



## MANAGEMENT OF RECURRENT FISTULA-IN-ANO (*BHAGANDARA*) BY MULTI SYSTEMIC APPROACH- A CASE STUDY

### Ayurveda

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### ABSTRACT

Fistula -in-ano is most troublesome anorectal condition which is having increased prevalence in developing countries due to lifestyle changes. In Ayurveda, Fistula -in-ano can be correlated to Bhagandara. In spite of various surgical techniques there are so many complications like delayed healing, recurrent occurrence, stenosis or incontinence. Kshara Sutra ligation is a surgical procedure having various therapeutic effects with minimal complications. 58 yrs male patient with complaints of foul smelling pus discharge through base of scrotum with pain in scrotal and anal region since 4 months. On rectal examination, Presence of external opening at 11 O' clock position near base of scrotum. Trans perineal ultrasound shows chronic Right perianal fistula with small ischioanal abscess. To manage this, Fistulotomy is planned with Kshara Sutra under aseptic precautions in first setting. Second setting, I & D (incision and drainage) was done. In the Last setting, Fistulotomy with Kshara Sutra under local anesthesia has been planned. After three surgical interventions, more than 95% of tract has been healed and less than 5 % tract is remained which had healthy granulation tissue devoid of pus discharge and pain has excised by Fistulotomy. Post operative management and follow up medications prescribed for 7 days. Patient had regular follow up for 2 yrs where no reoccurrence of complaints. Hence, to treat reoccurred fistula we need multiple system approach to get 100% cure rate.

### KEYWORDS

Fistula -in-ano, *Bhagandara*, Fistulotomy and Kshara Sutra.

### INTRODUCTION

Fistula -in- ano is most troublesome anorectal condition which disturbs the routine activity of people. Prevalence of anal fistula in developing countries has been increased due to lifestyle changes. Recent study conducted by Indian Proctology Society on prevalence of anal fistula in defined population of some states is approximately 17-20%.<sup>1</sup> In Ayurveda *Acharya Sushruta* has explained in detail about this disease called *Bhagandara*.<sup>2</sup> Fistula -in-ano is a condition managed by using surgical technique like Fistulotomy or Fistulectomy. But in spite of this there are many complications like delayed healing, recurrent occurrence, stenosis or incontinence.<sup>3</sup> *Kshara Sutra* is an important Ayurvedic parasurgical procedure which is having various therapeutic benefits like excision with minimal complication, *Kshara Sutra* acts as drainage by its non breakable property keeps the tract patent and helps for excision of the tract with less tissue damage.<sup>4</sup> Previous research shows minimal loss of sphincter muscle and minimal recurrence rate by *Kshara Sutra* ligation.<sup>5</sup> Despite various advancement made in the management of Fistula-in-ano is a big challenge in front of the medical as well as surgical world.

### CASE HISTORY

A 58 yrs male patient, complaining of foul smelling pus discharge through base of the scrotum at 11 O' clock position, with pain in scrotal and anal region since 4 months. Patient had past history of fever on and off and constipated bowel since 4 months. Pain is sudden onset aggravates on walking and relieves on rest. Patient underwent I & D (Incision and drainage) three times during the year 2016 and 2017. Since last 4 month back, again he had recurrence of the same complaints hence visited to our hospital.

On local examination presence of external opening at 11 O'clock near base of scrotum with pus discharge and foul smell was seen. Superiorly the tract seems to be extending upto perino-scrotal region on right side at the root/base of right hemi scrotum. Focal inflammatory changes are seen along the perino scrotal region on right side at the root of right hemi scrotum. On digital examination sphincter tone was normal. Internal opening felt at 11 O'clock in the anal canal with tenderness at 11 O'clock position. On probing through external opening probe is directed to sides, one towards anal canal (4cm) and another towards root of scrotum (5cm).

Trans Perineal ultrasound shows linear hypoechoic tract, measuring 1.8cm with its cutaneous opening situated at 11 O'clock position in

right perianal region. Inferiorly the tract has 'Y' shaped appearance with short limb extending upto right ischio-anal fossa. A small collection is seen in right ischio-anal fossa measuring about 1.2ml in volume. The overlying skin is lifted up & has a shiny appearance with indurated margin.

