EUROPEAN JOURNAL OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES
http://www.ejbps.com

ISSN 2349-8870
Volume: 4
Issue: 5
154-157
Year: 2017

GUGGULU BASED APAMARGA KSHARA SUTRA WITH PARTIAL FISTULECTOMY AN EFFECTIVE AND CONDUCIVE MANAGEMENT IN MULTIPLE FISTULA-IN-ANO (SHATAPONAKA BHAGANDARA).

***Dr. Junita. K. Swer, ** Dr. Satish Chandravanshi, ***Dr. Shankar. S. and ****Dr. Shailaja. S. V.**

*PG Scholar, Dept. of PG Studies in Shalya Tantra.
**PG Scholar, Dept. of PG Studies in Shalya Tantra.
***Reader and Guide, Dept. of PG Studies in Shalya Tantra,
****Professor & HOD, Dept. of PG Studies in Shalya Tantra,
SKAMCH & RC, Bangalore, Karnataka, India.

***Author for Correspondence: Dr. Junita. K. Swer**
PG Scholar, Dept. of PG Studies in Shalya Tantra.

Article Received on 21/02/2017 **Article Revised on 13/03/2017** **Article Accepted on 03/04/2017**

ABSTRACT
Bhagandara (Fistula-in-ano) is one among tha *Astamahagada* (eight grave disorders) mentioned in *Sushruta samhita*.[1] *Bhagandara* is a troublesome disease which occurs in ano-rectal region and second commonest ano-rectal diseases after haemorrhoids and difficult to manage. *Kshara sutra* is one of the chief modality in the treatment in Ayurvedic science and had been explained in *Nadivrana*.[2] In this context, *Guggulu* based *kshara sutra* was carried out in the management of *Bhagandara*.It consists of *guggulu*, *haridra* and *apamarga kshara*. A 45 years old male presented with complaints of painful swelling with pus discharge in the anal region since 3 years has been presented here. In the present study, the patient diagnosed with Multiple fistula in ano advised for surgery as patient had undergone incision and drainage for perianal abcess not willing to undergo surgery and opted for the *kshara* sutra. The patient received in the OPD of SKAMCH RC and has been treated with the *kshara sutra* prepared in the Lab of SKAMCH & RC by following the standard protocol of preparation. The patient is treated on OPD basis with weekly change of thread. The patient recovered well with complete excision of the tract within span of 9 weeks.

KEYWORDS: *Multiple fistula-in-ano, Shataponaka Bhagandara, Kshara sutra.*

INTRODUCTION
The word *Bhagandara* literally means *darana* (splitting/tearing) around *Guda* (anus), *Yoni* (vagina) and *Basti* (urinary bladder). At first it appears as a *Pidaka* (boil) around *guda*, and when it bursts out, then it is known as *Bhagandara*.[3] Fistula-in-ano is an inflammatory tract which has an external opening (secondary opening) in the perianal skin and an internal opening (primary opening) in the anal canal or rectum.[4] Most of the surgical procedure indicated for fistula in ano have got drawbacks as discomfort, cost and high recurrence rate. Every treatment modalities has its own limitations, application of *kshara sootra* in cases of multiple fistula in ano, when there is more than one external opening, in such cases there may be one or more internal openings[5], difficult in finding the tract and takes much time to heal. So such type of cases can be treated with the combined approach of Partial fistulectomy and *Guggulu* based *Apamarga kshara sootra* therapy.

MATERIALS AND METHOD
Preparation of Kshara sutra
For the preparation of thread, surgical linen thread Barbour number 20 was manually coated eleven times with guggulu, followed by seven coatings of guggulu and the alkaline powder of Apamarga (Achyranthes aspera) alternatively, and dried. In the final phase, three coatings of guggulu and choorna of haridra (Curcuma longa) was given alternatively. The thread thus prepared 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.

Patient details
A 45 year male Muslim by religion, fruit vendor by occupation. Patient received in the OPD of SKAMCH & RC March 2016.

