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Significance of *Sushrutokta Chedana Karma* in *Bhagandara*

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ABSTRACT

Bhagandara (Fistula-in-ano) is one among the most common *gudagata vikara*. *Bhagandara* is considered as *Ashtamahagada* by *Acharya Sushruta*. It starts as a deep rooted *pidaka* around the *guda* within 2 *angulas* and later forms a tract with an external opening in the skin of perianal region connecting an internal opening in the skin or mucosa of anal canal or rectum lined by unhealthy granulation tissue and fibrous tissue. The main clinical features include pain, swelling around anus and pus discharge. In modern world, the medical science is so advanced in all aspects of treatments and surgical procedures but still the treatment for the Fistula-in-ano is not yielding satisfactory results because of its repeated recurrence rate. *Acharya Sushruta* has mentioned *Chedana karma* as main line of treatment in the management of *Bhagandhara*. It is the important surgical procedure explained among *Ashtavidha Shastrakarma*. *Acharya Sushrutha* mentioned different types of incisions for *Chedanakarma* like *Langalaka*, *Ardhalangalaka*, *Sarvathobhadraka*, *Gothirthaka* incase of *Vataja Bhagandhara* and *Kharjura patraka*, *Chandrardha*, *Chandrachakra*, *Suchimukha* and *Avangamukha* for the *Kaphaja Bhagandhara*. All these *chedana* procedures are explained for the proper excision of the fistulous track. The incisions are planned in the manner that it explores the maximum cavity of fistula including secondary track also. So, these incisions are fully valid in the modern-day surgery.

KEYWORDS: *Bhagandhara, Chedanakarma, Ashtamahagada, Fistula-in-ano*

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INTRODUCTION

Bhagandara (Fistula-in-ano) is one among the most common ano-rectal disease. It is very difficult to treat and so the *Acharyas* included this disease in *Ashtamahagada*[1]. The word *Bhagandara* literally means *Darana* (splitting or discontinuity) around *Guda* (anus), *Yoni* (vagina) and *Basti* (urinary bladder)[2]. Based on the clinical features *Bhagandara* can be correlated to fistula-in-ano as described in modern medical science. The incidence of non-specific anal fistulae has been estimated to be 8.6 to 10/100000 of the population per year, with male to female ratio of 1.8:1[3] and prevalence of 1.2 to 2.8 /10000[4]. Fistula-in-ano is an inflammatory track which has an external opening (secondary opening) in the perianal skin and an internal opening (primary opening) in the anal canal or rectum. This track is lined by unhealthy granulation tissue and fibrous tissue[5]. It usually results from an ano-rectal abscess, which burst spontaneously or opened inadequately.

Fistula-in-ano has high recurrence rate. So, it is always a challenging situation for the surgeons and as well as for the sufferers also. *Acharya Sushruta* mentioned that the main line of treatment for *Bhagandara* is *Chedana karma* (Fistulectomy) of *Bhagandara marga* (Fistulous tract) followed by application of *Kshara* or *Agni* as applicable[6]. *Chedana karma* which is described by *Acharya Sushruta* can be correlated with excision, which is a modern surgical technique. With respect to Fistula-in-ano we regarded *Chedana karma* as fistulectomy in which a surgeon excises the whole fistulous tract.

Treatment methodology – *Chedana karma*:

Chedana karma is one among the *Ashtavidha Shastra karma*[7]. It is the foremost procedure adopted in

surgical practice. The term *Chedana* in Ayurvedic classical texts and the term 'excision' used in modern surgical textbooks denotes the same. *Acharya Sushruta* while enumerating the indications of *Chedana karma,* prime importance is given to the *Bhagandara*[8].

Even though there are several types of treatment like Medical, Parasurgical measures, the treatment of *Bhagandara* is mainly surgical in case of complicated and *Agantuja* types of *Bhagandara* and also in failure of medical management of *Bhagandara*.

