



Case Report

A CLINICAL CASE STUDY OF SARIVA KSHARA SUTRA WITH PARTIAL FISTULECTOMY IN THE MANAGEMENT OF BHAGANDARA (FISTULA-IN-ANO)

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Abstract

Ayurveda, *Bhagandara* is considered as one of the *Ashta Mahagaroga* (8 major disease) by *Sushruta* due to more recurrence rate. In present era anorectal disorders are increasing, due to sedentary lifestyle and other factors. The word *Bhagandara* is composed of 2 words *Bhaga* and *Darana*, it is a common disease occurring in Anorectal region around the anus which extends up to Genitalia. The formation of *Pidika* leads to development of *Bhagandara* it is characterized by opening around the *Guda Pradesh* with painful Discharge. *Bhagandara* is treated by different modalities modern science but till day no single modalities have proven to be complete one for *Fistula*, *Kshara Sutra* therapy is the unique specialized Para surgical procedure which is used in *Fistula* in *Ano*. The present study was undertaken to assess the modified way to treat *fistula-in-ano* with *Sariva Kshara Sutrawith partial fistulectomy*. Case was taken from OPD/IPD of Shah Piles Fistula Hospital, Ahmedabad.

CASE 1: -Age 23 yrs. Male Patient presenting with pain, swelling, discharge in scrotal to anterior anal canal (scrotal extension) was examined in Shalya OPD treated with *Sariva Kshara Sutra with partial fistulectomy* considering it an ideal procedure in the treatment of *Bhagandara* as it cuts and cures the unhealthy tissue present inside the fistulous tract preserving the Sphincter.

Keywords: *Bhagandara*, *Fistula* in *Ano*, *Sariva Kshara Sutrawith partial fistulectomy*, recurrent *fistula*.

INTRODUCTION

Bhagandara can be correlated with *fistula* in *ano*, *Bhagandara* means which cause splitting or discontinuity in the region of *Bhaga*, *Guda*, *Basti* region (Shastri Kaviraj Ambikadatta *et al.*). It is one among *Ashtamahagada* (Shastri Kaviraj Ambikadatta *et al.*), in modern *fistula* word is derived from a Latin word, a reed, pipe, or flute. It is an abnormal communication between anal canal and rectum with exterior (perianal skin) is called *fistula* in *ano* (Shenoy K Rajgopal *et al.*), it usually results from an anorectal abscess which burst spontaneously or opened in adequately. In this study we found the recurrent *fistula* extended up to base of the scrotum in which pain, swelling, redness, pus discharge from base of the scrotum. Goodsall's Rule for predicting the tract of *fistula* is diagnosed with flexible copper probe it opens into the anterior anal canal. Application of *Kshara Sutra* in anorectal disease has become more popular due to its easy approach and low rate of recurrence. In this case study, *Fistula* in *ano* was treated by *Sariva Kshara Sutra with partial fistulectomy* which was cured, and no further complaints and recurrence were found during and follow up period. It is more important among *Shastra* and *Anushastra Karma*, *Kshara* having the *Chedana*, *Bhedana*, *Lekhana* also *Tridoshaghna* properties

CASE REPORT

Gender - Male

Age - 23 yrs.

Occupation - Clerk at Kalapur Bank

Date of admission - 29/10/2020 Date of recovery - 13/01/2021

Chief complaints and duration - Patient complaints of pain, swelling, since the last 7-8 days.

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H/O Present illness 23 yrs. young male patient present with complaints of painful swelling with discharge at anterior aspect of base of scrotum, with induration on 28/10/2020 at our OPD. 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 26/10/2020. Suggestive of high scrotal anal fistula internal opening at 12 o'clock position. Recurrence of *fistula* in *Ano* found. No past medical History

General Examination

- GC - moderate
- CVS - S1 S2 Heard
- Pulse - 82/min, BP-120/70mmhg
- RS - B/L Air entry is clear
- Digestive system - Appetite - Normal, Bowel- Normal

