Case Study

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(ISSN Online:2229-3566, ISSN Print:2277-4343)

MANAGEMENT OF ARSHO-BHAGANDHARA: A CASE STUDY

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Received on: 30/10/21 Accepted on: 28/12/21

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DOI: 10.7897/2277-4343.13012

ABSTRACT

Ayurveda is based on time tested observations and medical experiences. It has immense potential in solving many challenging and unresolved problems of the medical world. Arshas (Haemorrhoids) and Bhagandhara (Fistula in Ano) are the most common diseases occurring in the Ano-rectal region. Ayurvedic literature had mentioned Sastra Karmas (surgical procedures) and Anusutra Karma (Para surgical procedures) like Kshara Karma, Kshara Sutra & Agni Karma in the management of these diseases. In Anorectal disorders, some cases have both piles and fistula-in-ano. It is difficult to treat both diseases simultaneously, leading to a bad prognosis. In modern literature, operative techniques like hemorrhoidectomy, Fistulectomy and Fistulotomy are mentioned. After modern surgery, severe postoperative complications like recurrent sepsis, continuous serous discharge, faecal incontinence, and the high recurrence rate is a matter of great concern. Arsho-Bhagandhara is a rare case in which a patient suffers from Arshas and Bhagandhara. This case report describes the successful management of Arsho-Bhagandhara. Here we operated on the patient diagnosed with Arsho-Bhagandhara, the details of which are furnished in the below article. Ksharalepa for internal piles masses was done on OT, and Ksharasutra application in fistula was made. Ksharasutra was changed every seventh day, and simultaneous cutting and healing of the tract were observed. The piles and fistula track wound healed within two months entirely without complication. This case demonstrated the advantages of Ksharalepa and Ksharasutra in the successful management of piles and fistula at the same time.

Keywords: Arsha, Bhagandhara, Haemorrhoids, Fistula-in-ano, Jatyadi Taila, Ksharalepa, Ksharasutra, Panchavalka, piles

INTRODUCTION

The diseases Arsha (Piles) and Bhagandhara (Fistula-in-ano) are considered as Astamahagada in Ayurveda according to Acharya Sushruta, due to the bad prognosis of the diseases.¹ Acharya Vagbhata also explained Arsho-Bhagandhara as one type of Bhagandhara in which the patient has both Arsha and Bhagandhara. Both the Acharyas explained their methods of treating. According to the literature, Arshas are fleshy projections in the Ano-rectal passage, killing the person like an enemy and causing the obstruction.² Bhagandhara is the splitting or discontinuity of Bhaga, Guda and Basti.³ In Modern science, haemorrhoids are the vascular engorgements of the superior haemorrhoidal plexus within the anal canal.⁴ Fistula-in-ano is the abnormal communication between the anal canal and rectum with Perianal skin lined by unhealthy granulation tissue.⁵ In Modern Science, many surgical procedures like Rubber band ligation, Cryo-surgery, Infrared therapy, laser surgery, haemorrhoidectomy and various other procedures are available to manage Haemorrhoids with their limitations.⁶ Fistulectomy, Fistulotomy, Fibrin glue, Fistula plug, Video-Assisted Anal fistula treatment (VAAFT) and Ligation Of Inter-Sphincteric Fistula Track (LIFT) are surgical options for the management of fistula, and even they are also having their limits and complications like sepsis, Re-occurrence and incontinence.⁷ Procedures like Pratisaraneeeya Ksharalepa, Ksharasutra transfixation and ligation and Chedana karma are mentioned in classics for the treatment of Arsha and Bhagandhara. It is always a challenging task for the surgeon to treat both diseases at once. So

Pratisaraneeeya Ksharalepa, along with Kshara Sutra transfixation and ligation for Arsho-Bhagandhara in one sitting, shows promising results without any complications.

CASE HISTORY

A 38 years male patient was visited in the outpatient department of PG Studies in Shalya Tantra, JSS Ayurveda Hospital, Mysore. The patient had complained of pain in the perianal region, bleeding per rectum and pus discharge from the external opening for one month. The patient gives a history of sedentary job pattern. The patient complained of aggravation of pain, and pus discharge was noted upon prolonged sitting, intake of spicy food and long-distance travel as per the patient's statement.

