



## Case Study

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### MANAGEMENT OF GUDA VIDRADHI LEADING TO PARISRAVI BHAGANDARA (FISTULA-IN-ANO) BY BHEDANA KARMA FOLLOWED BY KSHARA SUTRA: A CASE STUDY

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#### ABSTRACT

Guda vidradhi (Anal abscess) is described by Acharya Sushruta under Antar vidradhi. Vidradhi remains as a localized painful condition, with all the features of Vrana shotha (inflammation) with severe pain, tendency of early suppuration. Guda vidradhi is co-related with anal abscess on the basis of symptom. A perianal abscess is an infection in a mucous-secreting gland in the anal canal around anus. Fistula-in-Ano is an epithelial-lined tract connecting the anal canal to perianal skin. Parisravi Bhagandara is a type of bhagandara told by Acharya Sushruta caused by predominance of kapha dosa. Parisravi Bhagandara is treated by Chitraka based kshara sutra, which is cost effective and requires less hospitalization. Ayurveda as well as modern science described same line of treatment in the presence of pus. Acharya Sushruta mentioned that Bhedana Karma at the most prominent part for evacuation of dosha. Kshara sutra procedure was carried out on 40 years old female patient suffering from Guda Vidradi leading to Parisravi Bhagandara. After the complete cut through of fistulous track and wound healing, there were no complaints of pus discharge or pain. Bhedana Karma followed by Chitraka based Kshara Sutra in management of Guda Vidradi leading to Parisravi Bhagandara has significant results when compared with contemporary sciences. Kshara sutra can be carried out in OPD's, with less complications, minimal scar after healing and cost effective when compared with contemporary sciences.

**Keywords:** Guda vidradhi, Bhagandara, Parisravi Bhagandara, Bhedana karma, Kshara Sutra

#### INTRODUCTION

Acharya Sushruta has described Guda vidradhi (Anal abscess) under Antar vidradhi. Vidradhi remains as a localized painful condition, with all the features of Vrana shotha (inflammation) with severe pain, tendency of early suppuration. Guda vidradhi is co-related with anal abscess on the basis of symptom. The origin of anal abscess by an infection or blockage at an anal gland and many times, resulting from blood born infection or low immunity resistance. A perianal abscess is an infection in a mucous-secreting gland in the anal canal around anus. An ano-rectal abscess originates from an infection arising in the cryptoglandular epithelium lining of the anal canal (in 80- 90%) spreading into adjacent spaces and resulting in fistulas in 40% of cases. The most cardinal feature of Guda vidradhi (Anal abscess) according to Ayurveda as well as modern medical science is severe pain at anal region. Ayurveda as well as modern science described same line of treatment in the presence of pus. Acharya Sushruta mentioned that Bhedana Karma at the most prominent part for evacuation of dosha.

Bhagandara (Fistula-in-Ano) is explained as one among Ashta Mahagada<sup>1</sup> in Sushruta Samhita. Fistula-in-Ano is an epithelial-lined tract connecting the anal canal to perianal skin<sup>2</sup>. It is a chronic illness which is not fatal but discomforting and troublesome because of its recurrent nature. Parisravi Bhagandara<sup>3</sup> is a type of bhagandara told by Acharya Sushruta with predominance of Kapha Dosh. Treatments told for treating Fistula-in-Ano are Fistulotomy<sup>4</sup>, fistulectomy etc., which requires many days of hospitalization, with high risk of incontinence, post operative wound infections, reoccurrence and

many more. The concept of Kshara Sutra has been explained in context of Nadi vrana (sinus) by Acharya Sushruta and application of plain silk thread by Hippocrates for Fistula-in- Ano.

Bhedana Karma followed by Chitraka based Kshara Sutra in management of Guda Vidradi leading to Parisravi Bhagandara has significant results when compared with contemporary sciences which is cost effective and requires less hospitalization.

