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MANAGEMENT OF BHAGANDARA (FISTULA-IN-ANO) WITH APAMARGA KSHARASUTRA APPLICATION – A CASE REPORT

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ABSTRACT
Fistula-in-ano is a long-lasting inflammatory condition where there is a small tubular structure with opening in the Anorectal canal at one end and surface of perineum or perianal skin on the other end. Any opening in perianal area with chronic pus discharge indicates fistulous tract. Prolong sitting(squatting position), unhygienic condition, obesity, constipation, repeated irritation due to hair may increase the risk of occurrence. Historically, surgery has been the primary treatment for this condition; however, surgical intervention often fails to provide a complete cure. Recurrence is common, and in many cases, complications such as fecal incontinence result from damage to the sphincter muscles. In some instances, the treatment may lead to complications that are more severe than the original disease. Chronic infections, including tuberculosis and venereal diseases, are often associated with Bhagandara and can exacerbate the condition. The Ayurvedic texts, particularly Sushruta Samhita and Ashtanga Hridaya, extensively describe various medical, surgical, and para-surgical treatments for this condition. Here a case of fistula in Ano in a 23-year male patient was examined in Shalya OPD and treated with Ksharasutra, considering it as an ideal procedure in treatment of Bhagandara as it cuts and curettes the unhealthy tissue present inside the fistulous tract.

KEYWORDS: *Bhagandara, Kshara Sutra, Fistula-In-Ano*

INTRODUCTION

Kshara application in the form of Ksharasutra is now more commonly used for anorectal diseases because it is easy to apply and has a lower recurrence rate. Ksharasutra works by both cutting and healing the affected area. This method was first mentioned in Sushruta for treating Nadivrana. Chakradatta also described using a special medicated thread coated with Snuhi and Haridra powder for treating Arsha and Bhagandara.

The standard Ksharasutra is made by applying 11 layers of Snuhi Ksheera, followed by 7 layers of Snuhi Ksheera and Apamarga Kshara, and then 3 layers of Snuhi Ksheera and Haridra Churna.

Kshara Sutra is used to treat fistula in the ano because it cuts, curates dead tissues, and helps in healing, as well as controls infection. In this study, a case report is presented where a patient with fistula in ano was treated with apamarga Ksharasutra. The patient recovered fully and did not have any further issues during the follow-up period.

Ayurvedic view of Bhagandara and Kshara Sutra

Acharya Sushruta referred to Fistula in Ano as Bhagandara, along with its symptoms, types, and treatment. A condition that causes darana (tear) in the area of Bhaga (pelvis), Guda (rectum), and Basti (urinary bladder) is known as Bhagandara. If these tears are not opened, it is called Bhagandara Pidaka.

Fistula in ano implies a chronic granulating tract connecting two epithelial lined surfaces, may be mucosal or cutaneous.
Kshara is the most important tool among Shastra and Anushastra because it can perform functions like cutting, scraping, and excision, and also helps in balancing all three Doshas.

Acharya Sushruta mentioned that Nadivrana (sinus) should be opened using Kshara Sutra, and he suggested the same method for treating Bhagandara.

Case Report

Age - 23 year
Gender- male
Occupation- Student
Date of admission - 25/03/2025
Date of recovery - 28/04/2025

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Chief complaints and duration
The patient has been experiencing pus discharge along with some mild pain on the left anterior part of the perianal region for the past 2 months. Before this, he was in good health.

H/O Present Illness
Two months ago, he started noticing a boil with intermittent discharge in the left anterior perianal region. He also mentioned feeling some mild pain and discomfort when sitting, and has had a continuous pus discharge for the last 1month.
Because of this, he came to the OPD of Shalyatantra, Gopabandhu Ayurveda Mahavidyalaya, Puri for treatment.
Family History: No H/O HTN, DM or any other major illness

General examination
Pulse - 76/min
BP - 126/74 mm Hg
RR – 16/min

Digestive System
Appetite – normal
Bowel - constipated.
Uro-genital System - NAD

Local Examination: In lithotomy position of patient, the findings were observed : patient had hairy perineal region with a small opening in left anterior side of perianal region at 1 o' clock position, tenderness on touch with indurations was felt around external opening and no active pus discharge. Probing was done from external opening to access the internal opening.
After complete examination the diagnosis was confirmed as Fistula in Ano i.e., Bhagandara.
In this patient perianal skin was normal with no dermatitis.

Ksharsutra Application
Pre-operative preparation: Local part preparation i.e., shaving was done. Sodium Phospatase enema was given at early morning on day of operation. After proper bowel evacuation, 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.

Operative Procedure: Patient was taken in lithotomy position on operation theatre table.
After proper painting and draping, local anesthesia with 2% xylocaine was infiltrated nearby opening and around anal verge.
Reassessment of extension of tract was done by probing. External opening was widened by using electro cautery. Probe was removed through anal opening via internal opening after feeding of Ksharasutra and Ksharasutra ligated appropriately. Complete haemostasis was maintained.

Postoperative Procedure: Ayurvedic medicines and sitz bath was advised. Patient was admitted to the Hospital for 7 days till next Ksharasutra was changed.

Medications
- Saptavimsati Guggulu 1tab.BD
- Panchasakar Churna 5grams at night with warm water
- Jatyadi Ghrita L/A
- Sitz bath

Patient was advised to take fruits & non spicey foods during hospital stay. He was also advised to resume his normal day to day activities.

Follow-up: Patient was discharged from hospital after 1st Ksharasutra change and then asked for changing Ksharasutra every 7th day till cutting of the tract. Warm water sitz bath and Jatyadi Taila local application was done during this period. Patient was allowed to do his routine job after discharged from hospital. After 5th sitting the tract was totally cut and healing was achieved simultaneously. Jatyadi Taila application on scar mark was advised.

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Case 1: Apamarga ksharasutra application in treatment of Bhagandara



Fig. 1 & Fig. 2



Fig. 3 & Fig. 4



Fig. 5 & Fig. 6
After cut through of Bhagandara by apamarga ksharasutra

DISCUSSION

Acharya Sushruta described the treatment of fistula in ano as Bheshaj, Shastra Karma, Ksharakarma and Agnikarma.
In modern medicine treatment like fistulotomy, fistulectomy, seton ligation, fibrin glue, FiLaC etc. are indicated. These treatments have more recurrence rate and post-operative complications like haemorrhage, pain, delayed healing, incontinence etc. In comparison to modern Treatment Ksharasutra ligation is better due to its minimal complications and less recurrence. Even faecal incontinence and anal stricture are not seen in this case.

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The application of Ksharasutra is having anti- inflammatory and anti-microbial property and due to its alkaline property helps in cutting and healing. Cutting mainly occurs due to local action of Kshara, Snuhi and the mechanical pressure of Ksharasutra knot. Haridra powder having antiseptic action helps in healing of the tract.

CONCLUSION

The number of cases of fistula in ano is going up nowadays because people are sitting for long hours on hard surfaces due to their work. To properly manage anorectal diseases, it's important to understand the structure and function of the anorectal area. Early diagnosis is also crucial so that the right treatment can be started without delay. Ksharasutra helps in removal of debridement and prevent from bacterial infections. Ksharasutra at a time provides both cutting and healing so we can use it in any type of fistula tract. So, we conclude that in fistula in ano, Ksharasutra treatment is a better option due minimum complication and patient can resume normal activities earlier.

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