

## A CASE STUDY ON MANAGEMENT OF BHAGANDARA WITH KSHARA SUTRA

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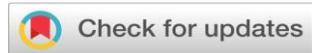
<https://doi.org/10.46607/iamj4210042022>

(Published Online: April 2022)

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Article Received: 30/03//2022 - Peer Reviewed: 04/04/2022 - Accepted for Publication: 05/04/2022



### ABSTRACT

Fistula-In-Ano is one of the most notorious diseases in the anorectal region. The disease owns its complexity to the fact that despite the development of newer techniques of treatment modalities it still gives varied recurrence rates. The disease is troublesome to the patient as well as to the surgeon. In *Ayurveda*, *Bhagandara* is considered one of the *Ashta Maharoga* (8 major diseases) by *Sushruta* due to more recurrence rate. The word *Bhagandara* is composed of 2 words *Bhaga* and *Darana*. The formation of *pidaka* leads to the development of *Bhagandara* it is characterized by opening around the *Guda Pradesha* with painful Discharge. *Bhagandara* is treated by different modalities in modern science but till today no single modality has proven to be a complete one for *Fistula*. *Ksharasutra* is one of the best modalities of treatment with very fewer recurrence rates. The present study was undertaken to assess the role of *Apamarga Ksharasutra* in the treatment of *Bhagandara* in diagnosed case taken from OPD of NKJAMC attached teaching, Shree Siddharoodha Charitable Hospital, Bidar, Age 35 yrs. A male patient presenting with pain, swelling, and discharge from the perianal region was examined in Shalya OPD treated with *Ksharasutra* considering it an ideal procedure in the treatment of *Bhagandara* as it cuts and cures the unhealthy tissue present inside the fistulous tract.

**Keywords:** *Bhagandara*, *Fistula-in-ano*, *Apamarga Kshara sutra*

## INTRODUCTION

The word fistula is derived from the Latin word a reed, pipe, or flute. It implies a chronic granulating track connecting two epithelial-lined surfaces. These surfaces may be cutaneous or mucosal. The main cause known for fistula-in-ano is a crypto glandular infection of anal crypts.<sup>1</sup>The anal fistula is a single track with an external opening in the skin of the perianal region and an internal opening in the modified skin or mucosa of the anal canal or rectum. In *Ayurvedic* classics, this disease has been described under the name of *Bhagandara*, which has more similar signs and symptoms to Anal fistula. The importance of this disease was first realized by *Sushruta* (800-1000 B.C.), The Father of Indian Surgery, who described it elaborately in the treatise. At first, it presents as *Pidika* around the *Guda* and when it bursts out, it is called *Bhagandara*.<sup>2</sup> *Acharya Sushruta* described *Bhaishajya chikitsa*, *Kshara karma*, *Agni Karma*, and *Shastra Karma chikitsa* for anorectal diseases. *Bhagandara* is a *Chedyā* (excision) *vyadhi*. The *Ksharasutra* is a Para-surgical measure capable to perform excision slowly by virtue of its mechanical pressure and chemical action in *Bhagandara*.

In this case study, fistula in ano was treated by *Ksharasutra* which was cured, and no further complaints and recurrence were found during and follow-up period. It is more important among *Shastra* and *Anushastra Karma*, *Kshara* has the *Chedana*, *Bhedana*, *Lekhana* also *Tridoshaghna* properties.<sup>3</sup>

### CASE REPORT

Gender: - Male, Age: - 35yrs, Occupation: -Business, Date of admission: -10/1/22, Date of recovery: - 27/2/22

**Chief Complaints and Duration:** Patient complaints of pain, swelling, and pus discharge from the anal region since 1 month.

