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EFFECT OF DASHANGA LEPA ON PERIFISTULOUS CELLULITIS AND TENDERNESS IN FISTULA-IN-ANO: A CASE REPORT

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ABSTRACT

Background: An aberrant tract between the anorectal lumen and the perianal skin is the hallmark of fistula-in-ano (Bhagandara), a chronic anorectal disease. The fistulous disease may be accompanied by local inflammatory symptoms such soreness, swelling, induration, cellulitis, and discharge. Bhagandara is classified by Ayurveda as one of a number of conditions involving ulcerative/discharging lesions and suppuration. A traditional topical formulation called Dashanga Lepa can be used as a supplement to treat localized inflammatory symptoms. **Case Presentation:** Dashanga Lepa was applied locally to treat a patient with a clinically confirmed fistula-in-ano and related local inflammatory alterations. The prepared Lepa is applied on the perianal/perifistulous area in the clinical photo that is currently accessible. Pain, tenderness, swelling, induration, cellulitis, discharge, and local wound features should all be included in baseline and follow-up evaluations. **Intervention and Results:** In accordance with the treatment plan, Dashanga Lepa was administered locally. Using predetermined criteria, the clinical response was evaluated. When surgical therapy was necessary, the technique was regarded as an additional local remedy rather than a replacement for definitive fistula management. In conclusion, Dashanga Lepa might be used as an adjuvant to lessen the local inflammatory symptoms of fistula-in-ano. To prove its

effectiveness and safety, controlled clinical trials using standardized outcome measures are needed.

KEYWORDS: cellulitis; Ayurveda; Dashanga Lepa; Bhagandara; Fistula-in-Ano; pain; local therapy.

1. INTRODUCTION

A persistent pathological contact between the perianal skin and the anorectal lumen is known as fistula-in-ano. Patients may have one or more external openings, purulent discharge, edema, intermittent abscess formation, and recurring perianal discomfort. In addition to having a negative impact on local comfort and wound condition, the inflammatory component around the external opening might result in discomfort, induration, erythema, and cellulitis.

According to Ayurveda, Bhagandara is a significant guda-pradesha condition that causes discomfort, swelling, suppuration, and discharge. The lesion's features and stage determine the course of treatment.

Local measures may be useful for controlling inflammatory manifestations, while an established fistulous tract may require definitive surgical or parasurgical management.

Dashanga Lepa is a polyherbal topical formulation traditionally used in inflammatory and painful conditions. The present case report focuses on its adjunctive use over the perifistulous inflammatory area, with emphasis on clinical parameters such as tenderness, swelling, cellulitis and discharge.

2. AIM AND OBJECTIVES

Aim: To document the clinical role of Dashanga Lepa as an adjunctive local intervention in fistula-in-ano with associated inflammatory changes.

- To assess the change in pain and tenderness after local application of Dashanga Lepa.
- To assess changes in local swelling, induration and cellulitis.
- To observe changes in discharge and local wound condition.
- To document the treatment protocol and clinical response photographically.
- To assess the feasibility of Dashanga Lepa as an adjunct to standard management of fistula-in-ano.

3. CASE PRESENTATION

Patient details should be completed from the actual case record. The following fields are provided to avoid inventing clinical information.

Patient ID	**xyz**
Age / Sex	39
Occupation	Farmer
Chief complaints	Pain, swelling, discharge
Duration	28 days
Past history	No
Previous treatment	Medication- Triphala Guggulu,Tab Saptvishnti Gug., Panchsakar churna
Personal/family history	Bowel- Constipated, Bladder- Clear, Sleep- Apnea, App- poor No Significant family history
Local examination	External opening(s) both side, site- 11 Oclock & 1 Oclock, tenderness- +nt, swelling-+nt, induration, discharge + nt
Final clinical diagnosis	Fistula-in-ano (Bhagandara) with associated local inflammatory changes, if confirmed clinically.

4. CLINICAL PHOTOGRAPH



Figure: 1. Clinical Photograph Showing local Application of Dashanga Lepa over the Perianal/Perifistulous Inflammatory Area.



Figure: 2. Follow-up Clinical Photograph Showing a Reduction in the Perianal/Perifistulous Inflammatory area following the Application of Dashanga Lepa.

Note: The photograph documents the topical application. The exact fistula anatomy, internal opening, tract course, and sphincter involvement should be reported only from clinical examination, proctoscopy/EUA, and/or MRI findings.

5. INTERVENTION/TREATMENT PROTOCOL.

Parameter	Details
Formulation	Dashanga Lepa
Method of preparation	Prepared according to the classical formulation and institutional procedure followed in the study.
Site of application	Perifistulous/perianal inflammatory area, avoiding direct application into the fistulous tract unless specifically prescribed.
Quantity	3–5 g per application, as documented in the treatment protocol.
Duration	28 days, if consistent with the actual treatment period.
Dressing	Daily dressing, with appropriate local wound care and hygienic precautions.
Concomitant treatment	"No additional medication was administered specifically for the inflammatory changes during the observation period."
Definitive fistula treatment	"No definitive surgical intervention for fistula-in-ano was performed during the observation period."

