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RESEARCH ARTICLE

IMPORTANCE AND RELEVANCE OF INCISION DESCRIBED BY *SUSHRUT* IN THE MANAGEMENT OF *BHAGANDAR*

***,[1]Dr. Kumar Alok and [2]Dr. Singh Narinder**

[1]Department of Shalya Tantra, North Eastern Institute of Ayurveda and Homoeopathy (NEIAH) Mawdiangdiang, Shillong, Meghalya
[2]Department of Shalya Tantra, National Institute of Ayurveda, Jaipur, Rajasthan

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ABSTRACT

The field of education in medical science is traditionally divided in two branches as one medicine and other surgery. The division was done in ancient time, by virtue of that there are two Agnivesh and Dhanwantari sampradaay exist in Ayurveda from very early stage of human civilization. Acharya Sushruta is the major scholar of Dhanwantari sampradaay. Acharya Sushruta laid down the fundamentals of surgery in the very first surgical text in Indian history. Though due to the advancement of medical science, it introduce new technique that completely transformed the practice of surgery over the period of time, many fundamentals of concepts & ethics laid by Sushrut still hold valid today. In the management of Bhagandara Acharya Sushruta mentioned different types of incision like Langlaka, Ardhlanglaka, Sarvatobhadraka, Gotirthaka for vataj and Chandrak, Ardhchandraka and Kharjorpatraka for the Kaphaj Bhagandara for Chedana karma. All these incisions are explained for the proper drainage of the fistulous track. The incision are planned in the manner that explore the maximum cavity of fistula including secondary track also. So these incision are fully valid in the modern day surgery also. In this present study we tried to explain the importance of these different incisions during treatment of Bhagandara.

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INTRODUCTION

Acharya Sushrut is the foremost surgeon of ancient medical science well known as *Ayurveda*. He laid some principle for the treatment of various surgical disorder that are still pertinent and very vital. *Acharya Sushrut* described the *Bhagandar* with aetiology, types, prodromal symptoms and clinical features (Shashtri, 2006). Fistula-in-ano in an abnormal communication between two epithelial- lined surfaces. These surfaces may be anal canal, rectum and perianal skin, having non healing unhealthy granulation tissue (Jhon goligher and Harold Nixon, 2006). Fistula-in- ano shows resemblance towards *Bhagandar* described in *Ayurvedic* literature. *Acharya* also mentioned some adjuvant therapy like*, Parishek, Avgaah* and*Ushnopnah* (hot water fomentation) to assess the therapy for better pain management (Shashtri, 2006). *Acharya Sushrut* mentioned basic three types of incision *tiryak,Chandramandal* and *Ardhchandrakar* (Shashtri, 2006) on human body according to site. In the management of *BhagandarSushrut* mentioned some other types of the incision. In this study a humble effort has been done to understand the importance and relevance of those incision incurrent scenario. In the *Nidan Sthan* chapter four *Acharya Sushrut*stated the etiological factor, pathophysiology and types of *Bhagandar*. *Acharya* classified five types of *Bhagandar* as per their doshik predominance. *Bhagandar* having *Vata* dominance called as *Satponak. Satponak* word should be considered as the *Bhagandar* having multiple (more than one) external opening. The other features like pain, discharge and colour of *Pidika* are according to *Vata dosh*. *Bhagandar* having dominance of *Pitta* is known as *Ustragriva*. Here the meaning of *Ustragriva* is taken as the elevated *pidika* like neck of a camel that may be considered as a perianal abscess which is very tense due to collection of amount of pus. Some people cogitate as the shape of the fistulous track correlating with the intersphincteric fistulous track. *AcharyaGaydas* advocated that during *chedan karma* a probe having shape like *Ustragriva* should inserted in track and then excision should be done, that support those who think that *Ustragriva*may be the shape of track. The other features like pain, discharge and colour of *pidika* are according to *Pitta dosh.* Next type known as *Parishravi Bhagandar* having dominance of *Kaph dosh*. Word *Parishravi* means continuous discharge. The chief feature of this type of *Bhagandar* is the discharge which is continuous and having other *Kaph* dominance as discharge is *sheet, pichchil* and white colour.

