

## A CASE STUDY OF PARTIAL FISTULECTOMY WITH KSHARSUTRA LIGATION IN TRANSSPHINCTERIC FISTULA IN ANO

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Article Received on  
12 Jan. 2024,

Revised on 01 Feb. 2024,  
Accepted on 22 Feb. 2024

DOI: 10.20959/wjpr20245-31470



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### ABSTRACT

The anal fistula is a track that has an internal opening in the modified skin or mucosa of the rectum or anal canal and an external opening in the skin of the perianal region. The prevalence of this disease is also relatively high in modern practice. It is associated with *Bhagandar* in Ayurveda, and *Acharya Sushruta* listed five varieties of *Bhagandar*. For the radical therapy, he had described *Kshara karma*, *Bheshaja chikitsa*, and *Shastra karma*. Here, a case study of a Transsphincteric fistula in Ano will be provided. This case has a history of recognized modern treatments, recurrences even after many surgical operations, and long- term usage of antibiotics that are either non-specific or particular to the current generation. This 54 year female patient was thoroughly examined and investigated for its classical clinical features of said disease in *Shalya Tantra* OPD in M.M.M. Govt. Ayurved Hospital, Udaipur. Patient has been treated with Partial fistulectomy

followed by *Ksharasutra* ligation, considering it as an ideal procedure in treatment of *Bhagandar*. The complete details have been dealt here with all relevant clinical materials.

**KEYWORDS:** *Bhagandar*, Partial fistulectomy, *kshara sutra*, Transsphincteric fistula in Ano.

### INTRODUCTION

The *Ksharsutra* method is a widely accepted Ayurvedic parasurgical technique used to treat difficult anorectal diseases, such as anorectal fistulas. In his teachings, renowned Indian

surgeon *Dhanwantri* has described how *Kshara* is used to treat complex illnesses like *Bhangandar* and others for whom surgical methods are either impossible or inappropriate because of certain conditions in the area.<sup>[1]</sup> A fistula is characterized in contemporary medicine as a persistent, granulating tube track made of fibrous tissues with two apertures that connect two distinct epithelium. Usually, a cryptoglandular infection and an anorectal abscess precede the development of a fistula-in-ano. Pain, discharge, itching, and social embarrassment are typical symptoms.<sup>[2]</sup> *Bhagandara*, according to *Sushruta*, can be divided into five subgroups according to the following criteria: the involvement of dosha; the shape and type of external openings (*Bhagandaripidika*); the tract's shape; and the discharge's character. Whereas Parks et al., classification says Low intersphincteric, Transsphincteric, Extrasphincteric and Supralevator Fistula.<sup>[3]</sup> Inspection, Palpation Local examination, digital rectal examination (DRE), Probing, and Radiological imaging is primary methods of diagnosis. It rarely cured by medical treatment and operative results of high anal fistula is notorious. About 50% cases of fistulae are low anal types which are cured by surgery. The recurrence and impairment of anal continence is the main complications of surgery. An average recurrence rate of anal fistula after operation is 50% as reported from different centres of world (Goligher J.C., Deshpande P. J.). In addition, our great surgeon *Sushruta* explains that in cases of weak, debilitated patients, either female or child, or a combination of these, *Ksharasutra* and *Chedana karma* (fistulectomy, or excision of the fistulous tract) can be used to cure fistulas.<sup>[4]</sup>

## CASE REPORT

A 54 years old female patient visited in outpatient department of *Shalya Tantra*, M.M.M. Govt. Ayurved Hospital, Udaipur, with complaints of pus discharge and itching since 15 days with perianal pain since last two month.

On inspection in lithotomy position one external opening was observed at 7 O' clock about 5 cm away from the anal verge anteriorly with normal perianal skin (P/R findings).

According to patient he was apparently well 2 month back after that he got pain in perianal region. Before 15 days back he got pus discharge and itching in ano so he came to *Shalya Tantra* OPD No. 1 and she was admitted in female surgical ward for further treatment. All regular investigation done for pre-operative assessment.

No any past history of hypertension, diabetic mellitus, tuberculosis and any drug reaction.

