



ORIGINAL RESEARCH ARTICLE

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## A CLINICAL STUDY OF APAMARGA PRATISARANEYYA KSHARA IN THE MANAGEMENT OF BHAGANDARA W.S.R. LOW ANAL FISTULA

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### ABSTRACT

The Fistula-in-ano is an abnormal communication between the anal canal and the perianal skin. It usually results from an Ano-rectal abscess, which burst naturally or opens inadequately. A Patient suffering from *Bhagandara* (Fistula-in-ano) was selected from the IPD of PG Department of *Shalya Tantra* N.I.A. Jaipur and was treated with *Apamarga Pratisaraneeya Kshara Poorana*. The patient was assessed and it was seen that the patient was completely cured from the disease in terms of signs and symptoms like pain, pus discharge and itching and no any post operative complication seen. Hence *Apamarga Pratisaraneeya Kshara Poorana* is a simple better alternate to *Kshara Sutra* therapy and provided a better option in the treatment of Fistula in ano, which is less time duration of the treatment, minimal invasive, cost effective and better acceptability.

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### INTRODUCTION

In *Ayurveda*, *Bhagandara* (Fistula-in-ano) is considered under eight major diseases (*Ashta Mahagada*) (Ambikaa Dataa Shaastry, 2007). Detailed description of *Bhagandara* is found first in *Sushruta Samhita*. In Modern Science, Hippocrates (Belliveau, 1990) made reference to surgical therapy for fistulous disease. *Bhagandara* (Fistula-in-ano) is one of the oldest diseases known to the medical science. Fistula-in-ano at modern parlance is a common ano rectal condition prevalent in the populations worldwide and its prevalence is second highest after haemorrhoids. According to a recent study conducted on the prevalence of anal fistula in a London hospital by Sainio, P. (1984) considering the incidences and epidemiological aspects for Fistula-in-ano in a defined population; approximately 10% of all patients and 4% of new patients were reported to suffer from this disease. A similar study in India has been reported anal fistula to constitute 15-16% of all ano rectal surgical admissions. This global problem is being managed by specialized proctologists and general surgeons at

different renowned medical centers but; in spite of the best possible efforts, recurrence rate (20-30%) still remains, as a big challenge in front of the medical as well as surgical world. The *Apamarga kshara* is well proven device in the management of Fistula-in-ano and has been standardized by the CCRAS. To answer such a challenging problem in a comprehensive manner, *Shalya Tantra* of *Ayurveda* stands with the positive effects of the *Ksharasutra Therapy*. Also *Kshara karma* is the best among all surgical and para surgical measures. He has mentioned many *Kshara* preparations in his text. Nowadays *Ksharasutra* is the first choice for treating Fistula-in-ano. *Ksharasutra* Therapy requires a minimal setup, minimal equipments and instruments. It is a minimal invasive Para surgical procedure which is simple, safe and comparatively better choice globally accepted. *Pratisaraneeya Kshara karma* is indicated in *Bhagandara* mentioned by *Sushruta* in his *Samhita* (Ambikaa Dataa Shaastry, 2007). Still there is need to modify the treatment modality which is minimal invasive, more effective and less duration. So, I have taken this research work on *Bhagandara* with *Apamarga Pratisaraneeya Kshara karma*.

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Name of the Drug—*Apamarga*  
Latin Name- *Achyranthes aspera*

Family—*Amaranthaceae*

Guna—*Laghu, Ruksha, Teekshna.*

Rasa—*Katu Tikta.*

Veerya—*Usna*

Vipaka—*Katu*

Karma—*Chedana, Shodhana, Lekhana, Ropana*

Part Used—*Panchanga*

## CASE STUDY

A 28 yrs, male patient visited on 05/02/2018 in OPD, Registration Number is 18705022018 dept. of *shalya tantra*, National Institute of *Ayurveda*, Jaipur. Complaints of swelling with pus discharge in the perianal region since last 8 months.

- History: Eight months back, developed a swelling in the perianal region, which got ruptured spontaneously and pus was drained out and got relief. Then he consulted a doctor and had taken medication. Since then, increase and decrease in size of the swelling with on and off pus discharge was noticed.
- No relevant past history
- There was no history of any surgical intervention.

## On Examination

- Before examination informed consent was taken for the procedure.
- General condition was good with P/R 86/min., B.P 120/80 mm Hg,
- Temperature—Afebrile
- Appearance – symmetrical
- Physical and mental disposition— Normal
- On examination there was an ext. opening of the fistulous tract at 7 'o'clock position, Approx 4 cm away from anal verge, internal opening at 6 'o'clock position in the anal canal at the level of dentate line. Length of the fistulous tract was 4 cm.
- After performing local examination the case was diagnosed as *Bhangadara* (inter-sphincteric fistula in ano) and the Patient was admitted in IPD, dept. of *shalya tantra*, jaipur
- Patient was investigated, all investigations were WNL and surgery was done under local anesthesia.

