



SUCCESSFUL AYURVEDIC APPROACH TO HIGH ANAL FISTULA IN ANO– A CASE REVIEW

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ABSTRACT

Fistula in Ano is a condition which has recognized as difficult surgical procedure. Its recurrent nature of disease difficult to treat. The incidence of a fistula in Ano developing from 15 – 38%. If left untreated it may spoil perineum including Anus, Ischio-rectal fossa, Scrotum and Testis. That's why it is more important to treat in time and proper method. Here we report a case of recurrent high anal fistula measuring about 10cm tract in 40 year old man who was previously operated for three times for the same complaints in some other hospital. He got admitted in our hospital and underwent the Ksharasuthra procedure. He was successfully managed with regular wound care with weekly Ksharasuthra changing patient had complete relief from his complaints.

KEY WORDS : Bhagandara, Fistula in Ano, Kshara Suthra, Kshara Lepa

INTRODUCTION

A fistula is a track by granulation tissue which connects perianal skin superficially to anal canal, Anorectum or rectum deeply.¹

It is lined by an unhealthy granulation tissue and chronic fibrous material and often communicates with the large abscess cavity which is filled with purulent discharge and is drained inadequately but constantly through the narrow tubular passage. A fistula can also connect the two natural cavities having mucosal lining in which case it is termed according to the organs to which it communicates. But fistula-in-no is a chronic inflammatory tubular structure which is supposed to communicate with the ano-rectal canal at one end and the surface of perineal or peri-anal skin on the other. Obviously, a classical fistula has two openings, one internal and the other external. The internal opening is often the primary opening and denotes the source of infection from which the fistula initially developed. During the course of its development the primary opening may some times close and the purulent discharge flows out through the external opening only in which case it is termed as the 'blind external' fistula. Similarly, a fistula can be 'blind internal' also in which case the internal opening remains patent and the external opening is absent. This is a difficult condition for diagnosis and for treatment since it is not easy to locate and approach the internal opening without an external opening. Still further, there may be a condition in which both the openings of a fistula are situated inside the ano-rectal canal and the patient complains of a constant pus discharge through the anal orifice without

any apparent localized abscess on the surface. Therefore, it is important to study all the possible permutations and combinations of a Fistulous course which it may adopt in relation to the structure surrounding the ano-rectal canal. ²

In Ayurveda Fistula in Ano can be compared as Bhagandara, one which is formed after Pakwatha of Bhagandara Pidaka. The disease is so named because Acharya Sushruta says there will be Darana (cut) in the Bhaga, Guda, Basti Pradesha. Having Poorva Roopa's like pain in the Sacral and gluteal region (Kati Kapala Vedana) and itching (Kandu) burning sensation (Daha) and swelling at the perianal region (Shopa)³, Itching (Kandu), pain (Ruk), burning sensation (Daha) are felt in the anus after travelling and defecation.⁴

There are 5 types of Bhagandara they are⁵

Shataponaka Bhagandara – Vataja Bhagandara

Ushtragreeva Bhagandara – Pittaja Bhagandara

Parisravi Bhagandara – Kaphaja Bhagandara

Shambukavarta Bhagandara – Sannipathaja Bhagandara

Unmargi Bhagandara – Agantuja Bhagandara

According to Acharya Sushruta prognosis of Bhagandara is Ghora (needs prolonged course of treatments) and are difficult to cure. Where as Sannipathaja and Agantuja types are Asadhya.⁶

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.

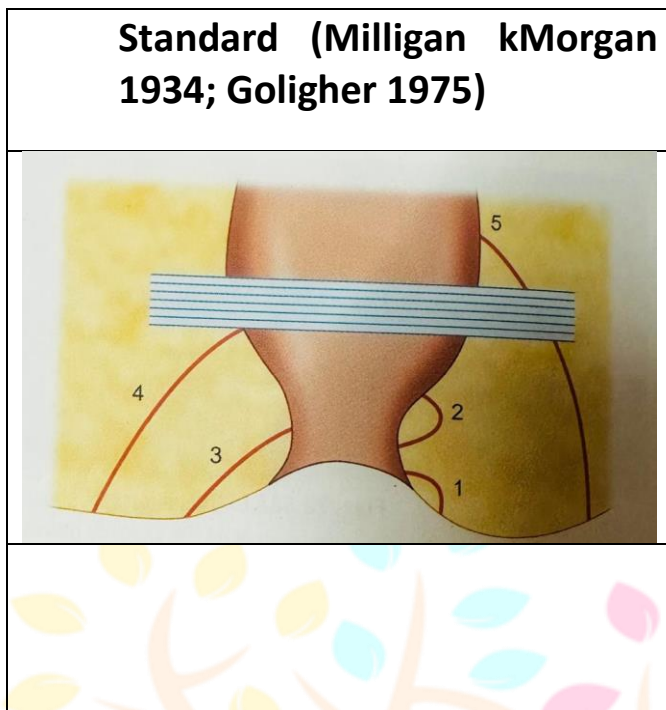
Classifications⁷

1. Low level fistulas--these open into the anal canal below the internal ring.
2. High level fistulas--these open into the anal canal at or above the internal ring

