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AYURVEDA MANAGEMENT OF FISTULA IN ANO BY KSHARASUTRA: A CASE REPORT

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ABSTRACT

"Anal" fistulas are tracks that join the rectum or anal canal, usually running parallel to one or more external openings. The rectum does not often communicate over long distances. The recurrence of the illness poses issues, especially in high-level and remote communications. Ksharasutra therapy, commonly referred to as medicated Seton therapy, is a highly effective treatment for challenging anal fistulas in India. This article provides a detailed account of a 40-year-old male patient who had a successful outcome with ksharasutra ayurvedic treatment for his anomalous fistula.

KEYWORDS: Fistula, Bhagandara, Ksharasutra, fistula in Ano.

INTRODUCTION

An uneven, chronic, granulation tissue-lined tube that connects the anorectal lumen's internal opening to the perineum or other surrounding structures is known as a fistula-in-ano.[1] An infection in the anal glands results in an abscess forming in the intersphincteric plane, which is the source of most anal fistulas. From that point on, sepsis can spread in four different ways, opening blindly, externally, or internally.[2] Because fistulas include a greater involvement of the sphincter musculature (>30%) and the spread of sepsis into deeper or several planes, they are complicated in nature and pose treatment issues.[3] An irregular tract that extends from the anal canal to the skin's surface is the hallmark of fistula-in-ano, which is frequently caused by untreated perianal abscesses. Modern medicine treats it using a variety of surgical techniques that have significant recurrence rates and variable success rates. The similar illness known as Bhagandara is discussed in Ayurveda, along with particular treatment methods such Ksharasutra, which uses medicated threads to regulate and repair fistulous tracts. By examining Ksharasutra's effectiveness in treating Fistula-in-Ano, this case

study seeks to highlight the significance of Ayurvedic concepts in modern clinical practice. Anal fistula is referred to as bhagandara in the Ayurvedic traditional Indian medical system. It is a surgical illness that can be treated by either excision or laying open. In addition, the Indian surgeon Sushruta recommended a different, risk-free, and minimally invasive course of treatment that involved the use of a medicinal seton called a ksharasutra.[4] The traditional therapeutic approach calls for applying the ksharasutra snugly in the fistulous track using a probe to go from one end (opening) to the other. This is done once a week utilizing the railroad technique. The entire track is therefore gradually laid open by chemical fistulectomy as well as mechanical pressure, with an average cutting and healing rate of 1 cm per week, as a result of the medications coated on the thread gradually dissolving and causing lysis of the unhealthy granulation tissue.[5]

CASE PRESENTATION

In this case report, a 40-year-old male patient initially complained of pain and pus discharge from his perianal area for the previous eight months when he visited our outpatient department at Shalya Tantra Ayurveda Hospital. Perianal area around 3-4 cm from the anal margin. On a digital per rectal examination, there is also an internal entrance at the 12 o'clock position into the anal canal at the dentate line. Confirming the location of the Bhagandara's internal aperture also involved probing.

H/O present illness

The patient was normal two month ago. He gradually developed painful swelling in the sub-scrotal and perianal regions. The swelling gradually increased in size and spontaneously opened 20 days ago, along with mild pus discharge.

Personal History

Diet	Mixed food diet, takes chicken/ mutton occasionally.
Appetite	Good
Sleep	Disturbed due to pain.
Micturition	4-5 times during the day; 1-2 times during the night
Bowel	Regular, once /day, soft in consistency
Habits	Coffee - 2 times/day
Addictions	None

General examination

Tongue	Uncoated
Pulse	78 beats/ min
BP	110/80 mm of Hg
Temperature	97.4° F
Respiratory rate	18 cycles/min
Height	175 cm
Weight	69 kgs
Built	Moderately
Nourishment	Well-nourished
Pallor	Absent
Clubbing	Absent
Lymphadenopathy	Absent
Edema	Absent

Per Abdomen Examination Inspection

- Shape of the abdomen - normal, scaphoid, no distention.
- Umbilicus - inverted, centrally placed
- No visible peristalsis.
- No scar marks noted

Palpation

- Soft
- Non-tender

Local Examination

Position of the patient - Lithotomy

Inspection

- Swelling in the anterior perianal region.
- Small external opening in the anterior midline approximately 4 cm away from the anal verge with mild pus discharge.
- No presence of any sentinel piles.

Digital examination

- Normotonic sphincter
- Tenderness present in the anterior wall
- The internal opening felt at the 12 o'clock position.

