

**EFFICACY OF KSHARSUTRA THERAPY IN MANAGEMENT OF PARIKSHEPI BHAGANDAR (HORSE SHOE FISTULA): A SINGLE CASE STUDY****Dr. Gajendra Singh Sengar\*<sup>1</sup>, Dr. Shraddha Sakhare<sup>2</sup>, Dr. Rajendra Dixit<sup>3</sup> and Dr. Vivek Tiwari<sup>4</sup>**<sup>1</sup>P.G.Scholar First Year, Rani Dullaiya Smriti Ayurved P.G. College and Hospital Bhopal India<sup>2</sup>Professor & Guide, Shalyatantra Department, Rani Dullaiya Smriti Ayurved P.G. College and Hospital Bhopal India.<sup>3,4</sup>Assistant Professor of Shalyatantra Department, Rani Dullaiya Smriti Ayurved P.G. College and Hospital Bhopal India.**\*Corresponding Author: Dr. Gajendra Singh Sengar**

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**ABSTRACT**

Ayurveda is a age old science and Shalya Tantra by Acharya Sushrut written as *Sushrut Samhita* can be compared to any book on Surgeries written centuries later. In the context of *Chikitsa* Acharya has described all sorts of surgical managements and some of them still have no comparisons. Anorectal diseases like *Arsha & Bhagandara* are callous to be cured and among them *Bhagandara (Fistula-in – Ano)* is considered under *Ashta Maharogas*. Fistula- in -Ano at modern parlance is a common Anorectal condition prevalent in population worldwide and its prevalence rate is 15-16% of all Ano rectal Surgical admission in India second highest after Haemorrhoids. Horse Shoe Fistula is one among them that indicates the unusual pathway of spread of an abscess originating in the deep posterior anal space, manifesting with multiple openings which can be correlated to *Parikshepi bhagandar* described by Acharya *Vagbhata*. The treatment of such fistula is more complex due to the possibility of faecal incontinence and delayed healing. This case study is of 48 year old male patient, presented with external openings at 7 'o' clock on right side and 5 'O'clock on left side with pus discharge since 1 year. The patient was successfully treated using *Ksharsutra* without any complications in as span of 2 months. *Ksharsutra* therapy can be done is small set up with minimal equipment and moreover the patients remain ambulatory during whole course of treatment. It is such a safe, simple and sure short of treatment for Anal Fistula.

**KEYWORDS:** Parikshepi Bhagandar, Ksharsutra, Fistula-in-ano, Snuhi Ksheer, Apamarg Kshar, Panchtikta Ghrut Guggula.**INTRODUCTION**

In *Ayurveda*, *Bhagandara* is considered under the title of *Ashtamahagada* due to his notorious nature. In modern science, due to the similarity of signs and symptoms, it can be associated with *Fistula-in-ano*. The fistula is a channel between two epithelial surfaces, in the case of an anal fistula it connects the anorectal region to the skin, the internal opening is in the anal canal and the outer opening is in the perianal skin. Anal fistula is almost always the consequence of a draining anorectal abscess. While abscess refers to the acute phase of the disease and *Fistula-in-ano* represents the chronic phase. The cause of perianal abscess is mainly a result of anal glands infection due to constipation or poor anal hygiene. Person suffering from this disease has a continuous or on/off discharge of pus from the perianal region or anus. An anal fistula is a chronic abnormality lined with granulation tissue that communicates externally to the perianal skin and internally to the anal canal or rectum. Based on the crypto glandular theory, it is conceivable that an anal fistula occurs as a result of spontaneous

outbreaks of an anorectal abscess. The main cause of the development of a horseshoe fistula is a ischio-rectal abscess. Pus from the ischio-anorectal cavity passes through the sphincter muscles, extending anteriorly and laterally to involve the ischio-rectal fossa. It has been seen that this track has a passage posterior to the anus, thus resembling a "pedal of horse" or a "horseshoe". In such cases, 2 external holes can be seen on either side of the perianal region and the inner opening is located in the posterior midline.