Standard (Milligan kMorgan 1934; Goligher 1975) ⁷

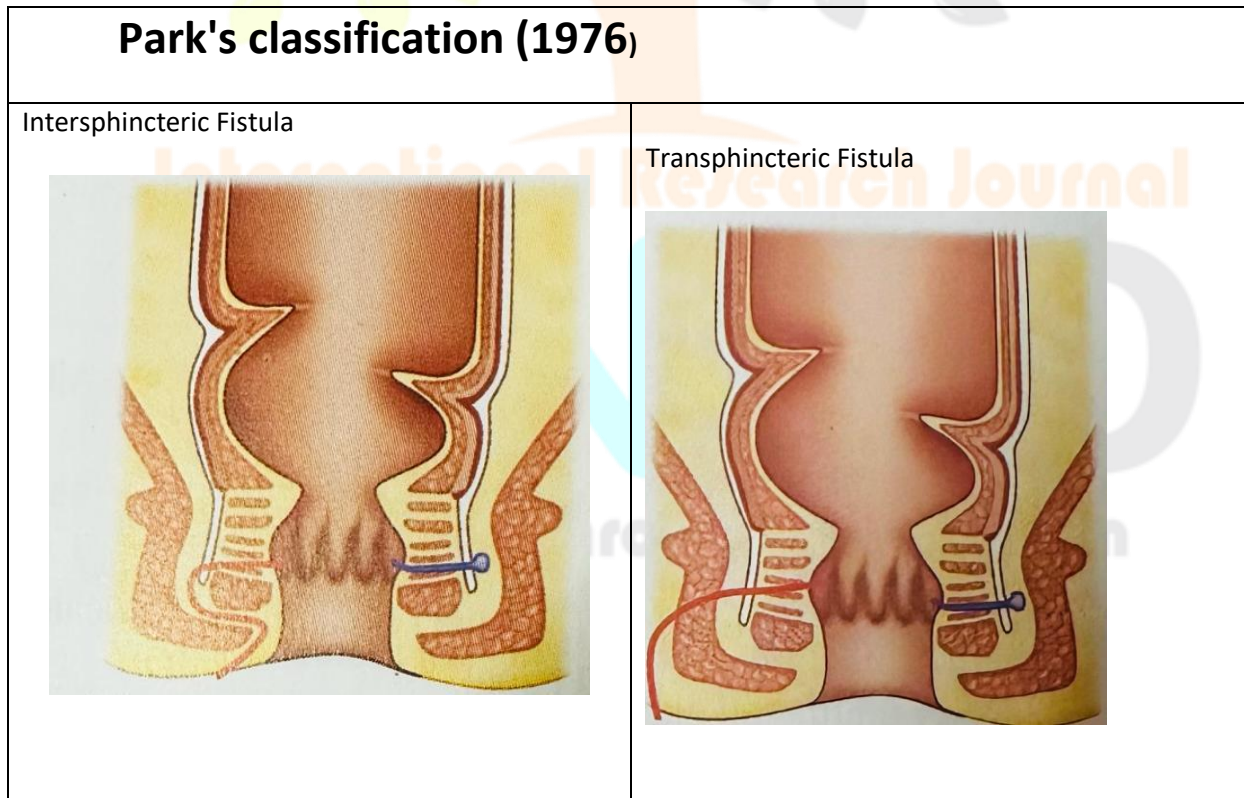
1. Subcutaneous commonest
2. Low anal -common
3. Submucous
4. High anal
5. Pelvi rectal

