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A CASE STUDY OF PRATISARANIYA KSHARA KARMA IN BHAGANDARA W.S.R. TO LOW ANAL FISTULA

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ABSTRACT

The anal fistula is a chronic communication between anal canal/rectum and perineal skin in most instances. This communication is lined by granulation tissues. Word 'Fistula' literally means a pipe or reed or flute. Anal fistula composed of a tract which is made of fibrous tissue in which granulation tissue is present. Granulation tissue is usually unhealthy. Prevalence of this disease is common in general population. This disease is a challenge in many instances when it comes to satisfactory treatment. Various treatment modalities has been advocated and practiced with different outcomes. None of the available treatment can be considered as a gold standard modality. There are various pros and cons with particular treatment option, so there has been always need for satisfactory treatment in terms of low recurrence and minimal morbidity.

When we explore literature of Ayurveda we found a disease named *Bhagandara.* On the basis of signs and symptoms it can be assumed that, it is none other but 'Anal Fistula'. Treatments options described in *Ayurveda* include *Shastra Karma, Kshara Karma* and *Agni Karma* etc., these can be used alone or in combinations as per various clinical situations. In this case of low anal fistula, without involvement of any anal sphincters the fistulotomy along with application of *Pratisaraniya Kshara* was performed. *Kshara* is having benefits like *Chedana, Bhedana, Lekhana, Sodhana* and *Ropana* properties with early hemostasis, total eradication of infection by chemical debridement of fistulous tract so that reduces the chance of recurrence and enhances the wound healing and also decrease the duration of treatment as

well as recurrence. It offers effective, ambulatory and safe alternative procedure. In the present work we have tried to study the *Pratisaraneeya Kshara* after fistulotomy with decrease duration of treatment without recurrence.

KEYWORD: *Bhagandara, Kshara karma.*

INTRODUCTION

In Ayurveda classics, *Bhagandara* is considered as one of the *Ashta Mahagada* i.e. very difficult to cure. *Bhagandara* is one of the commonest diseases which occurs in ano-rectal region. In spite of advances in modern science, its high recurrence is still a matter of concern. Ayurveda is well known for the treatment of *Bhagandara* with *Kshara Sutra* application with negligible rate of recurrence. So far lot of research works has been carried out in various institutes of Ayurveda throughout the country.

The true prevalence of Fistula-in-ano is unknown. The incidence of a Fistula-in-ano developing from an anal abscess ranges from 26-38%.[1] One study conducted by Sainio p.[2] showed that the prevalence rate of Fistula-in-ano is 8.6 cases per 100,000 populations. The prevalence in men is 12.3 cases per 100,000 populations and in women is 5.6 cases per 100,000 population. The male-to-female ratio is 1.8:1. The mean age of patients is 38.3 years.

The development of *Bhagandara* is proceeded with formation of a *Pidika* that is known as *Bhagandara Pidika* [3] in *Guda Pradesha*. If proper treatment of *Bhagandara Pidika* is not employed, this will result in development of *Bhagandara*. It is characterized by single or multiple opening around *Guda Pradesha* (perianal area) with various types of discharge associated with severe pain.

The anal fistula is a chronic communication between anal canal/rectum and perineal skin in most instances. This communication is lined by granulation tissues. Anal fistula composed of a tract which is made of fibrous tissue in which granulation tissue is present. Granulation tissue is usually unhealthy. Prevalence of this disease is common in general population. Though this disease is not life threatening it produces inconveniences in routine life. It causes discomfort and pain that creates problem in day to day activities. As the wound is located in anal region, which is more prone to infection and persistent pus discharge, irritates the person The modern surgical management of Fistula-in-ano includes Fistulotomy, Fistulectomy, Seton placing,[4] Ligation of Intersphinteric Fistula Tract (LIFT),[5,6] Fibrin Glues,

Advancement Flaps[7] and Expanded adipose derived Stem Cells (ASCs),[8,9] etc. *Ksharasutra* therapy is still a standard technique for management of *Bhagandara* employed by Ayurveda surgeons. In the case of subcutaneous low anal fistula, without involvement of any anal sphincters the fistulotomy along application of *Pratisaraneeya Kshara* may having some benefits like early hemostasis, total eradication of infection by chemical debridement of fistulous tract so that reduces the chance of recurrence and enhances the wound healing.

In *Ayurveda* surgical practice for the treatment of fistula in Ano *Ksharasutra* therapy is the gold standard technique because of having low treatment cost and minimal recurrence rate. In spite of being a very good technique it also having some negative points as sometime treatment duration becomes so prolong, pain during thread changing, bridging of external opening stop drainage that may require widening surgically often, so that patient get irritated.

Acharya Sushruta has advocated general as well as specialized approach for management of *Bhagandara.* Generalized treatment principle involves *Chedana Karma* of *Bhagandara Marga* followed by application of *Kshara* or *Agni,* as applicable.[10] If we use the marvelous actions like *Chedana, Bhedana, Lekhana, Sodhana* and *Ropana* properties of *Kshara* in the form of *Pratisarneeya Kshara* in low anal fistula just after fistulotomy that may decrease the duration of treatment as well as recurrence.

