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MANAGEMENT OF BLIND INTERNAL FISTULA-IN-ANO (PARACHINA BHANGANDARA) WITH APAMARGA KSHARA TAILA AND KSHARASUTRA – A CASE STUDY

Karthik N. M[1], Srinivas Masalekar[2]

[1]M S Scholar 3rd Year; [2]Associate Professor;
Dept. of Shalya Tantra, Government Ayurvedic Medical College, Bengaluru, Karnataka, India

Email: karthiknm1122@gmail.com

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ABSTRACT

Background: *Bhagandara* is one among *Ashtamahagada's* mentioned by *Acharya Sushruta* and is most common ailment pertaining to ano rectal region. Management of Fistula -in-ano is a challenge for Surgeons because of complications like post-operative pain, wound management, recurrence and Anal incontinence. The effective treatment is *Ksharasutra* ligation. The Procedure requires a fistula with both internal and external openings patent. Treating a blind internal fistula-in-ano is very difficult. Infiltrating the *Apamarga kshara taila* for 7 days from the patent external opening into the blind internal tract helps in creating internal opening later, so that further treated with *kshara*sutra therapy. *Apamarga kshara taila* was prepared using *Apamarga kshareeya kalka* and *Moorchitha tila taila* and infiltrated into the track daily on OPD basis. The infiltrated *Apamarga kshara taila* has penetrated and created internal opening thus making track patent in the present case. Hence, *Apamarga kshara taila* is effective in managing blind internal fistula-in-ano. Further the track was treated by *Apamarga kshara sutra* therapy successfully.

Keywords: *Bhagandara, Parachina, Fistula-in-ano, Apamarga, Moorchitha tila taila, Kshara taila, Ksharasutra.*

INTRODUCTION

The disease *Bhagandara* is explained in Ayurveda classics. *Acharya Sushruta* has included *Bhagandara* as one among the *Ashtamahagada's*. It is one of the most common diseases pertaining to ano-rectal region. The earliest reference of *Bhagandara* is seen in *Garudapurana*. Detailed description about the *Nidana, Samprapti, Laxana and Chikitsa* is available in *Sushruta Samhita* (1500 B.C)[1] and *Ashtanga Hridaya*[2]. While, *Charaka* (1000 B.C) has mentioned about the disease *Bhagandara* in *Shotha Chikitsa Adhyaya* and advocated *Kshara Sutra* and other remedies in the management of *Bhagandara*. [3]

The literal meaning of *Bhagandara* is *Daarana* which is splitting up/ bursting up of *Pakwa Pidaka* in *Bhaga, Guda, Basti Pradesha* resulting in the formation of a track, thus causing discomfort to the patient.

Sushrutha explains 5 types of *Bhagandara* namely *Shataponaka, Ushtragreeva, Parisravi, Shambukavartha*, *Unmargi.* Also explains 2 types namely *Parachina* and *Arvachina* which refers to internal blind (*bahirmukha*) and external blind (*antarmukha*) respectively.

Bhagandara can be co-related with Fistula-in-ano mentioned in modern medical science and is considered second to haemorrhoids among all ano-rectal abnormalities. A study in India conducted by Mr. Raghavaiah (1976), reported that anal fistulae constitute 1.6% of all surgical admissions. Operative procedures adopted are Fistulectomy, Fistulotomy and use of a Seton. Newer methods like Anal fistula fibrin plug, Endo anal flap, LIFT (Ligation of Intersphincteric fistula tract procedure), Bio-LIFT, Expanded Adipose derived Stem cell therapy (ASCs) are also being used.[4] Up to 26.5% recurrence rate, 40% high risk of incontinence and 5.6% non-healing of the wound were reported after surgery. Moreover newer surgical techniques are costly and are not affordable by common public. To overcome such problems, surgical field is planning for some alternative techniques to treat these cases with minimal operative complications, recurrence and shorter duration course of the therapy.

