

# Application of *SNUHI-APAMARGA KSHARSUTRA* in the Management of *BHAGANDARA W.S.R.* to *FISTULA-IN-ANO*: A Case Study

Dr.Jaivardhan Singh <sup>1\*</sup> Dr. Sona Rani <sup>2</sup> Dr.Rekha Dadheech <sup>3</sup>

<sup>1</sup> Assistant Professor, Dept. of Shalya Tantra, Government Ayurved College, Bikaner

<sup>2</sup> Associate Professor, Dept. of Rachna Sharir, Government Ayurved College, Bikaner

<sup>3</sup> Associate Professor, Dept. of Samhita & Siddhant, Government Ayurved College, Bikaner

**Abstract:-** In the present scenario, sedentary lifestyle is principal cause of increasing in number of anorectal disorders. They are responsible for great discomfort and makes life miserable. Fistula in Ano at modern parlance is a common anorectal condition prevalent in the populations worldwide and its prevalence is second highest after hemorrhoids. Fistula -in-ano is most troublesome anorectal condition which is having increased prevalence in developing countries due to lifestyle changes. crypto glandular infection of anal crypts is main cause of Fistula in ano. In fistula in ano is an abnormal communication between two epithelial surfaces. The fistulous track is lined by unhealthy granulation tissue. In spite of various surgical techniques there are so many complications like delayed healing, recurrent occurrence, stenosis or incontinence. In *Ayurveda* texts, *Bhagandara* can be correlated with Fistula in ano. *Acharya Sushruta* classified *Bhagandara* as five types When the blister remains unripe (not suppurated) it is called *Pidika*, when the same gets suppurated it will be called *Bhagandara* <sup>(1)</sup>. He had mentioned *Shastra karma* along with *Kshara karma* and *Bheshaja chikitsa* for treatment of *Bhagandara*. Many treatments explained in *Ayurveda Samhitas* for the treatment of fistula in ano, *Ksharasutra* application is one of them. *Ksharasutra Procedure* is a minimally invasive para-surgical procedure and induces both mechanical as well as chemical cutting and healing of the fistulous tract. This technique has a high success rate and has minimal complication.

वातपित्तश्लेष्मसन्निपातागन्तुनिमित्ताः शतपोनकोष्ट्रवीवपरिस्रा विशम्बूकावर्तोन्मार्गिणो यथासङ्ख्यं पञ्च भगन्दरा भवन्ति | ते तु भगगुदबस्तिप्रदेशदारणाच्च 'भगन्दरा' इत्युच्यन्ते | अभिन्नाः पिडकाः, भिन्नास्तु भगन्दराः ||३|| (Sushrut Nidan- 4/3) Here a case of fistula in Ano in a 40-yrs, Male patient was examined in Shalya OPD of GAC, Bikaner and treated with *Snuhi-Apamarga Ksharasutra*, considering it as an ideal procedure in treatment of *Bhagandara* as it cuts,

curettes the unhealthy tissue and healing of the fistulous tract.

**Keywords:-** *Bhagandara, Ksharasutra, Fistula-in-ano, Snuhi-Apamarga, Kshara karma.*

## INTRODUCTION

*Acharya Sushruta* – very aptly considered 'Father of Surgery' has authored his work in the form of *Sushruta Samhita*, which is the main source of knowledge about surgery in ancient India. It has mentioned *Bhagandara* as a disease wherein an abscess bursts open in anal region<sup>(2)</sup>. It is considered as *Ashta Mahagadas* (Eight grave disorders) which essentially means difficult to treat<sup>(3)</sup>. According to *Vagbhata*, *Bhagandara* The disease which causes *darana* and around *bhaga* (pubic region, perineum, vaginal region, and genital area), *guda* (anal region) and *basti* (urinary bladder) is called *Bhagandara*<sup>3</sup>. It is a chronic abnormal communication between the two epithelialized surfaces of the anal canal, with internal and external opening. Pain, discharge and itching of variable extents occur and usually it is extended for long intervals causing morbidity for patients.

