

MANAGEMENT OF BHAGANDAR [FISTULA IN ANO] BY USING KSHARSUTRA ALONG WITH FISULECTOMY- A CASE REPORT

Dr. Manjusha kalmegh-

HOD associate professor shalyatantra department, Vidarbha ayurvedic mahavidyalaya, Amaravati

ABSTRACT

Acharya Sushruta listed Bhagandara as one of the eight major ailments (Asthamahagad) that is hard to treat. Ayurvedic writings have a detailed description of this condition. Specifically, Bhagandara is made up of the terms darana and bhag. Bhagandara is a frequent condition that affects the area around the anus and up to the genitalia in the ano-rectal region. The development of Bhagandara, which is characterized by opening up around Gud and excruciating discharge, is led by the construction of a pidika. Fistula-in-ano is a surgical difficulty because of its high recurrence rate, which makes fistulectomy management necessary. In the Indian medical system, Ksharasutra application has been recommended for the treatment of anorectal problems, specifically for the management of Bhagandara (Fistula-in-ano). Following the normal rules of the Ayurvedic Pharmacopeia of India (API), Ksharasutra, a therapeutic thread, was produced using Apamarga Kshara (Ash of *Achyranthus aspera* Linn.), latex of Snuhi (*Euphorbia nerifolia*), and Haridra (*Curcuma longa* Linn.) powder. In order to treat Bhagandara (Fistula in Ano), a 49-year-old man with a posterior side present at the 8 o'clock position of the anal canal that extends to the anal area, probing and threading were initially performed with the use of a ksharsutra. Weekly intervals were used to replace the outdated Ksharasutra with a new one using the rail-road approach. To calculate the unit cutting time (UCT), the weekly length of Ksharasutra was measured and recorded. Fistulectomy was then performed. Daily application of betadine solution was used to dress the fistulectomy site, and the vranropak tail fistulectomy wound healed fully, leaving a normal scar free from complications. For the treatment of Bhagandara (fistula-in-ano), ksharsutra is therefore a very effective minimally invasive surgical method. This is a straight forward surgery that saves the sphincter.

KEYWORDS: Anorectal, Astamahagada, Bhagandara, Fistula-in-Ano, ksharsutra.

INTRODUCTION-

Ksharsutra Therapy is a type of Ayurvedic parasurgical procedure. The great Indian surgeon Sushruta described in his teachings how Kshara might be used to treat anorectal illnesses such as fistulas. A fistula is characterized as a persistent, granulating tubular track made of fibrous tissues that has two apertures that allow communication between two distinct epithelium. Fistula-in-ano is generally develops after an anorectal abscess and cryptoglandular infection. Common symptoms are Pain, discharge, itching and social embarresment .

Bhagandaras, according to Sushruta, can be divided into five subgroups according to the following criteria: the presence of *dosas*; the type and shape of external openings (*Bhagandaripidika*); the tract's shape; and the discharge's character. In contrast, Parks' categorization lists **supralevator fistula, extrasphincteric, transsphincteric, and low intersphincteric fistula**. Examining and Feeling the main modalities of diagnosis are local inspection, diagnostic radiology imaging, probing, and digital rectal examination (DRE).

These days, fistula-in-ano is diagnosed using the excellent method known as TRUS (trans rectal ultrasonography). Medical treatment is rarely effective in curing it, and the surgical outcomes of a large anal fistula are well-known. Surgery is required to cure low anal kinds of fistulae, which account for about 50% of cases. The primary side effects of surgery are anal continence impairment and recurrence. There is an average 50% chance of anal fistula recurrence following surgery, according to reports from several global centers. In addition, our great surgeon *Susruta* states that in cases of debilitated, weak, female, or kid patients, *Ksharasutra* can be used to heal fistulas along with *Chedana* karma (fistulectomy: excision of the fistulous tract).

He has advocated for *Kshara* Sutra treatment because there is a chance of recurrence following surgery. *Sushruta* describes other forms of *Kshara*, such as Kadali and Palasa.

