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

ISSN 2349-8870
Volume: 5
Issue: 9
202-206
Year: 2018

USE OF PRATISARNIYA K SHARA AFTER FISTULOTOMY IN BHAGANDARA (LOW ANAL FISTULA): A REVIEW

Dr. Smriti Chandrakar[1]*, Dr. Purnesh Sahu[1] and Dr. Balendra Singh[2]

[1]M.S. Scholar, P.G. Dept. of Shalya Tantra, Govt. Ayurved College, Raipur (C. G.).
[2]Reader & HOD, P.G. Dept. of Shalya Tantra, Govt. Ayurved College, Raipur (C. G.).

***Corresponding Author: Dr. Smriti Chandrakar**
M.S. Scholar, P.G. Dept. of Shalya Tantra, Govt. Ayurved College, Raipur (C. G.).

Article Received on 05/07/2018 **Article Revised on 25/072018** **Article Accepted on 14/08/2018**

ABSTRACT
Ayurveda is like an abysmal ocean in which as we dive deeper we discover possess more and more valuable gems in the form of new truths, unrevealed so far. A track is form in bhagandara by darana (cutting) of guda Pradesh. Puya (Pus), urine, stool discharge from track is main symptom of bhagandara. On the basis of sign and symptom Bhagandara can be compared to Fistula in – ano of modern science, At present most common surgical procedure in the fistula in ano is fistulectomy & fistulotomy, newer modalities are being used as treatment modalities. These surgical management carries several complications and even complete excision of track are chance of subsequent recurrence. Ayurveda has got many time tested formulations for these condition. Ksharasutra has been an unparalleled remedy for those suffering from anorectal diseases. Treatment of fistula in ano, Ksharasutra is gold standard technique and Kshara karma can be use as a substitute of ksharasutra in low anal fistula. It is a milder procedure compared to surgery and thermal cautery. Pratisarniya Kshara apply after fistulotomy in low anal fistula will give wonderful result without any complication.

KEYWORDS: Bhagandara, Guda Pradesh, Ksharasutra, Pratisarniya Kshara, Fistulotomy.

INTRODUCTION

Ayurveda is ancient and effective medical science and also science of life too. Ayurveda is like an abysmal ocean in which as we dive deeper we discover possess more and more valuable gems in the form of new truths, unrevealed so far. The present 21st century is gradually and drastically changing the attitude of every individuals of the society toward every aspect of life by guiding and prompting them towards a weird quality of day to day physical and mental activities and finally making them to lead many disorder like Bhagandara. Bhagandara among Ashta-mahagada due to its asadhya (dreadfulness) in nature. A track is form in bhagandara by darana (cutting) of guda Pradesh. Puya (Pus), urine, stool discharge from track is main symptom of bhagandara. On the basis of sign and symptom Bhagandara can be compared to Fistula in – ano of modern science, At present most common surgical procedure in the fistula in ano is fistulectomy & fistulotomy, newer modalities are being used as treatment modalities. These surgical management carries several complications and even complete excision of track are chance of subsequent recurrence.

Ayurveda has got many time tested formulations for these condition. Ksharasutra has been an unparalleled remedy for those suffering from anorectal diseases. Treatment of fistula in ano, Ksharasutra is gold standard technique and Kshara karma can be use as a substitute of ksharasutra in low anal fistula. It is a milder procedure compared to surgery and thermal cautery. Pratisarniya Kshara apply after fistulotomy in low anal fistula will give wonderful result without any complication.

Definition

The boil present in the bhaga, guda and vasti areas scorches the area like bhaga (sun) so this condition called bhagandara.[1]

A fistula in ano, is a chronic abnormal communication, usually lined to some degree by granulation tissue, which runs outwards from the anorectal lumen (internal opening) to an external opening on the skin of the perineum or buttock.[2]

Fistula having a tract entering the anal canal at the level of inter sphincter line are termed as low anal fistula.[3]

Etiology[4]

It is divided into two group[5]

(A) Non specific- caused by Cryptoglandular infection and previous ano-rectal abscess.
(B) Specific- caused by different diseases-

- Tuberculosis

- Anal fissure, Crohn's disease, Colloid Carcinoma of rectum, Hidradenitis suppurativa[6]
- Foreign body
- Lymphogranuloma venereum
- Ulcerative colitis
- Rectal, gynecological and obstetrical operations.