The *Ayurvedic* scriptures elaborate on the same in the context of *Bhagandara*. Based on the signs and symptoms explained in the literature, an anal horseshoe fistula can be related to *Parikshepi Bhagandara*. In complex fistula cases, treatment modalities include flap technique, application of setons, fistula plugging, laser fistula closure, and video assisted treatment of the Anal fistula. The ultimate goal of these treatments is to completely remove the fistulous tract, without injuring the anal sphincter and to prevent recurrence. Although

there are various methods, the application of setons has been widely accepted because it helps to slowly pull the tract and sphincter muscles by preventing retraction of the sphincter ends by a saving approach of the sphincter.

In Ayurveda, the seton is replaced by the ligature "*Ksharasutra*". The technique used in this case study involved probing for a horse-shoe fistula, followed by ligation with *Ksharasutra* in the posterior midline. It is simple, minimally invasive and helps to preserve surrounding healthy tissue. *Ksharasutra* is a medicated thread prepared using a plant-based alkaloid.

"*Ksharasutra*" is prepared by repeated coatings of *Snuhi Ksheer*, *Apamarga Kshar* and *Haridra Churna* (Powder of *Curcuma Longa*). Initially surgical linen thread number 20 was smeared for 11 coatings of *Snuhi Ksheer*. It was then followed by 7 coatings of *Snuhi Ksheer* with *Apamarga Kshar*, finally 3 coating of, *Snuhi Ksheer* and *Haridra Churna*.

## CASE REPORT

A 48-year-old male patient, a farmer by profession, came to Shalya Tantra, OPD of R.D. Memorial P.G. Ayurveda College & Hospital with the complaints of multiple opening in the anal region associated with pus discharge and intermittent pain since 1 year. He had no history any past illness. 4 months back he noticed mild pus discharge from an opening on the left side of the anal region and 2 months later developed another opening on the right side.

### Examination

On inspection, two external openings are noted, with the outer openings at 7 o'clock on the right and at 5 o'clock on the left. On palpation, there was marked stiffness accompanied by pain sensation. It was diagnosed as a horseshoe fistula.

### Aims and Objective

To evaluate the effect of ligation of *Apamarga Ksharasutra* on the posterior midline in *Parikshepi Bhagandara* (horse-shoe fistula) in a single case for the right and left posterior under local anesthesia followed by *Ksharasutra* Ligation for cutting & healing of tract.

### Surgery Plan

The patient was admitted to R.D. Memorial P.G. Ayurveda College & Hospital, where he underwent the following treatments.

1. Laboratory Investigation: Blood and urine tests including bleeding time, clotting time, complete blood count, blood urea, fasting blood glucose, HIV, HbsAg.
2. Instruments: Instruments such as Proctoscopes, probes of different sizes, syringes, artery forceps and scissors should be placed ready on a trolley.
3. Pre-operative procedure: The patient was maintained nil orally from 6 hours before surgery.

### On the Day of surgery

- Injection xylocaine sensitivity 2% 0.1 ml ID was performed.
- Injection of T.T. 0.5 ml intramuscularly given Stat.
- Proctolysis enema was given
- Painting and Drapping of the surgical area. Written informed consent was obtained prior to the procedure from patients and Attendants.

### Surgeon's Preparation

Surgeons must be mentally prepared to treat the case based on the diagnosis at the scheduled time. He must scrub thoroughly and wash his hands with an appropriate antiseptic soap. The appropriate glove size should be worn and should be changed in all cases.

### Surgical Procedure

The patient lies in the lithotomy position. Painting is done with a sterile and antiseptic solution, followed by aseptic draping. Under local anesthesia, a blunt probe was inserted into the external opening to identify the both tracts and further explored to examine other areas of connectivity and *Ksharasutra* was tied to help draining of pus. The entire tract area is irrigated with saline solution and packed with *Jatyadi Oil* followed by T-Bandage application.

### Post Surgical Procedure

Hot sitz bath with *Triphala Kwath* to relax the sphincter and wound cleaning was advised.