वातव्याधिः प्रमेहश्च कुष्ठमर्शो भगन्दरम् |

अश्मरी मूढगर्भश्च तथैवोदरमष्टमम् ||४||

अष्टावेते प्रकृत्यैव दुश्चिकित्स्या महागदाः |५| (Sushrut Sutrasthan - 33/4-5)

According to a recent study conducted on the prevalence of anal Fistulain India by Indian Proctology Society in a defined population of some states, approximately varied from 17 to 20% <sup>(4)</sup>.

Fistula -in-ano is a condition managed by using surgical technique like Fistulotomy or Fistulectomy. But in spite of this there are many complications like

delayed healing, recurrent occurrence, stenosis or incontinence<sup>(5)</sup>. *Kshara Sutra* is an important Ayurvedic parasurgical procedure which is having various therapeutic benefits like excision with minimal complication, *Kshara Sutra* acts as drainage by its non breakable property keeps the tract patent and helps for excision of the tract with less tissue damage<sup>(6)</sup>. Previous research shows minimal loss of sphincter muscle and minimal recurrence rate by *Kshara Sutra* ligation<sup>(7)</sup>. *Kshara* destroys the unhealthy tissue and make them fall off. It is the superior among *Shashtra* and *Anushastra* because it does functions like excision, cutting and scrapping, also Lighten all the three doshas. Use of extensive fibrosis and favours proper healing which reduces the chances of recurrence. Although the standard method of *Apamarg Ksharasutra* preparation and its application as primary and replacement threading is a timetested treatment and is still the gold standard.

#### *Kshar Sutra* Preparation:-

*Kshar Sutra* is a medicated thread (seton) coated with herbal Alkaline drugs like *Apamarga Kshara* (Ash of *Achyranthus Aspera*), *Snuhi* (*Euphorbia Nerifolia*) latex and *Haridra* (*Curcuma Longa*) powder in a specific order. First of all surgical linen Barbour thread( No.20 ) was manually eleven coating by the latex of *Snuhi* followed by seven coatings of the latex of *Snuhi* and the alkaline powder of *Achyranthes Aspera* alternatively and dried. There are three coatings of latex of *Snuhi* and Powder of *Curcuma Longa* was given alternatively in the final phase. Then prepared thread was sterilized by ultra violet radiation and placed in glass tube. The pH of the thread was ensured to be about 9.75, while the length was about 11- 14 cm. <sup>(8)</sup>

#### Function-

This combination of medicines on the thread helps in debridement and lysis of unhealthy tissues exerts antifungal, antibacterial, and anti-inflammatory action. The *Ksharsutra* removes the residual glands in the epithelium.

#### CASE REPORT

In June 2022, a 40-year-old male patient presented to the Shalya O.P.D at Govt. Ayurved college hospital, Bikaner complaining of Pain and foul smelling pus discharge from perianal region since 5 years.

#### Place of study :-

Department of Shalya Tantra, Govt. Ayurved college hospital, Bikaner.

#### History of Past Illness:-

No previous H/O any other severe illness.

#### Treatment history:-

No previous H/O any treatment.

#### Surgical History:-

S/H/O-previously I & D for peri anal abscess 5 years ago in PBM govt hospital in bikaner

#### Family History:-

no H/O any other severe illness in family members.

#### Personal history:-

Appetite-average

Food-mixed (spicy)

Bowel-mild constipated

Addiction-no addiction

Micturation- frequently 6-8 times, normal flow

Sleep-proper

#### General examination:-

General condition-

Average Bp- 130/78 mmhg

Pulse – 80 / min

Height- 165 cm

Weight- 70 kg

Temp.- 97.4 F

Respiratory rate-14/min

Tongue - Uncoated

#### *Asthavidha pariksha* :-

Nadi (Pulse) = 80/Min.

Mala (Stool) = 1-2 times/Day

Mutra (Urine) = 6-8 Times/day

Jihva (Tounge) = Alipta

Shabda (Speech) = Normal.

Sparsha- Anushana Shit

Druka (Eyes) = Normal.

Akruti = Madhyama.

#### Local Examination:-

- P/R-External opening at 1 o'clock position.  
Internal opening at 12 o'clock position.
- Sphincter tone-normal
- Surrounding Skin- -Inflammation - present. -  
Scars – present
- Smell- Foul smelling discharge

On the basis of clinical presentation, the patient was diagnosed as a case of *Bhagandara* w.s.r. to Fistula-in- ano.

