



High Anal Fistula(Scrotal)-A case study

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Abstract

Acharya Sushruta has included *Bhagandara* in group of *Ashtamahagada*, means diseases difficult to treat. In modern surgical practice also fistula-in-ano is one of the complicated diseases due to its recurrence nature and fear of loss of continence. The clinical features of *Bhagandara* resembles with fistula-in-ano described in modern science. *Ayurvedic* para-surgical procedure *Ksharasutra* has been proved more effective treatment in fistula-in-ano, having minimum recurrence than modern treatment alternatives like Fistulectomy. Fistula plug. Fibrin glue, Video assessed anal fistula treatment (VAAFT).Here a case of High anal fistula (scrotal) is successfully treated with *kshara sutra* ,*sitz bath*,*taila poorana* and oral medications without any reoccurrence.

Key words : Bhagandara ,kshara sutra .

Introduction

Bhagandara

The word *bhagandara* composed of two words “*bhaga* and *dharana*”

Bhaga- The area between anus and genitalia is defined as *Bhaga*

Bhagandara

The word *bhagandara* is composed of two words, '*bhaga*' and '*darana*'.

Bhaga (The area between the anus and genitalia is defined as *bhaga*.

*गुह्यमुष्कमध्यस्थानम् भग*¹

Darana : to tear or destroy (*दास्यति नाशयति इति*)²

Hence, *bhagandara* may be considered as a type of chronic sinus in the peri-anal area or perineum which discharges pus or blood and if left untreated, there may be discharge of faeces, flatus, urine and semen or it may be secondary to the suppuration of an abscess-"*bhagandara pidaka*", resulting in the tearing or destruction of these areas. From the above definition, it is apparent that *bhagandara* not only includes different types of fistula in ano but it also includes sinuses communicating to urogenital tract. Discharge of semen, urine and menstrual blood through the fistulous opening can only be observed in such condition³.

Classification⁴

Bhagandara can be classified on the basis of:

(A) Aetiology: Involvement of vitiated doshas; intrinsic or extrinsic causes, clinical presentations like 1. Presence and absence of external opening.

(a) *Antarmukha* or *arvachina* (Blind external)

(b) *Bahirmukha* or *parachina* (Blind internal)

2. Course of track, external appearance and nature of discharge

(B) Prognosis: Difficult to cure and incurable.

TYPE	DOSHAS	FEATURES	DISCHARGE	APPEARANCE
<i>SHATAPONAKA</i> ⁵ Multiple opening-water can or sieve like	VATA	Different types of pain like bursting tearing, cutting etc. (Toda, tadana, bhedana, chedana, vyadhan a, guda avadharana	Continuous copious, foamy discharge.	water can or sieve like
<i>USTRAGREEVA</i> ⁶ Long extended track with supra elevator extension like a camel's neck	PITTA	Chosha, pain like kshara or agni being applied to a wound.	Warm and foul smelling	Camel's neck
<i>PARISRAVI</i> ⁷ Fistula with copious discharge with cavity	KAPHA	Kandu and less painful	Continuous and slimy discharge	whitish
<i>UNMARGI</i> OR <i>AGANTUJA</i> ⁸ Non cryptoglandular without any specific course of track	Trauma to rectum or anal canal – trauma due to foreign body impaction like fish bone etc.,	Kotha of mamsa and rakta infestation with krimi. (gross destruction\gangrene of tissue in perianal area with flow of faeces and presence of worms)	Pus, faeces, flatus, urine, semen etc.,	No specific course of track with gross destruction of perianal area, anal canal and rectum
<i>PARIKSHEPI</i> ⁹ <i>Fistulous track extending all around the anal canal</i>	VATA, PITTA	Curved track is formed all around the anal canal just as a trench Is present all around the fort	Pus and blood	Circular track
<i>SHAMBUKAVARTA</i> ¹⁰ A curve screw type like the ridge of snail or shell	VATA, PITTA, KAPHA	Toda, daha, kandu (pricking, burning pain and itching) migratory pain around the anal canal.	Multicoloured	Tip of greater toe, turns of

				conch, turns of whirpool
<i>RIJU</i> ¹¹	<i>VATA, KAPHA A</i>	Linear track associated with pain	pus	Short and straight track
ARSHOBHAGANDARA ¹² Fistula in ano on a fissure bed associated with sentinel tag	<i>KAPHA, PITTA</i>	Located at the base of arshas (fleshy mass of sentinel tag) featuring pricking pain\burning pain and itching sensation. Suppuration occurs leading to formation of tracks below the Arshas	Because of continuous discharge from the track it always remains moist	Fistula arises following infection of fissure bed with sentinel tag

CASE REPORT

A 38yr/M patient, shop vendor by profession came to Shalya OPD of JSSAMC and Hospital with complaints of multiple openings in peri-anal region and scrotal region with pus discharge and intermittent pain along with itching since 1 year. He also had discomfort in sitting since 1 year.