******Corresponding author:* **Dr. Kumar Alok,**
Department of Shalya Tantra, North Eastern Institute of Ayurveda and Homoeopathy (NEIAH) Mawdiangdiang, Shillong, Meghalya

Kandu i.e. itching is also the main feature of this *Bhagandar* may be due to involvement of *Kaph dosh*. Next type of *Bhagandar* is called as *Shambokavarta* It having involvement of all three *doshas*. Word *Shambokavarta* denotes the shape of track which is curved just like the ridges on the *Shankha*/snail. *Sushrut* also mention the character of *pidika* as *padangustha* i.e. like great toe of leg. The distension in that abscess due to large amount pus collection that make the abscess tense and look like toe. Probably it may be similar to horse shoe fistula in ano as the track "S"curved like horse shoe. Rest other feature are contributed by all three *doshas*. The last fifth type is known as *Unmargi*. The main etiological factor behind this type is any foreign object or external trauma which during passing out may create the injury to anal canal that later on become infected and produce a fistula in ano.*Acharya Sushrut* told that the *Unmargi* people means those who don't have the proper diet sense and eat the bones with flesh that injured the anal canal and produce an artificial track which later get infected. All these types of *Bhagandar* except *Unmargi* have almost same type of etiological factors. The *Bhagandar*a having single *dosh* involvement are *krichha sadhya* (difficult but treatable) and rest two are *Ashadhya* (non- treatable).

In the management of different types of *Bhagandar*a *Acharya Sushrut* recommended some incisions. Those incision have similarity in shape with some objects. In the management of *VatajBhagandarAcharya Sushrut* mentioned the four types of incision (Shashtri, 2006) as *Langlak Ardhalanglak, Sarvatobhadrak* and *Gotirthak. Langlak* means "*HAL*" i.e. plough used by farmer in field. The incision should have two arm perpendicular to each other and extending on either side like "T". *Ardhalanglak* means the incision should be same as above but with only one arm like half of HAL i.e. plough without handle. This may be similar to "L". *Sarvatobhadrak* means when there is requirement of circular (*Mandalakar*) incision around anal canal to open the fistulous track. *Gotirthak* inscision should be similar to the "*Khur*" of cow. This may be correlated as semi-circular incision. In the management of *Ustragriva BhagandarAcharya Sushrut* has not mentioned any type of incision (Shashtri, 2006). He just advised that the surgeon should evade the use of *kshara* and *Agnikarma* after incision, because this may create severe painful condition during postoperative period. So in this *Bhagandar* surgeon may plan any incision most suitable for maximum opening of fistulous track. In the management of *Parishravi Bhagandar* dominated by *Kaph doshaAcharya* mentioned five type of incisions (Shashtri, 2006) i.e. *Karjur Patrak, Chandrardha, Chandar Chakra, Suchimukhaand Avangamukha.* First is *Kharjur Patrak*i.e. incision should having branches like the juncture of datepalm leaf. There is one main incision followed by secondary incision draining into deeper one. Second is *Chandrardha* that itself explaining, it should be semi-circular. Third one is *Chandra Vakra* i.e. incision should be like the circular like full moon. Fourth incision is *Suchimukha* i.e. the pin point. This incision plan in two parts just like the two plane of a pyramid. The joint point of two incision making an acute angle should be towards anal canal. Fifth incision in *Avangamukha*. This is almost similar to *Suchimukha* only the direction is reversed i.e. the meet point of two incision should away from anal canal.

