



A CONCEPTUAL STUDY ON EXCISION OF INTERNAL FISTULOUS OPENING FOLLOWED BY APAMARGA PRATISARANEEYA KSHARAKARMA IN BHAGANDARA WITH SPECIAL REFERENCE TO FISTULA-IN-ANO

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ABSTRACT

Fistula-in-ano is a chronic abnormal communication, usually lined to some degree by granulation tissue; which runs outwards from the anorectal lumen (the internal opening) to an external opening on the skin of the perineum or buttock (or rarely, in women, to the vagina).^[1] Anal fistulas arise from cryptoglandular infection (90%) and systemic causes (10%).^[2] The mean incidence has reported at 8.6 per 1,00,000 individuals. The prevalence is greater in men than women, with a rate of 12.3 cases per 1,00,000 and 5.6 cases per 1,00,000 respectively.^[3] Modern management of Fistula-in-ano includes fistulotomy (60-70%), cutting seton (20-30%), fistulectomy (10-20%), LIFT technique (Ligation of intersphincteric fistula track-10%), Advancement flaps (2-5%), Anal fistula plug repair (5%).^[4] Acharya Sushruta advocates *Paatana*, *chedana*, *ksharakarma* and *agnikarma* as a line of management.^[5] *Ksharasutra* is used for the management of *Bhagandara* with the efficacy of 93%-100%. It has some shortcomings such as prolonged duration of treatment in fistula with an increased tract length, pain during *ksharasutra* changing and requires frequent follow up.

KEYWORDS: Bhagandara, Fistula-in-Ano, Ksharakarma, Chedana, Excision, Internal opening.

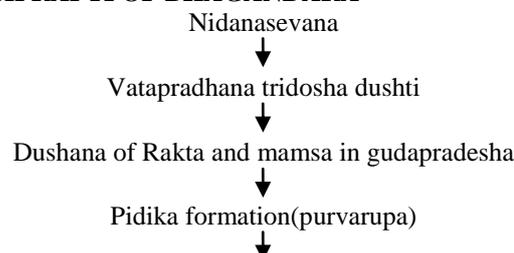
INTRODUCTION

Bhagandara has been described by Acharya Sushruta as one among *Ashtamahagada* (eight major diseases) which is difficult to cure.^[6] The etiopathogenesis, symptoms, types, preventive measures and curative aspects have been mentioned in detail. The word *Bhagandara* is composed of two words *bhaga* and *darana*. *Bhagandara* is a common disease occurring in the Anorectal region around the anus which may extend up to the genitalia. *Bhagandara* is an anorectal disorder characterized by chronic infection and recurrent pus discharge. In modern surgery, procedures like fistulectomy and fistulotomy are employed, but they are often associated with complications such as incontinence, recurrence, and delayed wound healing. In *Ayurveda*, *Pratisaraneeya ksharakarma* is indicated^[7] which is a minimally

invasive para-surgical procedure that promotes effective debridement, healing and prevents recurrence.

This review aims to analyze the efficacy, mechanism of action in excising of internal fistulous opening followed by *Pratisaraneeya Kshara Karma* and advantages over conventional surgical methods.

DISEASE REVIEW SAMPRAPTI OF BHAGANDARA



Pidika gets suppurated along with discharge
(Bhagandara)



If neglected causes Darana of Bhaga, Guda, Basti and discharges Vata, mutra, pureesha, Retas through it

SAMPRAPTI GHATAKA

- Nidana -Mithyaaaharavihara and aagantuja
- Pradhana Dosha -Vata
- Anubandha Dosha -Pitta, Kapha
- Dushya – Mamsa, Rakta
- Srotas-Pureeshavaha, Mamsavaha, Raktavaha
- Srotodushti-Sanga, Vimargagamana
- Udbhavasthana-Pakvashaya
- Vyakta sthana-Bhaga, Guda and Basti pradesha
- Adhithana –Guda Pradesha
- Rogamarga-Abhyantara
- Agni-Jataraagnijanya

DRUG REVIEW

Apamarga kshara is included under *Ksharapanchaka*^[8], *Ksharashastaka*^[8], *Ksharasaptaka*^[8], *Ksharaashtaka*^[9], *Ksharadashaka*^[10]

Properties of Apamarga

Rasa-Katu, Tikta

Guna-Teekshna, Sara

Veerya-Ushna

Vipaka-Katu

Karma-Kaphahara, Vatahara, Medohara, Chedana,

Deepana, Pachana, Vamaka, Shirovirechana

METHODOLOGY

METHOD OF EXCISION OF INTERNAL FISTULOUS OPENING FOLLOWED BY APAMARGA KSHARAKARMA

POORVA KARMA

- Informed written consent is taken before the procedure
- Injection TT 0.5ml given intramuscularly
- Injection Xylocaine 2% 0.2ml test dose given subcutaneously.
- Part preparation done
- Proctolysis enema is given.

