

IN PADIATRIC PATIENT: A ROLE OF *UDUMBARA KSHEER SUTRA* IN ANO RECTAL FISTULA: AN AYURVEDIC REVIEW: A CASE STUDY

1.Dr. Rushali Masane, 2.Dr. Manjusha kalmegh, , 3.Dr. Kalindi joshi, 4.Dr.Payal Chaudhari.

1- Author – PG scholar, shalyatantra department; Vidarbha ayurvedic mahavidyalaya, Amaravati

2-Co-author – Guide HOD associate professor shalyatantra department, Vidarbha ayurvedic mahavidyalaya, Amaravati

3-Co-author –Professor shalyatantra department, Vidarbha ayurvedic mahavidyalaya, Amaravati.

4- PG scholar, shalyatantra department; Vidarbha ayurvedic mahavidyalaya, Amaravati

ABSTRACT

Bhagandara has been included in the Ashtamahagad (8 terrible ailments) by Acharya Sushrut. When it is in the Apakwa (non-suppurated) form, it initially appears as Pidika (boil/abscess), and when it becomes the Pakwa (suppurated) condition, it becomes Bhagandara. According to recent scientific definitions, it is connected to anorectal fistula. An abnormal track with an internal opening in the anal canal and/or rectum and an external opening in the perianal region is called an anal fistula.

The treatment of fistulas is approached differently in Ayurveda. Every anal fistula responds favourably to various Kshar and Ksheer Sutra treatments. They are the medicated seton, nothing more. In order to cut, cure, drain, and clean the fistulous tract and promote track/wound healing, the Ksheer sutra mechanical action and chemical activity of medications coated on the thread combine. Although the use of Kshar Sutra was mentioned in the Bhruhattrayi, one of the main three Ayurvedic scriptures, its preparation process is not adequately described. The preparation process of Ksheer sutra was first revealed by Chakrapani Datta in his book Chakradatta in the eleventh century, as mentioned in Arsha and Bhagandara

The traditional Kshar Sutra is the Apamarga Kshar Sutra, yet it has many drawbacks. To address these issues with Apamarga Kshar Sutra, several new Kshar Sutras as well as Ksheer Sutras have been written. Among these is Udumbara Ksheer Sutra, which was established in 1984 by M.K. Jalan and Prof. P.J. Deshpande. Acharya Sushrut mentions Udumbara as one of the Nyagrodhadi Gana Dravya. He explained that the Nyagrodhadi Gana Dravyas are Bhagandaranashak in Bhagandara Chikitsa.

KEYWORDS: *Ashtamahagad, Bhagandara, Fistula-in-ano, Udumbara ksheersutra, Apamarga Kshar*

INTRODUCTION:

Bhaga (pelvic, perianal, and anus region) is typically affected by Bhagandara a persistent purulent disease that begins with an abscess. The pathological process of various Bhagandara types has been investigated, and it has been found that the common clinical features of these types include pus, fecal matter, urine, and other byproducts being discharged through the sinus and affecting the surrounding tissues of the ano-rectal region with varying tract courses. Therefore, Bhagandara can be described as an eruption in the ano-rectal, pelvic-rectal, or perianal area that is suppurative and secondary ulcerative in nature, and can be mimicked by a fistula-in-ano

A vranasopha that has undergone three significant pathological stages—Ama, Pachyamana, and Pakwa avastha—after undergoing shat Kriyakala, Bhagandara first exposures with a localized inflammatory lesion known as Pidika. Five kinds of Bhagandara have been identified [5].

i. Bhagandara Vatika (Sataponaka);

- ii. Bhagandara Paittika (Ustragreeva);
- iii. Bhagandara Kaphaja (Parisravi);
- iv. Bhagandara Sannipataja (Sambukavarta);
- v. Bhagandara Agantuja (Unmargi)

Due to its low recurrence, Bhagandara treatment through the application of Ksharasutra has grown in favor in recent times.

The anal fistula is a notorious condition because of how frequently it recurs. A rupture, ulcer, or boil at Bhaga that is within two finger circumferences of it and that, when opened, causes a painful abscess is called a bhagandara. Bhaga and Darana are the two halves of the term "Bhagandara." Darana means to tear, and Bhaga denotes perianal region.

Due to the likelihood of recurrence following surgery, he has advocated for Kshara Sutra treatment. Sushruta describes several types of Kshara, including Palasa and Kadali, but Udumbara (Ficus Glomerata) is the most notable. The current treatment modality, Udumbara Ksheer Sutra, has been found to be effective because it facilitates proper pus drainage from the fistula, resulting in proper healing, and it also acts as adjuvant therapy by preventing recurrence in Fistula in ano.