DISCUSSION

Acharya Sushrut advocated the various incision for the successful management of different types of *Bhagandar*. *Sushrut* mention *Langlak* incision for *vatajBhagandar* that usually having more than one opening. *Langlak* means plough that is an agricultural instrument used by farmer in old days that having one long beam attached with short handle and body along with shoe and share at other end. Shape of plough is little similar to English word "T" if we rotate it at 90 degree. This incision may 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 better understand that suppose there are three opening at right side at 9, 7 and 8 'O' clock position and all three have same internal opening at 6 'O' clock position. So here we just make one incision from 9 to 7 'O'clock external opening and then again through this incision line open 8 'O' clock opening and extend it upto internal opening at 6 'O' clock position. So with this incision all three openings are laid open so that whole cavity is exposed that assessed the quick drainage and faster healing of fistulous track. In the same manner *Ardhalanglak* incision may be explain as when there is only two opening then no need to extend in both side. Here we first take incision like long beam of plough from external opening to internal opening and at the end away from anal canal it should be extended up or down according to situation of second opening or presence of fistulous cavity. Sometime the fistula with only single opening also may require the *Langlak* or *Ardhalanglak* incision if cavity extend in both anterior and posterior direction *Langlak* incision is required but if cavity extend only in one direction either anterior or posterior then *Ardhalanglak* incision is required. *Sarvatobhadrak* incisions are required when multiple opening around anal canal at approximate similar distance from anal verge in all direction having same cavity and internal opening. There must be some healthy skin remain left anterior and posterior side. This type of incision open the full cavity and no potent space left so that the main focus is destroyed by *khsara* or *Agni* that leads healing of *Bhagandar*. Next incision advocated for vataj *BhagandarGotirthak*. *Acharya Dalhana* (Thakral keval Krishna, 2014) commentator of *Sushrut Samhita*give some description of *Gotirthak* as when a cow passing urine during walking then the pattern of urine on ground, like the *Yoni* of cow, on the marks that printed in mud where cow drinks water near any river or pond. As in could understand that all these structure has the similarity with the semi-circular shape. The pattern of urine make similar to "S" that have curve which are semi-circular. The both lips of *Yon*i are semi-circular, and the both side of *Khur* of cow are also semi-circular. These types of incision may help full where multiple external opening have small cavity so avoid injury to healthy tissue we just make small semi-circular incision for enough drainage. The *kharjur patrak* incision advised for the *ParishraviBhagandar*, here the shape of incision look like leaf of datepalm. It include one main incision for primary track and other small incision for drainage of secondary track. *Parishravi Bhagandar* may be correlated with the fistula having chronic history, so due to chronicity the secondary track are developed. So to avoid recurrence we should drain all the track. *Chandrardha* incisions are similar to semi-circular and *Chandra vakra* are similar to circular. *AcharyaDalhan* give better explanations about these two. According to him both are derived from the incisions, when we extend incision from primary track towards the secondary track like leaf then it's shape become similar to *Chandrardha* i.e. semi-circular. When primary incision is heal and the secondary track are remain then if we extend incision from one secondary track toward the secondary track of other side then the shape of incision become similar to full moon i.e *Chandra vakra*.*Suchimukha* and

Avangamukha both type of incision are similar to "V" shape. If the cavity of fistula in narrowing toward anal canal that mean external opening than internal opening then for proper exploration and to minimize damage to healthy tissue *Suchimukha* incision is decent choice. In this types of incision the mouth of "V" should be away from anal verge. If the cavity is narrowing away from anal verge then *Avangamukha* incision should be given. In this types of incision the mouth of "V" should be towards anal verge.

Conclusion

In the above study an effort was done to elaborate the importance of the incision advised by *Acharya Sushrut* for the management of different types of *Bhagandar*. These types of incisions are well practiced by the modern as well as *Ayurvedic* surgeons in current time. Because most of the fistula in ano cases are low anal that may be successfully treated by fistulotomy and fistulectomy method. With these incision almost every potential space of perianal region can be approached which are essential for development of fistula in no. These incision explore the cavity up to maximum extents that helps in better and early healing of fistula in ano. So the incision advised by *Acharya Sushrut* are relevant and have very much importance in current scenario.

REFERENCES

Dr. Thakral keval Krishna, *Sushrut* Samhita, Nibandha Sangrah by Dalhan *Acharya* and Nyaay Chandrika by Sri Gaydas, Hindi translation part 2, chaukhambha orientalia Varanasi, first edition.2014 chikitsha sthan

Jhon goligher and Harold Nixon, Surgery of Anus, rectum and colon, 5th edition. New Delhi; A.I.T.B.S. Publisher, Chapter 7, Fistula in ano; Vol.I, p.178.

Shashtri A.D., Sushrut Samhita in Ayurveda Tatva Sandipika, chaukhamba Sanskrit sansthan, Nidan Sthanam chapter 4/3-13 p-244-246.

Shashtri A.D., Sushrut Samhita in Ayurveda Tatva Sandipika, chaukhamba Sanskrit sansthan, Chikitsa Sthanam chapter . 8/12-19 p- 46.

Shashtri A.D., Sushrut Samhita in Ayurveda Tatva Sandipika, chaukhamba Sanskrit sansthan, Sutra Sthanam chapter 5/13-14 p-17

Shashtri A.D., Sushrut Samhita in Ayurveda Tatva Sandipika, chaukhamba Sanskrit sansthan, Chikitsa Sthanam chapter. 8/9, 10 p- 46.

Shashtri A.D., Sushrut Samhita in Ayurveda Tatva Sandipika, chaukhamba Sanskrit sansthan, Chikitsa Sthanam chapter. 8/20-22 p- 46.

Shashtri A.D., Sushrut Samhita in Ayurveda Tatva Sandipika, chaukhamba Sanskrit sansthan, Chikitsa Sthanam chapter. 8/26 p- 47.

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