Pathology

Commonly the fistula is preceded by an abscess, inappropriate surgical drainage of perianal abscess is responsible for small but significant proportion of fistula.[7] If an abscess in ano-rectal region is recurred, the fistula exists surely. The fistula usually originates in the infected crypt (internal opening) and tracks to the external opening. Most of the fistulae are due to the infection rising in the anal glands which open into the crypts in anal canal at the level of dentate line. The glands are situated posteriorly, so most of the fistula and abscess are seen posteriorly. The infection passes from there in one of the three direction[8] –

1. Upward in the intersphincteric
2. Downwards in the interspincteric space
3. Laterally, through the external sphincter.

Classification

Table no. 1: Classification of Bhagandara.

S.N.	NAME	DOSA	S.S.[9]	A.H.[10]	M.N.[11]	B.P.[12]	Y.R.[13]
1	**Shataponaka**	Vata	+	+	+	+	+
2	**Ustragriva**	Pitta	+	+	+	+	+
3	**Parishravi**	Kapha	+	+	+	+	+
4	**Sambukavarta**	Tridosa	+	+	+	+	+
5	**Unmargi**	Agantuja	+	+	+	+	+
6	**Pariksepi**	Vatapitta	_	+	_	_	_
7	**Riju**	Vatakapha	_	+	_	_	_
8	**Arsobhagandara**	Kapha-pittaja	_	+	_	_	_

Table no. 2: Classification of fistula in ano.

Milligan morgan's & Goligher classification[14]	**Parks classification[15]**
Subcutaneous (5%)	Low intersphincteric
Low anal (75%)	Transphincteric
Anorectal (8%)	Transphincteric with high blind infralevator extension
Anorectal (7%) Ischiorectal/ infralevator Pelvirectal/ supralevator	Trans or suprasphincteric with high blind supralevator extension
Submusous	Extrasphincteric

Symptoms[16]

- Discharge – persistent seropurulent discharge around anus keeps the part always wet.
- Blood or pus mixed stool
- Pain during defecation
- Pruritus ani
- Fever

Examination

Local examination[17]

1. Position of patient – Lithotomy position / Knee elbow position
2. Inspection

➢ External Opening[18]

- Site
- Number

➢ Discharge

➢ Surrounding skin

➢ Goodsall's rule- if an imaginary transverse line through the central portion of the anal verge is drawn, the external (secondary) opening anterior to this line indicates that track runs directly to the primary opening on the same quadrant in anal canal straight whereas an external opening posterior midline.

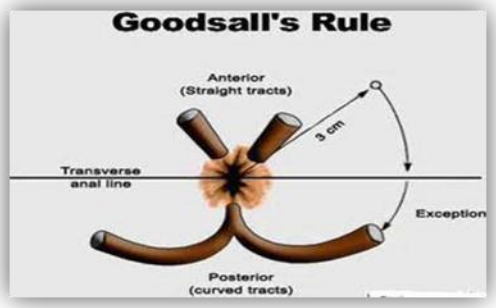
Palpation - Identification of internal opening

A cord like thickening may be palpable on digital examination beneath the skin between the secondary opening and anal wall.

During probing[19]

By digital examination with index finger of one hand, flexible probe may be used with another hand through external opening to detect internal opening.

- The internal opening identify by the injection of hydrogen peroxide or dilute methylene blue.



Goodsall's rule

Investigation[20]

- Hematological examination
- Hb %
- TLC
- DLC
- CT
- BT
- E.S.R.
- Blood sugar - PP, Fasting
- HIV, HBsAG
- Urine analysis - Routine, Microscopic
- Radiological investigation
- Fistulogram

Treatment

At present most common surgical procedure in the fistula in ano is fistulectomy & fistulotomy, newer modalities are being used as treatment modalities. These surgical management carries several complications like frequent damage to the sphincter (leads incontinence), rectal prolapse, anal stenosis, delayed wound healing and even complete excision of track are chance of subsequent recurrence.

So there is need to evaluate the role of an innovative technique for the management of fistula as to minimize recurrence, make it cost effective with universal acceptability of minimum hospitalization. In Ayurveda, Acharyas have explained in detail about the management of Bhagandara (fistula) with various treatment modalities. Bhedana karma[21] (Fistulotomy) followed by Pratisarniya kshara[22] application is one of them having good curative properties with worthful results. Under pratisarniya kshara Acharya sushruta mentioned many of drugs like Apamarga, Chitraka, Goumutra, Katasharkara (Lime stone) is there.[23]

- **Fistulotomy**[24]

In Low anal fistula, fistulotomy is the treatment of choice. It includes the incision of the track laying open followed by the curettage of underlying tissue. After full examination, under anaesthesia in the lithotomy position, during which internal opening should have being identified, butterfly probe is passed from the external to internal opening, the track is lid open over the probe. Granulations tissue is curetted. Sometimes recurrence occurs due to the remained portion of fibrosed and necrotic tissue.