Past History

The patient was taken medical management with Analgesics, antibiotics and laxatives for two months. Still, the patient didn't get any relief patient is not known case of HTN/TYPE2 DM and other medical disorders.

Local Examination

Inspection: There was no evidence of external pile mass, no perianal surgical scar mark noted, no perianal swelling noted. The skin around the anal verge showed mild signs of inflammation near the external opening. The external opening of the fistula was

indicated at the 1 'o'clock position, which was 3 cm away from the anal verge.

Palpation

On digital rectal examination: Internal pile masses were noted at 3, 7, 11 'o'clock positions. Hard indurated track pointed out inside the anal canal at 1 'o'clock position approximately 4 cm no sphincter spasm noted, bleeding was not evident, but mild pus discharge pointed out near the internal opening near 1'o' clock about 3cm from the anal verge.

Proctoscopic examination: Internal 2nd-degree pile masses were found at 3, 7 and 11 'o'clock positions, a single inner opening of fistulous track noted at 1'o' clock position about 3 cm from the anal verge. No bleeding stated no evidence of acute fissure/ulceration nor inflammation of the anal mucosa.

Probing: Upon probing using a malleable copper probe through the external opening, the track was noted to traverse postero-medially into the anal canal in the submucosal plane. A single internal opening of the fistulous tract was noted at 1'o' clock position about 3 cm from the anal verge; no bridging or branching of the fistulous tract was noted.

METHODOLOGY

Treatment planned was to do primary threading of fistulous track using ksharasootra followed by ksharalepa for the internal pile mass in the sequence 11,7 and 3 'o'clock position respectively under spinal anaesthesia.

Poorva Karma (Pre-Operative Procedures)

The patient was advised to remain nil by mouth at least 6 hours before the surgery. Both oral and written consent was taken for the procedure and Anaesthesia. Inj T.T. 0.5 ml IM and Inj Xylocaine 2% plain test dose ID gave a sensitivity test. Pre-medications were given as per the need. Part preparation was done. Soap water enema or proctoglycerin enema was given two times with a minimum one hour gap. The patient shifted to the operation theatre.

Pradhana Karma (Operative Procedures)

Considering all aseptic precautions patient was shifted to the operation theatre. Under spinal anaesthesia, the patient is made to lie in a lithotomic position. The anus and perianal regions were painted with antiseptic (betadine), and draping was done. Lord's anal dilatation was done, and four-finger dilatations were achieved. After that, the internal pile masses position were assessed by inserting a lubricated proctoscope into the anus. They were present at 3,7 and 11 'o'clock positions. Then a malleable copper probe was inserted through the external opening of the fistula at 1'o' clock position and was brought out from the internal opening with the help of the index and middle finger inside the canal and primary threading was done with ksharasootra. After that, the lubricated slit proctoscope was inserted into the anal canal and focused the diffused 2nd-degree internal pile mass focused at 3'o' clock position. The Pratisaraneeya Apamarga kshara was applied to the pile mass without damaging the mucus membrane and the outer skin and left for 100 Matra kaala; after that, the kshara was neutralised by Nimbu Rasa and washed pile mass with normal saline. We observed that the pile mass gets converted into PakwaJambuphala Varna. If necessary, apply the Kshara again and remove the slit proctoscope from the anus. The same procedure was repeated for the pile masses in 7 and 11 'o'clock positions. An anal pack was inserted, soaked with Jatyadi taila, Mahanarayana taila, and haemostasis was achieved, and the patient withstood the procedure well.

Paschat Karma (Post-Operative Procedures)

Catheterization was done for 24 hours. The patient was kept nil by mouth 6 hours after the procedure. Foot end elevation was advised up to 6 hours. The anal pack was removed after 6 hours of the procedure. Mobilization of patient advised 12 hours post-surgery. From the next day onwards, Jatyadi taila 10 ml pushed per-rectal two times per day and advised to take a sitz bath with Panchavalakala kwatha 10-15 min after defecation twice daily. Abhayarista 20 ml BID, Drakshasava 20ml BID, Triphala guggulu 2 BID Gandaka Rasayana 2 BID, and Anuloma-DS 1 at bed time were given. Antibiotics were recommended for five days to prevent severe inflammation or collection of pus. Analgesics were administered according to the need.