6. ASSESSMENT PARAMETERS

Clinical assessment should be recorded at baseline and at predefined follow-up visits.

Parameter	BT / Day 0	Follow-up	AT / Final
Pain (VAS 0–10)	7/10	4/10	2/10
Tenderness	Grade 3 (Severe)	Grade 2 (Moderate)	Grade 1 (Mild)
Swelling	Grade 3 (Severe)	Grade 2 (Moderate)	Grade 1 (Mild)

Cellulitis/erythema	Grade 3 (Marked)	Grade 2 (Moderate)	Grade 1 (Mild)
Induration	Grade 3 (Severe)	Grade 2 (Moderate)	Grade 1 (Mild)
Discharge	Grade 3 (Profuse)	Grade 2 (Moderate)	Grade 1 (Minimal)
Size of inflammatory area	6 × 5 cm	4 × 3 cm	2 × 2 cm
Local wound condition	Inflamed wound with redness, swelling and discharge	Reduced inflammation and discharge	Improved wound condition with minimal inflammation

Recommended clinical parameter grading

A Visual Analog Scale (VAS) with a range of 0 to 10 can be used to measure pain. A predetermined ordinal scale suitable for the study protocol may be used to grade tenderness, edema, and discharge. Every visit should ideally employ the same examination and measurement technique.

7. RESULTS

After therapy, include the actual observations. Unless they are derived from the documented case data, do not report improvement percentages or statistical significance.

Outcome	**Pre-treatment**	**Post-treatment**
Pain	VAS score 7/10	VAS score 2/10
Tenderness	Grade 3 (Severe)	Grade 1 (Mild)
Swelling	Grade 3 (Severe)	Grade 1 (Mild)
Cellulitis/erythema	Grade 3 (Marked)	Grade 1 (Mild)
Induration	Grade 3 (Severe)	Grade 1 (Mild)
Discharge	Grade 3 (Profuse)	Grade 1 (Minimal)
Size of inflammatory area	6 × 5 cm	2 × 2 cm
Local wound condition	Inflamed wound with redness, swelling, and discharge	Improved wound condition with minimal inflammation

8. DISCUSSION

Pain, discomfort, swelling, induration, and discharge are all possible signs of the inflammatory component of fistula-in-ano. A topical treatment targeting the local inflammatory milieu may alleviate symptoms. The stage and presentation of the lesion can determine how the clinical aspects relate to shotha, vedana, paka, and srava from an Ayurvedic standpoint.

One type of topical polyherbal preparation is Dashanga Lepa. In such a situation, a Lepa's potential therapeutic justifications include local effect on inflammatory symptoms, discomfort reduction, and support of local tissue condition. Any suggested antibacterial, anti-

inflammatory, or wound-healing mechanism should be backed up by relevant phytochemical or pharmacological research and shouldn't be claimed to be demonstrated based only on one instance.

Importantly, topical Lepa should be described as an adjunctive measure when an established fistulous tract is present. A fistula may persist because of its epithelialized tract and internal opening; therefore, definitive management should be based on fistula anatomy, sphincter involvement, abscess status and accepted surgical/parasurgical indications.

9. LIMITATIONS

- This is a single-case observation and cannot establish efficacy.
- The exact fistula anatomy cannot be determined from the clinical photograph alone.
- Objective outcome measures and standardized follow-up are necessary for stronger evidence.
- The effect of concomitant treatments and definitive fistula procedures should be clearly separated from the effect attributed to Dashanga Lepa.

10. CONCLUSION

Dashanga Lepa might serve as a supplementary local treatment for inflammatory symptoms like tenderness, swelling, induration, and cellulitis linked to fistula-in-ano. This case report features a clinical photograph illustrating the local use of the Lepa. Any definitive conclusions concerning its effectiveness should rely on documented findings from before and after treatment, ideally backed by larger controlled clinical trials.

11. PATIENT CONSENT

Written informed consent for treatment and publication of clinical photographs should be obtained from the patient. The photograph should be cropped/edited to avoid unnecessary identifying information.

Consent obtained: Yes; Signature/record: Patient’s written informed consent form on record.

12. DECLARATIONS

Conflict of Interest: The authors declare that there is no conflict of interest.

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Author Contributions: Dr. Prince Meena contributed to patient management, clinical data collection, literature review, and manuscript preparation. Prof. (Dr.) Rajesh Kumar Gupta provided supervision, critical review, and guidance in manuscript preparation. Both authors reviewed and approved the final manuscript.

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