On local Examination there was a painful pus discharge at 7 o' clock position. On Digital Rectal Examination there was normal sphincter tonicity. On Proctoscopy – no abnormality was detected.

She was investigated for Fistulogram and 5 cm long fistula was noted in right perianal region with one external openings at 7 O'clock position and one internal opening at 7 O'clock at level of dentate line.

## METHODOLOGY

### Pre-operative

Patient was advised nil by mouth from 6hr. before surgery. Written inform consent was taken. The local part of patient was prepared. Procto-Clysis enema was given in early morning before procedure. Inj. T.T. 0.5cc IM and sensitivity test for inj. Xylocaine 0.1% ID was done.

### Operative

In operation theatre, 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, specially designed and manufactured malleable copper probe was inserted from external opening of the fistulous tract and emerge at internal opening.

The excision of the fistulous tract by coring method was done from external opening upto the external anal sphincter with help of surgical blade no. 15 as well as electric cautery. After that *Ksharasutra* was applied in remaining part of the tract. After proper haemostasis excised wound was packed with betadine gauze and applied T-Bandage.

### Post-operative

As 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. From next morning, patient was advised to take Sitz bath with *Panchavalkala Kwath* thrice a day (before defecation in the morning, just after defecation as well as before going to bed at night and then specific therapeutic dressing with *Jatyadi Tail* had been started daily. 3 gm *Trifgol* powder with luke warm water at bed

time was prescribed to relieve constipation. *Ksharasutra* was changed with a new one by railroad technique on weekly interval and the length of thread as well as the condition of wound was noted to assess the unit cutting time (UCT) and healing till the complete healing of fistulous tract.

## RESULT AND DISCUSSION

On 1st postoperative day the *Ksharsutra* was in situ, wound was healthy, and no pus discharge and no oozing present. Sitz bath with *Panchavalkala Kwath* was advised and dressing of wound with *Jatyadi Tail* was done daily.

Wound of partial fistulectomy was healed earlier with dressing by *Jatyadi Tail* which improves the quality of life of patient. *Ksharsutra* was changed on weekly interval with new *Ksharsutra* after applying 2% xylocaine jelly by railroad technique till complete cut through and healing of fistulous tract. The length of *Ksharsutra* thread was recorded to assess progress of cutting and healing on every change. On post-operative 5th week, the wound became cleaned and healing was promoted with healthy granulation tissue.