Ayurvedic line of treatment for *Bhagandara i*ncludes medical, para-surgical and surgical management (as *chedhya vyadhi*). Parasurgical management includes *Ksharasutra, Kshara Karma and Agni Karma*. The *Ksharasutra* treatment was first mentioned in the Nadivrana Adhikara by *Acharya Sushruta* and the same treatment was said to be followed in *Bhagandara* [5]. The method of preparation of this is mentioned much later by *Chakrapanidatta*. [6]. Whereas*, Charaka's* line of management include *virechana, eshana, Patana, visuddhamargasya taila seka, dahana (agnikarma) and ksharasutra.*

Fistula-in-ano is an inflammatory track which has an external opening in the perianal skin and internal opening in the anal canal or rectum. This track is lined by unhealthy granulation tissue and fibrous tissue[7] Fistula-in-ano with both internal and external openings can be effectively treated with *kshara sutra* therapy. But treating the blind internal fistula-in-ano is again a difficult task. Infiltrating the *apamarga kshara taila* to the blind internal fistula- in-ano helps in creating the internal opening. Further the track can be treated with *kshara sutra* therapy. *Apamarga kshara taila* prepared from *apamarga kshareeya kalka* and *moorchitha tila* taila is infiltrated into the track. *Apamarga kshara taila* found to be effective in the management of blind internal fistula in ano.

METHOD OF PREPERATION OF *APAMARGA KSHARA TAILA*

Materials required

Apamarga kshareeya jala-4 liters

Moorchitha tila taila- 1 liter

Apamarga kshara (*Aceranthus aspera*) - 250 gms

Above mentioned quantity of *dravyas* are taken. *Apamarga kshareeya kalka(apamarga kshara jala + Apamarga kshara*) should be mixed with *moorchitha tila taila* and kept for boiling on mild heat. It should be boiled until watery content evaporates, leaving back *taila* and *kalka*. It is further filtered and *taila* is stored in glass container. [8]

ASSESMENT CRITERIA

- Track patency

CASE REPORT

39 yr old male patient was examined in dept of Shalya, SJIIM hospital Bengaluru. Presented with C/O pain and occasional pus discharge from the perianal region since 3 months. Patient visited *shalya tantra* OPD on 17 Jan 2018, provisionally diagnosed as fistula-in-ano and was re-confirmed by TRUS (Trans rectal ultrasonography) which was done on 22 Jan 2018.

Personal history

While analyzing personal history it was noted that the patient has good appetite, normal bowel habits, micturition and sleep. Patient's diet history reveals he was non vegetarian with irregular food habits.

Local examination

On inspection there was an external opening at 9'O clock position approximately 3cms away from the anal verge. On P/R examination internal opening could not be palpated. The examination was carried out on 24 Jan 2018.

Investigations

Hb%- 14.6 gm %; ESR- 34mm/hr; RBS- 96mg/dl; CT- 2'4''; BT- 4'2''; HIV- NR; HbsAG – Negative.

TREATMENT GIVEN:

Probing procedure

Patient was placed in lithotomy position, under all aseptic precautions part painted and drapped with Betadine and Spirit. A Sterile malleable probe is passed through the external opening at 9'O clock position and could not do it successfully as the tract was not revealed internal opening on 24 Jan 2018. Patient was asked to review after one week expecting the tract patency. Again probing was done on 31 Jan 2018 but tract was not patent. Hence the *Apamarga kshara taila* infiltration was planned.

Procedure of *Apamarga Kshara taila* infiltration to the track

Materials required:

- *Apamarga kshara taila*
- Dispovan syringe 3cc without needle
- SV set without needle cut below the butterfly hold.

Procedure:

Patient placed in the lithotomy position. Under all aseptic precautions 2cc of *Apamarga kshara taila* is drawn into the sterile syringe without the needle and a sterile SV set is attached to the mouth of the syringe after cut the part below the butterfly hold. Tip of the SV set tube is gently directed through external opening. *Apamarga kshara taila* is slowly pushed into tract till tract is full and oil reflex back via external opening. Site was packed. Patient was advised to come for same procedure daily until the track becomes patent.

On the 7th day of the procedure, (from 31st Jan to 6th Feb) the infiltrated *Apamarga kshara taila* had created internal opening, oozing towards anal verge thus making track patent. Hence, *Apamarga kshara taila* is effective in managing blind internal fistula-in-ano.

TABLE 02: *APAMARGA KSHARA TAILA* INFILTRATION

Day	31st Jan	1st Feb	2nd Feb	3rd Feb	4th Feb	5th Feb	6th Feb
Kshara taila infiltration	1cc	1cc	1.5cc	1.5cc	1.5cc	2cc	3cc
Track patency	No	No	No	No	No	No	Track patent

On the 7th day, internal opening was found approx. 2cm internally from the anal verge. Probing procedure was carried out successfully followed by primary threading. Patient was asked to review on 4th day for 1st sitting *Apamarga kshara sutra* ligation on 10th Feb.

