
Treating simple fistula-in-ano (*Bhagandara*) for a short duration *Ksharasutra* application- A case Report

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Abstract:

In *Ayurveda*, *Bhagandara* is mentioned as one among *Ashtamaharoga* because of its callous attitude. *Sushruta* recommends a multi-dimensional approach in the treatment which has been found very effective in the management of *Bhagandara*. Among these *Ksharasutra* has emerged safe and non-recurrence therapy, accepted globally. Though effective, it causes pain and discomfort to the patient during the treatment period and needs longer duration. In contrary one can limit the *Ksharasutra* application avoiding long duration. In the case presented here was provoked by a serendipity research, in which a 72 years male patient diagnosed as *Bhagandara* was subjected to *Ksharasutra* application under local anaesthesia. The changing of *Ksharasutra* was repeated every week for 3 to 4 sittings. After the third sitting any mode of discharge was absent which indicated the absence of infection. For some reason patient discontinued the treatment. He came after 2 years for some other complaints, on P/R examination no sign of fistula was observed. On history he revealed the applied thread got worn out by itself after 3 weeks of last application, subsequently the fistula got healed. This accidental finding provoked similar trials on 2 more patients, which proved to be successful one of such cases is discussed.

Key Words: Ayurveda, *Apamarga Ksharasutra*, *Bhagandara*, Fistula-in-Ano.

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Introduction:

Bhagandara is mentioned as one among *Ashtamahagada* (Eight grave disorders) by *Acharyas* of *Ayurveda*.^[1] *Bhagandara* as the name suggests, it causes *Daarana* i.e., tear in the *Bhaga*, *Guda*, *Basti pradesha* thus causing discomfort to the patient. When a *Vedanaayukta Shopha* is formed in *Guda Pradesha* within the vicinity of two *angula* which becomes *Pakva* and causes *Daarana* in *Bhaga*, *Guda* and *Vastipradesha* then it is called as *Bhagandara*.^[2] Fistula in ano at modern parlance is a common anorectal condition prevalent in the population worldwide. It is a track lined by granulation tissue which connects perianal skin superficially to anal canal, anorectum or rectum deeply. It usually occurs in a pre-existing anorectal abscess which burst spontaneously. This is difficult to treat because of its high recurrence rates. The chief complaint of anorectal fistula is intermittent or constant drainage or discharge. Fistula-in-ano can be classified as, 1. Crypto glandular- 90% and Non -Crypto glandular (other causes)- 10%, 2. Low level fistulas and high level fistulas, 3. simple fistula without extension and complex fistula with extensions, 4. single external opening and multiple external openings. 5. Park's Classification; Intersphincteric 70%, Trans-sphincteric 25%, Suprasphincteric 4%, Extrasphincteric 1%.^[3]

In Modern, different Treatment methods for fistula -in -ano are mentioned like Fistulotomy, Fistulectomy, Seton technique, Advancement flaps & glues, LIFT procedure, Fistula laser closure (FiLaC) etc. It is having disadvantages like Pain, invasive, long hospitalization, high

morbidity, high recurrence rates and risk of incontinence. In *Ayurveda*, *Acharya Sushruta* recommends a multi-dimensional approach in the treatment which has been found very effective in the management of *Bhagandara* that includes *Aushadha*, *Kshara*, *Agni*, *Shastra Karma*^[4] and *Ksharasutra*.^[5] Among these, *Ksharasutra* has emerged safe, minimum invasive and non-recurrence therapy, which has been accepted globally. The main purpose of the *Ksharasutra* application is to eradicate the causative factors i.e. Infected Anal gland. Once the cause is eliminated, further it may not be required to lay open of track, thus track heals by secondary intension. Both *Ayurveda* and modern have same goals of therapy i.e. drain local infection, eradicate fistulous tract and infectious crypt, minimizing the risk of faecal incontinence and recurrence, restoring the cosmetology of the area by avoiding scar tissue. But, even though *Ksharasutra* therapy is a safe, effective and non-recurrence therapy, patient feel some kind of discomfort like pain, burning sensation etc. To resolve this, after 3 to 4 sittings, *Ksharasutra* can be removed, then, the track heals on its own, eradicating the chance of recurrence and other discomforts of the patient.

Case history:

In the present case study, a 40 year male patient came to our OPD of *Shalya Tantra* AAMC&H, Tumkur, with a chief complaints of pain and pus discharge from perianal region since 6 months. External opening was present at 5 o' clock at perianal region approximately 3 cm away from anal verge. Internal opening was at 6 o' clock position into the anal canal at

dentate line on digital per rectal examination. Probing also was done to confirm site of internal opening of *b-Bhagandara*. Patient did not have previous H/O any medical and surgical illness with negative family history. Patient was diagnosed a case of *Bhagandara* (Fistula-in-ano) on the basis of clinical presentation.

Treatment given:

After pre-operative procedure with informed consent of patient, he was applied a *Apamarga Ksharasutra* through the fistula track (Fig.1). Patient advised to maintain proper bowel habit and local

hygiene with sitz bath by warm water. The changing of *Ksharasutra* was repeated every week for 4 sittings by Rail-Road technique. Then we removed the *Ksharasutra* (Fig.2) which was in-situ. Patient came for follow up after 15 days, there was no any discharge. Then after another 15 days of follow up the external opening was seen getting indented. He came after 6 months for follow up (Fig. 3) which showed no signs and symptoms of reoccurrence and even the traces of fistula was absent vis the scar of external opening was not seen.



Fig-1: *Ksharasutra* ligation at 5 o'clock



Fig-2: Wound when *Ksharasutra* was removed after 4th sittings.



Fig-3: After 6 months of follow up

Result and Discussion:

Ksharasutra showed miraculous results in treating fistula in ano. The *Ksharasutra* found to be very effective due to its *Chedhana*, *Bhedhana* *Lekhana* and *Tridoshagna* and *Shodhana*, *Ropana* properties. [6-7] Also it destroys the infection causing agents by its *Ksharana guna* and helps in complete recovery from disease. [8] Previous case study also reported the similar finding in treatment of fistula-in-

ano. [9] After the destruction of the causative agent i.e. infected anal gland, further lay open of track is not necessary. We interrupted the *Ksharasutra* ligation after 4 sittings. After 15 days of follow up, observed a small healing wound and there was no track is seen. Then after 6 months of follow up the complete fistula track was healed and no signs and symptoms of reoccurrence were observed.

Conclusion:

It was a serendipity research. It opens the research doors widely to evaluate this method in a large sample. This method tried in the simple fistula -in- ano which is straight, within 3 to 4 cm. from the anal verge, not having tributaries. Because this method will reduce discomfort to the patient during the treatment period & avoids longer duration and also one can preserve the normal anatomical structure and even physiological function of the Anorectal region.

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