

MANAGEMENT OF BHAGANDARA BY KARANJA KSHARASUTRA – A CASE STUDY

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ABSTRACT

‘Bhagandara is told as Mahagada due to its grave nature in Sushruta Samhita.^[1] Acharya Sushruta says “Bhagadabasti pradeshadaanat cha bhagandara iti uchyante, abhinnaaha pidakaha, bhinnastu bhagandaraha”- Pidakas formed at bhaga, guda and basti pradesha undergoes suppuration, bursts open and makes an opening externally known as Bhagandara.^[2] It described in classics correlated to Fistula-in-ano based on clinical features. 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.^[3] Most fistulae are thought to arise from cryptoglandular infections with resultant perianal abscess. The symptoms generally affect one’s quality of life from discomfort to infection due to drainage. Fistulotomy and Fistulectomy 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 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.^[4] On the basis of these the case has been taken and followed. In this case report 24 years male patient visited OPD of Shalya Tantra with complaint of pain and discharge in perianal region. Fistulogram suggest that evidence of an intersphincteric fistulous track along the left anterolateral aspect of the anal canal. Its internal opening is around 1’0 clock position at the level of the anal valve. It is at a depth of about 10mm from the intersphincteric groove. The patient was treated with Karanja Ksharasutra till the complete healing of fistulous tract.

KEYWORDS: Fistulotomy and Fistulectomy.

INTRODUCTION

The word bhagandara is composed of two words, ‘bhaga’ and ‘darana’. Bhaga the area between anus and the genitalia is defined as bhaga. Darana to tear or destroy. Hence, bhagandara may be considered as a type of a chronic sinus in the perianal area or perineum which discharges pus or blood and left untreated, there may be discharge of faeces, flatus, urine and semen. Or it may be secondary to the suppuration of an abscess – bhagandara pidaka, resulting in tearing or destruction of these areas. 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.

Acharya Sushruta says “Bhagadabasti pradeshadaanat cha bhagandara iti uchyante, abhinnaaha pidakaha, bhinnastu bhagandaraha”- Pidakas formed at bhaga, guda and basti pradesha undergoes suppuration, bursts open and makes an opening

externally known as Bhagandara. Bhagandara described in classics correlated to 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 buttocks⁵. Most fistulae are arisen from crypto-glandular infections with resultant perianal abscess. The symptoms generally affect one’s quality of life from discomfort to infection due to drainage.

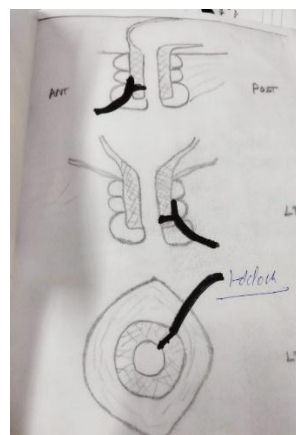
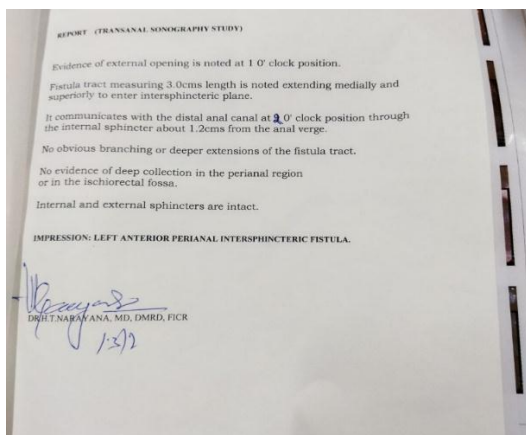
Fistulotomy and fistulectomy are the procedures often adopted in contemporary science, which may require prolonged hospitalization. May cause repeated infections and incontinence. In order to avoid these problems, there is a need for an alternative technique which can be achieved through Kshara sutra ligation method. There is a reference about Kshara sutra in the management of Nadivrana and the same treatment can be considered in Bhagandara.

CASE HISTORY

A 24 years male patient with complaints of pain and discharge in perianal region since 3 weeks approached OPD of shalya tantra, Sri Kalabyraveshwara swamy ayurvedic hospital. Patient had a history of fistula in ano 1 year ago. Pt underwent surgery for the same complaint but the details are unknown. From past 3 weeks patient noticed discharge from perianal region along with pain and occasional bleeding. On P/R examination, external

opening noted at 1’0 clock position with mild pus discharge.

As advised patient underwent transrectal scan and report suggested that evidence of external opening is noted at 1’0 clock position. Fistula tract measuring 3 cm length is noted extending medially and superiorly to enter intersphincteric plane. It communicates with the distal anal canal at 2’0 clock position through the internal sphincter about 1.2cms from anal verge.



MATERIALS AND METHODS

Karanja Ksharasutra ligation was done.

Preoperatively

- Inj TT 0.5ml IM was given
- Consent was taken
- Underwent necessary investigations like RBS, CT, BT

Operative Procedure

- Pt taken in lithotomy position

- Part painting and draping done
- Probing done from the external opening followed by primary thread was tied.
- Hemostasis achieved and dressing done.

Post operatively

- Tab Triphala guggulu 2BD
- Tab Gandhaka rasayana 1 TID
- Swadista virechana churna 1tsp at bed time
- Sitz bath with warm water

OBSERVATION AND RESULTS

FOLLOW UP	TRACK LENGTH	PAIN	PUS DISCHARGE	TENDERNESS
1 st	3cm	++	++	++
2 nd	2.5cm	++	++	++
3 rd	2cm	++	+	++
4 th	1.5cm	+	+	++
5 th	1cm	+	+	+
6 th	0.5cm	+	+	+
7 th	Sutra fell off itself	-	-	-

DISCUSSION

On the basis of chikitsa mentioned by sushruta in Nadivrana chikitsa, the above-mentioned intervention was adopted. The ingredients of Karanja kshara sutra are arka ksheera, karanja mrudu kshara and Haridra. Arka ksheera helps to improve process of healing its cures infection and inflammation. karanja kshara has properties of kshara that is chhedana, bhedana, lekhana and tridoshaghna. karanja kshara on Ksharasutra cauterize the soft tissue. Haridra has the properties like Rakta

shodhana, Twak doshahara, shothahara, vatahara, vishagna and has the effect of bactericidal action with healing properties.

Triphala guggulu and gandhaka rasayana acts as vrana shodhana and ropana which helped in faster healing. In this study patient found relief from the symptoms gradually and karanja Ksharasutra found effective in complete healing of fistulous track.

CONCLUSION

Fistula in ano is commonest disease due to crypto glandular infection and has a complication of ano rectal abscess. It has significantly less incidence of post-operative complication like infection, recurrence, bowel incontinence and obstruction. Ksharasutra therapy is cost effective treatment and effective minimal invasive surgical modality for management of bhagandara.

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