

A CASE STUDY ON LOW ANAL FISTULA WITH APPLICATION OF PRATISARANIYA KSHARA AFTER FISTULOTOMY

Dr. Kumar Alok*, Dr. Kumar P.Hemantha***, Dr. Singh Narinder **

P.G. Department of Shalya Tantra National Institute of Ayurveda Jaipur 302002, Rajasthan.

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***Correspondence for
Author**

Dr. Kumar Alok

P.G. Department of
Shalya Tantra National
Institute of Ayurveda
Jaipur 302002, Rajasthan.

ABSTRACT

The anal fistula is a track with an external opening in the skin of perianal region and internal opening in the modified skin or mucosa of anal canal or rectum. In today's practice too, the incidence of this disease is very frequent. Anal fistula resembles with the description of *Bhagandar* as described in *Ayurveda*. In the case of low anal fistula, without involvement of any anal sphincters the fistulotomy along with application of *Pratisaraniya Kshara* having benefits like *chedana*, *bhedana*, *lekhana*, *sodhana* and *ropana* properties with early hemostasis, total eradication of infection by chemical debridement of fistulous tract so that reduces the chance of recurrence and enhances

the wound healing and also decrease the duration of treatment as well as recurrence. It offers effective, ambulatory and safe alternative procedure. In the present work we have tried to study the *Pratisaraniya kshara* after fistulotomy with decrease duration of treatment without recurrence.

KEYWORD: *Bhagandar*, *kharakarma*, *kharasutra*.

INTRODUCTION

The true prevalence of Fistula-in-ano is unknown. The incidence of a Fistula-in-ano developing from an anal abscess ranges from 26-38%.^[1] One study conducted by Sainio p.^[2] showed that the prevalence rate of Fistula-in-ano is 8.6 cases per 100,000 populations. The prevalence in men is 12.3 cases per 100,000 populations and in women is 5.6 cases per 100,000 population. The male-to-female ratio is 1.8:1. The mean age of patients is 38.3 years.

The development of *Bhagandar* is proceeded with formation of a *pidika* that known as *Bhagandar pidika*.^[3] in the *gud pradesh*. If proper treatment of *Bhagandar pidika* is not

employed, this will result in development of *Bhagandar*. It is characterized by single or multiple opening around *gud pradesh* (perianal area) with different types of discharge associated with severe pain.

Bhagandar resembles with the description of Fistula-in-ano as described in modern medical science. Fistula-in-ano implies a chronic granulating track connecting two epithelial lined surface.^[4] i.e. anal canal and over skin surface. The anal fistula is a track with an external opening in the skin of perianal region and internal opening in the modified skin or mucosa of anal canal or rectum. Though this disease is not life threatening it produces inconveniences in routine life. It causes discomfort and pain that creates problem in day to day activities. As the wound is located in anal region, which is more prone to infection and persistent pus discharge, irritates the person. The anal fistula is a track called external blind fistula when one opening over the skin of perianal region and there is no internal opening in the mucosa of anal canal or rectum. The modern surgical management of Fistula-in-ano includes Fistulotomy, Fistulectomy, Seton placing,^[5] Ligation of Intersphincteric Fistula Tract (LIFT),^[6,7] Fibrin Glues, Advancement Flaps,^[8] and Expanded adipose derived Stem Cells (ASCs),^[9,10] etc. *Ksharsutra* therapy is still a standard technique for management of *Bhagandar*, employed by *Ayurvedic* surgeons. In the case of subcutaneous low anal fistula, without involvement of any anal sphincters the fistulotomy along application of *pratisarniya Kshara* may having some benefits like early hemostasis, total eradication of infection by chemical debridement of fistulous tract so that reduces the chance of recurrence and enhances the wound healing.

In Ayurvedic surgical practice for the treatment of fistula in ano *Ksharasutra* therapy is the gold standard technique because of having low treatment cost and minimal recurrence rate. In spite of being a very good technique it also having some negative points as sometime treatment duration becomes so prolong, pain during thread changing, bridging of external opening stop drainage that may require widening surgically often, so that patient get irritated. If we use the marvelous actions like *chedana*, *bhedana*, *lekhana*, *sodhana* and *ropana* properties of *Kshara* in the form of *Pratisarniya Kshara* in low anal fistula just after fistulotomy that may decrease the duration of treatment as well as recurrence.