PRADHANA KARMA

- Subject is made to lie in lithotomy position
- Under all aseptic precaution, painting and draping of the part done
- Injection local anaesthesia infiltrated around the anal verge.
- Manual anal dilatation achieved upto 4 fingers
- Slit proctoscope is inserted into the anal canal
- A suitable malleable probe will be inserted through external opening to internal opening
- In the anal canal to identify the internal opening
- By keeping the probe in situ, an elliptical incision is taken around the internal opening and then excised.
- Haemostasis achieved.
- *Apamargakshara* is applied and observed for 100 *matra kala*

- Once the *samyak ksharalakshana* is observed the site is irrigated with *Jambeeraswaras* /vinegar
- Anal pack kept
- Sterile dressing done

PASHCHAT KARMA

- Anal pack is removed after 6 hours
- *Panchavalkala kwatha* irrigation and regular dressing till the healing of the track
- *Panchavalkala kwatha* sitz bath twice daily

DISCUSSION

Pratisaraneeyaksharakarma is indicated in *Bhagandara* as kshara possess properties like *Chedana*, *Tridoshaghna*, *Bhedana*, *Lekhana*, *Shodhana*, *Ropana*, *Stambhana*; destroys *Krimi*, *Ama*, *Kapha*, *Visha* and *Meda*. *Kshara*, made from a combination of drugs, possesses *Tridosha shamaka* properties and hence helps in balancing *dosha* vitiation.

PROBABLE MODE OF ACTION

1. EXCISION OF INTERNAL OPENING

The internal opening acts as the primary source of contamination and serves as a continuous entry point of fecal matter and microorganisms into the fistulous tract.

Excision of this internal opening:

- Removes the source of infection and epithelial continuity.
- Allows drainage of retained pus or debris.
- Exposes the inner tract to external cleaning and *Kshara* application.
- Creates conditions for healing from the base outward.
- This surgical excision establishes a clean base, making the entire tract accessible to the chemical action of *Pratisaraneeya Kshara*.

2. Mechanism of Action of Apamarga Pratisaraneeya Ksharakarma on the Entire Tract

After excision, *Apamarga Kshara* is applied into the the excised area of internal opening. Its effects occur in a graduated, multidimensional manner.

A. Local Action on Tract Walls

The high alkalinity (pH 10–12) produces controlled chemical cauterization of the epithelial lining of the fistulous tract.

This destroys the epithelial cells and granulation tissue, preventing epithelial regeneration and recurrence.

Ksharana (corrosive action) removes *dushtamamsa* and *kapha-pitta dushti* from the entire length of the tract.

The tract walls become clean, free of debris, and begin to contract naturally.

B. Effect on Microorganisms and Infection

The alkaline medium is bactericidal, inhibiting growth of anaerobic bacteria that thrive in acidic conditions.

Reduction in microbial load decreases local inflammation and pus discharge (*puyasrava*).

Kshara neutralizes the acidic environment of chronic infection, restoring tissue pH balance favorable for healing.

C. Effect on Secretions and Discharge

The *tikshna-ushna-laghu* properties cause *kledashoshana* (absorption of exudate).

This reduces *srava* (discharge), edema, and discomfort, maintaining a dry environment that supports *vranaropana* (healing).

D. Effect on Granulation and Healing Process

The mild chemical injury induced by *Kshara* stimulates fibroblast proliferation, collagen synthesis, and angiogenesis, which are essential for healing.

Controlled destruction initiates a secondary intention healing process, ensuring gradual closure of the tract from the base upward.

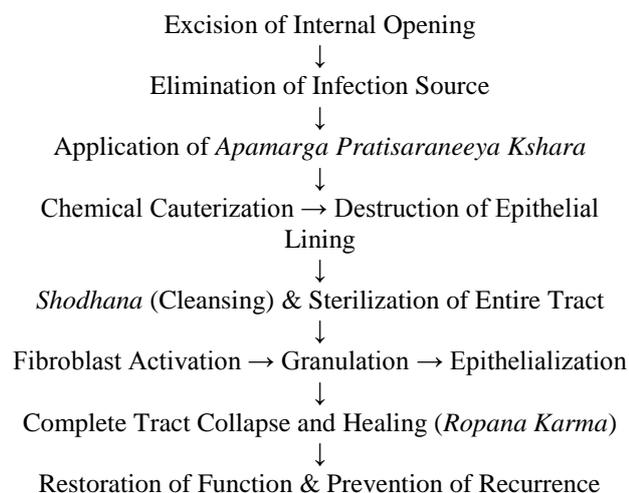
The new tissue formed is fibrotic and strong, minimizing chances of re-opening or recurrence.

E. Effect on the Entire Tract Pathway

The alkaline solution, being diffusible, penetrates laterally into micro-branches and secondary extensions of the fistulous tract, which are often inaccessible to surgical excision.

This ensures destruction of residual epithelial cells and microorganisms even in blind extensions — a unique advantage over mechanical excision alone.

The *lekhana* property acts uniformly, shrinking and collapsing the entire tract, promoting contraction and obliteration.



CONCLUSION

Hence, Excision of internal fistulous opening followed by *Apamarga pratisaraniyakshara karma* is a simple and effective treatment measure with least chances of recurrence rate, causing minimal post-operative pain, discomfort and other complications, which requires minimal hospitalization and lesser follow up.

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