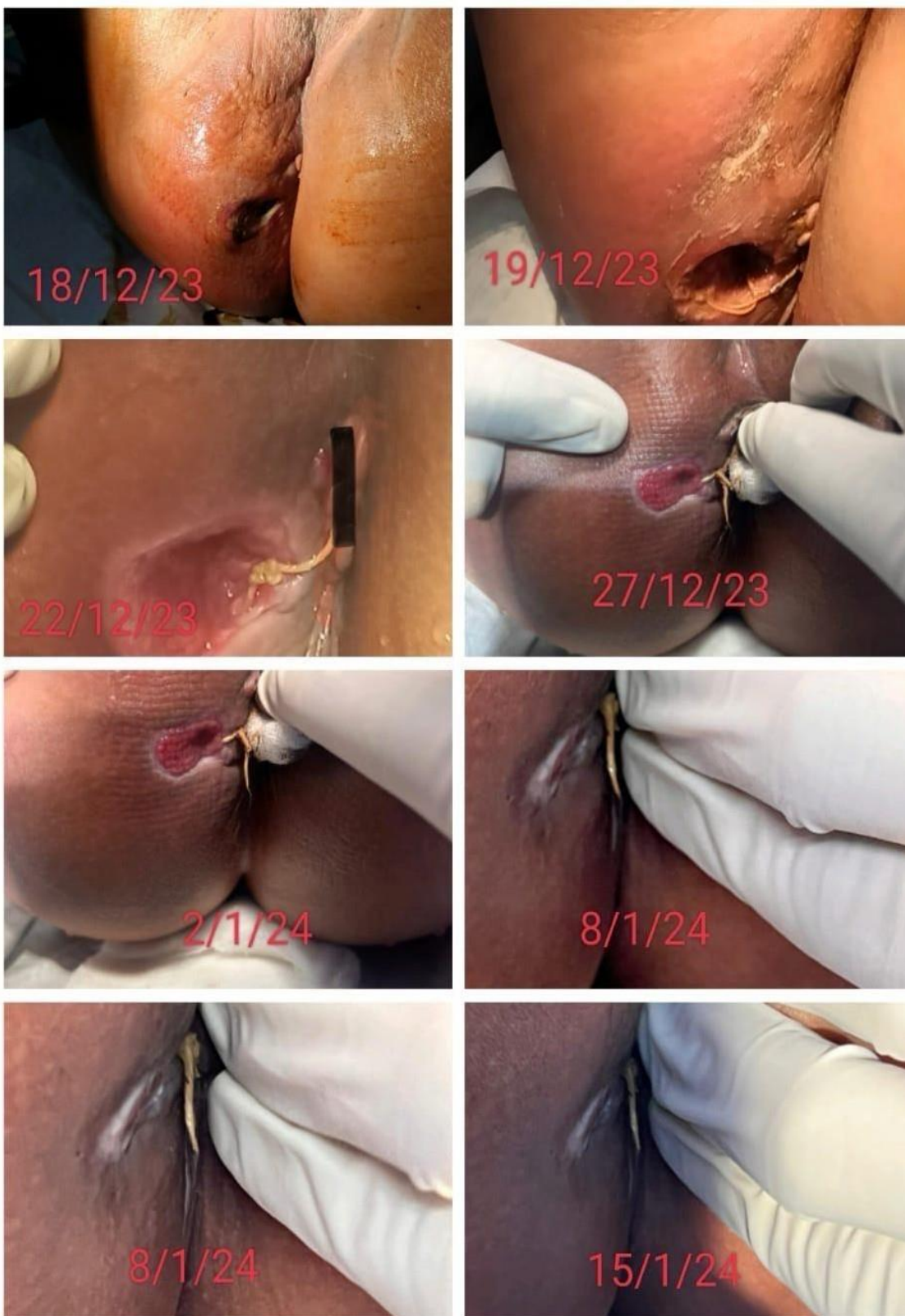
Sitz bath with *Panchavalkala* decoction and dressing with *Jatyadi Tail* was continued along with *Ksharasutra* change and there was healthy granulation, epithelialization and contraction of wound was observed. Total 8 weeks were required for complete cutting and healing of fistulous tract. The unit cutting time (UCT) of fistulous tract case was 6 days per cm. The applied *Kshara* on thread has anti-inflammatory and anti-microbial activity.

Alkaline nature of *Kshara* cauterizes dead tissue and facilitates cutting as well as healing.<sup>[5]</sup> Due to alkaline pH of *Ksharasutra* local infection was under control which helps to healing. *Ksharsutra* has combined effect of all three drugs (*Apamarga Kshara*, *Snuhi Ksheera* and *Haridra*) and said to be unique drug formulation for cutting and healing of fistulous tract.

*Panchavalkala* decoction has cleaning and wound healing properties respectively so it helped to kept wound clean and promoted healing of wound.<sup>[6]</sup>

In plain *Ksharsutra* the required time for cut through and healing of wound is more, so patients are mentally disturbed with this disease. So, *Ksharsutra* has effect of simultaneously cutting and healing of muscles and should be established as sphincter saving treatment modality for fistula-in-ano. Hence, to reduce chances of incontinence, to minimize the time requirement, to drainage the pus or discharge from track, early return to routine workout, to

minimize hospital stay multipurpose intervention like, partial fistulectomy with *Ksharsutra* application is said to be the best option observed in this case report.





## CONCLUSION

This case study demonstrated that early healing without anal incontinence by partial fistulectomy with *Ksharsutra* application in the management of *Bhagandara* (Fistula-in-ano). Hence Partial fistulectomy with *Ksharsutra* application is said to be the safe and best option observed in this case report. As it is a single case study so it requires more number of cases for concrete conclusion.

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