

Anal Manometric Evidence of Sustained Anal Continence in the Management of *Bhagandara* by *Ksharasutra* Application - A Case Study

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Abstract:

Bhagandara is a disease which does *darana* of *bhaga pradesha*. Fistula in ano can be correlated to *bhagandara*. Contemporary surgeries of fistula have higher incidence of post-surgical anal incontinence. *Ayurveda* offers *Ksharasutra* as a line of management, where the rate of incontinence is considerably less, hence to gather the evidence, anal manometry test is required, as it is a best tool to evaluate tone of the anal sphincter muscles, sensation in the rectum etc. A case of intersphincteric fistula, who underwent *apamarga Ksharasutra* application, where *sutra* was changed weekly once for 8 weeks of duration and anal continence assessment was done through anal manometry pre and post operatively. After 8 weeks of *Ksharasutra* application, patient achieved normal range of resting and squeeze pressure. Anal incontinence is expected complication in post anorectal surgeries, *Ksharasutra* application has overcome this complication and it improves the quality of life, in this present study we gained evidence for sustained anal continence through anal manometric study.

Key Words: Anal continence, Anal manometry, *Bhagandara*, Fistula in ano, *Kshara sutra*

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Introduction:

Bhagandara is a disease which does *darana* of *bhaga pradesha*. It is one among the *Astamahagada*.^[1] Fistula in ano can be correlated to *bhagandara*. Contemporary surgeries of fistula have higher incidence of post surgical anal incontinence as in post fistulotomy ranges 18-52% with soiling in up to 35-45% of the patients and in post fistulectomy among 20% of the cases 36% of

the patients were showed fecal incontinence.^[2] Anal or Fecal incontinence has been a largely neglected topic in the world health care literature. Many patients with fecal incontinence become housebound because of the stigma associated with the condition.^[3] *Ayurvedic* procedures like *Ksharasutra* application gives promising results in the management of *bhagandara*, yet the quest of maintaining continence still persists. Anal

manometry test is mainly performed to evaluate patients with constipation or fecal incontinence but is also useful for pre or post-surgical evaluation of anal sphincter tone, functional anorectal pain, pelvic floor dyssnergia and diagnosis of Hirschsprung's disease. ^[4] In this present study Anorectal manometry is used to measure, pressures of the anal sphincter muscles, sensation in the rectum and recto anal inhibitory reflex (RAIR).

Case History:

A gentle man of 46years old presented with on and off pus discharge, often soakage of undergarments with pus, no bleeding per anum and mild pain in anal region with duration of a months without any significant operative, drug or family history Diagnosis of intersphincteric fistula in ano confirmed with Transrectal Ultrasonography TRUS.

Methodology:

Anal Manometry

Patient was assessed through subjective and objective parameters twice i.e.pre and post operatively and graded accordingly. In subjective parameter, Waxner score scale of Fecal Incontinence Questionnaire (FIQ) was used for assessment of results ^[5] In Objective Parameters, Digital rectal examination (DRE), ^[6] and Anal manometry ^[1] was used to assess the results.

Whole procedure takes approximately 30 minutes, soap water enema or polyethylene glycol was given for bowel clearance on the day of procedure. A small, flexible tube, about the size of a thermometer, with a balloon at the end was inserted into the rectum. The catheter was connected to a machine that measures the pressure. During the test, a balloon attached to the catheter was inflated in the rectum to assess the normal reflex pathways.

Apamarga Ksharasutra application was done weekly once for consecutive 8 weeks under adequate anaesthesia as per classical method and oral medicines were used during treatment (Table-2)

Fecal Incontinence Questionnaire

1. Frequency
2. Type of incontinence (solid, liquid, gas)
3. Description of the circumstances under which Anal incontinence occurs (passive/active, awareness of urgency etc)
4. Quantify the use of adjunctive measures such as pads or plugs in an effort to control or manage the condition, as well as assess the effects of anal incontinence on quality of life (occupational, social, etc.).
 - Never : 0
 - Rarely : < 1 month
 - Sometimes: < 1/ week , 1/ month
 - Usually : < 1/day ,1/ week
 - Always : 1/day
 - 0 = Perfect continence
 - 20 = complete incontinence

Table-1: Waxner Score Scale f FIQ:

Type of incontinence	Never	Rarely	Frequency sometimes	Usually	Always
Gas	0	1	2	3	4
Liquid	0	1	2	3	4
Solid	0	1	2	3	4
Wears pad	0	1	2	3	4
Life Style Alteration	0	1	2	3	4

Table-2: Oral Medicines:

Medicine	Dose	Time	Anupana	Duration
Tab. Triphala guggulu	2 tabs BD	Before food	Normal water	2 months
Amritadi vati	2 tabs BD	After food	Normal water	2 months
Tab. kamadudha with mukta	2 tabs BD	Before food	Normal water	2 months
Avipattikara churna	1 tsp	At bed time	with half glass of hot water	for first 15 days

Table-3: Pre and Post-operative Findings:

Anorectal Examination	Preoperative	Postoperative (after 8 weeks)
Inspection	external opening at 5 'o' clock approximately 3-4 cm away from the anal verge No scar mark/ anal tag / discoloration present	Scar mark present at 5 'o' clock region approximately 2.8cm in length
Palpation	Induration present at the external opening, no tenderness around the anal canal	Fibrosed scar present
Digital Rectal Examination	Reduced resting and squeeze pressure sphincter tone, internal opening mid anal canal at 6 'o' clock	Fibrosed scar mark from anal verge to the mid anal canal present, normal resting and squeeze pressure
Proctoscopy examination	Internal opening at posterior mid anal canal approximately 2 cm away from the anal verge is confirmed	Fibrosis in the posterior anal canal, no other abnormality seen
Waxner score scale of FIQ	Wears pad (1)+ lifestyle alteration (3) = 4	0
Analmanometry test	Low basal pressure and normal squeeze pressure RAIR - present Normal defecatory movement (Figure -1)	Normal basal pressure and squeeze pressure RAIR - present Normal defecatory movement (Figure -2)