Patient have no other major systemic illness

N\K\C\O D.M/HTN.

No previous surgical history.

All blood urine routine investigations were performed and found to be under normal range

CLINICAL FINDINGS-

O/E-

INSPECTION- Multiple external openings were seen at 12 o'clock - 5,5.5,6cm away from anal verge respectively at the root of scrotum with pus discharge.

Mild discoloration with dry skin.

External Hemorrhoids at 11,7,5 'o'clock position

No skin tags

PALPATION:

PER DIGITAL – Sphincter tone was normal

No bleeding

No Fissure

PROCTOSCOPIC EXAMINATION – reveals 2nd degree internal Hemorrhoids at 11, 7, 3 'o'clock position

No evidence of any papillae

Internal fistulous opening could not be identified

TREATMENT:**PRE-OP:**

- NBM 4hours prior to surgery
- Informed consent taken
- Part preparation
- Injection -TT 0.5ml IM STAT was given
- Injection Xylocaine –test dose 0.5ml S\C given
- Bowel preparation with Proctoglycerine enema
- IVF –NS-100ml \hour

OPERATIVE

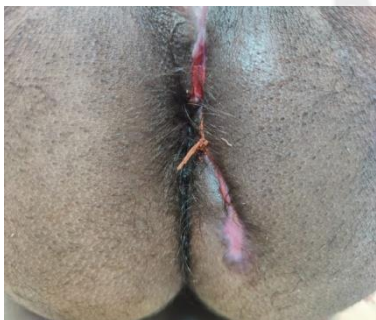
Under all aseptic measures patient was shifted to Major Ot ,under Spinal Anaesthesia patient was given Lithotomy position,part Painted and Drapped ,Lord’s four finger dilatation was achieved,external opening 5cm away from anal verge was probed and internal opening was found at 12’0 clock.Two more 5.5cm and 6cm away from anal verge towards scrotum were also probed .Nick was made at 9’0 clock and 5’0 clock followed by Kshara sutra application to these tracks.Kshara sutra trans ligation and fixation were done for haemorrhoids .Betadine ,peroxide and normal saline wash was given for fistulous track followed by jatyadi taila ribbon guaze packing .Haemostasis achieved ,whole procedure was uneventfull.



High-anal scrotal fistula with Haemorrhoids



Kshara sutra application after probing tracks

After 3rd kshara sutra changeAfter 4th kshara sutra change

kshara lepa was done for remaing track



Healed

ORAL MEDICATION

1. Tablet Gabdhaka rasayana 2-0-2 After food
2. Tablet Triphala guggulu 2-0-2 After food
3. Tablet Amroid 1-0-1 After food
4. Tablet Anuloma ds 1-0-1 After food
5. Syrup Abhyarishta 20ml-0-20ml After food with 20ml water
6. Syrup. Drakshasava 20ml-0-20ml After food with 20ml water
7. Tablet kamaduga with mukta 1-0-1 Before food

DISCUSSION

Kshara sutra therapy is old simple effective therapy in fistula in ano. It is a W.H.O Bench mark for fistula in ano. All types of Anal fistula can be treated with kshara sutra therapy. A technique without division of sphincter muscle and thus without danger of permanent incontinence. Conventional laying-open technique in high anal fistula may involve sacrifice of part or whole of sphincter muscle impairing continence. Kshara sutra is most successful treatment modality for fistula in ano. Kshara sutra has high success rate and least recurrence rate. Various types of kshara sutra has been explained in classics here Apamarga kshara sutra is used which has the property of chedana, bhedana, lekhaana along with pachana, vilayana, shodana, ropana and shoshana¹³. Apamarga kshara sutra is useful in the management of fistula in ano because of its combined effect like eradication of infected Anal crypt along with anti-inflammatory, cleansing, healing and maintain patency of track. In this case study 5 kshara sutra were changed and followed by kshara lepa for local debridement and rapid wound healing. Sitz bath with panchavalka kashaya, Taila poorana with jatyadi taila twice daily regulates vata thereby reducing pain, discomfort and even heals fissure cuts if present.

Conclusion

Bhagandara is a chronic illness which is though not fatal but quite discomforting and troublesome to the patient and puts a deep impact on the quality of life of a patient. Despite many advances in medical sciences, it poses a big challenge to the surgeons as there is no suitable curative treatment available so far, for the same reasons Acharya Susrutha enumerated this disease under Astamahagada. Acharya Susrutha has explained Chedana karma (excision), followed by Kshara or Agni karma. Among all the treatment modalities for fistula in Ano. Chedana along with Kshara sutra proves to be a boon for surgical field which is the only surgical procedure accepted by WHO.

घोराः साधयितुं दुःखाः सर्व एव भगन्दराः ।

तेष्वसाध्यस्त्रिदोषोत्थः क्षतजश्च भगन्दरः ॥¹⁴

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