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Bhagandara - A challenge as a *Nidanartakara Roga*

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ABSTRACT

Bhagandara is one among the *Ashtamahagada* and which is also considered as graves disease due to its causativity, chronicity and extensively challengeable surgical condition. *Bhagandara* which can be correlated to Fistula-in-ano of contemporary science opines same in the matter of management. In this case study the *Bhagandara* can be categorised under aetiology caused due to secondary type i.e., as a *Nidanartakara Roga*, *Vyadhisankara* and as *Upadrava*. Which explains the suitable, timely and effective management of the disease according to its *Nidana*, *Avasta*, type and *Chikitsa Prayoga*. *Kshara sutra* therapy being one of the promising treatment protocol in management of *Bhagandara* proves valid in its compelling nature, the same constructiveness has been proven in the present case.

Key words: *Bhagandara, Nidanartakara roga, Vyadhisanakara, Ksharasutra, Fistula-in-ano.*

INTRODUCTION

Bhagandara is a disease which defines itself as *Darana* of *Bhaga, Guda* and *Basti Pradesha*.[1] *Bhagandara* is one of graves disease for which Acharya Sushruta and Acharya *Vagbhatta* in their treatise has considered as one among *Ashtamahagada*,[2,3] which includes *Vatavyadhi, Ashmari, Arsha, Bhagandara, Kushta, Prameha, Muda Garbha* and *Udara Roga*. The word *Mahagada* indicates the disease nature and also the prognosis of the disease. The disease *Bhagandara* can be considered as one of the *Nidanartakara Roga* (secondary to other disease), *Vyadhisankara* (Having other *Vyadhi* associated with it) and also as a *Upadrava*.

Bhagandara can be correlated to Fistula-in-ano of the conventional system of medicine, where the various causative factors have been mentioned which includes non-specific causes like cryptoglandular infection and specific causes like Tuberculosis, ulcerative colitis etc. One of the presentations of extrapulmonary tuberculosis is said to be features of fistula-in-ano. While explaining the management of fistula-in-ano which is caused due to tuberculosis, the standard protocol says that the cause should be treated first followed by treatment of the disease to draw the betterment of the treatment and to avoid recurrence of the disease.[4]

With the above view *Bhagandara* can be one of *Ubhayartakari* type of *Nidanartakara Roga* as there will be an existence of primary disease even after manifestation of secondary disease[5] *Chikitsa* for such cases requires *Shuddha Chikitsa*[6] here the management of the disease and causative factors are important to suppress chances of reoccurrence of the disease.

As per all *Bhrihatrayees*[7,8,9] and other acharyas the treatment of *Bhagandara* is *Eshana* followed by *Bheshaja Prayoga, Agni* or *Kshara Prayoga* and *Shastra Prayoga. Kshara Sutra*[10] is one of the promising treatment modality in the disease.

Hence in the present case study the nature of the disease and effectiveness of *Ksharasutra* has been dealt.

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CASE STUDY

A 27 years old female patient visited Shalya Tantra OPD, with complaints of Soiling of undergarments, Pain and discomfort while sitting since 1 month, occasionally constipation. Patient has similar complaints since 3 years but occasional in nature.

History of present illness

Patient was apparently normal 3 years back then she gradually developed with abscess at perianal region along with fever, generalized weakness, which used to subside after burst open followed by pus drainage either on its own or on taking conservative medications. The perianal abscess was recurrent in nature. The condition worsened since 1 month hence visited our hospital for further management.

Past medical history

Patient is non diabetic, non-hypertensive and not on any treatment for Thyroid dysfunction.

Patient had completed 6 months regimen of anti-tuberculosis treatment for pulmonary Koch's, which was diagnosed 7 months ago.

Surgical History: Undergone MTP 8 months ago.

Family history: Nothing contributory

Menstrual history: regular, 4-5 days/28 days cycle

Obstetric history: G1 P0 L0 A1

Personal history

- Appetite - Decreased and mixed type of diet with intake of food at irregular time
- Bowel - Constipated, regular
- Micturition - Normal in stream, no urgency/hesitancy/strangury
- Sleep - Sound
- Habits - No any habits

General Physical examination

- Moderately nourished, poorly built with Ectomorph body type
- Pallor - Absent
- Icterus - Absent
- Clubbing - Absent
- Cyanosis - Absent
- Lymphadenopathy - Left supraclavicular lymph node and right inguinal lymph node enlargement
- Oedema - Absent

Systemic examination

- Central nervous system: Patient was conscious, oriented to time, place and person, and cooperative. All her higher mental functions were normal with normal tendon reflexes.
- Respiratory system: Normal vesicular breath sounds, Air way entry bilaterally equal, all lungs fields were clear.
- Cardiovascular system: S1 and S2 heard, no added sounds heard.
- Gastro intestinal system: Abdomen was soft, non-tender, no distension or organomegaly.

