

MANAGEMENT OF *BHAGANDARA* (FISTULA-IN-ANO) WITH *CHEDANA KARMA* FOLLOWED BY *PRATISARNIYA KSHARA KARMA*- A CASE STUDY

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ABSTRACT

Bhagandara (Fistula-in-ano) considered difficult to treat because of its high recurrence rate thus it is mentioned as *Mahagada* in *Sushruta Samhita*. A very much similar condition is described in modern medical science as Fistula-in-ano. We present a case of *Pittaja Bhagandara* (Low anal Fistula-in-ano) in a 27 years old man. The case was evaluated with physical examination. *Chedana Karma* (Fistulectomy) followed by application of *Mridu Pratisarniya Aragvadha Kshara* under local infiltration anaesthesia was performed. There were no complications during and after procedure. No recurrence was noticed during follow-up and all complaints were also resolved.

Keywords: *Bhagandara*, Fistula-in-ano, *Chedana Karma*, *Pratisarniya Kshara Karma*

INTRODUCTION

Bhagandara (Fistula-in-ano) is a disease of *Guda Pradesha* (Anal region). *Guda* (Anus) is a type of *Bahya Srotasa*¹ as well as *Moola* of *Pureeshavaha Srotasa*². As the wound is more prone to infection because of its anatomical position, *Bhagandara* (Fistula-in-ano) is very difficult to treat so the ancient *Acharya* included this disease in *Ashtamahagada*³. The word "*Bhagandara*" literally means *Darana* (Splitting or Discontinuity) around *Guda* (Anus), *Yoni* (Vagina) and *Vasti* (Urinary bladder)⁴. *Bhagandara* resembles with the description of Fistula-in-ano as described in modern medical science. The word *Fistula* is derived from a Latin word which means a reed, pipe or flute. *Fistula-in-ano* implies a chronic granulating track connecting two epithelial-lined surfaces⁵. Prevalence of this disease is com-

mon in general population. *Fistula-in-ano* is one of the most common ailments pertaining to ano-rectal region. Because of high recurrences it becomes a notorious disease in terms of cure rate. Treatment of fistula-in-ano is always a challenging situation for the surgeons and as well as for the sufferers also.

Acharya Sushruta has explained *Nidana* (Aetiology), *Samprapti* (Pathogenesis), *Bheda* (Types), *Lakshana* (Sign and Symptoms), *Upadrava* (Complications) and *Chikitsa* (Treatment) of *Bhagandara* in detail in *Nidana* and *Chikitsa Sthana* of *Sushruta Samhita*^{6,7}.

Acharya Sushruta mentioned that the principal treatment of *Bhagandara* (Fistula-in-ano) is *Chedana Karma* (Fistulectomy) of *Bhagandara Marga* (Fistulous tract) followed by application of

Kshara or *Agni*, as applicable⁸. He advocates special measures as per *Doshik* predominance in various *Bhagandara* (Fistula-in-ano). This indicates that *Dosha* do have some role in the management of *Bhagandara* (Fistula-in-ano).

Chedana Karma which is described by ancient *Acharya* can be correlated with Excision described in modern surgical techniques. In the reference of *Fisula-in-ano* we regarded *Chedana Karma* as *Fistulectomy* in which a surgeon excises the whole fistulous tract.

Description of *Kshara* and *Kshara* preparation is found in chapter 11 (*Ksharapaakavidhi Adhyaya*) of *Sootra Sthana* of *Sushruta Samhita*. *Acharya Sushruta* has mentioned that *Kshara* is the best among all surgical and Para-surgical measures. *Kshara* prepared with his method is said to have *Tridoshghna* property because it is prepared with many drugs.⁹

CASE STUDY

A 27 years old male patient said to be apparently normal two months ago, presented to the O.P.D. of P.G. Department of Shalya Tantra in the National Institute of Ayurveda, Jaipur with complaints of small painful swelling near anus with blood mixed pus discharge. Pain and size of swelling decreases after discharge and reappeared again within few days. The local examination of perianal region revealed an external opening at 7 o'clock position approximately 3 cm. away from anal verge. After proper history taking and physical examination he was diagnosed as a case of *Pittaja Bhagandara* (Low anal Fistula-in-ano). All routine investigations were performed and no specific aetiology was found so patient posted for *Chedana Karma* (Fistulectomy) followed by application of *Mridu Pratisarniya Aragvadha Kshara*.

MATERIAL AND METHODS

The Patient was advised to take light diet on evening before the date of *Chedana Karma* (Fistulectomy) and was required reporting nil via mouth on morning of procedure. Patient was advised to clear bowel

in the morning before *Chedana Karma* (Fistulectomy). Pulse, Blood pressure, Respiration rate, Temperature were noted. Patient was taken to operation room and kept in lithotomy position and the perianal area painted with the antiseptic solution (10% Povidone iodine). The sterile drape sheets were placed over operative area. The operative site was anesthetized with the infiltration of inj. 2% lignocaine with adrenaline solution. After achieving appropriate anesthesia, a malleable copper probe was introduced from external opening and emerged at internal opening. The complete fistulous tract was excised and a wound was created. After *Chedana Karma* (Fistulectomy), *Mridu Pratisarniya Aragvadha Kshara* was applied on *Vrana* (Wound) evenly with spatula to cover the whole surface of *Vrana* (Wound) and was washed with *Nimbu Swarasa* (Lemon juice) after 100 *Matra* (Approximately 2 minutes). After complete hemostasis, ASD was done and patient shifted to ward. All vitals were recorded periodically during the procedure. No complication occurred during or after the procedure.