### H/O Present illness: -

35yrs male patient presents with complaints of painful swelling with discharge from the perianal region with induration on 10/1/22 at our OPD. H/o – Surgery, before 1 year on 5/2/2021 in Hyderabad (Telangana State). Underwent fistulotomy under spinal anesthesia. But again, there is a recurrence of the fistula was

seen. Presently, on examination patient was having discharging tract at 2 o'clock position in the perianal region along with pain and tenderness around the fistulous opening, diagnosis was confirmed by fistulography on 23/11/21. Suggestive of Anterior, Trans-sphincteric, infra levator Fistula with an internal opening at 12 o'clock position with an external cutaneous opening in the natal cleft on the left side with adjacent inflammatory reaction. Recurrence of fistula in and found.

**H/O Past Illness:** - No previous h/o any other severe illness.

### General Examination:

- GC- moderate
- CVS- S1 S2 Heard
- Pulse-82/min, BP-120/80mmHg
- RS-B/L Air entry is clear
- Digestive system- Appetite-Normal, Bowel-Normal
- Uro genital system-NAD

### On Local Examination

In the lithotomy position of the patient, the findings observed were patient had a hairy perianal region with a small opening on the left side of the perianal region with seropurulent pus discharge through that opening, tenderness on touch with induration was felt around the external opening. Probing was done through the external opening but internally it was fibrosed. About 5cm tract was found after probing.

### Preparation of KsharaSutra<sup>4</sup>

*Snuhi Ksheera* = 11 coating, *Snuhi + Apamarga Kshara*= 7 coating, *Snuhi + Haridra Churna* =3 coating. This was prepared in the hospital using Barbour's linen thread No. 20, one coating was applied each day and kept for drying in *Ksharasutra* cabinet. In this way, a thread has a total of 21 coatings of *Snuhi* latex, 7 coatings of *Apamarga Kshara*, and 3 coating of *Haridra* powder. After 21 coatings are completed, each thread measuring about 10-11 inches should be cut away from the hanger and sealed in a glass tube or polythene pack. As a pre-operative measure patient is advised for routine investigations like CBP, CT, BT, RBS, HIV, HbsAg, and complete urine examina-

tion. When all reports are found within normal limits, then consent was taken from the patient and posted for the Kshara Sutra application

**Pre-Operative**

Kshara Sutra prepared with Apamarga as per standard protocol was used. Before the application of Kshara Sutra, part preparation was done. Followed by inj. T.T. 0.5ml and plain 2% xylocaine test dose were given.



**FIRST DAY**

**गणपती सुपरस्पेशलिटी हॉस्पिटल**  
 ११६ व ११७, चक्रेडेली नगर, बाळना ज्येलर्सच्या घाटीमागे, बायजीपुर रोड, औरंगाबाद. मो.: 9325077336 / 9325001532

Date: 23-11-2021  
**2 D ECHO CARDIOGRAPHY, COLOUR FLOW DOPPLER**

Ref.: NAME: UMESH YALMSHETTY AGE: 35 YRS/M

**Mitral Valve: Normal.**  
**Aortic Valve: Normal.**  
**Tricuspid Valve: Normal.**  
**Pulmonary Valve: Normal.**  
**Left atrium: Normal.**  
**Right atrium: Normal.**  
**Left Ventricle: No RWMA, EF - 60%.**  
**Right Ventricle: Normal.**

**Impression:**

- Normal Size Cardiac Chambers.
- No LV RWMA.
- Good Bi-ventricular Systolic Function.
- Normal LV filling pattern.
- Functionally Normal Cardiac Valves.
- Trivial MR, Trivial AR.
- Mild TR RVSP = 20+5=25mmHg.
- No PE/CLOT.