#### Hypothesis of the study

**Null Hypothesis:** There is no significant effect of Bhedana Karma followed by Chitraka based Kshara Sutra in management of Guda Vidradi leading to Parisravi Bhagandara.

**Alternative Hypothesis:** There is significant effect of Bhedana Karma followed by Chitraka based Kshara Sutra in management of Guda Vidradi leading to Parisravi Bhagandara.

**Objectives of the study:** To evaluate the effect of Bhedana Karma in management of Guda Vidradi and Chitraka kshara sutra in management of Parisravi Bhagandara.

#### Case Report

A Female patient aged 40 years with the OPD No K29968 came to OPD of Shalya Tantra with chief complaints of painful swelling in anal region since a week along with pus discharge from anal region for three days.

The study is carried out as per international conference of Harmonization-Good Clinical Practices Guidelines (ICH-GCP) or as per ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants.

### History of Present illness

- Patient was said to be apparently normal a week ago. She developed painful swelling at the right side of perianal region.
- The swelling increased with time along with pus discharge from perianal region since, three days.
- Pain was throbbing in nature and persistent throughout the day. Pain increased on sitting for long durations and reduced slightly after pus discharge
- Patient experienced thick foul smelling pus discharge, staining her clothes, disturbing her daily activities.
- For all the above complaints she approached Sri Kalabyraveshwara Swamy Ayurveda Medical College, Hospital and Research Centre, 10, Pipeline Road, Vijayanagar 2<sup>nd</sup> Stage, Bengaluru- 560104 for better management.

### History of past illness

- On 9<sup>th</sup> April 2021, she developed a painful swelling in the right perianal region. She approached a Modern Hospital, where it was diagnosed as perianal abscess. I and D was done under Local Anaesthesia. Patient was apparently normal after that.
- On 12<sup>th</sup> September 2021, she developed pain and pus discharge from the same site. She approached the same hospital, where it was diagnosed as recurrent perianal abscess. I and D was done under Local Anaesthesia. Patient was apparently normal after that.
- Patient is a known case of Thyroid Dysfunction since, 10 years and on regular medications.
- Patient is not a known case of Hypertension or Diabetes mellitus.

**Treatment history:** After every I and D procedure, patient has taken some antibiotics and analgesic drugs for 5 days.

**Family History:** All other family members are said to be healthy. There is no history of similar illness in family members.

