World Journal of Pharmaceutical and Life Sciences
WJPLS
www.wjpls.org
SJIF Impact Factor: 7.409

A MANAGEMENT OF AGANTUJA BHAGANDARA (FISTULA-IN-ANO) WITH KSHARASUTRA: A CASE STUDY

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Article Received on 13/04/2024 **Article Revised on 03/05/2024** **Article Accepted on 23/05/2024**

ABSTRACT
Fistula-in-ano, a chronic inflammatory condition, manifests as a tubular structure with one end opening into the anorectal canal and the other emerging on the surface of the perineum or perianal skin. Persistent pus discharge from a perianal opening signifies the presence of a fistulous tract. Prolonged sitting, poor hygiene, obesity, and repeated irritation, such as from hair, can elevate the risk of its occurrence. In Ayurveda, it corresponds to Bhagandara, with Acharya Sushruta delineating five types of this condition. He elucidated Shastra Karma, alongside Kshara karma and Bheshaja Chikitsa, as treatment modalities. In a recent case observed in the Shalya OPD, a 59-year-old male patient with fistula-in-ano who had a history of trauma was successfully treated using Ksharasutra. This procedure is deemed ideal for addressing Bhagandara as it effectively excises and cleanses the unhealthy tissue within the fistulous tract.

KEYWORDS: Agantuja Bhagandara, Kshara Sutra, Fistula-In-Ano, Ayurveda.

INTRODUCTION

Bhagandara, listed among the Ashtamahagada (Eight grave disorders) in Ayurveda as the name suggests, it causes Daarana i.e., tear in the Bhaga, Guda, Basti pradesha thus causing discomfort to the patient. When a Vedanaayukta Shopha forms in the Guda Pradesha within a distance of two angula, on attening pakva avastha, leads to tearing in the Bhaga, Guda, and Vastipradesha, it's termed as Bhagandara.

Fistula-in-ano, a prevalent anorectal condition globally, manifests as a tract lined by granulation tissue, connecting the perianal skin superficially to the anal canal, anorectum, or rectum deeply. It often originates from a pre-existing anorectal abscess, complicating treatment due to its tendency for recurrence. The primary complaint associated with anorectal fistula is intermittent or constant drainage or discharge.

Fistula-in-ano can be classified as

1. Crypto glandular- 90% and non-crypto glandular - 10%,
2. Low level fistulas and high-level fistula,
3. Simple fistula without extension and complex fistula with extensions,
4. Single external opening and multiple external openings.

5. Park's Classification:

1. Intersphincteric 70%,
2. Trans-sphincteric 25%,
3. Suprasphincteric 4%,
4. Extrasphincteric 1%.

Modern treatment methods for fistula-in-ano, such as Fistulotomy, Fistulectomy, Seton technique, Advancement flaps & glues, LIFT procedure, and Fistula laser closure (FiLaC), pose challenges including pain, invasiveness, prolonged hospitalization, high morbidity, recurrence, and risk of incontinence.

In Ayurveda, Acharya Sushruta advocates a holistic approach to treating Bhagandara, incorporating medication, cauterization, surgical intervention, and Ksharasutra therapy. Among these, Ksharasutra has gained global acceptance due to its safety, minimal invasiveness, and low recurrence rates. The primary objective of Ksharasutra application is to eliminate causative factors like infected anal glands, thereby promoting healing of the fistulous tract without the need

for surgical opening. Both Ayurveda and modern medicine aim to drain local infection, eradicate the fistulous tract and infectious crypt, minimize the risk of faecal incontinence and recurrence, and restore the cosmetology of the area while avoiding scar tissue formation.

CASE REPORT

In the present case study, a 59-year-old male patient came to our OPD of Shalya Tantra SKAMCH&RC, Bangalore, with a chief complaint of painful swelling in the left gluteal region and pus discharge from perianal region for 1 week. External opening was present at 4 o' clock at perianal region approximately 6 cm away from anal verge. Internal opening was at 6 o' clock position into the anal canal on digital per rectal examination. Probing also was done to confirm site of internal opening of Bhagandara.