**Dr. Anil Gavali**  
 MD (Medicine), DNB (Cardiology)  
 Consultant and interventional cardiologist

**Kamalnayan Bajaj Hospital**  
 कमलनयन बाजाज रुग्णालय  
 (DNB Accredited Hospital)

Marathwada Medical and Research Institute

Req No : 22138673 Referred By : Dr. DESHPANDE SATISH  
 Name : Mr. YALAMSHETTY UMESH BABUREDDY Bill Date/Time : 24/11/2021 / 1:24 PM  
 Age/Sex : 35 Years 25days / Male Report Date/Time : 24/11/2021 / 2:41 PM  
 MR NO : 1063478 Approved Date/Time : 24/11/2021 / 2:41 PM

**MRI FISTULOGRAM**

**SCAN PROTOCOL : AXIAL- T2, STIR**  
 Coronal- T2, STIR Sagittal - STIR  
 Multiecho and multiplanar sequences through the perianal region were carried out .  
 E/o an anterior , transphincteric , infralevator fistula with internal enteric opening at 12 O'Clock position with external cutaneous opening in the natal cleft on the left side with adjacent inflammatory reaction.  
 No e/o supralelevator extension.  
 No e/o any ischiorectal or ischioanal abscess.  
 Bilateral levator ani muscles appear normal.  
 Visualized muscular planes appear normal.  
 Visualized bones appear normal.  
**IMPRESSION : FINDINGS ARE S/O :**

**1) E/O AN ANTERIOR, TRANSPHINCTERIC, INFRALEVATOR FISTULA WITH INTERNAL ENTERIC OPENING AT 12 O'CLOCK POSITION WITH EXTERNAL CUTANEOUS OPENING IN THE NATAL CLEFT ON THE LEFT SIDE WITH ADJACENT INFLAMMATORY REACTION .**

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 पत्र नं. ४३, सातारा परिसर, बेड बपास रोड, औरंगाबाद ४३१ ०१० ☎ दूरधनी क्र. ०२४० - ६६३२१११

**Operative Procedure**

The patient was taken to the lithotomy position. The perianal area is cleaned with antiseptic lotion & is covered by sterile clothes. Then a suitable probe is passed through the external fistulous opening. The tip of the probe is forwarded & is guided by the finger inside the anal canal, to reach the lumen of the anal canal through the internal opening, and its tip is final-

ly directed to come out of the anal orifice. Then a ksharasutra thread is threaded into the eye of the probe & is pulled out through the anal orifice to leave the thread behind the fistulous tract. The two ends of the thread are tied together with moderate tightness outside the anal canal & the wound is dressed in yashtimadhu taila.



**PROBING**



**KSHARASUTRA**

## Post-operative

The patient is instructed to take a warm sitz bath daily. Orally *Triphala Guggulu*, *Gandhaka Rasayana*, *Arogya Vardini Vati*, BD were prescribed.



2<sup>nd</sup> SITTING



4<sup>th</sup> SITTING

## Follow up

Ask the patient to come every week for changing the *Ksharasutra* thread. The changed thread promotes healing and reduces pain, and inflammation. After 4 sittings tract was cut through and healing was achieved simultaneously.



## TRACT HEALED

### OBSERVATION

The initial length of the tract was 4cm. This has taken 1 and a half months to cut through. After cutting through of track the patient was asked to come for a follow-up. There is no sign or symptom of recurrence was observed.

### CONCLUSION

The incidence of the fistula is increasing now a day due to improper job styles where a person sits for a long time on hard surfaces. The management of anorectal disease needs complete knowledge of anorectal anatomy and physiology. Also, it needs to be diagnosed early so that appropriate treatment can be given without delay. *Ksharasutra* helps in the removal of debridement and also prevents bacterial infections.

*Ksharasutra* at a time provides both cutting and healing, so we can use it in any type of fistula tract. So, we can conclude that in fistula in ano *Ksharasutra* treatment is a better option due to minimizing complications and the patient can resume normal activities earlier.

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**Source of Support: Nil**

**Conflict of Interest: None Declared**

How to cite this URL: Nikhila & Vijay Kumar Biradar: A Case Study On Management Of Bhagandara With Kshara Sutra. International Ayurvedic Medical Journal {online} 2022 {cited April 2022} Available from: [http://www.iamj.in/posts/images/upload/1094\\_1098.pdf](http://www.iamj.in/posts/images/upload/1094_1098.pdf)