Case Study

A male patient of 32 yrs age approached to *Shalya Tantra* OPD in the National Institute of Ayurveda, Jaipur. He has complained of small swelling with pus discharge in the perianal

region science last 1 month. Swelling decreases after pus discharge and again reappeared few days after stop of discharge. After history taking and physical examination the diagnosis was confirmed as *Bhagandar* i.e. Fistula in ano (Low anal). The all routine investigations were performed and no specific etiology was found, so patient posted for surgical procedure. All aseptic measure were employed during procedure.

MATERIAL AND METHODS

The patient was taken in the lithotomy position and the perianal area washes with the antiseptic solution (10% Povodine iodine). The drape sheets were placed over operative area. The operative site was anesthetized with the infiltration of inj. 2% Xylocain with adrenalin solution. After achieving appropriate anesthesia, copper probes was inserted from external opening and emerge at internal opening. The complete fistulous tract was open with the scalpel along with the probe and a shallow wound was created. The wound was cleaned with hydrogen peroxide solution, povodine iodine 10% solution and Normal saline. Then the *Apamarga theekhsna pratisarniya Kshara* was applied on the flour and edge of wound. Care was taken to avoid blowout of *Kshara* over the margin of wound, which may cause burning of unwanted tissue. After application of *Kshara* we wait up to 5 minutes for *Jambophala varna* appear on the wound. *Acharya Sushruta* stated that after application of *Kshara* appearance of *Jambophala varna* is the sign of *samyak* (proper) *Kshara dugdha*. So we waited for five minutes after that the wound became dark black colour like Jambo phala. After that the *Kshara* was washed with the cotton swab dipped in *Nimbu Swaras* (lemon juice). Again the wound toileting was done with the normal saline. The wound was packed with gauze pieces soaked in antiseptic solution before securing complete hemostasis. A tight T-bandage was applied to complete the procedure.

RESULT AND DISCUSSION

1. During intra operative period whole procedure was performed in local anesthesia so no pain was felt in the patient. After two hours of completion of procedure single dose of analgesic was given for control of pain. No further pain killer was advised to patient. It shows that due two *Kshara* applications the margin of fistulotomy wound were burn so that reduces the pain sensation. This may also due to the neutralization of *Kshara* with *Nimbu swaras*.
2. In this case the bleeding during procedure was minimal i.e. bleeding stops immediately after the application of *Kshara*. The probable mode of action of *Kshara* in bleeding may as,

After application of Kshara it coagulates the vessels as well as cauterize the surrounding tissue, so that reduces the bleeding.

3. After the application Kshara it was noted that the pus discharge during post-operative period was less than other conventional Kshara-sutra therapy. That reason behind reduction in pus discharge may be, due to in fistulotomy we explore the complete tract so there were no available site for the further collection as well as with the tikshna and sukhma Kshara penetrates in the other secondary tract and cauterizes them. So here Kshara worked not only on the primary tract but also the small secondary tract too and reduces the chance of recurrence. The patient was followed up upto three month after complete healing of tract and no recurrence was noted.

4. The reason behind absence of recurrence was that due to complete destroying of the primary focus by chemical cauterization of fistula as well as the draining of other secondary tract. In the post operative period of fistulotomy wound there were no bridging was noted. Bridging of the fistulotomy wound margin is the most initial cause of recurrence but after Kshara application the wound margins are burned and even after approximation these dose.

CONCLUSION

The present case shows very encouraging results of Kshara application on the fistulotomy wound as it is safe, cost effective, very good hemostatic and successful treatment of low anal fistula in ano with very less recurrence. However it must be noted that the fistula should be low anal and patient regularly followed. To make firm the above theory the study should be carried out in large sample size.



Figure 1 Before procedure



Figure.2 Application of Kshara after fistulotomy



Figure 3 After washing of Kshara karma

Figure.4 after completion oftreatment

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