The procedure can be divided into 3 stages:

A. Purva karma
B. Pradhana karma
C. Paschat karma

A. Purva Karma

- Preparation of the patient:
  Before doing the surgical procedure, the patient should be prepared with *Snehana, Swedana, Langhana* and *Anulomana (Mridu Virechana,* Soap water enema)
- Position of the patient:
  Patient should be made to lie down in lithotomy position.
- Instruments:
  Bhagandara yantra, Eshani yantra

B. Pradhana Karma

I. General surgical procedures[9]:

The patient should lie on the table in lithotomy position then anus should be lubricated and *Bhagandara* track is examined to decide whether the *Bhagandara* track is *Parachina* (Blind external) or *Arvachina* (Blind internal). In case of *Parachina Bhagandara,* the *Eshani yantra* (probe) is to be introduced into the external opening and whole track has to be excised from the root. In case of *Arvachina*, *Bhagandara yantra* is used into the anal canal and patient is asked to strain. While straining, the *Eshani yantra* (probe) introduced into the internal opening then the whole track has to be excised followed by cauterization with the help of *Kshara* or *Agni.*

II. Specific incisions for *Chedana karma* in different types of *Bhagandara*:

In general, the incision at perianal area should be either Lunar or Semi lunar in nature. These incisions are not only suitable to explore the disease but also minimize the chances of tissue and sphincter damage. However, some specific incisions have been described in the management of different types of *Bhagandara* by *Acharyas*.

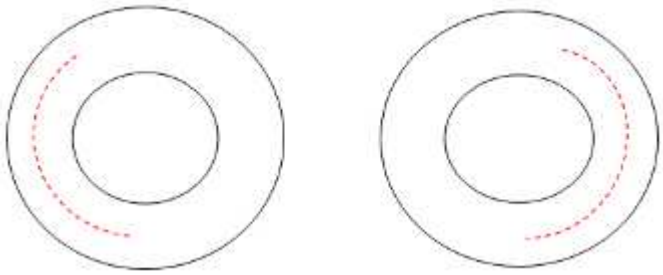
1. Shataponaka Bhagandara

The specific feature of this *Bhagandara* is multiple openings on the external surface of skin. One track should be excised at once and after the previous wound has healed, the remaining tracks should be operated similarly. Both *Acharya Sushrutha* and *Acharya Vagbhata* have described different types of *Chedanakarma*. Those are[10] –

A. Ardha Langalaka
B. Langalaka
C. Sarvathobhadraka
D. Goteerthaka

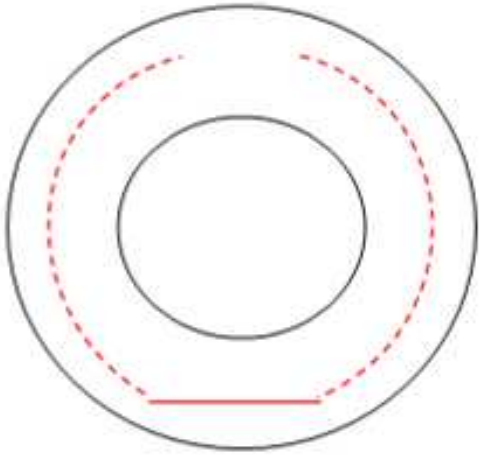
a. *Ardha Langalaka*

The small curvilinear incision was taken at 6 o'clock on the inter-sphincteric groove, then inter-sphincteric space was explored either right side up to 1 o'clock or left side up to 11 o'clock is done then *Kshara lepa* followed by washing with *Nimbu swarasa* will be done. Caution is taken not to cross the median raphe.



b. *Langalaka*

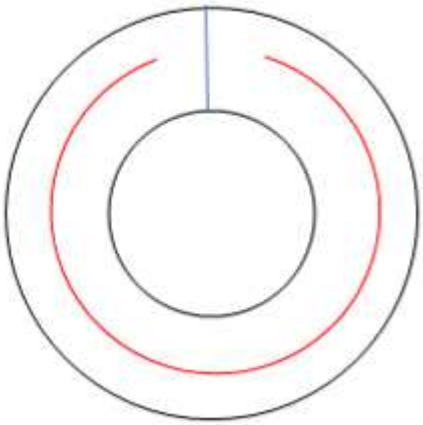
In the same incision if both right and left sides of inter sphincteric space will be explored and *Kshara lepa* followed by washing with *Nimbu swarasa* will be done. Here also caution is taken not to cross the median raphe.



c. *Sarvatobhadraka*

Exploring the intersphincteric space by placing a circular incision on intersphincteric groove in *mandalakara*, except at the median raphe (12 o'clock). The incision will cover all the direction of *guda* and intersphincteric space is explored and scooping out the tract. *Kshara lepa* followed by *Nimbu swarasa* wash will be given. This incision

adapted commonly in horse shoe type fistula, the incision is made to lay open all the branches of the track on either sides of the anal canal.



d. Goteerthaka

This explains the incision resembles *Mutra gati* of cow while walking. Some other says that it resembles the shape of *Nipanam* which means the structure in which cattles drink water, also the shape imprinted over the river bank whenever cows go for drinking water to river. The incision will be taken later (side wards). Incision resembling the shape of cow's hoof (semi-circular incision along with central extension). This semi-circular type of incisions is adapted in laying open the tracks of anterior or posterior horse shoe type of fistula.