**Occupational History:** Patient is a teacher with the Working 8 hours per day, involving long sitting hours.

### Personal History

**Diet:** Mixed food takes chicken and fish two times a week.

**Appetite:** Reduced.

**Sleep:** 5 to 6 hours of sound sleep on most of the days, disturbed due to pain since a week, no day sleep.

**Micturition:** 4-5 times during the day, 1-2 times during the night.

**Bowel:** Regular with pain, once /day, soft in consistency.

**Habits:** Intake of tea once a day.

**Addictions:** None

### General Examination

**Tongue:** Uncoated

**Pulse:** 83 beats/ min

**BP:** 130/80 mm of Hg

**Temperature:** 99.2° F

**Respiratory rate:** 16 cycles/min

**Height:** 154 cm

**Weight:** 70 kgs

**BMI:** 29.5kg/m<sup>2</sup>

**Built:** Well built

**Nourishment:** Well nourished

**Pallor:** Absent

**Icterus:** Absent

**Cyanosis:** Absent

**Clubbing:** Absent

**Lymphadenopathy:** Absent

**Oedema:** Absent

### Ashta Sthana Pareeksha

**Nadi:** 83 beats per minute

**Mutra:** 4-5 times during the day; 1-2 times during the night

**Mala:** Regular with pain, once /day, soft in consistency

**Jihwa:** Alipta

**Shabda:** Prakruta

**Sparsha:** Anushna sheeta

**Druk:** Prakruta

**Akruthi:** Madhyama.

### Dasha Vidha Pareeksha

**Prakruthi:** Vata Pittaja

**Vikriti Hetu:**

Aharaja- Vidahi Ahara, Akala Bhojana

Viharaja- Diwaswapna, Ratri Jagarana, Ati Yaana

Dosha- Vata, kapha

Dushya- Rasa, rakta

Prakruti- Vata kaphaja

Kaala- Adana kaala

Bala- Avara

**Saara:** Madhyama

**Samhanana:** Madhyama

**Pramana:** Madhyama

**Satmya:** Vyamishra

**Satwa:** Madhyama

**Ahara shakti**

Abyavarana shakti- Madhyama

Jarana shakti- Madhyama

**Vyayama Shakti:** Madhyama

**Vaya:** Madhyama

### Systemic examination

#### Cardiovascular system examination

Inspection- No distended blood vessels over the neck. No scar marks on the chest.

Palpation- Apex beat felt at left 5th intercostal space, medial to the midclavicular line.

Percussion- Cardiac dullness on left side 3rd to 6th intercostal space.

Auscultation- S1, S2 heard and no added sounds.

#### Respiratory System Examination

Inspection

Size and shape of the chest - Normal

Chest movements - Symmetrical

Respiratory rate – 18bpm

Palpation- Trachea is centrally placed

Percussion- Resonant over the lung field except cardiac dullness

Auscultation- Normal vesicular breath sounds are heard

#### Per Abdomen Examination

**Inspection**

Shape of the abdomen - Normal, scaphoid, no distention.

Umbilicus – Inverted and centrally placed

No visible peristalsis.

No scar marks noted

**Palpation** -Soft, non-tender and no Organomegaly

#### Central Nervous System Examination

Higher Mental Functions – Intact; patient is conscious, oriented and co-ordinated to time, place and person.

Cranial nerves examination - Intact

Sensory nervous system - Intact

Motor nervous system - Intact

**Local Examination**

**Position of the patient: Lithotomy position**

**Inspection-** Scar mark noted at previous I and D site (Between 10 and 11 o'clock position). Swelling noted between 10 and 11 o'clock position along with, pus discharge from the anal canal with no external opening noted.

**Palpation-** Tenderness and induration present between 10 and 11 o'clock position with local rise in temperature. Extent of swelling was measuring approximately 8 cm\*4 cm with, normal surface, indistinct edges and soft consistency.

**Digital examination-** Normotonic sphincter tone. Internal opening at 12 o'clock position.

**Examination with probe-** Probing was not done as there was no external opening.

**Proctoscopic examination-** No abnormalities detected.

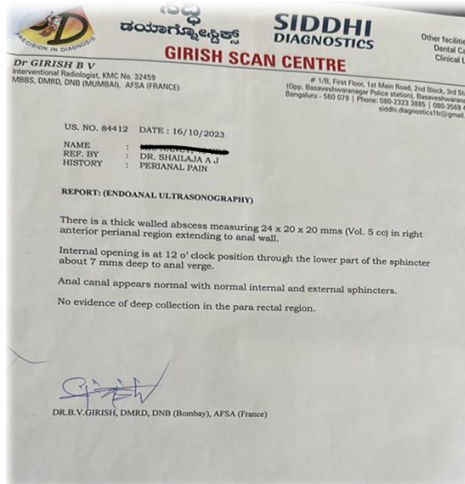


**Figure 1: Swelling in the Right Perianal Region**

Patient underwent 2 times, contemporary line of surgical management for the same. All the tests and necessary investigations where, negative for tuberculosis and chronic diseases like Crohn's disease.