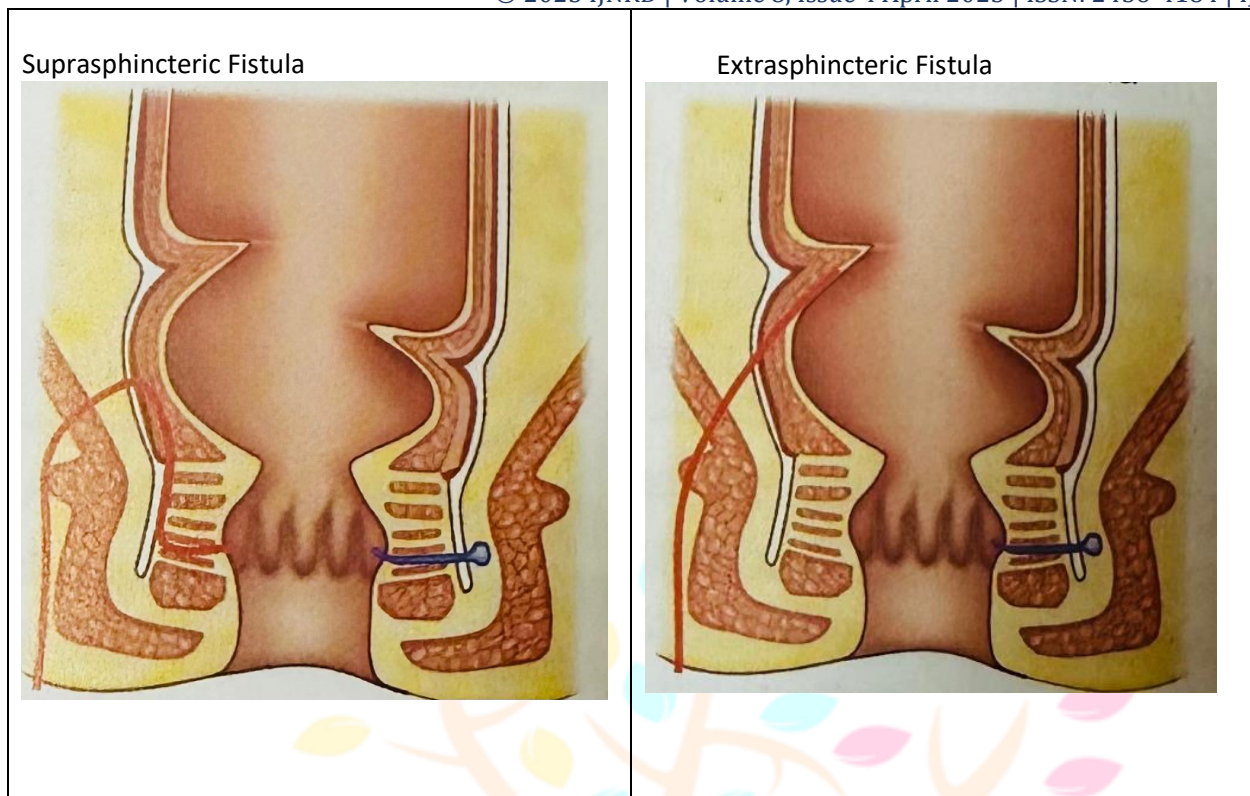




Park's classification (1976)⁷

1. Intersphincteric- -commonest 70%
2. Transsphincteric 25%
3. Supralelevator/suprasphincteric 4%
4. Extrasphincteric 1%





CASE REPORT

A 40 years old male visited OPD (OP-160782 & IP-43013) of Shalyatantra with a complains of opening of track at 12 'o' associated with pus discharge for past 1.5 months .

History of present illness

As per the patient he was apparently healthy 8 months back gradually he developed a postule near the anal region associated with pain as days passed he noticed pus discharge from the pustule and got operated for the same. After 2 months there was an abscess over the left ischioirectal fossa with pus discharge, for which he underwent incision and drainage Later another pustule was formed at 12 clock on examination a track was found till root of the scrotum. He underwent fistulectomy for the same. Since one and half month there was increased pus discharge while he doing strainous activity and while passing stool from the 12 'o' clock position. For the further management of same he approached our hospital.

History of Past Illness

N/K/C/O Type 2DM, HTN, Thyroid dysfunction, IHD.

Family History : Nothing significant

Personal History

He was vegetarian

Vyasana : Tea twice daily

Mutra: 5 to 6 times per day

Mala : Once in a day

General Examination

Built : Lean

Appearance : Normal

Temperature: Afebrile

PR: 18cycles/min

BP: 130/80mmhg

Nourishment : Moderate

Pallor : Absent

No evidence of icterus/cyanosis/edema/clubbing

Systemic Examination

CNS

Higher mental function test: Conscious well oriented with time place person.