Post-Operative care

- Patient was prescribed with *Triphala Guggulu* for pain management 2 *Vati* (Tab.) (500 mg.) SOS after meal with Luke warm water. But when pain was not be controlled and it became necessary, modern analgesic Tab. Diclofenac sodium 50 mg. SOS after meal with water on advice of modern expert was given.
- *Mridu Pratisarniya Aragvadha Kshara* application on *Vrana* (Wound) was repeated every day for 7 days [including initial 1st application followed by *Chedana Karma* (Fistulectomy)] without use of local infiltration anaesthesia.
- Before *Mridu Pratisarniya Aragvadha Kshara* application patient was advised to take Hot sitz bath.
- Patient was discharged on 7th day. After 7 days patient was advised to take Hot sitz bath twice daily and use sterile pad to cover *Vrana* (Wound).

- After 7 days patient was assessed weekly for 6 weeks and followed up fort nightly for next 2 months.

RESULT AND DISCUSSION

During the description of *Bhagandara* (Fistula-in-ano) *Acharya Sushruta* mentioned that if the *Pidika* develops within two *Angula* circumference of *Guda Pradesha* (Anal region) and is deep-rooted with pain and fever, it should be considered as *Bhagandara Pidika*¹⁰ and if the *Pidika* is of red colour, thin, *Ragayukta*, it is called *Paittika Pidika* which have *Osha-Chosha* types of *Vedana* (Pain) and when it suppurates and burst open it is called *Pittaja Bhagandara*¹¹. Due to resemblance of patient's clinical signs and symptoms with description of *Bhagandara* (Fistula-in-ano) by *Acharya Sushruta*, we considered the disease as *Pittaja Bhagandara*.

The Low anal Fistula-in-ano is not extending above the level of anal crypts and usually open at this level in the anal canal is called as. The track runs below the subcutaneous part of external sphincter, enter into intersphincteric plane and then pass through the lowermost part of internal sphincter to open at pectinate line¹². During the Local examination of patient we found the similarity that's why we considered the disease as Low anal Fistula-in-ano.

Chedana Karma (Fistulectomy) was done as mentioned by *Acharya Sushruta*. Application of *Kshara* after *Chedana Karma* (Fistulectomy) is given by *Acharya Sushruta* in the treatment of *Pittaja Bhagandara* for removing the putrid tissue. *Agnikarma* (Therapeutic thermal cauterization) is strictly contraindicated in case of *Pittaja Bhagandara*¹³.

In this case of *Pittaja Bhagandara* we applied *Kshara* which was prepared from single drug *Aragvadha* only so the *Kshara* will have the *Doshik* property of the plant from which it was prepared¹⁴. It is also mentioned among the plants from which we can prepare *Kshara* by *Acharya Sushruta*¹⁵. It is

Pittashamaka in nature and has *Pittashamaka* properties like *Madhura Rasa*, *Guru*, *Snigdha*, *Mridu Guna*, *Sheeta Veerya*, *Madhura Vipaka*¹⁶. No any other plant or material was added in the procedure of making *Kshara* thus the *Kshara* prepared by this method was *Mridu Kshara*.

During intra operative period whole procedure was performed in local infiltration anesthesia so no pain was felt by the patient. After two hours of procedure patient felt some pain might be due to the loss of the effect of local infiltration anesthesia and might be due to the immediate inflammatory response after disruption of tissue integrity¹⁷ so *Triphala Guggulu 2 Vati* (Tab.) (500 mg.) was given to patient with Luke warm water but pain was not be controlled and it became necessary so single dose of Tab. Diclofenac sodium 50 mg. was given to control pain. No further analgesic was needed to patient that day. Subsequently, during and after *Mridu Pratisarniya Aragvadha Kshara* application in post-operative period, patient complained of mild to moderate burning type of pain at operative site which was well tolerabe. The pain was decreased day by day so there was no need of analgesics.

Bleeding during procedure was minimal which stopped after the application of *Kshara* might be due to coagulative effect of *Kshara* on minute blood vessels as well as chemical cauterization of the surrounding tissue by the *Kshara*.

During follow up there was no pus discharge and recurrence noted might be due to following reasons-

- In Fistulectomy we excise the complete fistulous tract so there are no infected tissues remain at the operated site.
- It is also established fact that *Kshara* has the property to open up hidden secondary tract and blocked *Bhagandara Marga* (Fistulous tract) by the chemical debridement of tissues at the operated site.



CONCLUSION

It can be concluded that-

- The present case shows very hopeful results in the treatment of *Pittaja Bhagandara* by *Chedana Karma* (Fistulectomy) followed by application of *Mridu Pratisarniya Aragvadhha Kshara*.
- It is safe, cost effective treatment with very less chances of recurrence. However it must be noted that the *Fistula-in-ano* should be Low anal and patient followed up regularly.
- No Any complications were seen during and after *Shalya Karma* and during and after *Kshara Karma*
- There was no any new *Bhagandara Marga* (Fistulous tract) found during follow up.
- Through this procedure there is reduction in time taken for cure from *Bhagandara* (Fistula-in-ano).
- *Doshik* predominance has some impact on treatment of *Bhagandara* (Fistula-in-ano).

- To make firm the above theories the study should be carried out in large sample size.

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