

NON SURGICAL MANAGEMENT OF LOW ANAL FISTULA IN ANO WITH SNUHI KSHARASUTRA- A CASE STUDY

Dr. Nitesh N. Sanap^{*1}, Dr. Ujwala M. Sakarkar² and Dr. Ashwini Fulzele³

Assistant Professor of Shalyatantra Department¹, Professor and HOD of Shalyatantra

Department² and Associate Professor of Kayachikitsa Department³

Dr. Rajendra Gode Ayurved College, Hospital and Research Centre, Amravati, Maharashtra,
India.

Article Received on
09 June 2020,

Revised on 29 June 2020,
Accepted on 19 July 2020,

DOI: 10.20959/wjpr20208-18241

*Corresponding Author

Dr. Nitesh N. Sanap

Assistant Professor of
Shalyatantra Department,
Dr. Rajendra Gode Ayurved
College, Hospital and
Research Centre, Amravati,
Maharashtra, India.

ABSTRACT

A fistula is an abnormal tract or cavity with an external opening in the perianal area that is communicating with the rectum or anal canal by identifiable internal opening. Sushruta based upon its incidence and difficulty in treatment has included *Bhagandara* in *Ashtamahagada* and described it in much detail. Fistula in Ano at modern parlance is common Anorectal condition prevalent in population worldwide. Treatment for fistula is a big challenge before medical as well as surgical world with possible complications. Present study conducted to provide an effective way of management of low anal fistula in adult aged 46 years old male by *Snuhi Ksharasutra*. *Snuhi ksharasutra* used in present study for local application with internal medicines and in total of 10 sittings (weekly once) the *ksharasutra* changed and by the

10th week the tract was completely cut and healed with formation of healthy tissue. The procedure throughout the course was effective in healing the tract, safe, non-irritant and well tolerated by the patient.

KEYWORDS: *Ksharasutra*, *Snuhi*, fistula in ano, non-surgical, low anal.

INTRODUCTION

Anorectal diseases cause great discomfort making one's life miserable. *Arsha* (Hemorrhoids), *Parikartika* (Fissure in Ano), *Bhagandara* (Fistula in Ano) are common anorectal diseases amongst population globally. Among them *Bhagandara* comes under the *Ashtamahagada* by *Acharyas* of *Ayurveda*. *Bhagandara* is one of the oldest diseases known to the world of

medicine. The word *Bhagandara* is the combination of ‘‘bhaga’’ and ‘‘darana’’. *Bhaga* word includes all the anatomical structures around the *guda*. *Darana* means tear of surface associated with pain. When a *vedanayukta shoph*a (painful inflammatory swelling) is formed in *gudapradesh* within the vicinity of 2 *angula* which becomes *pakwa* and cause *daarana* in *bhaga*, *guda* and *vastipradesha* then it is called *bhagandara*.

Fistula in ano at modern parlance is a common anorectal condition prevalent in the populations worldwide second after hemorrhoids. A Fistula in Ano is chronic abnormal communication, usually lined to some degree by granulation tissue which runs outwards from the internal opening to external opening on the skin of the perineum or buttock. It is classified as simple or complex. Simple fistula includes low transsphincteric and intersphincteric fistula that cross <30% of the external sphincter. The term complex fistula refers to any of these conditions that is, the track crosses >30% to 50% of external sphincters.

CASE HISTORY

This is a case of 46 years old male visited to Dr. Rajendra Gode Ayurved Hospital and Research center Amravati with complaints of recurrent boil near anus with on and off pus discharge from the boil since 1 year, condition aggravated since 2 months with itching over boil area.

Patient name: xyz Age: 46 years old

Address: Bodna, Amravati 1st Visit date: 04/01/2020 Recovery date: 20/04/2020

Family history: N/H/O: HTN/DM/KOCHS or any other major illness.