Memory: Recent and remote: intact

Intelligence: Intact

Hallucination/delusion/speech disturbance: Absent

Cranial nerve / sensory nerve / motor system: normal

Gait : Normal

CVS

Inspection: No scar/pigmentation found

Palpation : No tenderness

Auscultation: S1 and S2 heard

Percussion: Normal cardiac dullness

RS

Inspection: B/L symmetrical

Palpation: Trachea is centrally placed, Non tender

Auscultation: B/L NVBS heard

Percussion: Normal resonant sound

GIT

Inspection: Umbilicus centrally placed, not distended,

No visible vein, No scar/pigmentation

Palpation: Soft, tenderness noted at right iliac fossa

Auscultation: Normal peristaltic sound heard (4/m)

Percussion: Normal resonant sound heard over abdomen

P/R



Inspection : previous operated scar of fistulectomy at 12 'o' clock

Sinus track opening at 12 'o' clock

Pus discharge at sinus was present

Internal hemorrhoidal masses at hemorrhoids 5, 7, 3 and 11 'o' clock

Palpation : During digital examination sphincter tone was good and No E/O fissure

Probing was done at 12 'o' clock and track was measuring about 8 CM

Induration at 12 'o' clock was present.

Investigation

ESR : 18mm/hr

Remaining all hematological investigations were normal

Urine routine: Normal

USG abdomen: Normal

MRI fistulogram : irregular, Linear , altered signal intensity tract from the skin / sub cutaneous aspect of perianal region extending into Anal canal and root of scrotum.

Fistula in Ano grade – 3 / trans sphincteric fistula

Diagnosis: Bhagandara (Fistula in Ano).

Surgery advised: Kshara Suthra Procedure for Fistula in Ano

Pre operative procedure:

Patient consent was taken

Fitness for surgery taken from physician

Part preparation was done

Patient was advised NBM for 6 hrs prior to surgery

Inj TT IM 0.5 ml stat and inj. xylocaine test dose subcutaneously was given

Proctoglysis enema was given

Precatheterization was done

IVF started prior to surgery.

Operative Procedure: (18 October 2022)

Under all aseptic precaution pt was shifted to OT and after spinal anesthesia patient was given lithotomy position. The part was painted and draped. Lords 4 finger anal dilation was done. External opening at 12 'o' clock was probed towards anal canal about 5cm (track A) and nick was made later kshara sutra ligation was done. Again from 12 'o' clock probed in right side it reached 7 'o' clock and nick at 7 'o' clock made. This track was measuring about 7cm (track B). Later from 12 'o' clock probed in left side it reached 5 'o' clock and nick was made and this track was measuring about 10 cm (track C). kshara suthra ligation was done for all the tracks. Later first degree hemorrhoids 5, 7, 3 and 11 'o' clock were identified and kshara lepa for the all hemorrhoids. hemostasis achieved and anal pack with mahararavana taila was done.

Post-Operative Procedure:

Patient shifted to observation room

Advised NBM for 6hours after surgery, started orally with sips of water followed by Ganji after appreciating bowel sound.

Advised Foot end elevation and restricted head movement for 6 hours after surgery.

Post op intravenous fluids are administered

Antibiotics and analgesics are given for 5 days after surgery

Regular dressing was done

Daily Taila Poorana with Jathyadi taila 10ml twice daily and sitz bath with Panchavalkala Kashaya twice daily.

Advised on discharge

Syr Abhayarist 20ml – 0- 20ml after food with water for 1 month

Syr drakshasava 20ml – 0 -20ml after food with water for 1 month

Tab Ganghaka Rasayana 2-0-2 after food with water for 1 month

Tab Thriphala Guggulu 2-0-2 after food with water for 1 month

Tab Kamadugda With Mouktika 1-0-1 before food with water for 10 days

Some antibiotic and analgesics tablet for 5 days

Regular dressing was done

Daily Taila Poorana with Jathyadi taila 10ml twice daily and sitz bath with Panchavalkala Kashaya twice daily.

Weekly Kshara Suthra change until tracks heals healthily.



Tables showing dates of Kshara Sutra change along with symptoms

Date	First track length (A)	Pain	Pus discharge	Foul smell	Tenderness
18/10/2022	5cm	+++	+++	+++	+++
24/10/2022	4cm	+++	+++	++	+++
7/11/2122	3cm	++	++	+	++
21/11/2022	2cm	+	+	-	+
5/12/2022	1cm (Kshara suthra removed)	-	-	-	-

Date	First track length (B)	Pain	Pus discharge	Foul smell	tenderness
18/10/2022	7cm	+++	+++	+++	+++
24/10/2022	6 cm	+++	+++	+++	+++
7/11/2023	5 cm	++	++	++	+++
21/11/2023	4 cm	++	++	+	++
5/12/2023	3 cm	+	+	-	++
19/12/2023	2 cm	+	+	-	+
26/12/2023	1 cm (Kshara suthra removed)	-	-	-	-