Preparation of *Kshara Sutra*

Snuhi Ksheera = 11 coatings

Snuhi Ksheera + *Sariva Kshara* = 7 coatings

Snuhi Ksheera + *Haridra Churna* = 3 coatings

This was prepared in the hospital using Barbour's linen thread No. 20, one coating was applied each day and kept for drying the *Kshara Sutra* cabinet. A total of 21 days was needed to complete the preparation of thread. After these threads were cut in 2 sizes medium length 25cm, small 16cm length and packed in a sterile sealed pack after packing in the UV cabinet with a small pack of silica inside to absorb moisture, all of these were packed in airtight container and stored keep it away from contact with any moisture (Deshapande and Pathak, 1965). As a Pre-operative measure's patient is advised to routine investigations like CBC, PLT, CT, BT, RBS, HIV, HbSag, CREATE, SGPT, URINE ROUTINE was done, all reports found within normal limit. Then patient consent was taken and posted for operation.

On local examination

MRI Report:-

USMANPURA
IMAGING CENTRE

Patient's Name: JENISHBHAI M. PATEL 23Y/M Ref. No.: 10800
Age/Sex: 23 Years/Male
Referred by: Dr. BIJAL KADIA Date: 26/10/2020

INVESTIGATION : MRI OF PELVIS :

The study reveals evidence of localized fluid intensity collection with tiny air foci in left paramedian perineal region, extending up to the posterior wall of left scrotal sac. Associated significant perifocal soft tissue inflammation noted. It measures about 4.3 x 1.2 cm on axial plane.

Linear fluid intensity track with tiny air focus seen in left posterior paramedian perineal region, extending anteriorly and cranially along intersphincteric space and reaching up to the internal sphincter with opening at 2 o'clock position. Associated perifocal soft tissue inflammation noted. Maximum width of the track measures about 4.8 mm.

There is seen further cranial extension of the linear track along intersphincteric space and shows bifurcation with a small track reaching up to the anal canal at about 12 o'clock position.

Laterally extending linear track with significant adjacent inflammation, seen coursing further cranially in left ischioanal fossa, involving puborectal muscle. It is seen terminating into a localized collection showing internal air, abutting the left levator ani muscle. No evident supralelevator extension seen. The collection measures about 1.5 x 1.4 cm. It is indenting the adjacent left lateral wall of caudal aspect of prostate and there is seen edematous changes involving adjacent left obturator internus muscle.

No evident external opening noted in peri-anal region.

Other Findings
Urinary bladder is normally distended and shows normal perivesical fat planes. Pre-sacral fat plane appears normal.

A few reactive lymph nodes seen in bilateral inguinal regions.

Both S.I. and hip joints appear normal. Bones under view show normal marrow signal intensity.

Dr. Komal Vadgama Jogi Dr. Amit Gupta Dr. Deepthi Mukhija Dr. Nidhi Vhasa Dr. Disha Patel Dr. Jay Khariadiya
Radiologist Radiologist Radiologist Radiologist Radiologist Radiologist
M.99099 80409 M.98984 63664 M.98258 7002 M.95609 1380 M.98694 50821 M.99908 1864 M.87586 1973

Our Services : MRI | 138-CT SCAN | 4D-USG | ECHO | DOPPLER | ESI | DPG | DIGITAL X-RAY | MAMMOGRAPHY | TMT | BMD | PATHOLOGY

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NOT VALID FOR MEDICO LEGAL PURPOSE

Pre-operative



Under Spinal Anesthesia first the patient will be kept in lithotomy position and perianal region will be cleaned with antiseptic lotions and draped. Looking at the type of Bhagandara, partial fistulectomy is done leaving the sphincter. Later gloved finger 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 suitable length of surgical

linen thread 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 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.

Final result:



Observation

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

Conclusion

Now days *Kshara Sutra* is the first choice of treating the 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 achieve the goal of treatment it is necessary to practice *Kshara Sutra* therapy by surgeons. It helps in formation of healthy granulation tissue there by inducing a long healing pattern in depth of tissue, it also removes fibrous tissue and ultimately drains creating a healthy base for healing tract preserving the sphincters.

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