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# Effecacy of *Kadali Kshara Sutra* in the Management of *Bhagandara* (Fistula-In-Ano) - A Case Report

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## ABSTRACT

*Bhagandara* (Fistula in ano) is a common anorectal condition prevalent world wide, and its prevalence is second highest after *Arshas* (Haemorrhoids). *Kshara Karma* is a one of the parasurgical procedure in *Ayurveda*. In this study *Palasha Kshara Sutra* is used in *Bhagandara* (Fistula-in-ano). Though, *Apamarga Kshara Sutra* is highly effective in the management of Fistula-in-ano. But pain, irritation, difficulty in preparation has limited its use. Thus, various type of *Kshara Sutra* tried with their efficacy in different angle. In this present study effort will be made to define the probable mode of action of *Palasha Kshara Sutra* prepared in *Arka Ksheera* in Fistula-in-Ano. This is equally effective with less pain and easy to prepare because a single plant is enough and not a seasonal plant. A 56 yr old male presented with complaints of painful swelling with pus discharge in the anal region since 1 week has been presented here.

**Key words:** *Palasha, Kshara Sutra, Arka Ksheera, Bhagandara, Fistula-in-ano.*

## INTRODUCTION

Fistula-in-ano is one of the most common ailment pertaining to ano-rectal region. This disease causes discomfort and pain to patient, which creates problems in routine work. In modern medical science, the description of Fistula is available long back from time of Hippocrates 6 B.C to Dr.S.Das.<sup>[1]</sup> But in Ayurvedic classical texts Fistula-in-Ano has been widely described as name of *Bhagandara*,<sup>[3]</sup> along with treatment with *Ksharasutra*, before the time of Hippocrates. *Kshara Sutra* is a medicated thread,

which is prepared by repeated coating of various medicinal plants over the thread. In 1964, a scientific study was carried out in the dept. of *Shalya-Shalaky*, IMS, BHU, Varanasi.<sup>[2]</sup> The procedure of applying *Kshara Sutra* is very easy, in most of the cases and it was done under local anaesthesia and only few cases require spinal anesthesia. Changing of *Kshara Sutra* was done 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.<sup>[2]</sup>

## CASE REPORT

A 56 yr old male presented with complaints of painful swelling with pus discharge in the anal region since 1 week, 1 year ago patient was asymptomatic, one day he noticed painful swelling in the anal region associated with fever and consulted local physician, took treatment. Swelling got reduced by rupture with pus discharge. A similar episode occurred after two months and got relieved by same way of treatment. There is no history of DM/HTN, the family history was

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not suggestive of same complaint to other member. On local Examination there was a painful swelling of 2 x 2 cm associated with single opening with pus discharge in the left ischio-rectal fossa at four 'o' clock position. On Digital Rectal Examination there was normal sphincter tonicity. On Proctoscopy - no abnormality was detected.

The classical Lakshanas of *Bhagandara* like *Pidaka* of *Pakwa* or *Apakwa* in *Guda* region, *Goodamoola*, *Ruk*, *Jwara* etc. were observed.

Routine hematology investigations (TC, DC, Hb, ESR, RBS) and urine investigations were within normal limits.

Under spinal Anaesthesia, First the patient is kept in proper lithotomy position and perianal region was cleaned with antiseptic lotions and draped.

Then gloved index finger was gently introduced into the rectum. Then a suitable selected probe was passed through the external opening of fistula. The tip of the probe was forwarded along the path of least resistance and was guided by the finger in rectum to reach in to the lumen of anal canal through the internal opening and its tip was finally directed to come out of anal orifice.

The pus filled cavity at the external opening is drained by incision and drainage. Then a suitable length of plain thread or *Kadali Kshara Sutra* was taken and threaded into the eye of probe. There after the probe was pulled out through the anal orifice, to leave the thread behind in the fistulous track. The two ends of the Plain thread were then tied together with a moderate tightness outside the anal canal. This procedure is called primary threading and on second day of post-operative day the *Kadali Kshara Sutra* application is done.

The *Kadali Kshara Sutra* was changed at weekly interval. The unit cutting time i.e. total days taken to cut through the tract divided by initial length of the tract in centimeter i.e. 56 days divided by 10 cm, so *Kadali Kshara Sutra* in this patient took 5.6 days for cutting one centimeter of fistula tract.



Fig. 1: *Kadali Kshara Sutra* in situ during treatment



Fig. 2: *Kadali Kshara Sutra* in situ during treatment



Fig. 3: After cut through of *Bhagandara*

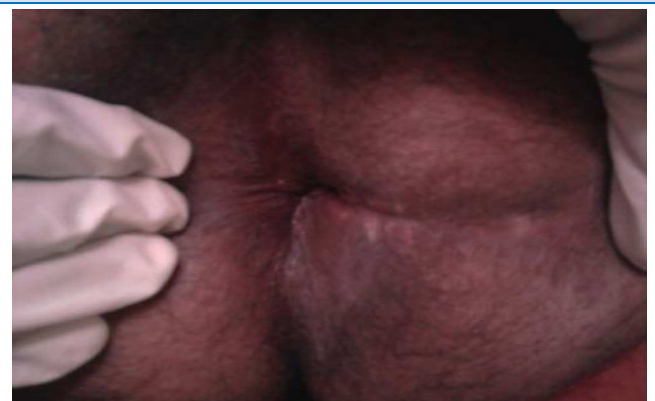


Fig. 4: After cut through of *Bhagandara*

## DISCUSSION

### Mode of action of Kshara Sutra in Fistula in Ano

By application of Kshara Sutra it does cutting layer by layer and there is continuous drainage of fistulous track which helps in healing. The medicaments which are used to prepare the thread will dissolve the fistulous tissue of the track (debridement by the Ksharana process) and stimulates the healthy granulation tissue for healing.

## CONCLUSION

There was a marked reduction of symptoms to pain, irritation, inflammation, burning sensation and local reactions in treated group as compared to control group. Availability, collection problems have been bypassed by the present method. Economical, minimised the problems of preparation and application of Kshara Sutra therapy. No recurrence of case reported during the last 6 months of follow up. So Kadali Kshara Sutra can be considered as a better

alternative in place of Apamarga Kshara Sutra because it has more acceptability, easily available.

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