General examination

GC: Moderate Temp: Afebrile CVS: S1S2 NAD

RS: AEBE Clear

BP: 130/80 mmhg, P: 87/min

Digestive system: appetite: reduced, Bowel: Constipated

Local examination

Per rectal examination revealed an external opening at the 7 ‘o’ clock position with avorted edges and pus discharge. It was gently palpated by doing a digital examination. A small tract roughly measuring **5 cm** was identified with internal opening in the anus.

TREATMENT

Method of Preparing Ksharasutra

Ksharsutra was prepared by standard method and guide lines laid down by ICMR, using latex of *Snuhi*(*Euphorbianerifolia*L.), *Apamarga Kshara*(*Achyranthesaspera* Linn.), *Haridra* (*Curcuma longa*Linn.) powder and Barbour thread No. 20. The prepared sutra was placed in cabinet to make it free from contamination and sterilization.

Preoperative procedure

- Well informed and written consent
- Preparation of local part
- Inj. T.T 0.5 ml IM stat
- Inj. Xylocaine sensitivity test 0.1 ml intra dermally
- Physical fitness
- Phosphate enema before night of surgery and at the day of surgery

Operative procedure

- Under all aseptic precautions spinal anesthesia given to patient in sitting position and lithotomy position attained
- Painting and draping of local part done
- Lord's dilataion done upto 3 fingers
- Assesement of fistula tract done with copper probe
- Then eye probe with ksharasutra introduced through tract and brought out from the internal opening and tied at both ends
- Complete hemostasis achieved and anal pack kept

Post-operative procedure

Antibiotics: inj. Monocef 1gm BD	}	3 days
Inj. Metro 100 ml 1BD		
Antacid: Inj. Pan 40 1 OD		
Analgesic: Inj. Dynapar 75mg 1ml SOS		

Oral medications

- Tab. Amoxyclav 625 1BD
- Tab. Intagesic-MR 1BD

- Tab. Pantocid-D 1OD
- *Triphala Guggul Vati* - 2tds \times 30 days
- *Gandhaka Rasayana* – 2tds \times 30 days
- *Panchasakar Churna*—2 tsp at bed time with lukewarm water till cutting of complete tract.
- *Jatyadi Tail Basti* 10ml twice a day till cutting of complete tract.
- Hot Sitz Bath with hot water (heat bearable to patient) for 10 minutes till cutting of complete tract.

The patient was educated about administration of Basti and Sitz bath on first day and asked to continue said as above.

Follow up

Patient was discharged from the hospital after 1st *ksharasutra* application then asked to come at every 7th day for the same till the cutting of complete tract.

OBSERVATION AND RESULT

The patient was reviewed weekly once and the seton (*snuhi ksharasutra*) was changed (weekly once) for 10 weeks. During the 10th visit the tract was completely cut and cut wound healed within next week.

The length of threads were measured every week and recorded to assess cutting. The cutting rate per week was measured as follows:

$$\text{CRW} = \text{Total length of the fistula} / \text{total treating days} \times 7$$

The **CRW was 0.5cms per week** in the present study. Pus discharge and itching decreased by the end of 1 week, there was no sign of inflammation or irritation experienced by the patient after placing the Seton.

DISCUSSION

Ideal surgical treatment for anal fistula should aim to eradicate sepsis and promote healing of the tract, while preserving the sphincters and the mechanism of continence. However, the risk of potential damage to the anal sphincters and subsequent poor functional outcome remains in a large proportion of patients with high fistula when the tract crosses more than 30%-50% of the external sphincter, and with recurrent or complex fistula with multiple extensions or

separate tracts.