- **Table no. 3: Contents of Pratisarniya Kshara and their action.**

S.N.	Drug	Botanical name	Karma	Pharmacological action
1	Apamarga[25]	*Achyranthes aspera*	Shothhar(reduce swelling), Vednasthapana(analgesic), Lekhana (screpping), Kandughna (reduce itching), Vranashodhan(blood purifier), Vranaropaka (induce wound healing)	Astringent, diuretic, hepatoprotective, emmenagogue.
2	Chitraka[26]	*Plambago zeylanica*	Lekhana (scrapping), Krimighna(reduce infection) Shothhar(reduce swelling), Vednasthapan(analgesic)	Antibacterial, Antifungal, Anticoagulant, Antitumor
3	Gomutra[27]	---------	Shothhar (reduce swelling), Vednasthapan (analgesic), Lekhana (scrapping), Rraktashodhak(blood purifier), Kusthaghna (reduce skin irritation).	Anti-inflammatory, Analgesic, anti-hyperlipidaemic
4	Katsharkara[28] (lime stone)	--------	Lekhana(scrapping) , Sthambhan(coagulation), Shoolnashak(analgesic).	Antibiotic, antipyretic, antifungal, anti-inflammatory

Mode of Application[29]

- Pratisarniya kshara paste is applied just after fistulotomy.
- After applying kshara wait for 1 to 2 min.
- After getting samyaka dagdha lakshana, prakshalan will be done by Amala dravya.
- Then ghrita & mulethi will be apply.

DISCUSSION

All drugs of Pratisarniya Kshara having Shodhana (purification), Ropaka (increase healing property), Raktashodhaka (blood purifier), Kusthaghna (reduce skin irritation), Krimighna(reduce infection), Vednasthapan (analgesic) etc. property[30] which help to treat the Bhagandara. As per combined drug formulation therapy is concerned, that the drug which are present in kshara

directly applied in local pathological tissues which enhance the degeneration of unhealthy tissues & Kshara having Antibacterial, Antifungal, Anticoagulant, anti-inflammatory.

CONCLUSION

Bhagandara is one of the most troubling diseases, thus enumerated among 'Ashta mahagada' and considered as dushchikitsya i.e. difficult to cure. Pain around anal verge, Discharge, Itching are present as the chief complaints in most of the patients. Discharge will be completely subside after Fistulotomy and application of Pratisarniya kshara because Pratisarniya Kshara has Tridoshahara(manage equilleberium of three dosha), Shothahara(reduce swelling), Vranashodhaka (purification of wound), Vranaropaka (increase healing of wound), Lekhana(screpping), Kusthaghna (reduce skin irritation)properties. Pratisarniya Kshara is a herbo-mineral drug which is very simple, economic, safe and effective drug in low dose. Hence it can be employed in the cases of Bhagandara specially low anal fistula.

