

## Case study

“MODIFIED CLINICAL PRACTICE OF SARIVA KSHARA SUTRA WITH PARTIAL FISTULECTOMY IN MANAGEMENT OF BHAGANDARA (FISTULA-IN-ANO)”

Abstract: -

*In Ayurveda studies*, Due to frequent recurrence rate *Bhagandara* is coated as one of the *Ashta Mahagaroga* (8 Big disease) by *Sushruta*. In Modern era of our generation anorectal disorders are increasing, due to sedentary lifestyle, junk food, long sitting work. Etc.. The word *Bhagandara* is consist of 2 words *Bhaga* and *Darana*, *Bhagandara* is frequently occurring in Anorectal region. The formation of *Pidika* further leads to development of *Bhagandara* it is detailed as opening around the *Guda Pradesh* with pain & pus discharge. Many Different modalities of treatment are available in society but till today no single modality have proven to be successful. *Kshara Sutra* therapy is the unique specialized Para surgical procedure which is used in *Fistula in Ano*. The present study is undertaken to assess the modified way to treat *fistula-in-ano* with *Sariva Kshara Sutra with partial fistulectomy*. Case was taken from OPD/IPD of SHAH PILES FISTULA HOSPITAL, AHMEDABAD

CASE X: - Male Patient age 31 yrs old presenting with pain, swelling, discharge in anterior anal canal to base of scrotum was examined in our OPD treated with *Sariva Kshara Sutra with partial fistulectomy* in the treatment of *Bhagandara* as it cuts and heals the unhealthy tissue present inside the fistulous tract at the same time preserving the Sphincter.

KEY WORDS: - *Bhagandara, Fistula-in-Ano, Sariva Kshara Sutra with partial fistulectomy, recurrent fistula.*

Introduction to the Case: -

*Bhagandara* is compared to *fistula in ano*, *Bhagandara* means which cause pain and discomfort or discontinuity in the region of *Bhaga, Guda, Basti* region.<sup>[1]</sup> It is one of the *Ashtamahagada*,<sup>[2]</sup> *fistula* is derived from Latin in modern sciences, a reed, pipe, or flute. An abnormal Track between anal canal and rectum with exterior (perianal skin) is called *fistula in ano*,<sup>[3]</sup> it is usually preceding results from an anorectal abscess which may burst opened in adequately on the skin or buttocks.

Our findings, upon the recurrent *fistula* extended up to base of the scrotum in which pus discharge, redness, swelling pain, from base of the scrotum. Goodsall's Rule is authentic way to determine the course of the track and with flexible copper probe the course of track is identified.

Application of *Kshara Sutra* in anorectal disease results in low rate of recurrence and its becoming popular throughout globe.

In this case, *Fistula-in-ano* was treated with *Sariva Kshara Sutra with partial fistulectomy* which was cured, with no recurrence and further complaints were found during and follow up period. Among all *Shashtra* and *Anushastra Karma*, *Kshara* is best with the *Chedana*,

*Bhedana, Lekhana also Tridoshaghna properties*

Case X:-

Gender:- Male

Age:- 31 yrs.

Date of admission - 26/11/2020 Date of recovery - 30/03/2021

Chief complaints and duration - Patient complaints of redness, pain, swelling, pus discharge from base of the scrotum since last 25 days.

H/O Present illness:-

31 yrs. young male patient present with complaints of painful swelling with discharge at anterior aspect of anal canal, with induration on 26/11/2020 at our OPD. h/o - surgery, Post Covid19 before 3 months on date not remembered in G.C.S Hospital, Ahmedabad (Gujarat State). Underwent fistulotomy under spinal anesthesia. Presently, on examination patient had discharging wound in the anterior perineum below the scrotum was very painful with tenderness, diagnosis was confirmed by MRI on 25/11/2020. Suggestive of high scrotal anal fistula internal opening at 12 o clock position. Recurrence of fistula in Ano found.

H/o past illness – Post Covid 19

General Examination

1. GC – poor
2. CVS – appears normal s1s2 heard properly
3. Pulse - 78/min, BP-130/80mmhg
4. RS - Bilateral Air way entry is clear
5. Digestive system - Appetite –Normal, Bowel- Normal

while local examination

Patient is examined in lithotomy position.

Post-operative changes with skin defect in anterior perianal region on right side.

Edematous changes with ill-defined fluid collection involving scrotal wall bilaterally

Right spermatic cord appears bulky and edematous – suggestive of changes of Funiculitis