In this case patient came with *Pakwa* state of the condition wherein Patient needed immediate *Bhedana* of track by *Ksharasutra* treatment. This gradually heals the fistulous tract with the integrity of sphincters with the anal canal. *Ksharasutra* is a scientifically validated treatment in the management of *Bhagandara*. The application of *Ksharasutra* is having anti-inflammatory and anti-microbial property and due to its alkaline property helps in cutting and healing. Cutting mainly occurs due to local action of *snuhi kshara* and the mechanical pressure of *ksharasutra* knot. *Haridra* powder having antiseptic action helps in healing of the tract. The adjuvant drugs were prescribed to achieve better outcome of the surgical management. *Triphala Guggul vati* helps in the postoperative wound healing. *Gandhaka Rasayana* was found equally effective in preventing the secondary infection as the chances of secondary infection is high because there is presence of discharge from the tract till the thread is in situ. Hot Sitz Bath promoted relaxation of bladder sphincters in case of retention of urine and helped to pass the urine easily, particularly in painful situation. *Panchasakar Churna* acts as *virechana* to move the vitiated *doshas* in the body. *Jatyadi tail basti* acts in a wound cleaning and healing process.

CONCLUSION

Features of *Bhagandara* are at par with Fistula in ano explained in text books of surgery. Cases of fistula have been raised in few decades. Incidence *Ksharasutra* therapy is a radical cure in the treatment of *Bhagandara* without complications and recurrence. *Ksharasutra* therapy can be done in a small setup with a minimal equipment and instruments and moreover the patients remain ambulatory during the whole course of treatment is an additional advantage in comparison to conventional therapy for fistula in ano. It is a simple, safe and sure shot treatment for low anal fistula. *Snuhi Ksharasutra* is a reliable therapy in the management of fistula in ano.

REFERENCES

1. Acharya Sushruta, Sushruta Samhita; Dalhana, Nibandasangraha commentary; Edited by Jadavji Trikamji Acharya and Naarayan Ram Acharya; Chowkhambha Surabhaarati Prakaashana, Varanasi, 1st edition; Reprint 2008; Sutrasthana 33/4.
2. Vaman Shivram Apte, Sanskrit Hindi Kosha; ISBN (Hardbound): 8120820983, 9788120820982, Year of Pub.: 2015, Edition: 12th reprint.
3. Acharya Sushruta, Sushruta Samhita; Dalhana, Nibandasangraha commentary; Edited by

- Jadavji Trikamji Aacharya and Naarayan Ram Aacharya; Chowkhambha Surabhaarati Prakaashana, Varanasi, 1st edition; Reprint 2008; Nidaanastana 4/3.
4. Lobo SJ, Bhuyan C, Gupta SK, Dudhamal TS. A comparative clinical study of Snuhi Ksheera Sutra, Tilanala Kshara Sutra and Apamarga Kshara Sutra in Bhagandara (Fistula in Ano). *Ayu.*, 2012 Jan; 33(1): 85-91. doi: 10.4103/0974-8520.100319.
 5. Bailey & Love's Short Practice of Surgery Edited by Norman S. Williams, Christopher
 6. J.K. Bulstrode, P. Ronan O'connell, Hodder Arnold publications UK, Twenty Fifth edition, 2008.
 7. ISRN Surgery Volume 2011 (2011), Article ID636952, 5 pages.
 8. Williams, J. G., Farrands, P. A., Williams, A. B., Taylor, B. A., Lunniss, P. J., Sagar, P. M., Varma, J. S. and George, B. D. (2007), The Treatment of Anal Fistula: ACPGBI Position Statement. *Colorectal Disease*, 9: 18–50. doi: 10.1111/j.1463-1318.2007.01372.x.
 9. Acharya Agnivesha, Chakrapani, Ayurveda deepika commentary; Edited by Jadavji Trikamji Aacharya; Chowkhambha Surabhaarati Prakaashana, Varanasi, 8th edition; 2004; Chikitsastana 12/97.
 10. Dr. Hemanta Kumar Panigrahi, Mr. Rakesh Rani, Dr. M.M. Padhi, and Dr. (Prof) G.S. Lavekar, Clinical Evaluation of Kshara sutra Therapy in the management of Bhagandara (Fistula- in-Ano)- A prospective study *Anc Sci Life*, 2009 Jan-Mar; 28(3): 29–35.