

## MANAGEMENT OF GAMMA SHAPED FISTULA-IN-ANO VIS A VIS BHAGANDARA BY KSHARASUTRA – A RARE CASE REPORT

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### ABSTRACT

Fistula-in-Ano is an inflammatory tract which has an external opening in the perianal skin & an internal opening in the anal canal or rectum. This is lined by unhealthy granulation tissue & fibrous tissue. The prevalence rate is 8.6 cases per 1,00,000 population. In Ayurveda Fistula-in-Ano can be correlated with *Bhagandara* which is defined as *Pidakas* formed at *bhaga*, *guda* and *basti pradasha* undergoes suppuration, bursts open and makes an opening externally. It is considered under *Ashta Mahagada*. Fistulotomy, Fistulectomy, Flap procedure, Laser technique etc are the procedures often adopted in contemporary science, which may require prolonged hospitalization, repeated infections and incontinence. In order to avoid these problems, there is a need for *Kshara sutra* ligation method as explained in *Nadivrana Chikitsa* of *Sushruta samhitha*, which also suggests the use of the same in *Bhagandara*. In this case report, A female patient aged about 17 years visited OPD of Shalya Tantra of Sri Kalabyraveswaramswamy Ayurvedic Medical college, hospital & Research center with complaints of pain and pus discharge in perianal region. High frequency USG of the perineum suggestive of a Gamma Shaped trans sphincteric fistulous track along the Right anterolateral aspect of the anal canal. Its External opening is at 10-11'0 clock position with internal opening around 12'0 clock position. It is at a depth of about 1.5 cm deep to the verge. The patient was treated with *Apamarga Ksharasutra* till the complete excision & healing of fistulous tract.

### INTRODUCTION

Acharya Sushruta says “*Bhagagudabasti pradeshadaraanat cha bhagandara iti uchyanate, abhinnaaha pidakaha, bhinnastu bhagandaraha*”- *Pidakas* formed at *bhaga*, *guda* and *basti pradasha* undergoes suppuration, bursts open and makes an opening externally known as *Bhagandara*.<sup>[1]</sup> ‘*Bhagandara*’ is told as *Mahagada* due to its grave nature in *Sushruta Samhita*.<sup>[2]</sup>

*Bhagandara* described in classics represent Fistula-in-Ano. Fistula-in-Ano or anal fistula, is a chronic abnormal communication usually lined to some degree by granulation tissue, which runs outwards from the anorectal lumen (internal opening) to an external opening on the skin of the perineum or buttocks.<sup>[3]</sup> Most fistulae are thought to arise from crypto-glandular infections with resultant perianal abscess. The symptoms generally affect one’s quality of life from discomfort to infection due to drainage. The overall Prevalence of this disease is about 8.6 cases per 1,00,000 population per year and

those in their third, fourth and fifth decades of life are most commonly affected.<sup>[4]</sup>

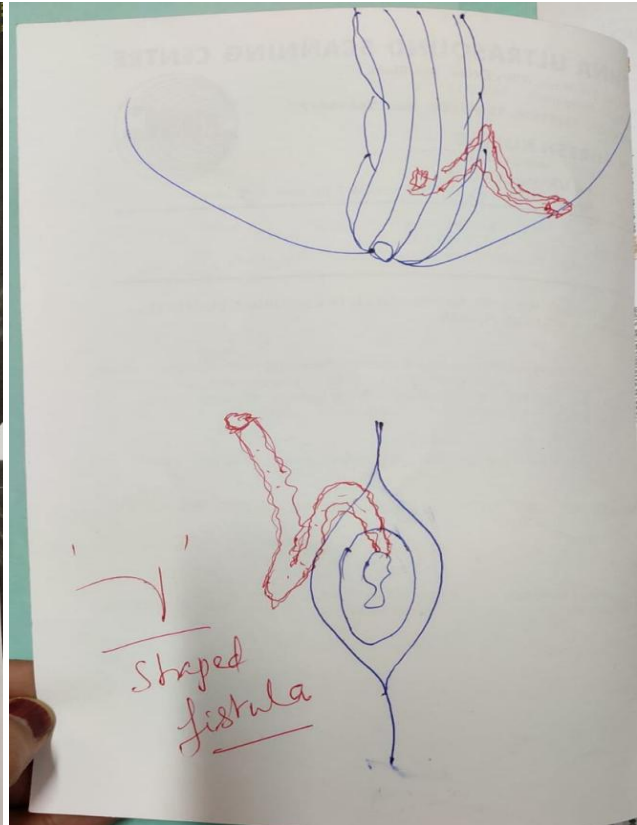
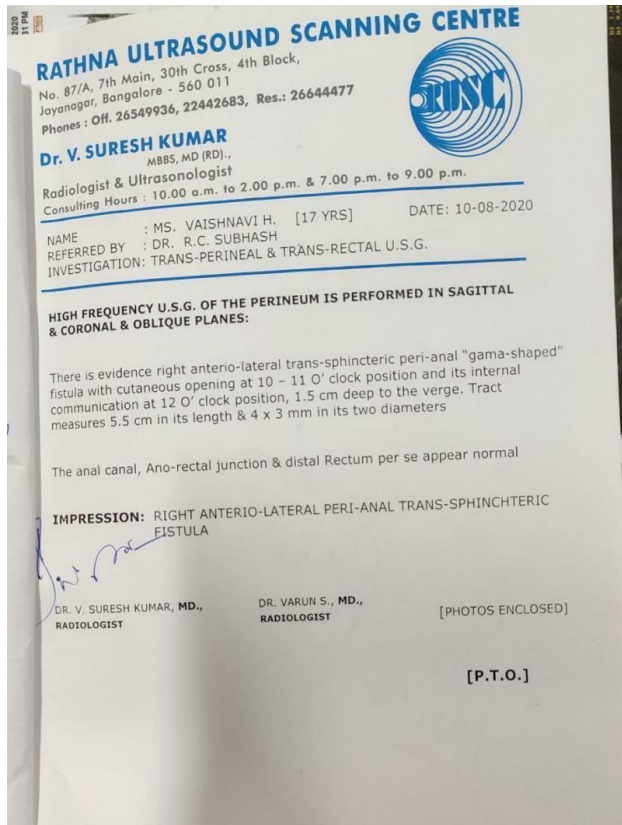
Fistulotomy, fistulectomy, Flap procedure, Laser technique etc are the procedures often adopted in contemporary science, which may require prolonged hospitalisation, repeated infections and incontinence. In order to avoid these problems, there is a need for an alternative technique which can be achieved through *Kshara sutra* ligation method. There is a reference about *Kshara sutra* in the management of *Nadivrana* and the same treatment can be considered in *Bhagandara*.<sup>[5]</sup> *Apamarga* is mentioned as *dravyas* for *kshara* preparation in the *sushruta samhita ksharapaka vidhi adhyayam*.<sup>[6]</sup> So, a study of the same was taken up and analyzed.

