* has *Katu Tiktha Rasa*, *Lagu Ruksha Guna* and *Tikshna Guna*, *Ushna Virya*, and its *Karma* is *Kaphavatahara*,^[6] so *Aparmarga Kshara* is used in this case, The patient endured mild pain during the *Kshara Sutra* changing period but it was managed with Symptomatic treatment for the same. Patient withstood the procedure well during the entire treatment course and also the patient was able to carry out his minimum basic everyday activities. Pus discharge was noticed during first 2 weeks followed by which there was no discharge seen from the external opening.

CONCLUSION

Kshar Sutra procedure has been the gold standard therapy in the management of Fistula In ano with least recurrence rates and good patient compliance with the treatment modality where it overshines all other treatment modalities available in the contemporary science which has higher recurrence rates, sphincter damage, incontinence, etc but in this modality there is no such complications encountered with *Kshara Sutra* procedure.^[7] Its one of the most challenging diseases to treat in surgical field mainly owing to its notorious recurrence rates but this has been successfully tackled by the use of *Kshara Sutra* procedure. Here in this case also, we could notice the entire tract got healed within 28 days with complete excision of the tract with no recurrence till the follow up period.^[8] To their white

color Qualities of *Kshara* helping *Inchedhana* and *Bhedana* of the fistula tract, *Kshara* sutra by virtue of its *Kshariya Guna* and *Dravyas* used, it helps in cutting the tract in phased manner followed by healing of the cut tract.^[5] *Apamarga* has *Katu Tiktha Rasa*, *Lagu Ruksha Guna* and *Tikshna Guna*, *Ushna Virya*, and its *Karma* is *Kaphavatahara* so *Aparmarga Kshara Sutra* is used in this case.

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