2. *Ushtragreeva Bhagandara*

No specific type of incision has been described and incisions can be planned as needed to remove unhealthy tissue or excise the fistulous track followed by application of *Kshara* to remove the necrotic tissue. Here *Agnikarma* is contraindicated.

3. *Parisravi Bhagandara*

First the track is located with probe, then it has to be excised and wound should be cauterised with *Kshara* or *Agni*. Then the anal region should be irrigated with lukewarm *Anutaila. Upanaha* and *Pradeha* should be applied mixed with *gomutra* and *Kshara*.

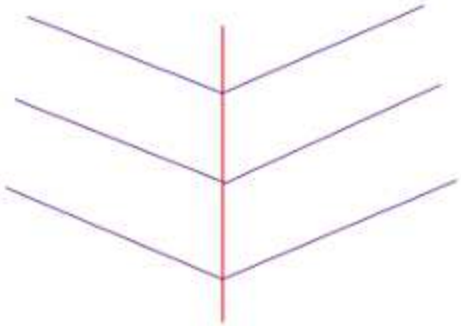
Acharya Sushrutha have described different types of incisions for *Chedanakarma*. Those are[11] –

a. Kharjura patraka
b. Ardhachandra
c. Chandrachakra
d. Suchimukha
e. *Awamukha*

a. Kharjura patraka

This is 'V' shaped incision (shaped like leaf of date palm).

Incision is taken in oblique manner over the *Bhagandara*, then its side branches are excised which are attaching main axis. They are either burnt with *Kshara lepa* or with *Agnikarma*. Mainly this type of incision is adopted in low anal fistulae, where in the incision is extended to lay open the track till the infected anal gland.

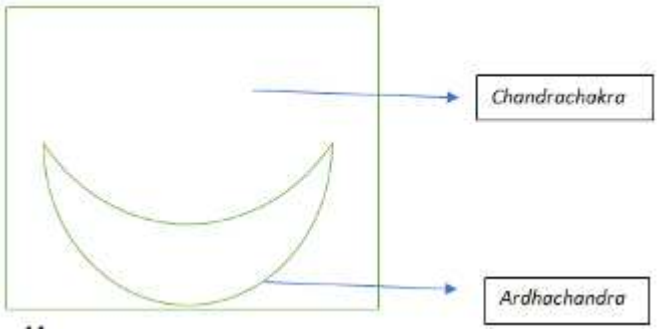


b. Ardhachandra

This is similar to semi-circular. When we extend incision from primary track towards the secondary track like leaf then its shape become similar to *Ardhachandra*.

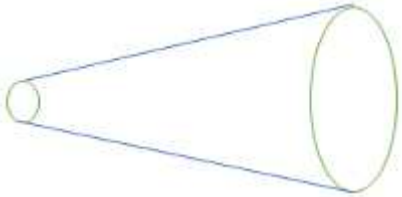
c. Chandrachakra

When the incision is taken on the external opening of *bhagandara* in curvilinear fashion then it will be deepened up to sphincter level, after reaching sphincter they are divided in line of fibres and completely excised the track.



d. Suchimukha

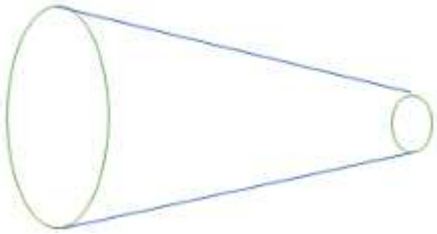
Cone shaped incision with the tip towards anal margin. In this, there will be small pointed incision and then deepening of incision is done towards inside.



e. Avangamukha

Same as above, but tip of cone is away from anal margin. In this there will be broad and deepening incision then small and narrowed inside.