## MATERIALS AND METHODS

- Antiseptic solution (10% Povidone iodine)
- Drapes
- Inj. Xylocaine with adrenalin 2%
- Copper probe
- *Apamarga Kshara* (Hemantha Kumar, 2011)

A written informed consent was taken before the procedure. After completing all the pre-operative formalities, the patients were shifted to the Operation Theatre and made comfortable on the O.T. table in the Lithotomy position. Painting with Betadine solution and draping of the peri-anal area was done followed by infiltration of Inj Xylocaine with adrenalin 2%. Now local examination of the peri-anal area was done to see the external opening of the fistulous tract and to feel the fibrous cord if present and now DRE was done to find the level of internal opening of the Fistula-in-ano.

With the help of knife, the external opening was widened to allow the probe to pass through. The track was examined first with the help of the blunt and malleable probe so that it could be molded according to the pathway of track and preventing formation of false passage and damage to surrounding soft tissues. The antegrade probing was done from 7 to 6 o'clock position and after the removing prob, anal anal was closed with gauze piece. With the help of 2 ml dispovan *Apamarga teekshna kshara* pooran was done from external opening in the fistulous tract after *kshara* pooran gauze piece removed from anal canal and antiseptic dressing was done. After procedure all vitals are WNL.

## Post-Operative Treatment For one Month

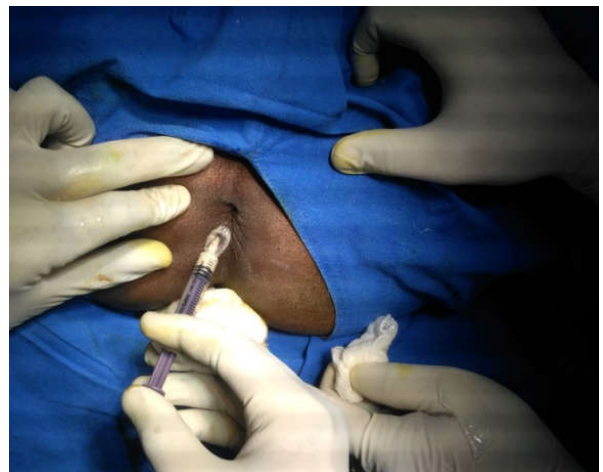
- No requirement for post operative dressing.
- Tablet *Triphala Guggulu* 500 mg– 2 tablets twice daily after meal with luke warm water.
- Laxative- *Triphala Choorna*-5 grams at bed time with Luke warm water.
- Warm Sitz bath by *Tankan Bhasma* 3gm- twice daily after defecation.
- *Jatyadi tail* for local application B.D.

## RESULTS AND DISCUSSION

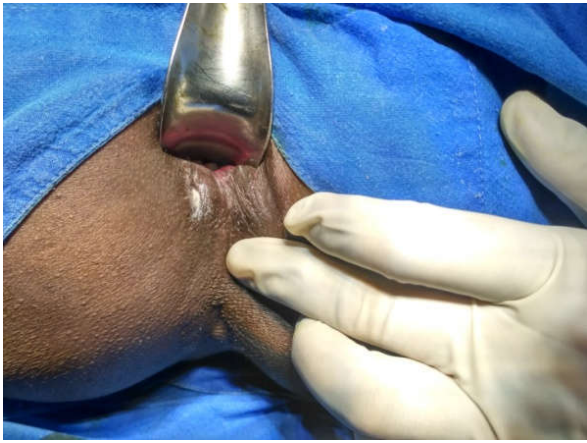
During intra operative period whole procedure was performed in local anesthesia so no pain was felt to the patient. After two hours of completion of procedure single dose of diclofenac sodium 50 mg. as analgesic was given to control of pain as advised by the visiting surgeon.



Before Procedure



During Procedure



#### During Follow Up

Regular follow up was done weekly up to two months. No any recurrence and complication during follow up. On follow up patient was satisfied with pain and pus discharge. During treatment perianal pain and discomfort was reduced, pus discharge from ext. opening was reduced.

And complete fibrosed and close the Fistulous tract after two sitting of *Apamarga teekshana kshara pooran* in 21 days.

#### Conclusion

*Ksharsutra* treatment in the management of *Bhagandara* is a time consuming process and takes months together to completely cut the track hence causes inconvenience to the patients who have to go through pain and loss in their working hours. Secondly the preparation of *Ksharsutra* is also a lengthy process and takes many days to complete the preparation of *Ksharsutra*. Hence to reduce the duration of the treatment and to reduce the severity of pain and also to save the time of the patient, I take this opportunity to work on this topic where in it will be researched if *Pratisaraneeya Kshara* alone can be applied in the fistulous tract for its complete healing. To make firm the above theory the study should be carried out in large sample size.

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