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## An Integrated Method in the Management of *Arsho-Bhagandara*- A Case Report

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### ABSTRACT

*Arshas* (Haemorrhoids) and *Bhagandara* (Fistula in Ano) are the most common diseases occurring in ano-rectal region. *Ayurvedic* literatures had mentioned about *Sastra Karmas* (surgical procedures) and *Anu Sastra Karma* (para surgical procedures) like *Kshara Karma*, *Kshara Sutra* & *Agni Karma* in the management of these diseases. In modern literatures operative techniques like haemorrhoidectomy, fistulectomy and fistulotomy are mentioned. Selection of treatment will always be based on the sites & degrees of Haemorrhoids & extension of fistulous tract. Most of the times surgeons will get cases like *Bhagandara* or *Arshas* which will be managed by above said consecutive methods. *Arsho-Bhagandara* is a rare case in which patient gets suffered with both *Arshas* and *Bhagandara*. This case report describe about the successful integrated method for the management of *Arsho-Bhagandara*. A 53 year old male patient with symptoms of mass per rectum and perianal discharge was diagnosed as *Arsho-Bhagandara* (prolapsed third degree pile mass and fistula in ano). Patient was treated with integrated surgical methods viz., haemorrhoidectomy for *Arshas*, partial fistulectomy along with *kshara sutra* ligation for *Bhagandara* & *Pratisaraneeya Kshara* application of post operative wound of partial fistulectomy. Patient got recovery from both diseases within 2 months of follow up.

### KEYWORDS

*Arshas*, *Bhagandara*, *Fistula in ano*, *Haemorrhoids*, *Kshara sutra*, *Kshara Karma*



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## INTRODUCTION

*Arshas* (piles or haemorrhoids) & *Bhagandara* (fistula in ano) have more prevalence than other ano-rectal diseases. According to *Ayurvedic* literature, *Arshas* is a fleshly projection which kills a person like an enemy and creates obstruction in ano-rectal passage<sup>1</sup>. *Bhagandara* is a disease which causes splitting or discontinuity of regions like *Bhaga*, *Guda* & *Vasti*<sup>2</sup>. In modern science, haemorrhoids are defined as vascular engorgements of the haemorrhoidal plexuses within the anal canal<sup>3</sup>.-Fistula-in-ano is a track lined by unhealthy granulation tissue, which opens deeply into the anal canal or rectum and superficially on the skin around the anus<sup>4</sup>. *Arsho-Bhagandara* is a rare case in which patients suffer with both diseases and the fistulous track is present at the base of *Arshas* which is having mixed type of discharges<sup>5</sup>. *Acharya Vagbhata* & *Sharangadhara* mentioned *Arsho-Bhagandara* as one of the 8 types of *Bhagandara*<sup>6</sup>. Procedures like *Pratisaraneeya Kshara Karma*, *Chedana Karma* and *Kshara Sutra* ligation are mentioned in *Ayurvedic* literatures and haemorrhoidectomy, fistulectomy and fistulotomy according to contemporary science for management of *Arshas* and *Bhagandara*. It is

comparatively easy to manage if any one of this disease is present in a patient. But in this case patient was having both *Arshas* & *Bhagandara* which made it complicated. *Vagbhata* in the context of management of *Arsho-Bhagandara* mentioned to treat the *Arshas* first<sup>7</sup>.—From this view first haemorrhoidectomy was done for fourth degree haemorrhoids at 3, 7 & 11 O'clock positions, followed by partial fistulectomy with *Kshara Sutra* ligation and *Pratisaraneeya Kshara* application for post-operative partial fistulectomy wound. This procedure showed good results.

## CASE HISTORY:

A 53 years old male patient had the complaints of pain and burning sensation during defecation occasionally and mass per rectum since 6 years. He had developed complaints of pus discharge from the peri anal region since 6 months.

### Per rectal examination

On inspection, 4<sup>th</sup> degree pile masses were identified at 3, 7 & 11 o'clock positions and external opening of fistula was noted at 6 o'clock position which was 3 cm away from the anal verge. On digital rectal examination, the normal tonicity of anal canal was analysed. The fistulous track is identified as complete after doing probing with malleable probe.



## Past history

Patient had undergone medical management with antibiotics, analgesics and laxatives since 6 years. He had got little improvement in symptoms. But the same complaints got repeated after discontinuation of medicines.

## Procedures administered to the patient

### *Poorva karma (Pre-operative procedures):*

Patient was advised to remain nil by mouth for at least 6 hours prior to the procedure. Part preparation was done. Soap water enema was given. Written surgical consent was taken. Pre medications were administered according to the need.

### *Pradhana Karma (Operative procedures):*

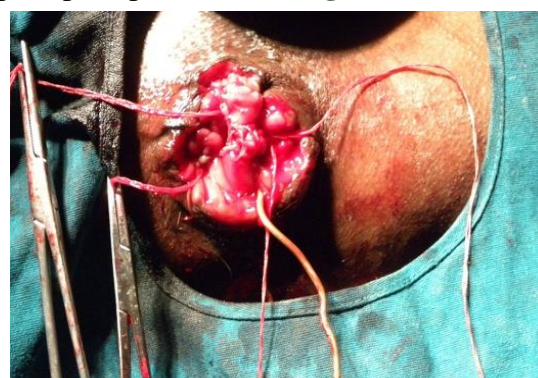
Patient was made to lie down in lithotomic position after anaesthesia. Anus and perianal region were cleaned with antiseptic lotion & draping was done. Manual anal dilatation was done. Assessments of pile masses positions were done after inserting lubricated proctoscope into anus. Then the suitable malleable probe was inserted through the external opening of fistula at 6 o'clock position. This probe was brought out from the internal opening with the help to the index finger inside the canal and there after leaving the probe in place (**Figure 1**). On examination fourth degree pile masses were identified at 3, 7 & 11 O'clock positions. 3 O'clock position pile mass was held with pile holding forceps. A 'V'

shaped incision was made on the skin adjacent to primary pile, so that the base of this 'V' was directed towards the primary pile and the apex away from the centre of the anus.