The Udumbara Ksheer Sutra's preparation

The method of preparation and its indication in Bhagandara (fistula in ano) and Arsha [9] (hemorrhoids) were originally mentioned by Chakrapani Dutta. He explained the preparation process as repeatedly spreading a thread between the latex of Haridra (turmeric) powder and Snuhi (Euphorbia neriifolia) [10].

भावितं रजनी चूर्णं सुहीक्षीरे पुनः पुनः । बन्धनात् सुदृढं सूत्रं वभनत्यर्शो भगन्दरम् ॥ चक्रदत्त अर्शण वचवित्सा [5/148] (भै.र.अर्शोवि.ार वचवित्सा 9/271) [11]

Materials and Procedure

1. Udumbara ksheer: Gathers in a sterile container first thing in the morning.
2. Powdered haridra.



Figure 1: Udumbara ksheer and Haridra powder

According to Acharya chakrapani made this Ksheer sutra[12].11 coatings of Udumbara ksheer and 03 coating of Haridra was made on the thread. Every coatings was used in fresh Ksheer. The pH of the thread is 8.5.

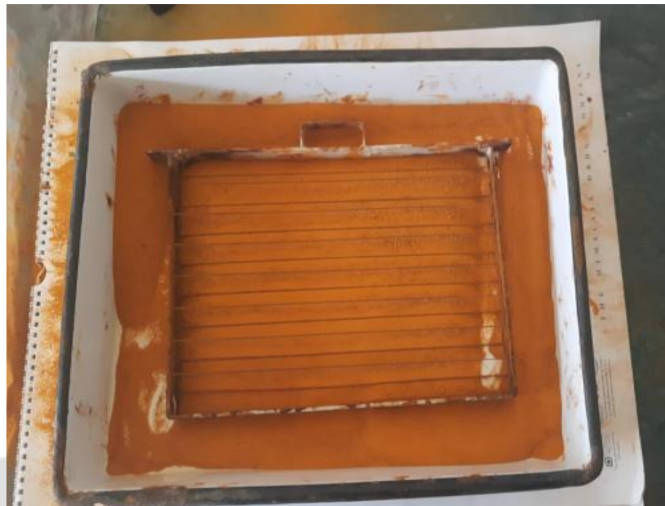


Figure 2: *Udumbara Ksheer* Coating Figure 3: *Haridra* coating

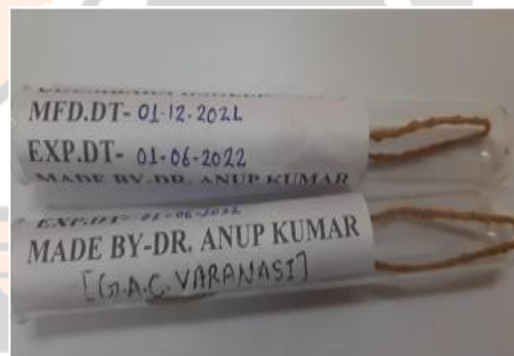


Figure 4: After coating of *Ksheer sutra* will be placed in *Kshara sutra* drying oven Figure 5: After drying *Ksheer sutra* will be packed in sterile tube

Principal Results

Bhagandaraa can be effectively managed with *Udumbara Ksheer Sutra*, which will also cut and mend the fistulous tract while reducing discomfort, itching, discharge, and burning sensation. Along with applied clinical and professional aspects, this study also involves analytical standardization of *Udumbara Ksheer Sutra*, which will create a consistent parameter for quality assurance of *Udumbara Ksheer Sutra*.

Because of its alkaline properties, the *Udumbara Ksheer Sutra* helps to cut and cure fistulous tracts.

Case study –A male child of age 5 years. Having complaints of pain at rt. Side of anal region and pus discharging opening since 1 and half years .Previously he was treated with medicines but does not cured so came in GNT hospital and admitted in ward no. 4 for further evaluation and management.

Patient identification :

Name – X. Y. Z.

Age – 5 years/male OPD no. – 6608

Marital status : not married (child) Occupation : student

Social Class : Lower Middle

Address : susadra karanja ; dist – Vardha General examination:

G. C. – Moderate Temperature – Mild febrile

Pulse – 72/min

B. P. – 120/80 mm of hg

S/E : RS - clear

CVS – S1 S2 clear, NAD.

Investigations –

- 1) CBC and ESR – afeb
- 2) HIV and HBsAG – Negative
- 3) BT, CT – Within normal range.
- 4) Blood Sugar Level – variable; HBA1C – moderately increase
- 5) Sr. Creatinin – Within normal range.
- 6) Blood Urea – Within normal range.
- 7) BUN – Within normal range.
- 8) LFT - Within normal range.