The patient was advised for *Snuhi-Apamarga Ksharsutra* application in *Bhagandara* w.s.r. to Fistula-in- ano.

Laboratory Investigations :-

- Hb – 12.5 gm% • Clotting time – 4 min 20 sec. • Bleeding time – 2 min 10 sec • TLC – 4.880 mm<sup>3</sup>
- HIV 1 & 2— Non reactive • HBsAg & HCV – Non reactive. • Random blood sugar –95.1 mg/dl.

Treatment :-

Preoperative Preparation:-

- Patient's consent was taken prior to operative procedure.
- Local part preparation was done. local anesthesia sensitivity test was done.
- Injection Tetanus Toxoid (TT) was administered Intramuscular for prophylaxis.

Operative Procedure :-

- The patient was placed in prone position.
- Painting and draping were done.
- For *Bhagandara* (Fistula-in-ano) *Shalya Karma*.- The ant-grade probing from external opening 1 o'clock position to internal opening 12 o'clock position was done under local anaesthesia (2% lignocaine) and followed by partial fistulotomy. Then a sterile *Snuhi-Apamarga Ksharsutra* threaded into the eye of probe, present at tail end and probe was taken out through internal opening. After that wound was clean with normal saline and anti-septic dressing was done. *Snuhi-Apamarga Kshar Sutra* tied in the entire

underlying track for simultaneous cutting and healing.

Post-Operative Care:-

1. Hoy sitz bat with luke warm water & Tankan bhasma
2. Saptavinshti Gugullu- 2 Tab BD
3. Tab.Septiline- 2 Tab BD
4. Isabgol Husk- 4 Tsp HS with milk
5. Daily Cleaning & Dressing by *Jatyadi Tailum*
6. Weekly *ksharsutra* thread changing.

Diet chart-

Mudga Yusha, Shali Chawal, Jangal Mans Rasa (soup of wild animal meat) Potola Phala (pointed gourd), Sahijan Phala (drumstick), Til Tail (sesame oil), Mooli (radish), Sarshap Tail (mustard oil), Tikta Dravya (like -Nimb, Guduchi etc.), honey, Ghrit etc.

the *Ksharsutra* was changed by railroad technique till the complete removal of the pathological tract at the interval of one week.

#### OBSERVATION

After application of *Kshar Sutra* in *Bhagandara* (Fistula-in-ano), pus collection drifted from external opening till the complete removal of the pathological tract. The length of pathological tract of *Bhagandara* (Fistula-in-ano) was gradually decreases (near about at the rate of 1.0 to 1.5 cm/week) and condition of patient gradually improved. After daily cleaning and dressing along with *Jatyadi Tailum* and oral *Ayurvedic* medicine, the wound started to heal within a weak and was healed completely in nearly 2 months. During each follow-up, sign and symptom were assessed.



Pre Operative image-01



Operative image-02



Cut-through  
DISCUSSION

*Kshar Sutra* is a good and minimally invasive procedure in the management of *Bhagandara* (Fistula-in-ano). The rate of complication and recurrence is minimal and the patient is enabled to resume work and normal social activities as early as possible. It is a low cost treatment for the patient. No systemic side effects are observed with *Kshar Sutra* therapy, although transient infection, local burning sensation, mild pain, itching and slight indurations are noticed+, which rarely need medication. Post-operative tissue damage and scarring are minimal. The *Kshar Sutra* therapy, a unique method of drug delivery, most appropriate for healing the sinus track offers an effective, ambulatory and safe alternative treatment in patients with *Bhagandara* (Fistula-in-ano).

#### CONCLUSION

As a result, the study reported that the *Snuhi-Apamarga Kshar Sutra* is a safe, effective, and minimally invasive surgery with a lot of potential for treating *Bhagandara* (Fistula-in-ano). It can be concluded that *Bhagandara* (Fistula-in-ano) can be well managed by application of *Snuhi-Apamarga Kshar Sutra* because it minimizes the rate of complications and recurrence of the disease and is also cost-effective.

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Wound Healed

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