CASE STUDY

A male patient of 40 yrs age approached to Shalya Tantra OPD in the National Institute of Ayurveda, Jaipur. He has complained of small swelling with pus discharge in the anal region for last 1 month. Swelling decreases in size after pus discharge and reappeared again after few days. After history taking and physical examination the diagnosis was confirmed as Bhagandara i.e. Fistula in ano (Low anal) at 6 o'clock position. The all routine investigations were performed and no specific etiology was found, so patient posted for surgical procedure. All aseptic measure were employed during procedure.

MATERIALS AND METHODS

The patient was taken in the lithotomy position and the perianal area painted with the antiseptic solution (10% Povodine iodine). The sterile drape sheets were placed over operative area. The operative site was anesthetized with the infiltration of inj. 2% Xylocaine with adrenaline solution. After achieving appropriate anesthesia, malleable copper probe was introduced from external opening and emerge at internal opening. The complete fistulous

tract was laid open,over the prob with the scalpel and a shallow wound was created. The wound was cleaned with *Triphala Kasaya*. Then the *Apamarga Teekshna Pratisarneeya Kshara* was applied on the flour and edge of wound. Care was taken to avoid blowout of *Kshara* over the margin of wound, which may cause burning of unwanted tissue. After application of *Kshara* we wait up to 3 minutes for *Jambophala Varna* appear on the wound. *Acharya Sushruta* stated that after application of Kshara appearance of *Jambophala Varna* is the sign of *Samyaka* (proper) *Kshara Dagdha*. So we waited for three minutes after that the wound became *Jamboo Phala*. After that the *Kshara* was washed with the cotton swab dipped in *Nimbu Swarasa* (lemon juice). Again the wound toileting was done with the *Triphala Kasaya*. The wound was packed with gauze pieces soaked in antiseptic solution before securing complete hemostasis. A tight T-bandage was applied to complete the procedure.

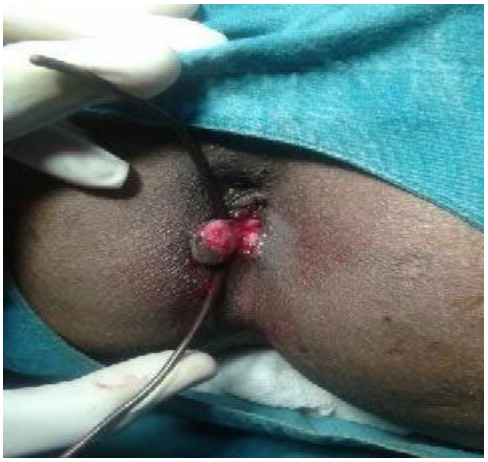
RESULT AND DISCUSSION

During intra operative period whole procedure was performed in local anesthesia so no pain was felt in the patient. After two hours of completion of procedure single dose of analgesic was given for control of pain. No further pain killer was advised to patient. It shows that due to *Kshara* applications the margin of fistulotomy wound were burn so that reduces the pain sensation. This may also due to the neutralization of *Kshara* with *Nimbu Swarasa*.

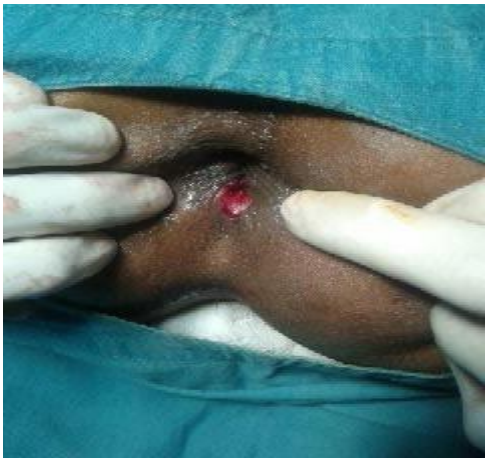
In this case the bleeding during procedure was minimal i.e. bleeding stops immediately after the application of *Kshara*. The probable mode of action of *Kshara* it coagulates the vessels as well as cauterize the surrounding tissue, so that reduces the bleeding.

After the application *Kshara* it was noted that the pus discharge during post-operative period was less than other conventional *Kshara-sutra* therapy. That reason behind reduction in pus discharge may be, due to in fistulotomy we explore the complete tract so there were no available site for the further collection as well as with the *Teekshna* and *Sookshma Kshara* penetrates in the other secondary tract and cauterizes them. So here *Kshara* worked not only on the primary tract but also the small secondary tract too and reduces the chance of recurrence. The patient was followed up up to four month after complete healing of tract and no recurrence was noted. The reason behind absence of recurrence was that due to complete destroying of the primary focus by chemical cauterization of fistula as well as the draining of other secondary tract. In the post-operative period of fistulotomy wound there were no bridging was noted. Bridging of the fistulotomy wound margin is the most initial cause of

recurrence but after *Kshara* application the wound margins are burned and even after approximation these dose. Wound was completely healed after 20 days.



During procedure



During follow up

CONCLUSION

The present case shows very hopeful results of *Kshara* application on the fistulotomy wound as it is safe, cost effective, very good hemostatic and successful treatment of low anal fistula in ano with very less recurrence. However it must be noted that the fistula should be low anal and patient regularly followed. To make firm the above theory the study should be carried out in large sample size.

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