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A Case Study on efficacy of *Apamarga Kshara Sootra* in multiple *Fistulae-In-Ano*

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ABSTRACT

Bhagandara (fistula-in-ano) is a disease which is pertaining to anorectal region which is a highly prevalent disease among the anorectal diseases. *Acharya Sushruta* considered it as one among the *Ashtamahagadas*. There is a wide description of its etiology, pathogenesis, types, *Sadhyasadyata*, various modality of treatment, *Pathya* and *Apathya* in various classical texts. Ayurveda classics have explained different types of *Bhagandara* and its *Chikitsa* which includes medical, surgical alternative and surgical management. The modern medical system treats the condition using seton technique or surgery. The *Ksharasootra* method explained in Ayurveda *Samhitas* believed to have more efficacy than the seton technique. The incidence of fistula-in-ano is increasing gradually irrespective of age and sex. It affects the day-to-day life of the patients with its severity in presentation. Here a case study is discussed in which the patient suffered from multiple fistula-in-ano, was treated with *Teekshna Apamarga Ksharasootra* and internal medications. Fistula got completely cured in 6 months without recurrence in 1 year follow up.

Key words: *Fistula-In-Ano, Bhagandara, Ashtamahagada, Seton Technique, Ksharasootra.*

INTRODUCTION

4000 years back in Ayurveda, *Bhagandara* was explained as one among *Ashtamahagada* by *Acharya Sushruta* and *Acharya Vagbhata*.^{[1],[2]} *Bhagandara* is a disease which causes *Daarana* of *Bhaga*, *Guda* and *Bastipradesha*. When it is *Apakva* then it is called *Bhagandara Pidaka* and when it gets *Pakva* and burst open then the condition is called as *Bhagandara*. *Acharyas* have explained *Bhagandara Nidana* and

Chikitsa along with its types. Among them one is *Shataponaka Bhagandara* which presents with multiple openings, discharge and severe pain. *Fistulae* with multiple small openings preceded with perianal boils is considered as *Shataponaka Bhagandara*, which is *Vata* predominant with watering can perineum appearance. Its features explained by *Acharya Susruta* are multiple ulcerations with opening, *Aruna Shyavavarna*, clear, frothy, excessive discharge, complicated wound discharge urine, faeces, semen etc. and pricking, cutting, splitting, biting, tearing kinds of pain.^[1]

This condition is correlated with *Fistula-In-Ano*. The word *Fistula* is derived from Latin word a reed, flute or pipe. It is an inflammatory tract having external opening in perianal skin and internal opening in anal canal or rectum lined by unhealthy granulation tissue.^[6]

For reasons that are unknown, non-specific anal fistulae are more common in men than women. The overall incidence is about nine cases per 100000

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population per year in Western Europe, and those in their third, fourth and fifth decades of life are most commonly affected.^[4] Patients usually complain of intermittent purulent discharge (which may be bloody) and pain (which increases until temporary relief occurs when the pus discharges). There is often, but not invariably, a previous episode of acute anorectal sepsis that settled (incompletely) spontaneously or with antibiotics, or which was surgically drained. The passage of flatus or faeces through the external opening is suggestive of a rectal rather than an anal internal opening.^[5]

The treatment method includes seton technique and fistulectomy according to modern medicine.^[5]

Acharya Sushruta mentions *Kshara Sootra* application in *Nadi Roga Chikitsa* and *Acharya Chakrapani Datta*^[6] explains procedure of *Kshara Sutra* preparation in *Chakradutta*. *Kshara Sootra* in this case was prepared using *Tikshna Apamarga Kshara* with 21 coatings of *Snuhi Ksheera* and *Apamarga Kshara* together and last one coating of *Haridra Churna*. In this way procedure of preparation of *Kshara Sutra* was slightly changed from the standard method.

A case of multiple fistula-in-ano was taken and treated using this *Kshara Sutra* and the complete cure of the disease was attained in 6 months.

MATERIALS AND METHODS

A 37 years old male patient came to the outpatient division of SDM Ayurveda College Hospital, Udipi with complaints of protrusion per anus and pain and pus discharge near anus associated with itching and burning sensation since 1 year. He was treated earlier medically but had not found any relief. His medical history was not significant for any other illness. His routine general and systemic examination had no significant abnormal findings. His local examination revealed as follows;

Clinical Findings

Inspection

- Hypertrophied mass at 6 O' clock position

- 3 external openings at 3, 5 and 6 O' clock positions which were 5, 10 and 2 cms way from anal verge respectively.
- Pus discharge was present from all tracts

Palpation

- Mild Tenderness present at the external openings

Digital Examination

- Tenderness absent
- Internal opening felt at posterior midline
- Sphincter tone was normal

On probing

The one at 3 O' clock position with blind external opening.

