

## THE AYURVEDIC PARA-SURGICAL MANAGEMENT ON REACCURENT PERIANAL ABSCESS AND FISTULA- A CASE REPORT

Hiremath Sangameshwar<sup>1</sup>,

Biradar Vijayakumar<sup>2</sup>

<sup>1</sup>PhD Scholar, <sup>2</sup>Guide and Professor Department of Shalya Tantra, N K J Ayurvedic Medical College & Hospital, Bidar, Karnataka

### ABSTRACT

The complete description of *Bhagandara* has been explained in Ayurvedic classical text. The clinical of *Bhagandara* described in Ayurveda text resembles Fistula In Ano. Fistula-in-Ano is track lined by unhealthy granulation tissue which connects perianal skin to anal canal and rectum. *Bhagandar* is stated as one among the *mahagada* according sushrutha. The disease which involves *bhaga, guda, bastipradesa* is *bhagandara*. In modern surgery various treatment modalities are available to treat fistula and perianal abscess however, Fistula and Perianal Abscess has a high rate of reoccurrence which is big challenge to proctologist. Further amongst all, Ayurvedic para-surgical procedures *Ksharakarma, Kshara sutra* has been proved effective in treating Fistula and perianal abscess which is having minimum recurrence than modern treatment alternative in this case report we successfully treated fistula and perianal abscess with the help of *ksharakarma* and *kshara sutra* with minimum invasive methods.

**Key Words:** *Bhagandhara*, Fistula in ano, Perianal abscess, *Ksharakarma*, *Kshara sutra*

**INTRODUCTION:** Fistula-in-Ano is an inflammatory track which is lined by unhealthy granulation tissue and fibrous tissue with an external opening in the perianal skin and an internal opening in the anal canal or rectum<sup>1</sup>. Sometime fistula has an history of perianal abscess which is ruptured by itself and discharging opening is left with clinical feature of pain and discharge or if in case of incomplete drainage of perianal abscess, Later which will develop into the Fistula in ano. It is classified by two methods .i) Milligan and Morgan a) subcutaneous b) low anal c) submucous d) high anal e) pelvi rectal, ii) parks classification a) intersphictreric b) transphictreric c) supra levator d) extrasphoncter<sup>2</sup>. *Bhagandar* is stated as one among the *mahagada* according sushrutha<sup>3</sup>. The disease which involves *bhaga, guda, bastipradesa* is *bhagandara*<sup>4</sup>. As in *Ayurveda Bhagandara* classified

into five types based on involvement of *dosha* as *vataja – shataponaka, pittaja - ushtragreeva, kaphaja – parisravi, sannipataja- shambhukavarta, agantuja-unmargi*. As it is said as *mahagada* and difficult to treat. In the above classification *shambhukavarta* and *unmargi* are *asadyavyadhi*'s and remaining *shataponaka, ushtragreeva, parisravi* are *kastasadya vyadhi*'s<sup>5</sup>. In general line of treatment for an unripen *Bhagandarapidaka* administering the 11 therapies like *apatarpana, alepana, pariseka, abhyanga, sveda, vimlapana, upanaha, pachana, visravana, Sneha, vamana, virechana* to get ripen the *Bhagandara pidaka*<sup>6</sup>. Then it is incised by sharp instruments, if that is not possible then it should be touched by *Agni* (heated rod) or *kshara* (alkali). This treatment is common for all varieties of *SadyaBhagandara*. Acharya Charaka

explained the *kshara sutra* in the management of *Bhagandara*<sup>7</sup>.

**Case History:** A 60 year old male patient came to *Shalya tantra* OPD at RR Ayurvedic Medical College and Hospital, Humnabad, Dist Bidar.

- **Chief complaints** of hard mass of swelling around the anus and discomfort in sitting from 6 days. Past history told by patient was previously he underwent I&D for perianal Abscess 1 year ago and later after 7 months he developed fistula in ano and irregularly discharge and again he underwent *Apamarga Kshara Sutra* treatment and recently he had sever throbbing pain at perianal region and was associated, tenderness and fever.

- Patient has no history of Hypertension, Diabetic, and any other systemic disorders

Bp- 130/80 mm/Hg

P/R – 76/min

RBS- 136mg/dl

CVS -Normal

- **On clinical examination** I found externally no mass but external opening at 4 O clock with discharge per rectal digital examination i found a internal opening adjacent 4 O clock and a soft tender mass at 2 O clock deep position. The mass was completely fixed and tenderness elicited, Later the line of treatment was planned to do Incision and drainage followed by *Apamarga pratisaraniya kshara* (madhyama) application under saddle block.

#### **Preoperative Procedure:**

- Patient was nil orally 6 hours before OT
- Enema was given before surgery
- Surgical profile investigations such as CT, BT, HB%, HIV, HbSAG , RBS, were done

- Consent of the patient,
- Injection Lignocaine test dose and part preparation was done

And the patient was prepared for procedure according to standard protocol.