*Kshara Sutra*, I & D and Fistulotomy were the multi system approach planned to manage this condition. *Kshara* sutra prepared with *Kshara* which has *Tridoshghna* (body constituent of body)<sup>5</sup>. *Kshara* by its *katu rasa* and *ushna veerya* property acts as *Vrana Paachaka* (suppuration), *Shuddha Vrana Ropaka* (wound healing) and *Shoshaka* (reduces excessive secretion).<sup>6</sup>

**Procedure:** Under aseptic precautions all pre operative procedures done. In pre Anaesthetic evaluation spine normally palpable and patients is in ASA grade 1<sup>st</sup> risk and MPG 2<sup>nd</sup> Grade.<sup>1</sup>

#### First sitting -

Under all aseptic precautions, probing is done through external opening at 11 O'clock position. Fistula tract was opened from base of scrotum at 11 O'clock position towards root of scrotum (5 cm). Fistulotomy with *Kshara Sutra* Ligation is planned under local anaesthesia. *Kshara Sutra* ligation was done through internal opening. Wound cleaned and dressing done with *Jatyadi Taila*. First sitting procedure and wound condition was shown in Fig: 1

**Fig: 1: Showing Fistulotomy with kshara sutra ligation**



#### Second sitting -

Under Local anaesthesia, I & D with thread changing (after 1 month of *Kshara* sutra ligation) was done. Under all aseptic precautions painting with betadine solution and draping on perianal region was done.

Presence of external opening [fig. 2] Incision and drainage of right Ischiorectal abscess was done, pus was drained, all loculi were broken. Wound cleaned and ribbon gauze packing done. Anal pack was introduced into anal canal and dressing was done [fig. 3].

**Fig 2: Showing Second sitting procedure include I and D with thread changing**



**Fig 3: Showing anal pack and Dressing**



**Third setting (six month after I & D)**

Fistulotomy under local anaesthesia. Under all aseptic precautions painting and draping on peri anal region done. Probing through external opening at 11 O'clock position by passing internal opening at same position done, complete tract was opened along with Kshara sutra and scraped well. Wound cleaned and ribbon gauze packing done. Anal pack was introduced into anal canal dressing was done. Post-operative care was given.

Patient was prescribed with following internal medications and Sitz bath with Panchavalkala Kashaya.7 (Medicated decoction prepared of Panchavalkala drugs) for 7 days.

**Table: 1. Medication on Discharge**

Drug	Dose	Anupana	Duration
Tab. TriphalaGuggulu <sup>8</sup>	2 TID	Water	7 days
Gandhaka Rasayana <sup>9</sup>	2 TID	Water	7 days
Varunadi Kashaya <sup>10</sup>	4 tsf TID	Warm Water	7 days
Godanti bhasma <sup>11</sup> (1part) + Avipattikara Churna <sup>12</sup> (1/4 <sup>th</sup> part)	½ tsf HS	Warm Water	7 days
Panchatikta ghrita Guggulu <sup>13</sup>	1 BD	Warm Water	7 days

**Table:2. Treatment Plan**

First setting	Kshara Sutra Ligation
Second setting	I and D
Third setting	Fistulotomy

**TREATMENT OUTCOME**

After 3 surgical interventions 95% of tract is healed only 5 % tract is remained which is having healthy granulation tissue devoid of pus discharge and pain excised by Fistulotomy. Patient had regular follow up for 2 yrs no reoccurrence of complaints. Multisystemic management outcome after intervention was shown in Fig: 4

**Fig.4: Showing management Outcome**



**DISCUSSION:**

Fistula -in- ano needs multiple sittings of surgical interventions. To prevent the complications like recurrent occurrence, delayed healing, stenosis and incontinence. Kshara Sutra is an important surgical modality which is having various therapeutic benefits, like surgical excision with minimal complication, Kshara Sutra acts as a drainage due to its no breakable property keeps the tract patent and acts as drainage. *Triphala* (*Haritaki, Bibhitaki and Amalaki*) which is having *laghu, ruksha guna and kashaya and amla pradhana rasa* acts as *Tridoshahara* (normalise *Dosha's*), *Shoshaka* (absorbs excessive secretion) and *Anulomka* (laxative). *Guggulu* is *Tikta and Katu rasa* dravya having *laghu, ruksha* property acts as *Lekhana* and *Tridoshahara*. *Gandhaka*(Sulphar) madhura rasa and *katu vipaka* dravya has *ushna veerya* acts as *Shoshaka* (absorbs excessive secretion) has *Krimihara* (Anti-microbial) Property. *Varunadi Kashaya* has *tikta* and *Kashaya rasa* dravya acts as *Kapha-Vatahara* and acts as *Krimihara*. *Gandhaka bhasma* [Gypsum] has *sheeta guna* and *deepana* property acts as *Anulomaka*[laxative] in combination with *Avipattikara choorna* and prevent anal irritation and helps wound healing. *Panchatikta Ghrita guggulu* having *tikta rasa pradhana* drug acts as *krimihara* and *shoshaka*, and *sitz bath Panchavalkala* has *kashaya rasa* drug has *Rukshana* and *sthambhna* property has proven antimicrobial action gives local analgesic effect and helps for healthy granulation and wound healing.

**CONCLUSION:**

*Bhagandara* (Fistula -in- ano) is a painful ano rectal condition which causes discomfort in daily routine activity. Multi system approach with *Kshara sutra* ligation has multiple benefits with minimal complication. Proper follow up and wound care is necessary. Patience of patient is very important factor. Kshara Sutra is safe and effective treatment when it is done in multiple settings depending on disease condition.

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