Probe examination

On passing the steel probe from the external opening, a probe was directed downwards (which was the least path of resistance), and the fistulous track was traced opening into the internal opening at the 12 o'clock position (anterior midline).

Proctoscopy Examination

• No internal haemorrhoids or polyps were noted.

Investigations

- Hb - 14g%
- WBC - 8530 cells/cumm
- DC - within normal parameter
- RBC - 5.63 million/cumm
- PCV, MCV, MCH, MCHC, RDW - within normal parameters
- Platelet - 2.87 lakhs/cumm
- ESR - 15 mm/hr
- RBS - 89 mg/dL
- CT - 5' 10''
- BT - 1' 55''
- HIV 1 & 2 - non-reactive
- HbSAg - non-reactive

Therapeutic Intervention

Preoperative investigations revealed all blood test and erythrocyte sedimentation rate (ESR), while all other investigations were within normal parameters.

Preoperative Procedures

- Patient consent taken.
- Before a day patient bowel clear by haritaki churna.
- All aseptic measures taken.

Intervention

Apamarga Kshyar sutra

Operative Procedure

The patient was positioned in lithotomy. The surgical field was prepared with painting and draping, followed by local anaesthesia infiltration using 2% xylocaine. A probe was inserted to identify the internal opening, and due to the length of the fistulous tract. A cruciate incision was made to facilitate drainage of pus and improve access to the surgical field. Subsequently, an Apmarga ksara sutra (medicated thread) was inserted behind the probe, the probe was removed, and the Ksharasutra was tied. The wound was dressed meticulously to ensure proper closure and haemostasis was achieved before shifting the patient to the postoperative ward.

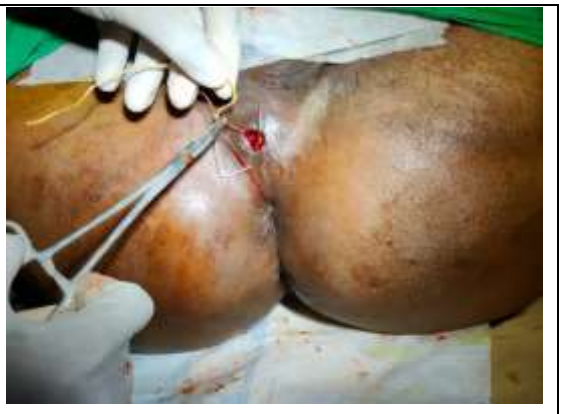
Postoperative

Patient Vital signs including blood pressure, pulse rate, temperature, and oxygen saturation were monitored hourly for the next six hours. Medications prescribed included Triphala guggulu 2 tab twice daily, Additionally, Haritaki churna 5 gm at bed time with luke warm water, advised. The patient was instructed to take sitz baths in warm water with a few drops of iodine solution and ensure regular cleaning and dressing of the wound.

Follow up

Follow up in every week and antiseptic dressing with thread changed.

OBSERVATION AND RESULTS



Note

After 3 months of treatment patient anal fistula wound healed completely and patient got cured.

DISCUSSION

The ancient Ayurvedic physician and surgeon Acharya Sushruta divided the therapy of fistula-in-ano, or Bhagandara, into four categories: Bheshaja, Ksarakarma, Agnikarma, and Shastrakarma. Treatments including Seton ligation, fistulotomy, and fistulectomy are often used in modern medicine. On the other hand, there is a higher risk of recurrence and consequences from these treatments, such as postoperative bleeding, infection, pain, and delayed healing. In contrast, because to its low recurrence rates and few problems, Ksharasutra ligation has a number of benefits. It avoids problems that can arise from traditional surgical techniques, such as anal stricture and fecal incontinence. The special qualities of Ksharasutra, which include both cleaning (Shodhana) and healing (Ropana) qualities, are responsible for its effectiveness.

CONCLUSION

A tubular structure with openings in the anorectal canal and perineal skin is the defining feature of fistula-in-ano, a persistent inflammatory disorder. This clinical entity is comparable to the Bhagandara notion in Ayurveda. In just three months after operation, the fistula in this study completely healed, allowing for debridement and avoiding bacterial infections. Ksharasutra therapy is appropriate for a variety of fistulous tract types since it has the dual benefit of cutting and mending at the same time. Because Ksharasutra treatment has fewer side effects and allows patients to return to their regular activities sooner, we conclude that it is a better alternative for treating fistula-in-ano.

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