Role of Different Ksharasutras in the Management of Bhagandara W.S.R. to Parisravi Bhagandara

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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). Ksharasutra (K.S.) is one of the chief modality in the treatment of Bhagandara in Ayurvedic science. Exploration of the new plants for the preparation of Kshara as a better substitute to Apamarga Kshara is the need of the hour. To find out an effective alternative to Apamarga ksharasutra in view of easily available, an Ingudi Ksharasutra was taken for its clinical evaluation. Total 40 cases of Bhagandara were divided randomly into 2 groups, having 20 patients in each group. In Group A, Ingudi Ksharasutra; in Group B, Apamarga Ksharasutra were used. Assessment was done on objective (Unit Cutting Time - UCT) and subjective parameters. Statistically significant difference was observed in the efficacy of treatment by subjective parameters like pain, discharge, etc. between the two groups. It was found that Ingudi Ksharasutra showed higher U.C.T. (8.60 days), as compared to Apamarga Ksharasutra (8.40 days). Thus Ingudi Ksharasutra can be used as a substitute for Apamarga Ksharasutra in the management of Kaphaja Bhagandara.

Keywords: Bhagandara, Fistula in Ano, Ingudi Ksharasutra, Apamarga Ksharasutra, Unit Cutting Time.

Introduction:

Shalya Tantra was at its zenith in Sushruta’s time and the contents of Sushruta Samhita can be compared to any book on surgery written centuries later. Bhagandara (Fistula in ano) is told callous to be cured and is considered under the Ashta Mahagadas.1

According to a recent study conducted on the prevalence of anal fistula in India by Indian Proctology Society in a defined population of some states, approx. varied from 17 to 20%, while in a London hospital approximately 10% of all patients and 4% of new patients were reported to suffer from this disease among the anorectal disorders.2

It is notorious for its chronicity, recurrences and frequent acute exacerbations. Hippocrates (460 B.C.) described the use of seton to cure fistula in ano. He also favored use of knife if not cured by seton. Various treatments have been tried to cure fistula in ano including fistulectomy with primary closure and fistulectomy with skin grafting.3,4 Minor variations in classical operation of ‘lay open’ have been added by Hanlay5 and Parks.6 The routine surgical treatment employed today is fistulectomy and fistulotomy. Thus, in principle the surgical treatment of fistula in ano has remained the same without much improvement. Moreover, the need of prolonged hospitalization, extensive mutilation of Anorectal region, chances of recurrence and anal incontinence in some of the cases of high level fistula have encouraged us to try out a new indigenous ambulatory treatment of Fistula In Ano.

Great Indian Surgeon Sushruta narrated the different types of treatment modalities for the disease Bhagandara, out of that the use of Ksharasutra is mentioned in the management of Nadi vrana (Su. Chi.17/32). Acharya Chakrapani Datta (Chi.6/148), described the method of preparation and treatment of Fistula In Ano by the use of Kshara (K.S.). Many studies have been published by Ayurvedic surgeons recently with encouraging results for treatment of Fistula In Ano by the use of Kshara Sutra.7,8,9,10

To combat such critical Anorectal problems, a comprehensive approach through Ayurveda has been extended with

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