On proctoscopic examination, there were no internal hemorrhoids or bleeding or discharge. (Fig. 2)

Investigation

Fistulography was done on 13/07/2017 which showed Low fistulous tract with patent internal opening at 6 O'clock position

Treatment

Primary threading (fig.2) was done for the fistulous tracts at 5 O'clock and 7 O' clock positions on 19/07/2017 under spinal anaesthesia. Tract at 5 O' clock position was tied with cotton thread and that at 7 O'clock position tied with 2-0 prolene. The hypertrophied mass was excised and sent for histopathological study, which reported hypertrophied anal papilla with granulation tissue. Post -surgery, patient was administered with Inj. Monocef 1g iv bd for 3 days. Internal medications Tab. *Kaishora Guggulu* 1 tid, Tab. *Gandhaka Rasayana* 1 tid and *Asanadi Kwatha* ½ glass bd were advised.

OBSERVATIONS AND RESULTS

The *Theekshna Kshara Sootra* was applied to the tract at 6 O' clock position on 26-07-2017 and it was changed every week. The tract length reduced gradually along with reduction in pus discharge. Tract healed within 1 month. Along with that the 3 O'Clock

tract which was linked with the primary tract got healed without surgical intervention as effective drainage was possible by placement of the thread on the primary tract. The primary tract at 5 O' clock position tied earlier with 2'0 prolene was replaced with *Kshara Sootra* on 30-08-2017, subsequently changed weekly with the fresh *Kshara Sootra*. The thread naturally fell off by 06-01-2018 when the tract was completely cut. Simple application of *Jatyadi Taila* was advised for 2 wks along with internal medications. On 27/01/2017 wound was found completely healed with a fine scar. There was no recurrence of the fistula during one year of further follow up. (table 1 and 2) (Fig. 3-5)

Table 1: Cut Off Time in Fistula at 7 o' clock position

Date	Length in cms
26/07/2017	4.5cm. 21 coated <i>Apamarga Kshara Sootra</i> tied
02/08/2017	2 cm
09/08/2017	1 cm
16/08/2017	0.5 cm
26/08/2017	<i>Sootra</i> fallen off

Table 2: Cut Off Time in Fistula at 5 o' clock position

Date	Length in cms	11/11/2017	5 cm
30/08/2017	10 cm	18/11/2017	4.5 cm
13/09/2017	9 cm	25/11/2017	4 cm
20/09/2017	7 cm	02/12/2017	4 cm
30/09/2017	6.5 cm	13/12/2017	3 cm
11/10/2017	6.5 cm	23/12/2017	2 cm
21/10/2017	6 cm	30/12/2017	1 cm
01/11/2017	6 cm	06/01/2018	thread fallen off

Fig.1: Before treatment; skin tag and multiple openings (26/07/2017)



Fig. 2: After primary threading (09/08/2017)



Fig. 3: Fistula at 6 O' clock position healed. Kshara sutra applied to fistula at 5 o' clock position. The blind external opening at 3 O' clock position healed. (13/09/2017)



Fig. 4: The blind external opening at 3 O' clock position healed (30/09/2017)



Fig. 5: After treatment (27/01/2018)



DISCUSSION

Shataponaka Bhagandara which corresponds to multiple fistula-in-ano was assessed clinically and through relevant investigations. *Kshara Sootra Chikitsa* is an *Anushalya Karma* where its preparation explained in Chakradutta in *Bhagandara Chikitsa* and the procedure is explained by *Acharya Sushruta* in *Nadi Roga*. The condition was treated using *Kshara Sootra* prepared of *Theekshna Apamarga Kshara* with 21 coatings. The *Kshara Sootra* was applied to the tract at 6 O' clock position on 26-07-2017 and it was changed every week. The tract length reduced gradually along with reduction in itching, burning sensation and pus discharge. Along with that the 3 O' clock tract which was linked with the primary tract got

healed without surgical intervention as effective drainage was possible by placement of the thread on the primary tract.. The tract at 5 O' clock position was tied with *Kshara Sootra* on 30-08-2017 and *Sootra* changed weekly. The thread fell off by 06-01-2018. During follow up on 27/01/2017 the wound found completely cured without recurrence in one year of follow up.

CONCLUSION

From the case study, it was found that the *Kshara Sootra Chikitsa* is efficient in multiple fistula-in-ano. The contemporary science provides the seton technique which would take longer time for the healing of the tract. Here in the treatment applied using *Kshara Sootra* along with internal medicines, all the tracts healed in a period of 6 months along with the relief from other symptoms. The complaints did not recur in one year of follow up. But as it is a single case study, the work should be taken for an extensive study to prove and standardize the technique in the disease according to the *Dosha* predominance.

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