Figure 1: External opening at 1'o' clock

Figure 2: Primary threading fistula-in-ano at 1 'o'clock position followed by Apamarga Pratisaraneeya ksharalepa for internal pile mass with taking due precautions to prevent damage of surrounding mucosa by placing wet cotton pad dipped in normal saline.

Figure 3: Post-op wound after 5 weeks

Figure 4: Post-op wound after 6 weeks

Number of sittings	Length of ksharasutra
1 st sitting	3 cm
2 nd sitting	1.5 cm
3 rd sitting	0.5 cm

An average of 1 to 1.5cm of the fistulous track was cut, and the subsequent healing was noted every 7th day. This gives a gross idea about the (UCT) cutting time of Ksharasutra.

FOLLOW UP

Patient follow up was carried out daily up to 5 days after the surgery to assess the patient's recovery and wound healing. After that patient was discharged and advised to visit every week for the assessment of the wound and to change of Ksharasootra till it cuts the whole fistula track. In every sitting, the Ksharasootra length was measured and recorded so that it helps to calculate the amount of tissue cutting, remaining tissue to be cut and time taken to cut complete fistula track.

Complete fistula track cut through by Ksharasootra was achieved after 5 weeks of primary threading. Then the patient was treated as a line of wound management till the cut wound heals. The complete wound healing was observed after 2 weeks of ksharasootra cut through. The post-operative Pratisaaraneeya Ksharalepa wound was healed on 3rd week after the surgery.

DISCUSSION

Acharya Sushruta mainly mentions four treatment modalities to manage Arshas. They are Bheshaja, Kshara, Agni and Sastra Karma.⁸ as well, and Acharya Chakradatta has mentioned Ksharasootra ligation to handle the management of Bhagandhara.⁹

The present patient has diffused 2nd-degree internal haemorrhoids, which are present at 3, 7 & 11 'o'clock position. Pratisaaranaya teekshna kshara was applied to the pile masses, and it was observed that it was neutralized by Nimbu Rasa and finally washed with normal saline. It was observed that pile masses became black in 35 seconds as told by Sushruta Samhita Ksharalepa helps to coagulate the haemorrhoid plexus, necrosis and also causes the fibrosis of plexus. It helps prevent further dilatation of veins by causing mucosal, submucosal coat adhesion.¹⁰

For Bhagandhara Ksharasootra is the best management method for perfect excision and healing of the track. So it has been practised since the era of Acharya Sushruta. Every week Ksharasootra was changed up to 5 weeks after the primary threading. The length of the ksharasootra was noted, and it was decreased on every change it suggested the cutting of track (UCT). The kshara has Anti-inflammatory and anti-microbial activity, and it cauterizes the dead tissue helps in both cutting and healing.¹¹

The local infection was under control due to the alkaline pH of Ksharasootra. The cutting is due to the local action of Kshara. The initial 2-3 days of application were followed by healing in the next 5-6 days. Turmeric powder (*Curcuma longa*) reduced the reaction of Kshara and helped in wound healing.¹²

Application of Jathyadi taila per rectal gives soothing and healing effect and has Vranashodhaka property, which helps in wound healing and cleaning of fistula track. Panchavalkala kashaya which is having both cleaning and healing properties,

respectively, so that regular sitz bath helps to clean and recover both wounds of Arsha and Bhagandhara.¹³

CONCLUSION

Application of Kshara and Ksharasootra ligation is found to be safe, cost-effective and efficacious in the management of internal haemorrhoids as well as fistula-in-ano. This single case study reveals that the 2nd degree diffused internal piles and simple low anal fistula can be managed by Ksharalepa along with Ksharasootra threading for fistula-in-ano in one sitting. The postoperative wound was healed early. Sitz bath with Panchavalkala Kashaya and Jathyadi taila per-Rectal application promotes the wound healing process.

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Cite this article as:

Shivakumara Aladakatti et al. Management of Arsho-Bhagandhara: A Case Study. Int. J. Res. Ayurveda Pharm. 2022;13(1):6-9 <http://dx.doi.org/10.7897/2277-4343.13012>

Source of support: Nil, Conflict of interest: None Declared

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