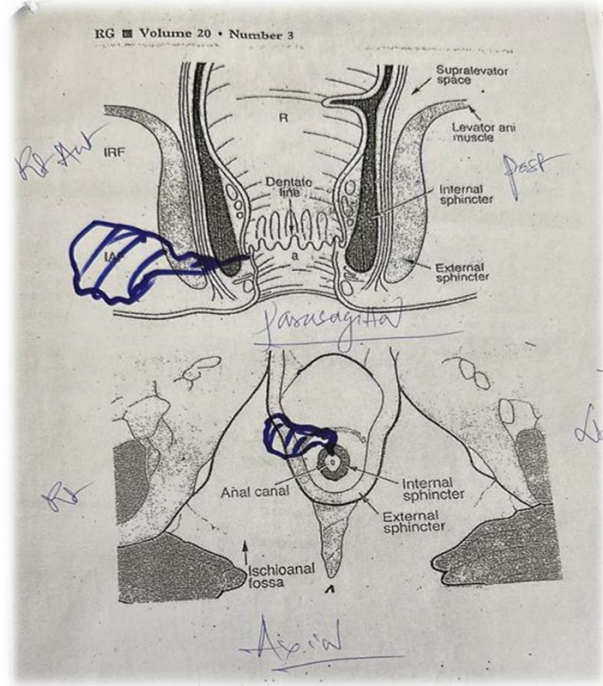
**Investigations**

- Hb - 12.3g%
- WBC - 9230 cells/cu mm
- DC - Within normal limits
- RBC - 5.47 million/cu mm
- PCV, MCV, MCH, MCHC, RDW - Within normal limits
- Platelet - 2.37 lakhs/cu mm
- ESR - 16 mm/hr
- RBS - 94 mg/dL
- CT - 6' 10"
- BT - 2' 35"
- HIV 1 and 2 – Nonreactive
- HbSag – Nonreactive

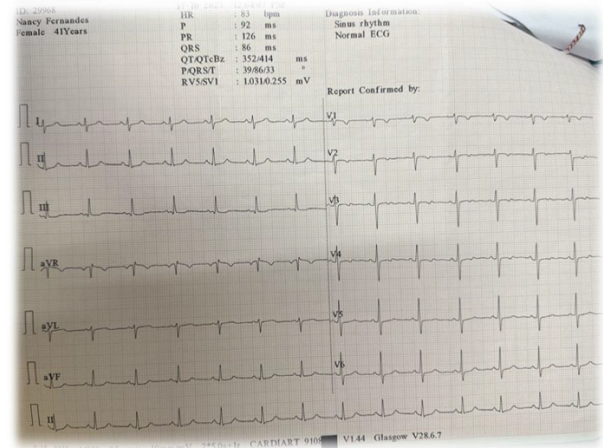


**Endoanal ultrasonography (Dated on 16 October 2023)**

There is a thick-walled abscess measuring 24\*20\*20 mms (vol. 5cc) in right anterior perianal region extending to anal wall. Internal opening is at 12 o'clock position through the lower part of the sphincter about 7mms deep to anal verge. Anal canal appears normal with normal internal and external sphincters. No evidence of deep collection in the para rectal region.



**Figure 2: Transrectal Scan**



**Figure 3: ECG**

**Roga Pareeksha  
Nidana**

- Aharaja: Guru, Abhishyandi Ahara, Akala bhojana, Virudda ahara
- Viharaja: Sitting for a long time
- Maanasikaja: Chinta
- Poorvaroopo- Shopha in guda, Kandu
- Roopa- Pain and pus discharge from perianal region
- Upashaya- Ushnjala avagaha sweda
- Anupashaya- Pain increases on sitting for long duration. Pus discharge increases on intake of non-vegetarian food.



### Samprapti



### Samprapti Gataka

**Dosha:** Kapha pradhana Tridosha

**Dushya:** Twak, Rakta, Mamsa

**Agni:** Jatharagni and Dhatvagni Mandya

**Srotas:** Rasavaha, Raktavaha, Mamsavaha

**Srotodushti Prakara:** Sanga, vimarga gamana

**Udbhava Stana:** Amashaya

**Vyaktastansa:** Guda Pradesha

**Adhistana:** Guda

**Rogamarga:** Bahya Abhyantara

**Sadyasadyata:** Kruchrasadya

Patient was diagnosed as a case of Guda Vidradi leading to Parisravi Bhagandara on the basis of clinical presentation.