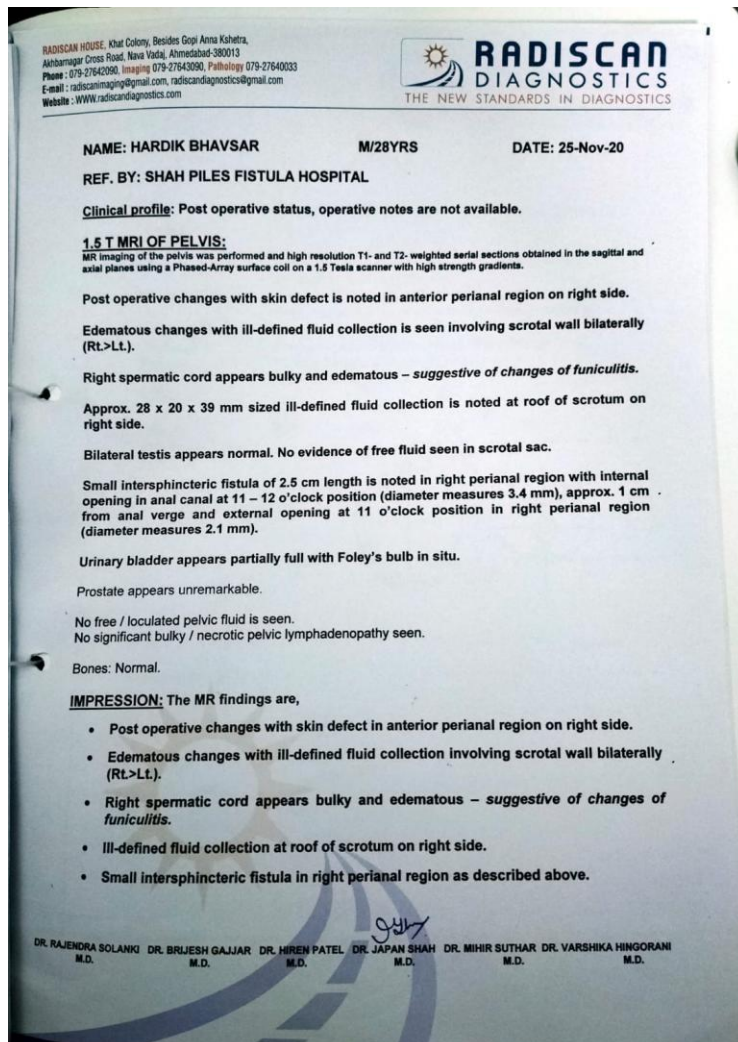
Approx. 28\*20\*39 mm sized ill-defined fluid collection noted

Ill-defined fluid collection at root of scrotum on right side

Small intersphincteric fistula on 2.5 cm length is noted in right perianal region with internal opening in anal canal at 11-12 o'clock position (diameter measures 3.5 mm) approx. 1 cm from anal verge and external opening at 11 o'clock position in right perianal region (diameter measures 2.1mm)

Complete anorectal examination was done, finally diagnosis was confirmed as a complicated recurrent fistula.

MRI Report:-



Preparation of *Kshara Sutra*

*Snuhi Ksheera* = 11 coatings

*Snuhi Ksheera* + *Sariva Kshara* = 7 coatings

*Snuhi Ksheera* + *Haridra Churna* = 3 coatings

Barbour's linen thread No. 20 is used to prepare, 1 coating is applied every day and kept for drying in the *Kshara Sutra* cabinet. 21 days are needed to do 21 coatings to prepare thread. After this these threads are packed in a sealed sterile pack after packing in the UV cabinet. all of ksharasutra are packed in airtight container and stored & kept it away from contact with any moisture.<sup>[5]</sup>

For Pre-operative measure patient is advised for routine investigations like complete blood profile was done, all reports found within normal limit. Then patient consent was taken and posted for operation.

Figure 1 : Pre-operative



#### Under Spinal Anesthesia

First the patient will be asked in lithotomy position and perianal region painting and draping will be done. Looking at the type of Bhagandara, partial fistulectomy is done leaving the sphincter. Later finger with gloves will gently be introduced into the rectum.

Then a suitable selected probe will be passed through the external opening of fistula. The tip of the probe will be forwarded along the path of least resistance and will be guided by the finger in rectum to reach into the lumen of anal canal through the internal opening and its tip will be finally directed to come out of anal orifice. Then a surgical linen thread of suitable length No.20 will be taken and threaded into the eye of probe. Thereafter the probe will be pulled out through the anal orifice, to leave the thread behind in the fistulous track. The two ends of the thread will be then tied together with a moderate tightness outside the anal canal.

#### Post operative:-

Proper analgesics & anti biotics were prescribed along with sitz bath with proper dressing was given





Figure 2 . Post operative  
follow up:-

Patient was asked to visit hospital every week for observation. After 20 days of surgery

surgical linen thread No.20 will be replaced by Sariva Kshara sutra and that it will be kept on changing every week till cut through and the wound is healed.

Figure 3 : Final result:-



OBSERVATION

Initially the wound was allowed to heal by itself with proper betadine and hydrogen peroxide dressing the intersphincteric track length was 2.5 cm. which gets cut through. Patient was asked to visit hospital every week till complete healing was achieved. No recurrence was observed.

## CONCLUSION

*Kshara Sutra* has become the foremost of treatment in cases of fistula-in-ano even in recurrent and complex high anal fistulas. Giving the best results *Kshara Sutra with partial fistulectomy* requires minimal General surgical setup, equipment's, and instruments to treatment it is necessary to TREAT *Kshara Sutra* therapy by surgeons. It promotes healthy granulation tissue, it also removes fibrous tissue and ultimately drains creating a healthy base for healing tract preserving the sphincters.

## COMPETING INTERESTS DISCLAIMER:

Authors have declared that no competing interests exist. The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

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