Among these, *Apamarga Kshara* (Ash of *Achyranthus aspera* Linn. is the most noteworthy. The current treatment method, *Apamarga Ksheer Sutra*, has been proven to be successful because it properly drains pus from the fistula, promoting healing, and because it acts as adjuvant therapy by preventing the recurrence of fistula in ano. *Kshara* possess the special karma of *Ksharana* and *Kshanana* and is most important among *Shastra* and *Anushastra* due to its *Chedya*, *Bedyā*, *Lekhya*, *Tridoshagnatwa* and *Visheshakriyatav* properties.

CASE REPORT:

A 49-year-old man who was employed as a manager in a private company and followed a vegetarian diet presented to the outpatient department of Shalya Tantra Vidharbha Ayurved Mahavidyalaya in Amravati with complaints of pus discharge, itching, and pain in the periphery since one month ago. The patient had no history of addiction. Upon inspection in the lithotomy position, one external opening was found at 8 O'clock, approximately 5 cm away from the anal verge posteriorly, with normal peripheral skin (P/R findings).

The patient states that a month ago, he appeared to be fine; then, he began to have pain in his ano. He had pus discharge and itching in his ano before a month ago. He went to the outpatient department (OPD) and was admitted to the male surgical unit for additional care. Every routine inquiry carried out in order to make a preoperative assessment.

No prior history of medication reactions, diabetes mellitus, hypertension, or TB.

The results of the blood, urine, and stool laboratory tests were confirmed to be within normal ranges. The patient has a blood pressure reading of 130/90 and has never taken medicine before.

LOCAL EXAMINATION-

an excruciating pus discharge was observed at the eight o'clock position. Sphincter tonicity was normal on the digital rectal examination.

Proctoscopy revealed no abnormalities.

In the Guda region, the traditional *Lakshanas* of *Bhagandarapidaka*, such as *goodamoola*, *ruk*, and *hwara*, were observed. *Bhagandara* mentions the *Kshara sutra*, as described by *Susrutha*

INVESTIGATION-

The image shows three laboratory test reports. The first is a Complete Blood Count (CBC) showing values for Hemoglobin (6.4 g/dl), RBC Count (23.2 %), Mean Cell Volume (MCV) (84.4 fL), Mean Cell Hemoglobin (MCH) (52.0 pg), Mean Cell Hemoglobin Concentration (MCHC) (14.8 g/dL), Hematocrit (HCT) (28.4 %), and Total WBC Count (8400 /cumm). The second is a Urine Examination report showing a specific gravity of 1.020, pH of 5.0, and a negative result for glucose, protein, and other parameters. The third is a Preoperative Profile report showing a hemoglobin level of 128.0 mg/dL and a negative result for glucose and protein.

METHODOLOGY-

PROBING AND THREADING DONE WITH KSHARSUTRA – under all aseptic condition under LA given part cleaned with betadine and h2o2. Probe inserted from external opening at 8 o'clock and come out through anus at 6 o'clock and *ksharsutra* ligate. Same probe inserted through external opening come out superficially and third probe inserted through external opening and goes downward towards 6 o'clock away 5 cm from anal verge and *ksharsutra* inserted and probing threading done. Weekly intervals were used to replace the outdated *Ksharasutra* with a new one using the rail-road approach. To calculate the unit cutting time (UCT), the weekly length of *Ksharasutra* was measured and recorded.



1]BEFORE PROBING THREADING



2]AFTER PROBING THREADING

Pre-operative: Patient was advised nil by mouth from 6hr. before surgery. Written inform consent was taken. The local part of patient was prepared.

Proctolysis enema was given in early morning before procedure. Inj. T.T. 0.5cc IM and sensitivity test for inj. Xylocaine 0.1% ID was done.

Operative: After spinal anesthesia, the patient was maintained in the lithotomy position on the operating table. A sterile cut sheet was stretched over the peri-anal area after it had been sprayed with betadine solution. Proctoscopic and P/R rectal examinations are performed to rule out other pathological diseases. Using a 5-milliliter syringe and a solution of betadine and hydrogen peroxide, the patency test was conducted. Using blade No. 15 and electric cautery, the fistulous tract was excised by the coring procedure from the external aperture to the external anal sphincter. Following appropriate hemostasis, the wound was wrapped in betadine gauze and covered with T-bandage.