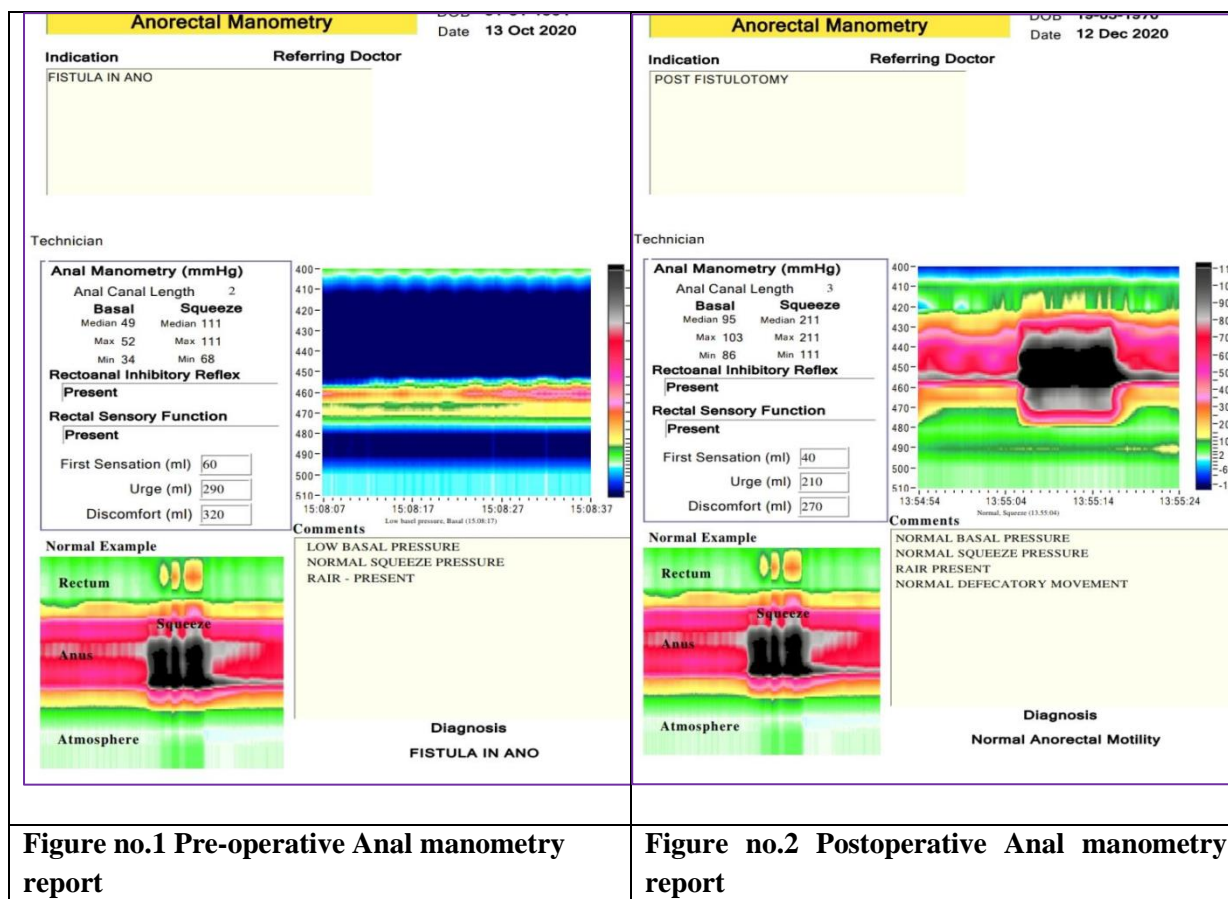


Figure no.1 Pre-operative Anal manometry report

Figure no.2 Postoperative Anal manometry report

Results and Discussion:

Most of the patients suffering from fistula in ano end up in depression, infection, anal incontinence or recurrence. Even after so many advancement in investigations and surgeries in FIA, till now there is no end to patient suffering post operatively and some struggle their whole life too. *Ksharasutra* application has overcome this complication and it improves the quality of life. It does *shodhana* (Purification/intoxication), *bhedana* (cutting) and *ropana* (healing) of the *bhagandara*. Anal manometry helps us to understand the pressure inside the anal canal exerted by the internal sphincter, the surgical procedures even though caused minimal fibrosis did not lead to any changes in the continence & functioning of the external sphincter.

The surgical procedure employed in this present study caused minimal variation in

anatomy and physiology of rectum and anal canal, did not cause any significant difference in the recto anal reflexes showing normal values of first sensation/ urge/ discomfort values (40ml,210ml,270ml respectively) of anal manometry. Thus it can be inferred that *Ksharasutra* application did not alter the physiological competence of the sphincters. Patient got complete relief from fistula in ano without any signs and symptoms of gas, liquid or solid incontinence and leading healthy and satisfactory life. Waxner score scale of FIQ gives detailed understanding of the subjective parameter of the anal continence. Digital Rectal Examination is not always reliable as there is no standard unit of measurement and is examiner specific.

Conclusion:

Ksharasutra application can be considered as best method to manage *bhagandara* and Ano

Rectal Manometry as standard tool for assessment of anal incontinence. In this present study we gained evidence for sustained anal continence through anal manometric study.

Limitations of study:

Anal manometry test is costly and mostly physiological oriented diseases of anorectum can be evaluated through this.

Patients consent:

In this study Patients consent was taken for performing Analmanometry test and publication.

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