On day 5, the patient was discharged with the following internal medications: -

- Hot sitz bath with *triphala Kwath* twice daily
- *Triphala guggulu* 2 BD
- *Panchtikta Ghrishta Guggulu* – 2BD
- Syrup *Livomyn* – 2 TSF BD
- Syrup *Abhayarishta* 20ml with equal amount of water twice daily
- *Jatyadi oil* - topical • *Erand Bhrishta Haritaki* - 5g Hs with warm water

Patient is advised *Ksharasutra Parivatan* once in 7 days.

## OBSERVATION AND RESULTS

Complete recovery of the wound took place in about seven weeks' time. The *Ksharasutra* ligation in the *Parikshepi Bhagandar* (Horse shoe fistula) was applied with successful treatment without disadvantages, which was based on practical experiences gained over many years of surgical practices. It is a simple procedure where least instrumentations are required and can be practiced in a small clinical setup with aseptic measures. It is an Ambulatory procedure. It takes minimum time in procedure. It takes less duration in treatment. It is non-invasive type of treatment.

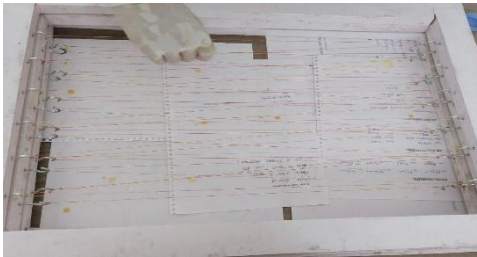
Fig. 1: Preparation of *Ksharsutra*.

Fig. 2: Pre Operative.

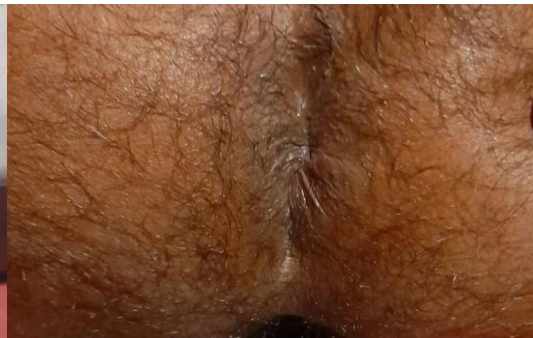
Fig. 3: *Ksharsutra* ligation in tract 1.Fig. 4: *Ksharsutra* ligation in tract 2.Fig. 5: *Ksharsutra* Parivartan.

Fig. 6: After healing.

## DISCUSSION

*Kshar* is an alkaline substance obtained by methodological process of the ash of drugs. These *kshar* are used as *Anushastra*- in place of sharp instruments having capacity of *Chedan* and *Bhedana*. *Kshar* is capable to cut the skin and deep muscular tissue. It is capable to pacify the vitiated *Doshas* from the body. It is mentioned in *Sushruta Samhita* that-*Kshar* is considered to be superior among *Shastra* and *Anushastra* because it can be used when surgery is not possible is mentioned by *Acharya sushruta*.

*Kshar* is indicated to encounter bleeding and to encounter infection it can be used safely by a skillful surgeon and all the conditions which are mentioned by *Acharya Sushruta*.

*Kshar* should neither too much strong nor too much mild. It should be *Shukla* (white), *shlakchhana* (smooth), *Pichhil* (soft), *Abhishyandi* (unable to flow), *Shivah* (effective) and *Shighra* (quick acting).

The combination of *kshara* (alkali) of *Apamarg* etc., the *ksheera* (latex) of *snuhi* and *Churna* (powder) of *Haridra*

is very effective against from their roots and make them fall off.

## CONCLUSION

The management of horse-shoe fistula is difficult and complicated because of the involvement of sphincters. *Ksharsutra* was effective as it helped in cutting and healing of fistulous track simultaneously with reduced bleeding, minimal pain and scar with no faecal incontinence. There are lesser chances of infection and postoperative complications using this technique. This treatment is minimally invasive and offers the patient a better quality of life. Among the surgical and parasurgical stuff, *kshar* is most important one because it has capability of excision, incision and curetting can alleviate the vitiated *tridoshas* and can be deployed in a specific condition.

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