### CASE REPORT

A female patient aged about 17 years was suffering from Occasional pain and pus discharge with mild itching in perianal region since 1 year. The patient was diagnosed as suffering from *Fistula-in-Ano* in a nearby hospital and

was advised surgery. As the patient was not willing to undergo surgery, she with her parents visited the OPD of Shalya Tantra of Sri Kalabyraveshwaraswamy Ayurvedic Medical college, hospital & Research center, for alternative treatment. Upon taking the detailed history, Local and Systemic evaluation and ruling out the Systemic disorders, the patient was diagnosed as suffering from *Bhagandara* vis a vis Fistula-in-Ano with external opening at around 11' o clock position and

internal opening at 12' o clock position. High frequency USG of the perineum was suggestive of a Gamma Shaped trans sphincteric fistulous track along the Right anterolateral aspect of the anal canal. Its External opening is at 10-11' o clock position with internal opening around 12' o clock position. It is at a depth of about 1.5 cm deep to the verge. Tract length 5.5cm. All routine investigations were done to rule out other causes and the patient was taken up for *Kshara sutra* therapy.



## INVESTIGATIONS

Investigations	Results
CBC	WNL, WBC- 12,100 cells/mm <sup>3</sup>
CT, BT	WNL
RBS	94 mg/dl
HIV I & II	Non-reactive
HbSAg	Non-reactive
ECG	WNL
RT-PCR for COVID-19 (SARS-II)	Negative

## MATERIALS AND METHODS

Preparation of *Apamarga Kshara sutra* was done based on standard method of preparation.<sup>[7]</sup>

After pre-medications, part preparation, enema & informed consent, the patient was taken in lithotomy position under spinal anesthesia. Part was painted with betadine solution & draping was done.

External opening was noted at 11' o clock position. Using Lox 2% gel, Manual 4 finger anal dilation was done. Malleable copper probe lubricated with lox 2% gel was introduced into the external opening and directed gently through the tract to make another opening in the perianal region at 7' o clock position. A sterile Barbour linen thread number 20 was ligated into this tract with the help of probe. Again, the probe was inserted into the tract from 7' o clock position externally and was brought out through 12' o clock position internally. One more sterile Barbour linen thread number 20 was ligated into this tract with the help of probe. Hemostasis was achieved, 2 Jonac Suppositories were inserted into the anal canal and dressing done. Patient was shifted to Post-operative ward under stable conditions.



### POST OPERATIVE TREATMENT

- ✓ *Apamarga Kshara sutra* was changed subsequently once a week till complete excision of the tract.
- ✓ *Sukhoshnajala Avagaha Sweda* (Sitz Bath) for 20 minutes once daily after defecation.
- ✓ *Triphala Guggulu* 500mg 2BD for 4 weeks.

### OBSERVATION AND RESULTS

ASSESSMENT	Before Treatment (BT)- Day 1	After Treatment (AT)- Complete excision of the tract	At Follow up (AF)- 21 Days after treatment
a) Pain at peri anal region.	3	0	0
b) Itching at peri anal region.	1	0	0
c) Discharge at peri anal region.	3	0	0
d) Unit Cutting time	13.5 days/cm		

### DISCUSSION

- ✓ *Apamarga Kshara Sutra* which has *Apamarga Kshara*, does *Chedana*, *Lekhana*, *Shodhana*, *Ropana*<sup>[8]</sup> i.e., it Cuts and Scrapes the unhealthy tissues and does healing of the tract.
- ✓ *Snuhi ksheera* does *Chedana*, *Lekhana* i.e., Cut, scraping effect and binds *kshara* to the thread.
- ✓ *Haridra* acts as *Ropana* i.e, it heals the Fistulous tract.
- ✓ *Triphala Guggulu*<sup>[9]</sup> has *Shothahara* and *Ropana* property.
- ✓ *Avagaha sweda*<sup>[10]</sup> helps to relieve pain and to maintain the hygiene of perianal region. The patient was followed up for 3 weeks after complete excision of the fistulous tract.

### CONCLUSION

- ✓ *Kshara sutra* therapy is Feasible, Non-surgical, Minimal or no recurrence and is an alternate to surgical line of treatment.
- ✓ It was evident that *Apamarga Kshara sutra* along with *Triphala guggulu* and *Avagaha sweda* showed very good results in treating this *Bhagandra* Vis A Vis Gamma shaped Fistula-in-Ano case successfully wherein, Fistulous tract healed with scar formation and the patient was relieved of all the symptoms.

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