



"MANAGEMENT OF BHAGANDARA (FISTULA-IN-ANO) WITH MULAKA KSHARA SUTRA: A CASE STUDY"

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ABSTRACT

Traditional Medicine has its own importance for the treatment of various medical and surgical diseases irrespective of tremendous development of Modern medicine. There are numbers of diseases in which after repeated surgeries recurrences are observed. Bhagandara (fistula in ano) is one such condition which is prone to recurrence, even after repeated surgeries and it can be effectively treated by Ayurvedic medicines. The disease Bhagandara is difficult to treat by surgical method. It is considered so, because of its location and nature. Bhagandara is one of the ano-rectal diseases which give much pain, itching and pus discharge in perianal region to the patient. Bhagandara can be clinically correlated to Fistula-in-ano as described in modern medical science. Lots of study has been done on Ksharasutra in the management of Bhagandara, but here is an sincere effort is made to treat a Bhagandara with Mulaka Kshara sutra.

KEYWORDS : Bhagandara, Fistula in Ano, Mulaka kshara sutra

INTRODUCTION:

Traditional Medicine has its own importance for the treatment of various medical and surgical diseases irrespective of tremendous development of Modern medicine. There are numbers of diseases in which after repeated surgeries recurrences are observed. Bhagandara (fistula in ano) is one such condition which is prone to recurrence, even after repeated surgeries and it can be effectively treated by Ayurvedic medicines.

Bhagandara is one among Ashta Mahagada¹ stated by 'Acharya Susruta', who dealt with it, most elaborately in his treatise. The literal meaning of Bhagandara is 'Darana'in Bhaga, guda and basti pradesha², which means splitting up or piercing up of perianal region. The condition, in pre-suppurative stage is known as pidaka and Suppurative stage is known as Bhagandara.

The prevalence rate of fistula-in-ano is 8.6 cases per 100,000 populations. The prevalence in men is 12.3 cases per 100,000 populations, and in women, 5.6 cases per 100,000 populations. The mean age of patients is 38.3 years³.

In Modern medical science cure for the disease is the surgical intervention, the operative procedures like fistulotomy and fistulectomy it may further lead to complications like incontinence and deformity. These procedures need prolonged hospitalization and chances of recurrence are more frequent. In spite of tremendous advances and development in modern surgery, the prognosis is extremely poor and also the drugs which are used recurrent & long term in pre and post-operative care are also having side effects, it is impossible to prevent its recurrences. Economically poor patients cannot undergo these surgical procedures because of its high cost. That is why so many fistula in ano patients looking towards alternative system.

In Ayurvedic literature we found to be various treatment aspects like, Kshara Karma, Kshara Sutra, Varti Karma and Chedana Karma etc. so a very unique minimally invasive treatment i.e. Kshara Sutra procedure selected for the management of bhagandara. In Samhita period Ksharasutra procedure has been described as the best remedy for the disease Bhagandara. Kshara destroys the vitiated tissue and make them fall off. It is the most important among Shastra and Anushastra because it does functions like excision, cutting and scrapping, also mitigates all the three doshas. Acharya Sushruta described that nadivrana (sinus) should be cut open

by Kshara Sutra and also, he said the same procedure should be adopted for Bhagandara.

CASE REPORT

Patient Name- ABC, **Age-** 38 yrs **Gender-** Male
Occupation- Bus Driver

Date of admission- 11/08/2021 **Date of recovery-** 25/10/2021

The present study was conducted on a male patient aged 38 yrs who came to our OPD Ayurveda Mahavidyalaya Hospital with complaints of pain, swelling and a boil at perianal region with pus discharge on/off for last 1 yr.

Patient was not a known case of Diabetes mellitus/ Hypertension/ Tuberculosis/ Bronchi al asthma. Patient was examined properly and diagnosed as Fistula in Ano. Short Clinical History of Present illness. Patient was asymptomatic 1 yrs ago. Then he gradually developed pain in perianal region, which gradually increased in intensity. After 1-2 months, there was swelling in perianal area and subsequently discharge of pus from that region.

Initially the pus discharge occurred during defecation, but after some time the discharge was at any time of the day. There was fever while having pus discharge. There was a lot of discomfort in sitting and daily routine work. Patient took some medications from nearby medical facility which lessen the local symptoms. After 8-9 months patient developed similar complaints. Patient had history of on and off occurrence of the previous symptoms. With these complaints patient was admitted in our hospital.

Family History: No history of similar complaint in the family.

Personal History: Bowel- Constipation, **Sleep-** adequate, **Appetite-** Normal, **Addiction-** No

Physical Examination: Normal built, no clubbing/ cyanosis/ icterus, no any lymphadenopathy observed.

Systemic Examination:

Respiratory System- Bilateral air entry- normal no any added sounds,

Cardiovascular System - S1, S2 – normal and no murmur

Central Nervous system: Patient fully conscious, well oriented to time place & person.

Local Examination:

In lithotomy position of patient, the findings observed were: patient had a small opening in right side of perianal region with seropurulent pus discharge through that opening, tenderness on touch with indurations was felt around external opening. Probing was done from external opening to access the internal opening but internally it was fibrosed. About 7cm tract was found during probing. On proctoscopic examination no any anal pathology was seen. After complete examination the diagnosis was confirmed as Fistula in Ano i.e., Bhagandara.

Investigations:

CBC- Within normal limits
HIV-I&II- Negative
RBS- 80 mg/dl
HBsAg- Non reactive

Plan of Treatment: Mulaka Kshara sutra was planned.

Pre-operative Preparation:

Local part preparation was done. 5gm panchasakar churna with luke warm water was given to the patient at night before operation. Patient was taken to recovery room and injection T.T. 0.5ml IM was given and plain xylocaine 2% was given subcutaneously for sensitivity test.

Procedure:

Procedure was done under local anaesthesia. After painting and Draping Local anaesthesia was given. Probing of fistulous track done which was communicating external opening at 9 o'clock and internal dimpling at 8 o'clock. External opening was opened and widened then Malleable probe was introduced through the opening.

Mulaka kshara sutra was passed through the external opening and taken out through internal opening and anal canal. Both the ends were tied not too loose not too tight.

Post Operative:

The patient was advised to take lukewarm Avagaha sweda of Pancha valkala kwatha after 4 hour and twice daily till the completion of the treatment. Amrutadi guggulu two tabs twice daily with lukewarm water.

Follow Up:

Regular follow up was advised with weekly Mulaka ksharasutra change by **Rail road method**. Regular follow up were done to assess the progress of the disease. The pus discharge was fluent in 1st 3 days. After that it reduced and completely disappeared after 10-12 days. The wound at 9 o'clock gradually healed. After 8 Mulaka ksharasutra changes which was done at weekly interval, the track at 9 o'clock was laid open and packing of jatyadi taila impregnated gauze was continued. After 8 weeks cut through was done with red hot shalaka for the subcutaneous. In next follow up after 7 days the wound healed completely.

DISCUSSION:

The treatment adopted to treat the fistula in ano proved to be very effective. Mulaka is common drug which is available in all parts of the country. Since it is easily available and to collect also cheap cost.

CONCLUSION:

The incidence of fistula in ano is increasing now a day due to improper job style where a person sits for long time on hard surfaces. Mulaka Ksharasutra helps in removal of debridement and also prevent from bacterial infections. Mulaka Ksharasutra at a time provides both cutting and healing so we can use it in any type of fistula tract.

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