PREVIOUS HISTORY OF CHIEF COMPLAINTS

Patient had a history of fall in washroom 2 months back where he slipped and sat on the floor after which he had pain in the gluteal region, gradually the pain increased in intensity for which pt. shown to the physician where medication was given(details unknown) pain reduced but after 15 days patient have the same complaints of pain in gluteal region and he developed pain around the anal region which increased in intensity gradually so he approached to our opd where he was assessed and diagnosed a case of Bhagandara (Fistula-in-ano) on the basis of clinical presentation.

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 left 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 6-7 cm tract was found during probing. On proctoscopy examination no any other anal pathology was seen. After complete examination the diagnosis was confirmed as Fisula in Ano i.e., Bhagandara with the Transrectal scan with the impression of Fistula extending from left perianal skin opening to postero- lateral anal wall.

In this patient perianal skin was normal with no dermatitis.

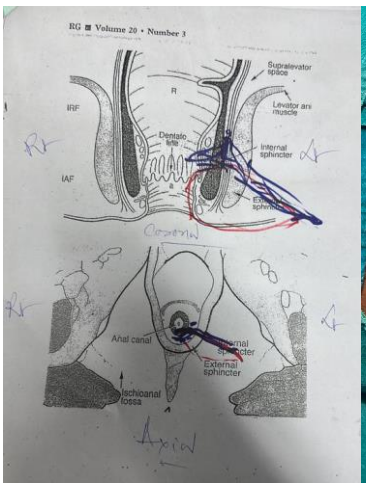
TREATMENT: Kshara Sutra Ligation.

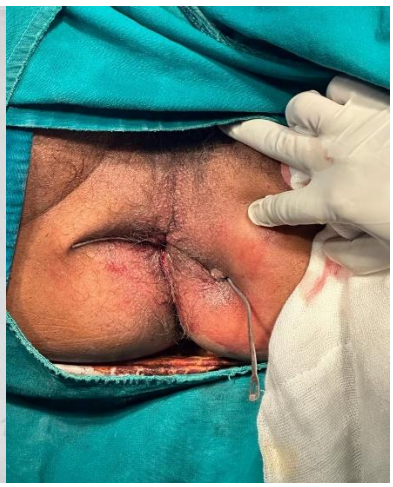
Pre-operative preparation

Local part preparation was done. Proctolysis enema was given at early morning on day of operation. 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. After proper painting and draping, local anaesthesia with 2% xylocaine was infiltrated nearby opening and around anal verge. Reassessment of extension of tract was done by probing. Prominent incision taken near the Bhagandra Pidaka and the pus drained after draining the pus bhagandra pidika was excised along with the fibrosed tissue all the loculi was broken and cavity cleared followed by the betadine wash with hydrogen peroxide followed by normal saline wash Probe was removed through anal opening via internal opening after feeding of Ksharasutra and Ksharasutra ligated appropriately. Cavity packed with Jatyadi taila soaked gauze piece, haemostasis achived.



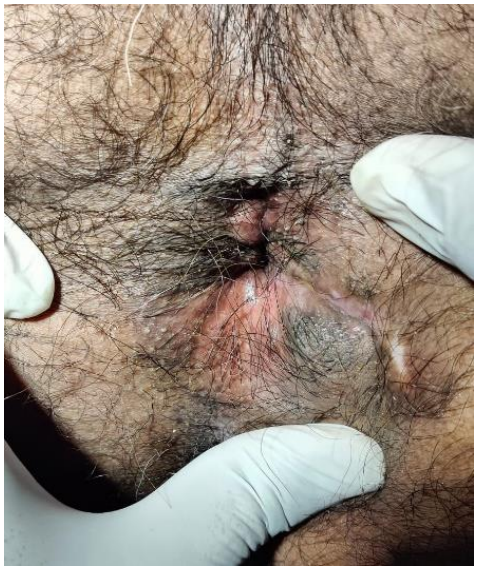


Postoperative procedure
Ayurvedic medicines and sitz bath was given. Patient was admitted to the Hospital for 4 days till next Ksharasutra was changed.

Oral medications
- Triphala Guggulu BID
- Gandhak Rasayan TID
- Swadista virechana choorna 1tsp at bed time with warm water
- Sitz bath.

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 as aguda pichu 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.



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 postoperative 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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