Local Examination :

Swelling and tenderness found in perianal region at 1'o clock with discharging external opening and 2cm away from anal verge

Vran pariksha type – Dushtavrana

Hetu –Nij

Vran-ashraya (Adhishthan) – twak, rakta, mansa, meda.

Vranopadrasvas –

1)Vranasya – Foul smell, mild pus discharge, pain at perianal site, Tenderness.

2)Vranitasya –Daurbalya,gudpradeshi kartanvat vedana and shoth,
Kshudhamandya, nidralpata

Vranpanchak :

1)Akruti – External opening at 1 o'clock, Irregular.

2)Gandha – Foul smell evident with pus discharg.

3)Vrana – External opening at 1 o'clock with pus discharge.

4)Strava – mild pus discharge.

5)Vedana – Burning sensation at anal site, pain and tenderness.

Aim –

To study the case of fistula in ano in child and its ayurvedic management.

Objective –

Study the fistula in ano with ayurvedic management. To decrease the recurrence rate of fistula and complete excision of fistulous track. To minimize the length of fistulous track with ksharsutra application and perform cutting and healing at the same time with minimum scar.

Case study – Interventional single case study. Duration of study – 60 days.

1. Examination –

Under all aseptic precaution examination of anal canal and perianal region done. External opening located at 1 o'clock approx. 2 cm away from anal canal. Tenderness of perianal area was present.

1. Probing and threading –

Under all aseptic precaution spinal anaesthesia given. Part painted with betadine and draping done. Two finger anal dilation done with xylocaine 2% jelly. Incision taken at ext. opening at 1 o'clock. Probe inserted from 1 o'clock and removed from anal canal and threading done with barbour thread no. 20. Haemostasis achieved. Cleaning and dressing done.

Medication –

Inj. T. T. 0.5 ml IM stat.

From second day,

Barbour thread is replaced by udumber ksheersutra. And changes it after every 10 days.

Isona powder 1 tsf with warm water hs

Syp. Arsha 2 tsf BD

Jatyadi tail basti

Hot sits bath.

DISCUSSION

No. of days	Bhedan (cutting)	Ropan(Healing)
10	+++++	+
20	+++++	++
30	++++	++++
40	+++	++++
50	++	+++++
60	-	Completely healed.

Result –

With the help of Udumbar ksharsutra application simultaneous cutting and healing of fistulous track done with minimum scar left behind.

Conclusion –

In ayurveda, many properties of ksharsutra application had told in Samhita granthas in disease like arsha, arbud, bhagandar, etc. Shocking properties of kshar like chedan, bhedan, lekhan, ropan, dahan had explained in such granthas. So with the help of ksharsutra cutting of fistulous track by bhedan and debridement of pus by lekhan and simultaneous granulation of track by ropan is carried out day by day.



External Opening with pus discharge



PROBING AND THREADING



With the help of ksharsutra cutting of fistulous track

Reference –

- 1.Sushrut Samhita, Ayurved tatva sandipika with hindivyakhya. Edition 2012; Sutrasthana 33/4.
 - 2.Shafer AD, McGlone TP, Flanagan RA. Abnormal crypts of morgagni: The cause of perianal abscess and fistula-in-ano. J Ped Surg. 1987; 22:203-4.
 - 3 Piazza DJ, Radhakrishnan J. Perianal abscess and fistula-in-ano in children. Dis Colon Rectum. 1990; 33:1014-1016.
- Williams N, O'Connell PR. Bailey & love's short practice of surgery. 2008; 1264.

4. Acharya Vaidya JT, Acharya N. Chowkhambha surabharati prakashan. 2008.

Pictures of case study

5. Susruta Samhita edited with Ayurveda - Tatatva - Sandipika by Kaviraj Ambika Dutta Shastri, Vol. I, Reprint edition, Chp. 4/4, Varanasi; Chaukhambha Sanskrit Sansthan; 2005. p. 244.

6. S. Das, Text Book of Surgery, 3rd edition, Calcutta: S. Das, Old Mayors' Curt; 2001. p. 131.

7. S. Das, Text Book of Surgery, 3rd edition, Calcutta: S. Das, Old Mayors' Curt; 2001. p. 1053.

8. S. Das, Text Book of Surgery, 3rd edition, Calcutta: S. Das, Old Mayors' Curt; 2001. p. 1052.

9. Susruta Samhita edited with Ayurveda - Tatatva- Sandipika by Kaviraj Ambika Dutta Shastri, Vol. I, Reprint edition, Chp. 4/3, Varanasi; Chaukhambha Sanskrit Sansthan; 2005. p. 244.