### Treatment

Under Spinal anesthesia

Bhedana Karma was done followed by primary threading.

Kshara sutra changed once a week until complete excision of the track.

**Poorva karma** on 17 October 2023

Informed consent was taken as per ICMR National Ethics guidelines.

The patient was prepared for the procedure depending on the WHO guidelines.

**Pradhana karma** on 18<sup>th</sup> October 2023

Under aseptic precautions and spinal anaesthesia patient was taken to lithotomy position.

Part painting and draping done.

On per rectal examination internal opening felt at 12 o' clock position.

A probe was directed from abscess cavity to the internal opening at 12 o' clock position followed by primary threading done.

Suppositories kept.

Anal packing and dressing done.



Figure 4: Probing from the abscess cavity to the internal opening

### Paschat Karma

A thorough wash was given with Pancha valkala Kashaya. Bandaging was done.

Patient was advised for sitz bath thrice a day with oral medicines Chirabilwadi Kashaya 15ml BD (before food), Cap. Grab 1TID (after food) until the tract was cut and healed. Wound was healthy during changing of kshara sutra. Kshara Sutra was changed weekly by Rail-Road technique till the fistulous tract was cut. The complete cut through and simultaneous healing of tract took approximately 2 months. After the change of Kshara Sutra there was burning pain in Ano which subsided after sitz bath. After the cut through of the tract, case was followed up, for 3 months, weekly. No signs and symptoms of recurrence were observed.



Figure 5: Follow up



Figure 6: Changed Kshara Sutra After Dressing

**Recent follow up** - Dated on 9<sup>th</sup> January 2024.

**Wound completely healed with no** complaints of pain or pus discharge from anal region.



Figure 7: Healed Wound with a scar mark

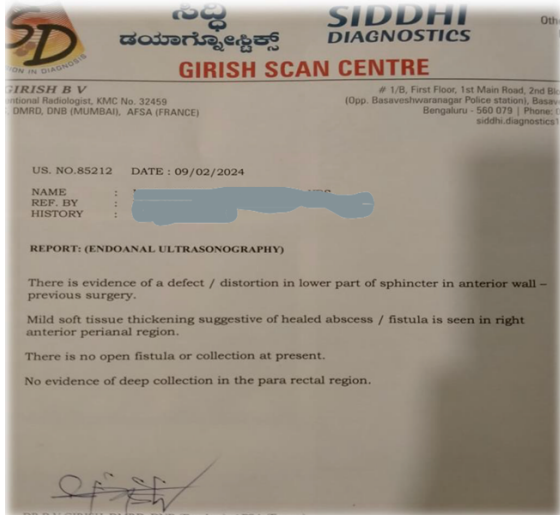


Figure 8: Transrectal Scan

## RESULTS AND DISCUSSION

Incision and Drainage followed by Chitraka based Kshara Sutra in management of Guda Vidradi<sup>6</sup> leading to Parisravi Bhagandara<sup>7</sup> has significant results.

Kshara Sutra has Kshara with Guna's like Chedana and Lekhana which is responsible for cutting and draining the unhealthy fibrous tissues from fistulous tract. Haridra Churna applied over sutra has Krimigna and Vrana Ropana Guna's which is responsible for prevention of infection and faster healing.

## CONCLUSION

Kshara Sutra management of fistula-in-Ano is minimal invasive treatment with no complications and very less chances of recurrence rate. Kshara sutra can be applied to complicated fistulas like Parisravi Bhagandara. When compared to

contemporary science, kshara sutra treatment has better benefits and results. Kshara Sutra can be done on OPD bases, with less complications, minimal scar after healing and cost effective when compared with other line of treatment in complicated fistulas like Parisravi Bhagandara.

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