In case of perianal abscess with fistulous tract, cruciate incision is taken over the abscess and the edges will be trimmed of for the proper clearance of cavity. Then coring will be carried out towards the tract for the removal of entire tract which can be correlated to *Avangamukha* incision.



4. Sambhukavarta Bhagandara:

Acharya Sushruta has regarded this type of *Bhagandara* as *Asadhya*, as it is being caused by the vitiation of all the *Tridoshas*. Hence, only conservative measures are described.

5. Unmargi Bhagandara:

It is considered as *Asadhya*, even though management has been described by both *Sushrutha* and *Vagbhata*. The principle of treatment is excision of track and removal of foreign body followed by *Agnikarma*. Later *Krimihara* drugs applied locally and also taken internally.

C. Paschat karma:

In general, after *Shastra karma*, *Bhagandara* has to be treated according to *Vrana Chikitsa* i.e., use of *Vranashodana* and *Ropana* drugs for better healing of the wound. *Swedana (Droni avaghaha sweda)* helps in proper draining and cleaning of the wound.

Discussion:

Acharya Sushruta explained the various types of incisions for the management of different types of *Bhagandara*. *Acharya Sushruta* mentioned *Langalaka* incision for *Vataja Bhagandara*. Shape of incision similar to English word "T". This incision may be employed in the case when two or three external opening of fistula connected with single internal cavity at same side of anal canal i.e., right or left. This may be better understood that suppose there are three openings at 3, 5 and 4 O' clock positions and all three have same internal opening at 6 'O' clock position; we have to make one incision from 3 to 5 'O' clock external opening and then again through this incision line open 4 'O' clock opening and extend it up to internal opening at 6 'O' clock position, by this tract will be excised. This type can be well appreciated in case of horse shoe fistula where IFTAK technique is followed in the current practice. In the same manner *Ardhalanglaka* incision is similar to English word "L". This incision may be explained as similar to that of Langalaka but only one side incision will be taken. *Sarvatobhadraka* which is a circular incision will be taken around the anal canal, when multiple opening around anal canal at approximate similar distance from anal verge in all direction having same cavity and internal opening. *Goteerthaka* is semicircular "S" shaped incision. This incision may be helpful where multiple external opening having small cavity so that injury to healthy tissue can be avoided. We just make small semi-circular incision for enough drainage. The *Kharjurapatraka* incision is advised for the *Parishravi Bhagandar*. *Parisravi Bhagandara* may be correlated to tuberculous fistula or complex fistula with multiple opening. In this type, the track leads to long horizontal or high rectal course. Here, the shape of incision looks like leaf of date palm i.e., branched incision. It includes one main incision for primary track and other small incision for drainage of secondary ramifications. *Chandrardha* incisions are similar to semi-circular and *Chandrachakra* are similar to circular. *Acharya Dalhana* had given better explanations about these two. According to him, when we extend incision from primary track towards the secondary track like leaf then its shape become similar to *Chandrardha* i.e., semi-circular. In case of interspincteric fistula in ano, advanced treatment modality includes LIFT (Ligation of intersphicteric fistulous track ligation) in which a semicircular incision is being taken over the intersphincteric groove. This can be correlated to *Ardhachandra.* When primary incision is healed and the secondary track remains, then if we extend incision from one secondary track towards other secondary track of opposite side, the shape of incision becomes similar to full moon i.e., *Chandracakra*. *Suchimukha* and *Avangamukha* both type of incisions is similar to "V" shape. If the cavity of fistula in narrowing towards external opening, then we can use *Suchimukha* where the tip points towards anal margin. If the cavity of fistula is narrowing away from anal verge, then *Avangamukha* incision should be taken where the tip is away from the anal margin. Hence it can be stated that with these incisions almost every potential space of perianal region can be approached which are essential for the management of fistula in ano. These incisions explore the cavity upto maximum extent that helps in better and early healing of fistula So, the incisions advised by *Acharya Sushruta* are relevant and have very much importance in current surgical practice.

Conclusion:

In the management of *Bhagandara*, *Acharya Sushruta* explained *Chedana karma* as the main line of treatment and also explained the different types of incisions for *Chedana karma* in different types of *Bhagandara*. Even though *Chedana karma* plays an important role in surgery, in current scenario surgeons have not focused much and explored this topic thoroughly told by *Acharya Sushruta*. Hence most interest and further exploration should be carried out on this topic.

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