Chief complaint:- Painful swelling in the perianal region with purulent discharge since 3 years. Associated complaint:- Itching and soiling of clothes.

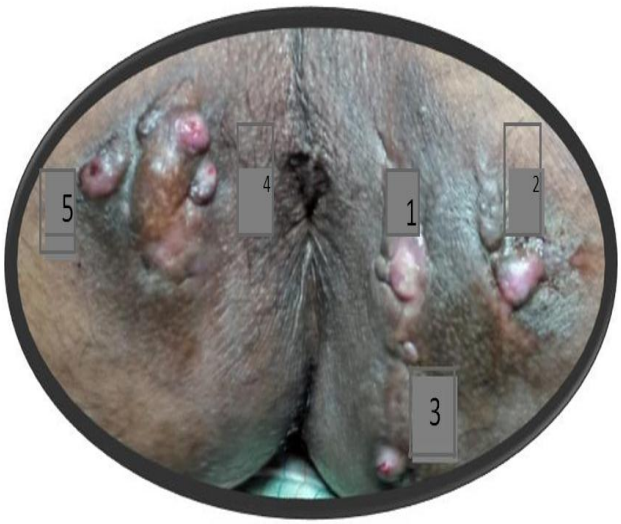
Previous surgical/Medical history:- History of Perianal abscess and underwent Incision and drainage once in year 2015.

No Medical history of DM, HTN, KOCH'S and drug allergy.

On examination
Well built, moderately nourished, Pallor – Absent, Edema – Absent, Icterus- absent, Cyanosis – absent, lymph nodes – no enlargement noticed.

Per rectal: Three opening at left perianal region(anterior)
1. One opening 2 cm away from anal verge at 3 o'clock.
2. Opening 4cm approximately away from anal verge.

lies in the same plane at 3 o'clock.
3. Opening posteriorly around 5-6 cm approximately away from anal verge at 5 o'clock.
- Purulent discharges at left perianal region.



Multiple opening (three opening) present at right perianal region side.
4. **Two openings approximately 2.5cm one above the other from the anal verge at 10 o'clock.**
5. **One opening approximately 5cm from the anal**

Verge at 10 o'clock.
Respiratory system:- NVBS heard. Cardiovascular system:- S1 & S2 heard.
Gastrointestinal system:- P/A – soft, non-tender, BS ++.

Lab investigation
Hb – 13.5gm% Bleeding time – 3min WBC Count – 9200 cells/cubic mm3 Clotting time – 6min 45 sec.Neutrophils-57%.Lymphocytes-34%.Esonophils-4%.Monocytes-5% Random blood sugar – 96mg/dl. HBsAG – Non reactive. HIV 1 & 2 – Non reactive. Ecg –Normal. ESR – 40mm/Hour. CXR – PA view – Normal. Fistulography– a irregular sinus tract is seen in the left gluteal region.There is deep intramuscular extension of the tract is seen.There is leakage of contrast from other end of the sinus which opens in the lower gluteal region.
Finding noted on day 1 of examination Number of openings - 6
Clockwise position of opening – 3 o' clock , 5 o'clock and 10 o'clock.
Type of fistula – Low level anal fistula. Length of the tract – 4 centimetre. Discharge – pus discharge.
Induration- circumferential 2cm around the external opening (3 &10 o'clock). Fibrous tissue around the external opening – present.
Tenderness - ++

PRE-OPERATIVE
Written informed consent was taken.Part preparation was done.Patient was kept nil orally for 6 hrs.Inj.Tetanus toxoid 0.5 ml, I/M was given. Inj. Xylocaine test dose was given.Inj.Taxim 1g IV BD .Soap water enema was given. Part preparation, informed consent to be taken.