Local Examination: examined on lithotomy position

- Inspection: External opening was seen at Left anterior of the perianal region approximately at 1 o' clock position externally, app. 2cm away from the anal verge. Slight seropurulent discharge was seen at external opening.
- Palpation: Tenderness present at left anterior of the perianal region, Button like nodular swelling was felt at left anterior which was confined to be external opening, on pressing around the opening discharge was present.
- Digital rectal examination: Sphincter tone was normal, Anterior chronic fissure was felt, internal opening was felt between 12 and 1'o clock position anal mucosa approximately 1.5cm from anal verge, no fresh bleeding or abnormality present.

Lab Investigations

- Hb - 10.0 g%
- RBS - 80.9 mg/dl
- Blood group - 'O' Positive

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- Bleeding time - 1 minute 50 seconds
- Clotting time - 4 minutes 15 seconds
- Total WBC - 6,500 c/cmm
- DC - N: 56%, L: 32%, E: 05%, M: 07%, B: 00%
- ESR - 42 mm at 1st hour
- HIV 1 & 2 - Negative
- HBsAg - Negative
- Chest X-ray - No Significant abnormalities detected.
- Urine Routine - Micro: NAD, Sugar: NIL, Albumin: NIL
- Soft tissue USG of left Supraclavicular swelling - Enlarged lymph node likely to be post infective changes.

Diagnosis

Bhagandara - Fistula in ano secondary to Pulmonary Koch's/extra pulmonary Koch's

Treatment plan

- Tracing of Fistula tract f/b *Kshara Sutra* ligation under Local anesthesia.
- Bowel regulation using oral laxatives
- *Vrana Ropana Karma*
- *Panchavalkala Kwatha* for Sitz bath and *Jatyadi Taila* for Local application
- Weekly thread changing until the cut through of fistulous tract

Poorva Karma

- Detailed history was taken, Thorough examination was done, ruled out for Pulmonary and extra pulmonary Koch's Post Anti-Tubercular regimen
- Informed consent was taken for the operative procedure.
- Surgical site preparation done.
- Inj. Tetanus Toxoid 0.5cc given Intramuscularly.
- Inj. Lignocaine 2% plain 0.2cc given Intradermally for sensitivity assessment.
- Vitals were monitored.
- Necessary instruments were kept ready for the procedure.

Pradhana Karma

- Patient was taken on Lithotomy position.
- Surgical site painted and draped under aseptic measures.
- Under Local Anesthesia, probing done from left anterior external opening and fistulous tract was traced f/b *Kshara sutra ligation* done to the traced fistulous tract.
- Complete hemostasis achieved.
- Gauze soaked in *Jatyadi Taila* kept per anum and bandaging done.
- Patient withstood the procedure well.

Paschat Karma

- Patient shifted to post operative ward.
- Vitals were monitored.
- Inj. Taxim 1gm IV infusion was given
- Inj Dynapar Aq 1cc IM given.

Post operative management

- Inj Pantop 40 IV OD in the morning
- Inj Taxim 1g IV Infusion BD
- Inj Metrogyl 100 ml infusion BD
- Inj Dynapar Aq IM sos
- Laxative was given for Bowel regulation
- *Panchavalkala* Liquid for Sitz bath thrice a day
- *Jatyadi taila* for local application.

Treatment timeline

Time line	Treatment
Operative Day	Primary ligation for fistulous tract
1st sitting	*Kshara sutra* Changing
2nd sitting	*Kshara sutra* changing

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3rd sitting	*Kshara sutra* changing
4th sitting	Cut through of fistulous tract by *Agnikarma* using *Panchalouha Shalaka*

During the treatment time line, patient was prescribed with *Gandhaka Rasayana* tablet, *Triphala Guggulu*, Laxative for bowel regulation, *Panchvalakala Kwatha* for sitz bath and *Jatyadi Taila* for application.

Results

After the completion of treatment patient was called for follow up on 15th day, On evaluation there was no signs of fistula-in-ano or its recurrence, all her symptoms were completely reduced, patient was also feeling better in her general health condition.

Discussion

Bhagandara has been mentioned as one among *Mahagada* which is difficult to treat. *Acharya Sushruta* has mentioned 2 types of *Sadyasadyta* for *Bhagandra* i.e., *Ghora* which is *Dukha Sadya or Kashta Sadya* and *Asadya. Vataja, Pittaja, Kaphaja* are considered as *Kashta Sadya/Dukha Sadya* and *Sannipataja* and *Agantuja* are considered as *Asadya.*[11]

According *Acharya Charaka* treatment for *Bhagandara* is *Eshana* followed by *Kshara sutra* application[8]. *Acharya Sushruta* has mentioned *Bheshaja Prayoga, Agni* and *Kshara Prayoga* and *Shastra Chikitsa* for *Bhagandara*[7]. Considering this case as *Sannipataja Bhagandara* as it involves all the dosha which is said to be *Asadya*, Although *Kshara Karma* has been advised in such *Asadya* type of *Bhagandara*, where *Kshara sutra* can be chosen. While explaining the indications of *Kshara sutra in Nadivrana Adyaya*,[10] *Acharya* has mentioned application of *Kshara Sutra* in *Krisha, Durbhala, Bheeru,* and *Nadi* present at *Marma Sthanas*,

Bhagandara which can be correlated to Fistula-in-ano of conventional system of medicine, various etiopathogenesis has explained among that specific cause like tuberculosis has also been included. One of the presentation of extrapulmonary tuberculosis is recurrent fistula in ano.

