



¹B S Savadi,

²Akash kembhavi,

³Lohit Kalal

¹HOD, Dept of Shalyatantra,S J G Ayurvedic medical college, Koppal, Karnataka.

²Professor, Dept of Shalyatantra, S J G Ayurvedic medical college, Koppal, Karnataka.

³Post-graduate scholar,Dept of Shalyatantra,S J G Ayurvedic medical college,Koppal,K.A.

ABSTRACT

Bhagandara (Fistula in Ano) at modern parlance is a common anorectal condition prevalent in the populations worldwide and its prevalence is second highest after *Arsha* (hemorrhoids). It is very common surgical condition necessitating safe treatment modality as open surgery may result anal incontinence in most of the time. Fistula-in-Ano is one such disease where ideal care delivery is still a challenge. It may be because of nature of disease, regional anatomy, hygiene, etc. *Ksharasutra* is one of the chief modality in the treatment of *Bhagandara* in *Ayurvedic* science. Exploration of the new plants for the preparation of the *Kshara*¹ as a better substitute for previously tried *ksharasutras*. The *Apamarga Ksharasutra* is widely being practiced. When we go through the classics, we get reference regarding *Vibhitaki* grouped into *Kshara* dravyas. This *Vibhitaki* is not widely practiced. *Apamarga Kshara* is very effective but preparation of this *Apamarga Kshara* is not at all a easy process. It needs burning of lot of *Apamarga* plants, then process including boiling etc, and at the end we get very little quantity of final product. In the other hand *Vibhitaki*, as per reference, is also *Kshara*, cost effective and abundantly available as it is a huge plant will get adequate quantity of drug hence this study is planned to evaluate the efficacy of *Vibhitaki Ksharasutra* in the management of Fistula in Ano which is referred as *Bhagandara* in *Ayurveda*.

Keywords: *Vibhitaki Ksharasutra, Apamarga Ksharasutra, Fistula in Ano ,Bhagandara.*

INTRODUCTION:

The Fistula in ano¹ is difficult problem that surgeon have been struggling from centuries. Appropriate treatment is based on three central principles 1.control of sepsis 2.closure of the Fistula 3.maintainance of continence.

The incident of Fistula in ano is 9/1,00,000² even though the current treatment modalities in Fistula like Fistulactoy, Fibrin glue, anal Fistula plug, LIFT procedure, Bio LIFT, Seton are being adopted, still patients are not getting satisfactory results.

The ideal treatment for an Anal Fistula should be associated with no recurrence rate, good safety margin and good quality of life.The *Ayurvedic* management of

anorectal disorders is becoming more popular especially in Fistula in ano aspect. *Apamarga kshara*³ being widely used in Fistula in ano management it is need of hour to find a new drug which is having good qualities can be tried. When we consider the properties of *Vibhitaki* like *kashaya rasa, ushna veerya, madhura vipaka, rukshha* and *laghu gunas* is in favor with *kshara* qualities. *Acharya Sushruta* has also explained to consider this plant in preparation of *kshara*⁴, as its having above mentioned qualities, it can be considerable for the preparation *ksharasootra*.

In *Ayurvedic* classics, this disease has been described with the name of *Bhagandara*⁵, which has more similar signs and

symptoms with Anal Fistula. Similarly in Modern surgery the use of ligation and some irritant chemicals like urethane and silver nitrate has been advised but most of the modern surgeons depend on operative treatment for this disease where they follow the radical excision of the track along with the removal of major portion of surrounding tissue. Where patients require hospitalization for a long period and suffer to a great extent by physical and economical loss.

The *vibhitaki kshara* is prepared by using *panchangas* the method of preparation is according to the classics as advised by *shushrutha*.i.e by burning the *panchangas* of *vibhitaki* into fine ash powder later it is soaked in six part of water about 12hours and supernatant water is collected and *kshara jala* is boiled up to 1/3rd is reduced finaly *sudha* is added to get *mandhyama kshara* in the form of fine powder. The Ph of *madhyama vibhitaki kshara* is 9.5. Here in this study, we made an attempt to evaluate the effect of *Vibhitaki Ksharasutra* compared in the management of fistula in ano.