**Fig 1** Arsho-Bhagandara after probing

The limbs of the 'V' should not extend beyond the muco-cutaneous junction. A little dissection will now expose the sub-cutaneous part of external sphincter. The newly formed pedicle was transfixed with a stout ligature. The pile mass distal to the ligature was excised. Same surgical procedures were done for 7 and 11 o'clock prolapsed pile masses (**Figure 2**).



**Fig 2** Post-operative wound after haemorrhoidectomy

Then partial fistulectomy was planned to do around the external opening of fistula at 6 o'clock position where the probing was



done previously. Cutting of track with a scalpel which was started from the external fistulous opening and move towards the internal opening, but only the external and lateral part of the track were laid open. The dissection of track was performed only up to the involvement of sphincteric muscles. A suitable length of *Apamarga Kshara Sutra* was threaded into the eye of probe & was pulled out through the anal orifice after leaving the thread behind the remaining fistulous track after dissection. The two ends of the *Kshara Sutra* were tied together with a moderate tightness outside the anal canal. *Apamarga Pratisaraneeya Kshara* application for post-operative partial fistulectomy wound was done. Thereafter the anal canal was packed with gauze pieces soaked in *Yastimadhu Taila* to prevent pain, burning sensation and local oedema. Dry dressing was done and the patient was shifted to post operative ward.

*Paschat Karma (Post-operative procedures):*

Patient was kept nil by mouth for 6 hours. Packing was removed after 6 hours. From next day onwards patient was advised to take *Panchavalkala Kwatha* Sitz bath after defecation for 10-15 minutes twice daily. From 4<sup>th</sup> day onwards 10 ml of *Yastimadhu Taila* was pushed per rectal after Sitz bath. *Abhayaristam* 30 ml BID, *Triphala guggulu* 2 BID & *Gandaka Rasayana* 2

BID were given. *Triphala Churna* in dose of 1 t.s.f. was given at night with Luke warm water. Antibiotics were advised for five days to prevent severe inflammation or collection of pus. Analgesics were administered according to the need.

### Follow-up

Follow up of patients were done daily for 1 week to assess the post-operative recovery after that the patient was discharged (Figure 3).



Fig 3 During follow up

Patient was instructed to visit Ano-rectal clinic once in a week for kshara sutra change which continued up to the complete cut through of fistulous track. The length of the previous Kshara Sutra was measured at each sitting and recorded in a *Bhagandara proforma*. This gives an idea of the amount of remaining tissue to be cut through and time taken to cut through each centimetre. Complete cut through of *Kshara sutra* was achieved after 42 days of follow up. Then the patients were treated on the line of wound management till the cut wound heals completely. Complete wound healing was



achieved after 2 weeks of *Kshara Sutra* cut through (**Figure 4**). There was no recurrence noted even after 10 months of follow up.



**Fig 4** After complete healing

## DISCUSSION

*Acharya Susruta* has mentioned that *Bheshaja*, *Kshara*, *Agni* & *Sastra karma* as four treatment modalities for the management of *Arshas*. *Cakradatta* has mentioned about the *Kshara Sutra* application in *Bhagandara*.

The present patient was having 4<sup>th</sup> degree prolapsed pile masses at 3, 7 & 11 O'clock positions and external opening of complete fistula at 6 O'clock position. 4<sup>th</sup> degree haemorrhoids were prolapsed and cannot be manually reduced. As it is 4<sup>th</sup> degree interno-external haemorrhoids the *Kshara Karma* and *Agni Karma* procedures were not indicated in this case. *Agni Karma* indicated only in cutaneous part of external piles or thrombosed pile mass. *Kshara Karma* also indicated in internal

haemorrhoids except 4<sup>th</sup> degree prolapsed pile mass. *Kshara Sutra* ligation also not indicated in this case due to the severe post operative pain & burning sensation as it is ligating along with the cutaneous part of external pile mass.

As per *Susruta*, *Arshas* which are *Tanumula* (pedunculated), *Uchrita* (elevated) and *Kledavanda* (discharging pile mass) are indicated for surgery. As these features are similar to 4<sup>th</sup> degree haemorrhoids, so *Sastra Karma* was selected for this particular case. *Susruta* has mentioned that *Mahanthi Arshas* (Massive piles) should be excised and cauterized (*Chithwa deheth*). This is the reason behind the selection of Haemorrhoidectomy procedure for the present case. For the management of *Bhagandara*, fistulectomy was preferred for the external part of the track where as *Kshara Sutra* ligation for the interior portion of the track where the sphincteric muscles were involved. As the external part of track is more fibrosed, the ligation of *Kshara Sutra* causes for the long time duration of cutting of track and minimal recurrence rate. So partial fistulectomy was planned. *Kshara Sutra* ligation for the interior portion of the track helps to incise the skin gradually without surgical incision and leads to simultaneous healing after proper drainage of pus from the fistulous track. Many studies revealed that *Kshara*



*Sutra* was more effective in the way of reducing hospital stay and less infection. Partial fistulectomy along with *Kshara Sutra* ligation done in this case reduces the long time period of gradual cutting of the track & also helps for the adequate drainage due to laying open of a part of track.

## CONCLUSION

Management of disease should always be on the basis of convenience of patients and disease. Even though lots of management methods are mentioned for *Arshas* and *Bhagandara*, the proper selection of treatment according to the condition of particular disease will give proper results.



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