Date	First track length (C)	Pain	Pus discharge	Foul smell	Tenderness
18/10/2022	10 cm	+++	+++	+++	+++
1/10/2022	9 cm	+++	+++	+++	+++
14/11/2022	8 cm	+++	+++	++	+++
28/11/2022	7 cm	++	++	++	+++
12/12/2022	6 cm	++	++	++	++
19/12/2022	5 cm	++	++	++	++
26/12/2022	4 cm	++	++	+	++
2/1/2022	3 cm	+	+	-	+
9/1/2023	2 cm	+	-	-	+
16/1/2023	1 cm (Kshara suthra removed)	-	-	-	-

Case was successfully managed with regular wound dressing weekly kshara suthra change patient had complete relief from his complaints.

Discussion

Bhagandara is one of the Asta Mahagada according to Acharya Sushruta.⁸ Diseases are considered as AshtaMahagada when it is difficult to be treated. In this case if the first time it was probed properly and if healing was acquired then it would not have caused a secondary situation of pus collection, opening of tract and pus discharge.

The treatment modalities in Ayurveda like Kshara sutra and Kshara application gives a very good result provided the wound has to be monitored and dressed daily. Apart from the external measures the internal medications also play an important role in healing the track .

Abhayarishta⁹ which is composed of Haritaki, Pippali ,Maricha , Vidanga, Lodra etc is indicated in the Arshas, Krimi etc.It helps in improving the digestion which shows that it increases the Agni ,it can also be the Dhatwagni and it might reduce the Amavastha in that particular region increasing the cell proliferation and increasing the granulation tissue growth.

Drakshasava¹⁰ mentioned in Arshchikitsa helps in Ashas and Bhagandara as it is also indicated for Raktapitta it might help in reducing the bleeding because of its Sheeta and Sthambana activities.

Gandaka Rasayana¹¹ having Gandaka, Thriphala and Gadugda its indicated in Kandru, Kusta, Visha, so its act as antioitcs helps in reducing puss discharge there by promotes healing.

Thriphala Guggulu¹² is having Thiphala, Guggulu in it. So its helps in Vathanulomana and Shothahara. As it is directly mention by Shargadhara in his Samitha for Arsha, Bhagandara and Shota. So reduces inflammation in operated area and promotes wound healing.

Kshara Lepa¹³ was done for the internal heamorrhoids where the properties of Kshara like Ushna Teekshna, Pachana, Vilayana, Shodhana, Ropana and Shoshana these properties of Kshra causes necrosis of tissue and fibrosis of plexus. Adhesion of mucosal, sub mucosal coat helps in prevention of further dilation of veins and prevents prolapse of regional mucosa of anus. This makes permanent radicle obliteration of hemorrhoids.

Kshra Surta application of Kshara sutra in Bhagandara by its Lekhana, Shodhana properties causes cutting of unhealthy granulation in track and controlling microbial infection and fecilitating drainage of pus in the track . By the Ropana karma helps in the proper wound heling.

Sitz bath with Apnchavalkala Kashaya composed of Vata, Udumbra, Ashwatha, Parisha and Plaksha. Having Vrana Shodhana effect. There by reduces microbial growth over day by day. So helps in wound healing.

Jathyadi Taila¹⁴ having ingredients like Athi, Nimba, Naktamala its indicated in Nadivrana. In this case we are used for plugging of tract and Guda Poorana 10ml twice day. This mainly helps in healing of the wound.

Conclusion

Acharya Sushruta said Bhagandara is Ghora vyadi. Which is difficult to treat. But surgery with Kshara Sutra is made treat Bhagandara without reccurence. Kshara by its Chedana Lekhana Shodana Ropana Karma cuts the tracks and Drains out the puss followed Shodana and Ropana ultimately wound get heals. Even Kshara Lepa is yields better result in Heamorrhoids it causes necrosis of tissue followed by fibrosis of tissue, and makes permanent radical obliteration of Asha's. usage of Kshara is safe gives the permanent cure from disease if used wisely. By this we can tell that Kshara is a boon for Ayurvedic Surgeons without doubt if and only if used in intelligent ways. Not only Kshara combination of oral medications also plays a important role. Like Abhayarista, Drakshasava, Tab. Thriphala Guggulu, Tab Gandaka RAsayana act as antiinflammatoy, antimicrobial agents and helps keeping digestive system in normalcy. There by provides better wound healing. In same way Guda Poorana with Jathyadi Taila and Sitz bath with Panchavalkala Kashay having major role in posSt operative wound healing. Case was successfully managed with Kshara Sutra Procedure and regular wound dressing and patient had complete relief from his complaints.

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