

Efficacy of *Jalaukavacharana* in *Bhagandari* Pidika: A Single Case Study

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Abstract

“Apakwastu pidika pakwastu Bhagandara”

In *Bhagandari pidika* the predominant *Doshas* are *Pitta* and *Rakta*. . If left untreated leads to *Bhagandara* (Fistula in Ano). In the earlier stage swelling occurs at perianal region un-suppurative in nature but if not treated properly abscess and fistula is formed. The Father of Indian Surgery *Acharya Sushruta* has mentioned the management of “*Apakwa Bhagandari pidika*” with first eleven *Upkramas* of the *vrana*. *Vistrawan Karma* (Blood letting) is one of them. This single case study was conducted to assess the efficacy of *Jalaukavacharana* in *Bhagandari pidika*. It found to be very effective treatment in the management of *Bhagandari pidika* which is the earlier stage of *Bhagandara* (Fistula in ano).

Keywords

Bhagandara, Bhagandari pidika, Jalaukavacharana, Vistrawan karma, Fistula in Ano



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INTRODUCTION

Bhagandari pidika is the *pittarakta*j predominant disease. *Acharya Sushruta* has stated that in perianal region a boil occurs which is deep, painful and associated with fever¹. It is the earlier stage of *Bhagandara* which needs prompt treatment so as to prevent the occurrence of *Bhagandara*. It is a very notorious disease and has tendency of recurrence. *Bhagandari pidika* resembles anorectal abscess in un-suppurative stage where there is presence of all signs of inflammation that is tumor, dolor, calor, rubor, and functionolessia. In 'Vranachikitsa', *Acharya Sushruta* has indicated that of the *shastiupkramas* first 11 *upkramas*² are useful to treat *Bhagandari pidika*. Ninth *upkrama* is 'Vistravan' (bloodletting). *Jalaukavacharana*³ was done in this patient. Bdelein is the factor present in Leech saliva which acts as anti-inflammatory agent there by maintaining normal circulation⁴. Patient had undergone *ksharsutra* ligation in preexisting fistulous tract and was afraid of the mode of treatment. So we preferred *jalaukavacharana* to test its efficacy in this case study.

CASE REPORT

A 50 yrs old male presented at Department of *Shalyatantra* GACH Nagpur, was diagnosed as a case of *Bhagandhari pidika* after assessment. Main complaints were severe pain, swelling at perianal region, inability to sit or walk properly due to discomfort and fever. He had history of constipation intermittently since 10 yrs. He was assessed with subjective criteria of local examination. All signs of inflammation were present and *Jalaukavacharana* was decided as the choice of treatment.

SETTING FOR THE STUDY

Patient was admitted and treated on IPD basis at Department of *Shalyatantra* GACH, Nagpur. Baseline data collection and laboratory investigations were done before *Jalaukavacharana*.

PLAN OF STUDY

Prior to the commencement of the therapy in the selected patient, general information of both the patient and the disease were made as below:

- i) A complete history of the disease along with complaints was recorded.

- ii) General, systemic and local examinations are carried out.

LOCAL EXAMINATION

Inspection:

- i) Condition of perianal skin including color
- ii) Induration
- iii) Other associated lesion

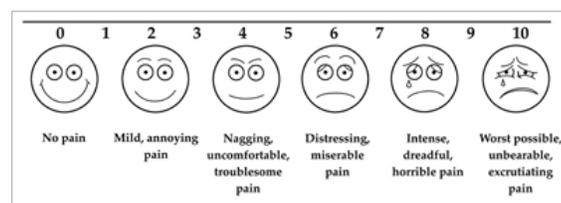
Palpation:

- i) Induration
- ii) Tenderness
- iii) Raised local temperature.
- iv) Swelling

LABORATORY INVESTIGATIONS

- i) Blood investigations:
Biochemical and Pathological
- ii) Bleeding time and Clotting time
- iii) Stool and urine pathological examinations: Microscopic and routine.
- iv) VAS (Visual analogue scale) was applied for pain.

Figure 1 Visual analogue scale



ASSESSMENT CRITERIA

Subjective Criteria

- i) Tumor (Swelling/Induration) – Size
- ii) Calor (Temperature)
- iii) Rubor (Redness)
- iv) Dolor (Pain) – VAS SCALE applied for pain
 - Mild : Pain on deep pressing - 1
 - Moderate : Pain on slight pressing - 2
 - Severe : Pain on touch - 3

PROCEDURE OF JALAUKAVACHARANA

Patient assessed on the basis of signs and symptoms, therefore patient was subjected to the Leech application.

MATERIAL AND METHODS

Leeches, Warm and Cold water, Bowl, Gloves, Gauze pieces, Cotton pads, Haridra Powder, Bandages.

POORVAKARMA

Take a solution of *Haridra* and Water in a bowl. Put Leeches in the bowl for a period of 10-15 min. Later Leeches were cleaned by keeping them in bowl of pure water for 5-10 min.

POSITION

Patient was advised to lie down in lateral (left and right) position depending on convenience of patient.

PRADHANKARMA

The posterior sucker of the Leech was held in one hand and anterior sucker was placed at the site of application, where the Leech was expected to be fixed. Thereafter, posterior sucker attaches to the surrounding perianal region. It was applied over the most prominent part of the swelling. Thereafter, the Leech was covered with a wet gauze piece. As soon as Leech showed the sign of elevated head and pumping action of anterior sucker region, the time was noted, when the Leech got detached, the time was once again noted.

PRECAUTION DURING APPLICATION

Due care was taken, so that the Leech do not enter anal canal.

With the onset of symptoms like burning, pain etc. the Leech was removed by sprinkling *Haridra* powder.

PASHCHATKARMA

Soon after the Leech got detached the site of application was cleaned with freshly prepared *Triphala kwath*. Thereafter, sprinkling of *Haridra* Powder was done, followed by a "T" bandage. Patient was kept under observation in IPD. Reduction in sign of inflammations was recorded. Further, general condition of patient was observed. *Jalaukavacharana* was done daily for five days on IPD basis.

Table 1 Results

Assessment Criteria	Before Treatment	After Treatment
Tumor (Swelling/Induration)	2 x 2 cm	0.5 x 0.5 cm
Calor (Temperature)	Raised	Reduced
Rubor (Redness)	Present	Absent
Dolor (Pain)	3	1
VAS SCALE rating	9	2

The study shows significant improvement in the condition of patient.

DISSCUSSION

Bdellin present in the saliva of Leech acts as anti-inflammatory agent, thereby reducing inflammation, maintains normal circulation. Anesthetic gel present in saliva of Leech reduces pain and tenderness and giving symptomatic relief.

CONCLUSION

In this case study it was observed that *Jalaukavacharana* was found to be very effective in *Bhagandari Pidika*. Patient was completely relived after 5 days of *Jalaukacharana* treatment. Hence it can be an alternative treatment in the management of *Bhagandari pidika*.

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