**Operative procedure:** Under saddle block with all aseptic precaution in lithotomy posture part painted and draped, initially manual 2 finger dilatation of anal canal by lignocaine jelly. A small incision about 3cm is taken on most dependent part at 2 O clock position. And sinus forceps is forced into through the deep fascia into the cavity and blades are gradually opened and the pus is extruded out. A finger introduced to explore the abscess cavity. Pus samples were collected during incision and drainage, the specimens were collected in sterile container or aspirated into sterile syringes and transported to the microbiology laboratory. After complete breaking of pus loculi and the cavity was followed by *pratisarinya kshara* application for about 60 seconds and *nimbu swarasa* wash was given. And finally the *yastimadu* soaked pads were inserted in the cavity followed by anal pack and sterile dressing was applied. These samples were processed on suitable culture media and incubated at 37 degree celcius under aerobic conditions. The organisms were identified by biochemical reactions, Gram stains, motility tests as applicable as per standards operative procedures and interpreted as per C Clinical Laboratory Standard Institution guidelines.

**Post operative:** patient was shifted to post-op ward and anal pack was removed after 4 hours and orally started after 6 hours, on next of post surgery during dressing the discharge from the cavity is collected in sterile container and sent for

bacteriology study, sitz bath was advised with *Triphala Kwatha* twice a day and patient was discharged after 2 days Hospital stay with medication.

**Discharge medicines:** *Triphala Guggula* BD (After food with water) for 15 days  
*Gandhaka Rasayana* BD (After food with water) for 15 days

*Abhayarista* 10ml BD with water (Before food with water) for 15 days

*Triphala choorna kashay* sitz bath regularly, after defecation.

**Follow up:** Every alternate day's patient was asked to come for dressing and it took 6 weeks to heal completely and we kept changing simple linen thread of No 20 weekly instead of *Apamarga kshara sutra* because of patient refused due to pain and burning sensation, after 3 months the thread has been cut through from the fistula tract completely without any complaints of incontinence and patient was under follow ups every month for 6 months but no any recurrence of abscess were found.

#### DISCUSSION:

##### **Aerobic culture yields Bacterial growth and the organism isolated**

The specimen was collected during I&D procedure for about 5ml of pus in sterile container *Klebsiella pneumoniae* was the isolated bacteria. And repeat pus culture was done by collecting the discharge on 2<sup>nd</sup> day after the procedure of *pratisaraniya kshara* application. The aerobic culture yields bacterial growth was none.

The most of the perianal abscess pathology has postulate of crypto anal gland infection cause. Here we adopted incision and drainage followed by *Pratisarana Kshara* application, most of the perianal abscess and open wound around the anal opening are more vulnerable for infection and henceforth recurrences chances are more in the form of abscess or fistula in ano. *Kshara* are prepared from herbal drugs and it includes the basic properties of the original herbal drugs. *Kshara* is predominant with *Agnibhuta* (fire element) hence having *teekshna* property. It consists of *Sparsha Guna* (consistency property) due to its predominant of *Vayubhuta* (wind element) and hence give quick action. So, above factors clearly state that *Kshara* is having predominance of *Agni* and *Vayubhuta*. *Kshara* is having *Tejobhuta* (*agni* element) property predominantly hence it is having the property of corrosiveness.

#### CONCLUSION:

The surgical management of perianal abscess followed by *pratisaraniya kshara* application yields good result and it not only cures but also minimizes the rate of complication and re-occurrence and with bacteriological study we came to know its Anti-microbial action and suppress the growth of micro-organism and antimicrobial therapy can be avoided. According to *Ayurvedic* classics *kshara* has a property of *krimigna*. It is a good therapy in terms of cost of treatment.



Image 1 After I & D

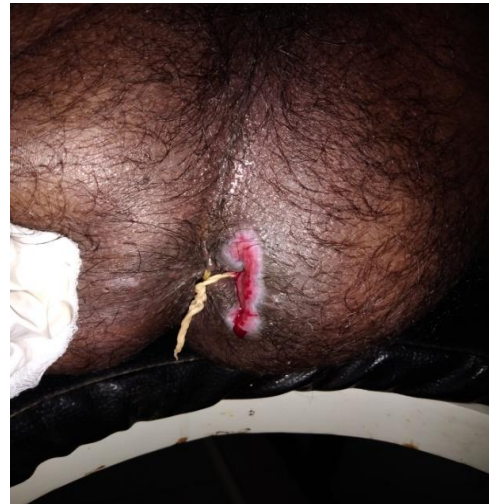


Image 2 10<sup>th</sup> day Dressing



Image 3 15<sup>th</sup> Day



Image 4 25<sup>th</sup> Day

Image 4 USG Report

**KALABURAGI SCANNING & DIAGNOSTIC CENTRE**

NAME: M. S. KULKARNI      AGE: 60yrs      SEX: Male  
 REF BY: DR. SANGAMESH S. H.      DATE: 27/09/2021

**OPINION:**

- Low intersphincteric fistula with external opening at the postnatal cleft on left side and internal opening within the anal canal at 6'O' clock position inferiorly and at 7'O' clock position superiorly.
- Large focal pocket of abscess measuring approximately 4.3 x 3.1cms seen in the intersphincteric plane causing lateral bulging of the external sphincter.
- Tiny focal air pocket noted in the non dependent part of the above abscess.
- Inflammation with edema and fat stranding noted in the ischioanal fossa on left side.