Procedure of *Apamarga kshara sutra* ligation:

Patient was placed in lithotomy position, under all aseptic precautions *kshara sutra* was tied to the primary thread and changing was done by rail and roll method. Length of track measured 6cms initially. Patient was asked to visit every week for the *Apamarga kshara sutra* ligation and the track was cleared after 13 sittings with unit cutting rate 0.46cms from 10th Feb 2018 to 5th May 2018.

Internal medicines given

- *Gandhaka rasayana* 1 TID A/F
- *Triphala guggulu* 1TID A/F
- *Arogyavardhini vati* 1TID A/F

Advised for *Panchavalkala kwatha* sitz bath – twice a day for 20 min.

OBSERVATIONS AND RESULTS

The Fistula in ano is effectively treated in *Ayurveda* by *Ksharasutra* therapy. The Procedure requires a Fistula-in-ano with both internal and external openings patent. Treating a blind internal fistula in ano is very difficult task. In this case on 1st visit the internal opening was not patent when probed. On 2nd visit, after 7 days the probing was done and the internal opening was not revealed. Infiltration of *Apamarga kshara taila* daily on OPD basis from the patent external opening into the blind internal tract was carried out. On the 7th day of the procedure, the infiltrated *Apamarga kshara taila* created internal opening oozing towards anal verge thus making track patent. Infiltrated *Apamarga kshara taila* penetrated and created internal opening. The probing was carried out success-

fully and primary threading done. Patient was asked to visit on 4th day for 1st sitting *Apamarga kshara sutra* ligation. Length of the tract measured 6cms initially. Patient was asked to visit every week for the *Apamarga kshara sutra* ligation and the track was cleared after 13 sittings successfully.

DISCUSSION

Apamarga kshara taila prepared from *Apamarga kshara kalka* and *Tila taila* possess the properties of *Kshara.* viz *Chedana, Bhedana, Lekhana, Shodhana* and *Shoshana.* The *Shodhana guna* helps in purification of the track*, Shoshana guna* helps in reducing the discharge from the site*, Chedhana, Bhedana*, and *Lekhana* properties of the infiltrated *Kshara taila* helps in creating the internal opening thus making the track patent. Further the track can be treated with *Kshara sutra* therapy, which is proven best for the management of patent fistula in ano. Thus *Apamarga kshara taila* is effective in the management of Blind internal fistula ano.

CONCLUSION

Management of Fistula-in-ano is a challenge for Surgeons because of its complications. Fistula in ano is treated successfully using *Kshara sutra* when both internal and external openings are patent. Blind internal fistula can be converted to patent fistula after infiltration of *Apamarga kshara taila*. Later *kshara sutra* can be ligated to the track. Hence the *Apamarga kshara taila* is effective in managing blind internal fistula-in-ano.

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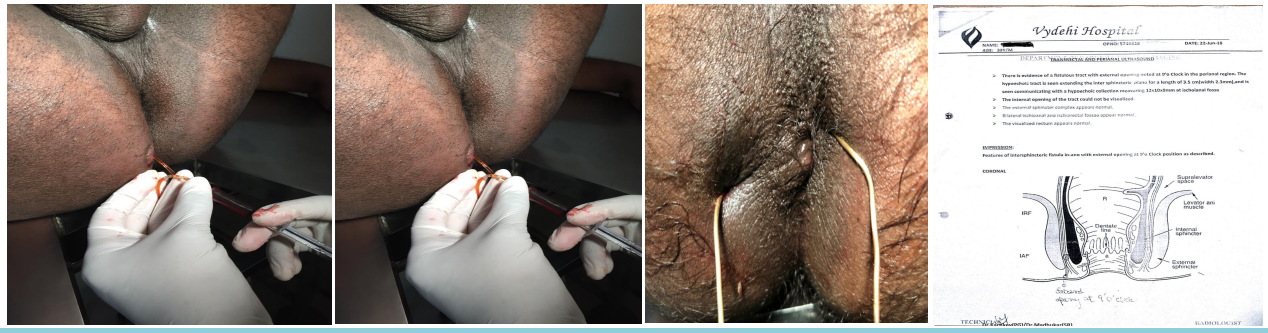

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