REFERENCES

1. Bhavprakash of Bhavmishra Commentary by Dr.Bulusu Sitaram, vol.-2, sec.2, chikitsasthana 50/ 3, published Chaukhambha orienalia, Varanasi, p-511.
2. Bailey and Love's; Short practice of Surgery; edited by Williams N, Christopher JK Bulstrode, P Ronan O'connell; Edward Arnold publishers Ltd. UK; 26th ed; 2013; p- 1260.
3. Shenoy K. Rajgopal & co- editor NIleshwar Anitha; Manipal manual of surgery, CBS publishers and distributors, New Delhi; edition- 2010; p- 800-801.
4. Schwartz's principle of surgery, edited by F. Charles Brunicardi, Edition- 8th, 2005; Mcgraw Hill Medical Publishing division; p- 1058, 1108-1109.
5. SRB's Manual of Surgery, by Sriram Bhat M, 3rd edition, Jaypee brothers medical publisher's; p-917-918.
6. Atlas of general surgery (Previously known as Rob and Smith's) compiled by Sir David Carter, RCG Russell, Henry A Pitt, revised by Sudhir Ku. Jain, edition- 4th, 2011, p- 509-512.
7. Schwartz's principle of surgery, edited by F. Charles Brunicardi, Edition- 8th, 2005; Mcgraw Hill Medical Publishing division; p- 1058, 1108.
8. A Manual of Ksharasootra Karma by Prof. Ramesh Chandra Arya, 1st edition, p -136.
9. Sushruta Samhita of Maharshi Sushruta edited with Ayurved tatva Sandipika by Kaviraj Ambikadutta Shastri, Nidansthana 4/3; Chaukhamba Sanskrit Sansthana, Varanasi; reprinted-2012; p- 46.
10. Aastang hridaya of shrimadvagbhata by Dr. Bramhanand Tripathi, Uttartantra 28/7, Chaukhambha Sanskrit pratisthan, Delhi, reprint year 2009, p-1093.
11. Madhava Nidana- With Madhukosha Hindi commentary By Sudershan Shastri, second part 46/1, Published in Chaukhambha prakashana, Varanasi, p-160.
12. Bhavprakash of Bhavmishra Commentary by Dr.Bulusu Sitaram, vol.-2, sec.2, chikitsasthana 50/ 5-8, published Chaukhambha orienalia, Varanasi, p-512.
13. Yogaratnakar with vidyotini hindi commentary by Vaidya Laksmipati sastri, Bhagandara nidan/1 published prakashan, Varanasi, reprint 2015, p-195-96.
14. Comprehensive review on bhagandara (fistula in ano) by international journal of research in Ayurveda and Pharmacy, Dwivedi Amarprakash, Published in.
15. Bailey and Love's; Short practice of Surgery; edited by Williams N, Christopher JK Bulstrode, P Ronan O'connell; Edward Arnold publishers Ltd. UK; 26th ed; 2013; p- 1260.
16. SRB's Manual of Surgery, by Sriram Bhat M, 3rd edition, Jaypee brothers medical publisher's; p-917-918.
17. Davidson's Principle And Practice Of Medicine, edited by Christopher Haslett, Edwin R. Chilvers, Nicholas A. Boon, Nicki R. College, John A.A. Hunter, 21st edition, page no. 919.
18. Schwartz's principle of surgery, edited by F. Charles Brunicardi, Edition- 8th, 2005; Mcgraw Hill Medical Publishing division; p- 1058, 1108-1109.
19. Shenoy K. Rajgopal & co- editor NIleshwar Anitha; Manipal manual of surgery, CBS publishers and distributors, New Delhi; edition- 2010; p- 800-801.
20. A Manual of Ksharasootra Karma by Prof. Ramesh Chandra Arya, 1st edition, p -136.
21. Sushruta Samhita of Maharshi Sushruta edited with Ayurved tatva Sandipika by Kaviraj Ambikadutta Shastri, Sutrasthana 25/7; Chaukhamba Sanskrit Sansthana, Varanasi; reprinted-2012; p- 134.
22. Sushruta Samhita of Maharshi Sushruta edited with Ayurved tatva Sandipika by Kaviraj Ambikadutta Shastri, Sutrasthana 11/7; Chaukhamba Sanskrit Sansthana, Varanasi; reprinted-2012; p- 46.
23. Sushruta Samhita of Maharshi Sushruta edited with Ayurved tatva Sandipika by Kaviraj Ambikadutta Shastri, Sutrasthana 11/12; Chaukhamba Sanskrit Sansthana, Varanasi; reprinted-2012; p- 47.
24. Sabiston text book of surgery, by Courtney M. Townsend, edition 18th, Vol-2, sec.-10, Published by Elservier, New Delhi, p-1447-1448.
25. Database on medicinal part, by P C Sharma, vol-1, published in Central council for research in Ayurveda & siddha Department of ISM&H, Ministry of health & family welfare, New Delhi, p-11.
26. Database on medicinal part, by P C Sharma, vol-1, published in Central council for research in Ayurveda &siddha Department of ISM&H, Ministry of health & family welfare, New Delhi, p-102.
27. Evaluation of antidiabetic, antioxidant effect and safty profile of gomutra arka in Winstar albino rats,

by Devender O.Sachdev, Published in journal of Ancient science of life.
28. Medicinal benefit of lime stone, www.stayhealthytill70.com.
29. Sushruta Samhita of Maharshi Sushruta edited with Ayurved tatva Sandipika by Kaviraj Ambikadutta Shastri, Sutrasthana 11/21; Chaukhamba Sanskrit Sansthana, Varanasi; reprinted-2012; p- 49.
30. Astang Samgraha edited by Kaviraj Atrideva Gupta, Sutrasthan 39/3, Chaukhambha Krishnadas Acadamy, Varanasi, reprint year 2011, p-254.