The treatment explained for such type is treating the primary cause and then treating the disease, hence here in the present case the primary cause was treated with Anti-tubercular treatment regimen followed by treatment of fistula in ano. Conventional medicine explains various treatments such as Fistulotomy, Fistulectomy, LIFT, VAAFT procedure, Fistula clip closure etc but the recurrence rates are high.

Here the *Bhagandara* can be taken as *Nidanarthakara Roga* - as it is caused secondary to Tuberculosis, where Fistula-in-ano is the extra pulmonary features of Koch's or one of the causes for Fistula-in-ano is Tuberculosis. As there was presence of both primary and secondary disease when she visited our OPD it can be taken as *Ubhayarthakari* type of *Nidanarthakara Roga*, and treatment said for this type is *Shuddha Chikitsa* that is treating the primary disease followed by treatment of secondary disease, hence the Tuberculosis was treated first by Anti-tubercular treatment followed by treatment of *Bhagandara.*[4]

This condition can also be taken *as Vyadhisankara* as there was presentation of both primary and secondary disease. Treatment was done both the *Vyadhis*.

The current presentation of *Bhagandara* can also be considered as *Upadrava*, which implies difficulty to treat.

Considering all the above conditions *Kshara sutra* is the suitable and proven treatment for *Bhagandara*. In this present study the length of the tract was approximately 4cm, patient found relief from the disease within time period of 45days with effective *Anushastra* and *Bheshaja Prayoga*.

Conclusion

Acharya Sushruta has mentioned *Bhagandara* as one of the *Ashtamahagada* which shows the difficultness in treatment. The disease nature shows the *Kashta Sadyata,* especially when it is considered as one of the *Nidanartakara Vyadhi*. Acharya opines that in such *Nidanartakara Vyadhi*, the *Vyadhi* which is the *Nidana* should be treated first then followed by treatment of secondary disease. Here the *Bhagandara* being the *Sannipataja* type with involvement of all the dosha

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along with it being the *Nidanartakara Vyadhi, Kshara Karma Prayoga* in the form of *Kshara Sutra* has been adopted. Hence this case study gives us an idea of *Nidanartakara Vyadhi* as per both ayurveda and conventional system of medicine, about *Vyadhisankara* and *Upadrava* and also timely treatment of the disease. Importance of *Kshara Sutra Prayoga* in *Bhagandara* and the meticulousness has been highlighted.

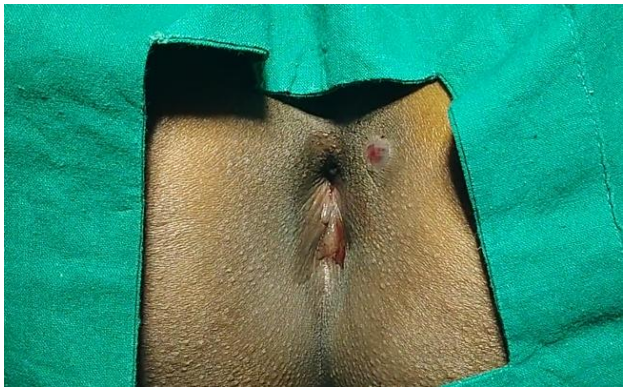

Fig. 1: Before treatment

Fig. 2: Durning the treatment

Fig. 3: Durning the treatment

Fig. 4: Durning the treatment

Fig. 5: Cut through of fistulous tract

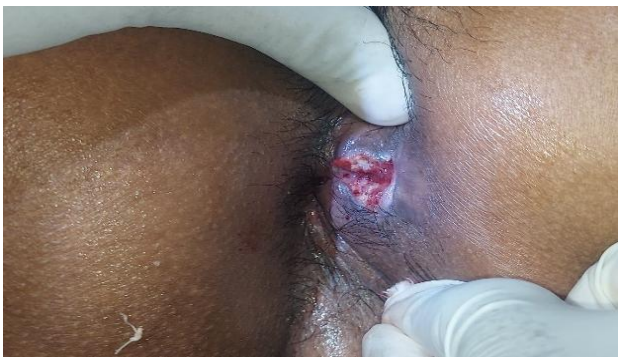

Fig. 6: After Cut through of fistulous tract by *Agnikarma*

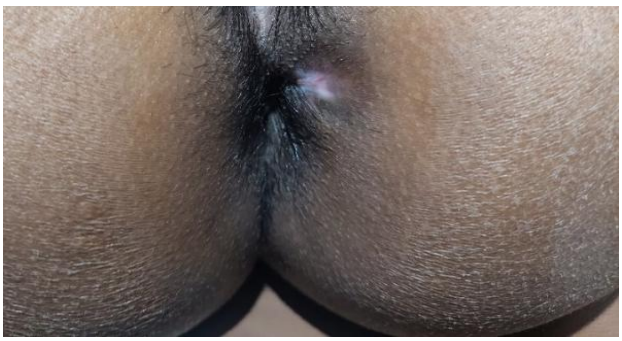

Fig. 7: After treatment i.e., During the follow-up

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