CASE REPORT :A 45 year old male patient comes to *shalyatantra* OPD of SJGAMC Koppal, with the complaints of sero-purulant discharge in the perianal region, which was recurrent and painful. While taking proper and complete H/O Patient, he had habit of tobacco chewing and was alcoholic, non vegetarian, *Mandagni* and had *Kroora Koshta* O/E there is an external opening at the 5 O clock position with sero-purulant discharge P/R Digital examination we found a cord like structure at the posterior wall of anal canal on pressing sero-purulant discharge by external opening. All routine investigation were done

no specific etiology was not found so the patient was posted for *Vibhitaki Ksharasutra* ligation under spinal anesthesia. Pre-operative the patient was advised for NBM and bowel wash was given and he was shifted to major OT. Under aseptic condition Spinal anesthesia was given and Patients were kept in lithotomic position and perianal region was cleaned with antiseptic lotions and draped. The patients were assured and gloved finger was gently introduced into the rectum. Then a suitable selected probe was passed through the external opening of Fistula. During probing index finger of opposite hand is inserted in anal canal to feel the probe and to search an internal opening in any.

The probe tip is separated from finger by the whole thickness of the wall or by the mucosa alone. The tip of the probe was forwarded along the path of least resistance being guided by the finger in rectum to reach into the lumen of anal canal through the internal opening and its tip was finally directed to come out of anal orifice. The track is measured which is about 3.5 cm in length. Firstly, primary threading was done and complete haemostatic was achieved and he shifted to post-operative ward and he kept under observation for one day and he was discharged with advice of sitz bath daily twice and visit after 3 days. After three days *Vibhitaki-Ksharasutra* was replaced through Roadrail method, and follow up was called on every 7 days of interval a complete 4 sittings of *Vibhithaki Ksharasutra* ligation was done .the whole procedure took around 1 month to cut through the track and complete healing of fistula.

DISCUSSION: The *Ksharasutra* therapy was practiced and used more than six

decades with great success and practically with almost negligible recurrence in the management of *Bhagandara*. But some of the problems that we are facing during Collection of *Apamarga* plant is very difficult because it is a seasonal plant, not available in a single place and time taking process and produces much burning sensation and pain during primary and successive changes. So the present study has been done to propose the efficacy in the field of preparation of *Ksharasutra*. Therefore in the present study we tried with *Vibhitaki kshar* which is having the properties like *kashaya rasa*, *ushna veerya*, *madhura vipaka*, *rukshha* and *laghu gunas* is in favor with *kshara* qualities. *Acharya Sushruta* has also explained to consider this plant in preparation of *kshara*, as its having above mentioned qualities, it can be considerable for the preparations *Ksharasutra*. So, the method of preparation of *Vibhitaki Ksharasutra* is same as standard *Apamarga Ksharasutra* technique practiced in our department. On the basis of successful management of Fistula-in-ano by *Ksharasutra* it has become an accepted technique since it has been tried at many surgical centers now.

CONCLUSION: Fistula in ano is common presentation in the present clinical setup and the study recorded the prevalence of Intrasphincteric, Transsphincteric and Extrasphincteric type of Fistula in ano. The presenting symptoms were pain, discharge and constipation was noted in a few patients. *Vibhitaki* being available easily. It is a good source for preparing *kshara* and subsequently *Ksharasutras*. *Vibhitaki Ksharasutras* shown similar effect in

unit cutting time when compared to *Apamarga Ksharasutra* which is 1cm per week.

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Corresponding Author:

Dr.B.S.Savadi, HOD, Dept of Shalyatantra, S J G Ayurvedic medical college, Koppal, Karnataka.
Email:savadi.savitha@gmail.com

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