DR VEERESH S ALAND  
 DMRD, DNB,  
 CONSULTANT RADIOLOGIST

Please note that the above is not the final diagnosis but a professional opinion based in imaging findings. Kindly correlate with clinical findings and lab parameters. A repeat assessment may be required if an alternate diagnosis is sought.

*Handwritten notes:* Axial Image, Ext sphincter, Abscess.

Image 5 Pus culture and sensitivity Report Before T/T

Image 6 Pus culture and sensitivity Report After T/T

**BINDU DIAGNOSTIC LABORATORY**  
We Analyse with Quality Testing

NAME : Mr. KULKARNI Lab No : 3576  
AGE/SEX : 60 Yrs / Male DATE OF COLLECTION : 05-10-2021 at 01:55 PM  
REFERRED BY : Self

TEST PARAMETER	RESULT	REFERENCE VALUE
<b>MICROBIOLOGY</b>		
<b>PUS CULTURE</b>		
<b>PUS FOR CULTURE AND SENSITIVITY</b>		
Organism isolated: <i>Klebsiella pneumoniae</i>		
<b>ANTIBIOTICS</b>		
AMIKACIN	S	AZTREONAM R
CEFAPERAZONE/SALBACTAM	R	CEFEPIME R
CEFEXIME	R	CEFOPERAZONE R
CEFTAZIDIME	R	CEFTRIAXONE R
CEFUROXIME	R	CIPROFLOXACIN R
COTRIMOXAZOLE	R	DOXYCYCLINE / TETRACYCLINE R
GENTAMICIN	R	IMPENEM S
LEVOFLOXACIN	R	MEROPENEM S
PIPERACILLIN / TAZOBACTAM	R	

**NOTE: S-Sensitive, R-Resistant**

Dispatched by: Bindu \*\*\*\* End of Report \*\*\*\*  
Printed on: 07-10-2021 at 08:14 PM

NOTE: Please correlate clinically.

Consultant Microbiologist

24 Hrs. Laboratory Service

**BINDU DIAGNOSTIC LABORATORY**  
We Analyse with Quality Testing

NAME : Mr. KULKARNI Lab No : 3841  
AGE/SEX : 60 Yrs / Male DATE OF COLLECTION : 08-10-2021 at 02:00 pm  
REFERRED BY : Self

TEST PARAMETER	RESULT	REFERENCE VALUE
<b>MICROBIOLOGY</b>		
<b>PUS CULTURE</b>		
<b>PUS FOR CULTURE AND SENSITIVITY</b>		
Organism isolated: Absent		

Dispatched by: Bindu \*\*\*\* End of Report \*\*\*\*  
Printed on: 08-10-2021 at 02:30 pm

NOTE: Please correlate clinically.

Consultant Microbiologist

24 Hrs. Laboratory Service

## REFERENCES

- 1 .Somen das; a concise text book of surgery; the rectum and anal canal;pg 1071
- 2.Sriram Bhat m; SRB's Manual of Surgery fifth edition 2013; New Dehli; Jaypee Brothers medical publishers (p) LTD; p.1052
- 3.Sushrutha; Kevala Krishna Thakarala; SushruthaSamhitha; Sutra sthana; avaraniyamadyaya; chapter 33; verse no 04;Varanasi;Chaukhambha orientalia;2019; p.360.
4. Sushrutha; Kevala Krishna Thakarala; SushruthaSamhitha;Nidanasthana;Bhagan daranidana; Chapter 04; Verse no 3;Varanasi;Chaukhambha Orientalia;2019; p.737.
- 5.Sushrutha; Kevala Krishna Thakarala; SushruthaSamhitha; Chikitsasthana; Bhagandarachikitsa; Chapter 08; Verse no 3;Varanasi;Chaukhambha Orientalia;2019; p.285

6. Sushrutha; Kevala Krishna Thakarala; SushruthaSamhitha;Chikitsasthana;Bhagan daraChikitsa; Chapter 08; Verse no 4;Varanasi;Chaukhambha Orientalia;2019; p.439
7. Agnivesha; Harishchandra khushavaha; Charakasamhitha;Chikitsasthana;shvayatu chikista; Chapter 12; verse no 16-17; Varanasi; Chaukambha Orientalia; reprint ed 2012; p.306.

**Corresponding Author:** Dr. Sangameshwar Hiremath, PhD Scholar Department of Shalya Tantra, N K J Ayurvedic Medical College & Hospital, Bidar, Karnataka  
Email: drsangameshsh@gmail.com

Source of support: Nil Conflict of interest:  
None Declared

Cite this Article as : [Sangameshwar Hiremath et al :The Ayurvedic Para-Surgical Management on Reaccurent Perianal Abscess and Fistula- A Case Report] [www.ijaar.in](http://www.ijaar.in) : IJAAR VOL V ISSUE VII MARCH-APRIL 2022Page No:519-523