1]Before operate

2] After partial fistulectomy

3] Healing wound

Post-operative: During OT and post-operative period, IV fluid, suitable antibiotics and analgesics were given as per need. From next morning, patients were advised to Hot Sitz bath and then antiseptic dressing with vranropak tail Jatyadi Taila was given daily. Isona powder with luke warm water at bed time was prescribed to relieve constipation.

STATUS OF WOUND AFTER 7TH WEEK- OPERATIVE WEEK



RESULT AND DISCUSSION:

Ksharsutra was changed on weekly interval with new Ksharsutra after applying 2% xylocaine jelly by railroad technique till complete cut through and healing of fistulous tract. The length of Ksharsutra thread was recorded to assess progress of cutting and healing on every

On 1st postoperative day the, wound was healthy, and no pus discharge and no oozing present Hot Sitz bath with warm water was advised and dressing of wound with betadine solution was done daily.

On post-operative 3rd day the mild pus discharge was present from the tract, wound surface was healthy. There was no any swelling, pus discharge and gapping in the site that indicates the complete get rid of fistulous tract. Wound of partial fistulectomy was healed earlier with dressing by *vranaropak tail* which improves the quality of life of patient.

On post-operative 5th week, the wound became cleaned and healing was promoted with healthy granulation tissue .

Along with changing the *Ksharasutra*, the Sitz bath with warm water and dressing with *vranropak tail* were continued. The wound showed signs of good granulation, epithelization, and contraction. The entire fistulous tract cutting and healing process took ten weeks.

For the fistulous tract example, the unit cutting time (UCT) was six days per centimeter. *Kshara* applied to the thread has antibacterial and anti-inflammatory properties.

Because *Kshara* is alkaline, it cauterizes dead tissue and makes cutting and healing easier . *Ksharasutra's* alkaline pH kept local infections under control, aiding in the healing process. The cutting is said to be caused by the local action of *Kshara*, *Snuhi*, and the mechanical pressure of a tight *Ksharsutra* knot during the first one to two days after application, with the remaining five to six days being spent mending. The powdered turmeric (*Curcuma longa*) reduces the reactivity of caustics and aids in the healing of wound

Apamarga Kshara, *Snuhi Ksheera*, and *Haridra* all work together in *Ksharsutra*, which is a supposedly special medication composition for reducing and the fistulous tract's healing. Because hot sitz bath had both cleaning and wound-healing qualities, it helped to keep wounds clean and encouraged wound healing.

The ingredients in *vranropak* oil have properties that are essential for wound healing, such as cleaning, healing, purifying blood, antibacterial, *kandughna*, and anti-inflammatory capabilities. These properties also helped in the healing process. The use of isona powder promoted regular bowel movements. In the case of a traditional fistulectomy, the risks of recurrence are extremely significant. Because simple *Ksharsutra* requires more time to heal and cut through, people with this condition have mental disturbances. Thus, *Ksharsutra* should be established

as a sphincter-saving therapy modality for fistula-in-ano since it has the effect of cutting and healing muscles at the same time.

Therefore, the best option found in this case report is partial fistulectomy with Kharsutra application to reduce the likelihood of incontinence, minimize the amount of time required, drain pus or discharge from the track, return to routine exercise early, and shorten hospital stay.

Apamarg ksheer possesses shodhan as well as ropana properties

Snuhi ksheer is having tikta rasa and,ushna virya,katu vipaka kapha-pitta shamak properties.

Haridra having anti-inflammatory,anti-allergic,antiseptic,blood cleansing properties which enhances the better management *bhagandara*.

Conclusion:

This case study showed that complete fistulectomy with Ksharsutra application can treat Bhagandara (Fistula-in-ano) and promote early healing without anal incontinence.

Therefore Based on this case report, complete fistulectomy with Ksharsutra application is considered the safest and most effective treatment choice. Since this is a single case study, more cases are needed to draw a firm conclusion.

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