OPERATIVE
Under spinal anaesthesia, patient was made to lie in lithotomy position.The perianal region was painted with betadine solution and draping done.All the fistulous tract were inspected and probing was done to find out the direction and internal opening . On left perianal region, along the length of the probe inserted, the tract was excised, wherein the incision was done in between interconnected tracts and kshara was applied. Same procedure was repeated in right perianal region and after excision of the tract, kshara was applied. One tract was found to communicate posterior anal region without external opening. So opening was made to drain out the pus and through that opening the tract was communicating to the anal orifice by probing. For this opening kshara sutra was done to facilitate the discharge of pus from both communicating tracts.Haemostasis achieved.Followed by dressing with betadine and perianal packed done.

POST-OPERATIVE
Patient was kept nil orally till complete waving off of the anaesthetic effect is achieved (6 hrs) Rx 1.Inj.Taxim 1 gm IV BD for 7 days 2.Inj.Metrogyl 100 ml IV TID for 7 days 3.Inj.Dynaper 1 amp IM SOS 4.Inj.Pan 40 mg IV BD 5. Dressing done with jatyadi taila everyday. 6. Sitz bath twice daily with warm water after defecation.

One week later, the old Kshara sutra was replaced by new one by railroad method i.e. the new medicated Kshara sutra was tied to the end of the previous Kshara sutra, this sutra is cut and pulled out thorough fistulous opening and new one placed in position. The cutting rate

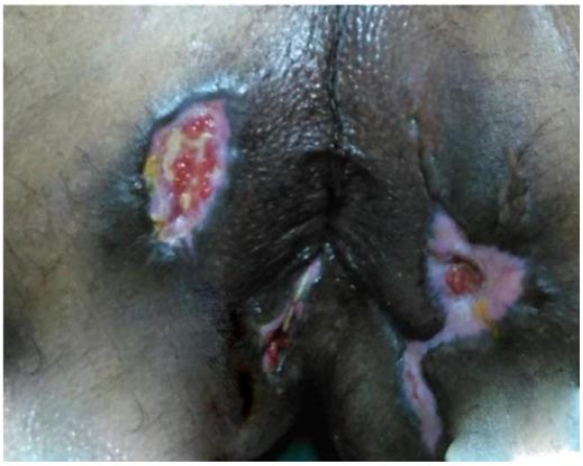
of fistulous tract was recorded by measuring the length of Kshara sutra on subsequent changing.. After replacement of the Kshara sutra, the patient was advised to continue her normal routine work. The Kshar sutra was changed weekly.

Table 1: There was considerably changes found on various parameter which was as follows.

Sr. No	Dateof change.	thread	Length tract	of	Discharge	Pain	Tenderness	Itching
1	05-03-2016		4 cm		+++	+++	+++	++
2	12-03-2016		3.5 cm		+++	+++	+++	++
3	19-03-2016		3 cm		+++	++	++	+
4	26-03-2016		2.5 cm		++	++	++	+
5	02-04-2016		2 cm		++	++	++	+
6	09-04-2016		1.5 cm		+	+	+	-
7	16-04-2016		1 cm		+	+	+	-
8	23-04-2016		0.5 cm		-	-	-	-
9	30-04-2016		0 cm		-	-	-	-

The complete excision of tract was achieved in span of 9 weeks.

During treatment



After treatment

DISCUSSION ON THE EFFECT OF TREATMENT

Mode of Action of *Kshara sutra* in Fistula in Ano: By application of *kshara sutra* it does cutting off the tract and there is continuous drainage of pus which helps in healing. The medicaments which are used to prepare the thread will slough out the fibrous tissue of the track (Debridement by the *Ksharana* process) and stimulates the healthy granulation tissue for healing.

CONCLUSION

The present reports highlights the benefits of *Guggulu* based *apamarga kshara sutra* with a marked reduction of symptoms to pain, irritation, inflammation, burning sensation. Complete cutting & healing of fistulous tract occurred by 9 weeks without any complications. There was also simultaneous healing of the tract. The procedure throughout its course was safe without causing any signifcant discomfort to the patient.

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