

FISTULA IN ANO AND SINUS TRACK TREATED WITH SINGLE APAMARGA KSHARASUTRA - A CASE STUDY

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ABSTRACT

Fistula-in-Ano is track lined by unhealthy granulation tissue which connects perianal skin to anal canal and rectum. *Bhagandar* is stated as one among the *mahagada* according sushruta. The disease which involves *bhaga, guda, basti pradesa* is *bhagandara*. It is classified into five types viz *shataponaka, ushtra greeva, parisravi, shambukavarta, unmargi*. In the contemporary science they are managed with the fistulotomy, fistulectomy, LIFT technique and seton⁴ in which they are not yielding satisfactory results with high rate of reoccurrence. But fistula in ano is well managed with the application of *kshara sutra* ligation and application of *pratisaraniya kshara*.

INTRODUCTION

Fistula-in-Ano is an inflammatory track which is lined by unhealthy granulation tissue and fibrous tissue with an external opening in the perianal skin and an internal opening in the anal canal or rectum¹. Sometime fistula has an history of perianal abscess which is ruptured by itself and discharging opening is left with clinical feature of pain and discharge or if in case of incomplete drainage of perianal abscess. Later which will develop into the Fistula in ano. It is classified by two methodes i) Milligan and Morgan a) subcutaneous b) low anal c) submucous d) high anal e) pelvi rectal, ii) parks classification a) intersphictreric b) transphictreric c) supra levator d) extrasphoncteric². As in *Ayurveda*

Bhagandara is a disease which involves *bhaga, guda, basti pradesa*. It is classified into five types based on involvement of *dosha* as *vataja – shataponaka, pittaja - ushtragreeva, kaphaja – parisravi, sannipataja- shambhukavarta, agantuja-unmargi*³. As it is said as *mahagada* and difficult to treat⁴. In the above classification *shambhukavarta* and *unmargi* are *asadya vyadhi*'s and remaining *shataponaka, ushtragreeva, parisravi* are *kasta sadya vyadhi*'s⁵. In general line of treatment for an unripen *Bhagandara pidaka* administering the 11 therapies like *apatarpana, alepana, pariseka, abhyanga, sveda, vimlapana, upanaha, pachana, visravana, Sneha, vamana, virechana* to get ripen the

*Bhagandara pidaka*⁶. Then it is incised by sharp instruments, if that is not possible then it should be touched by *Agni* (heated rod) or *kshara* (alkali). This treatment is common for all varieties of *Sadya Bhagandara*. *Acharya Charaka* explained the *kshara sutra* in the management of *Bhagandara*⁷.

CASE STUDY

A 26-year-old male patient came to *Shalya Tantra* OPD at our hospital

Chief complaints – two red elevated pimples on the anal region, among them left sided was discharging pus and from right sided pimple feces was coming during defecation since 7 months.

He was previously undergone Incision and drainage for the perianal abscess

On clinical examination

Inspection:

There were 2 openings present on perianal skin at 11'o clock and 1'o clock position.

Digital anorectal examination:

Sphincter tone was normal, internally opening was present at 12'o clock position

Probing: probe was passed from external opening at 11'o clock position which was connected to internal opening at 12'o clock.

But from the external opening at 1'o clock position, it didn't connect to any part of anum or rectum and it was blind track. So, it was diagnosed as fistula in ano with blind sinus track. Line of treatment was planned for partial fistulectomy and application of *pratisaraniya kshara* to sinus track and joining into the fistulous track, *kshara sutra* ligation. Under the saddle block.

Pre op instructions -

- Patient was nil orally for 6 hrs before the operation,
- Parts preparation was done,
- Patients consent was taken,

- Surgical profile investigations such as CT, BT, Hb%, HIV, HbsAg, RBS were done.
- Inj T.T 0.5 ml im,
- Inj xylocaine test dose given,
- Enema was administered prior to surgery.

Operative procedure

- Under saddle block with all strict aseptic precaution in the lithotomy position parts painted and draped.
- Initially manual dilatation of anal canal by lignocaine jelly,
- Fistulous track was excised partially and sinus track was incised and *pratisaraniya kshara* was applied after that washed with *Nimbu Swarasa* and incision was extended to join the fistulous track,
- *Kshara sutra* was applied,
- Wound was packed and dressing done.

Post op instructions

- Patient shifted to post op ward and orally started after 6 hours
- On next day cavity was packed
- Betadine Sitz bath was advised
- Patient was discharged after one days of hospital stay with medication

Discharge medication

- *Triphala guggulu* bd
- *Abhayarista* 15ml bd with warm water
- *Tripala kashaya* sitz bath

Follow up

- Every alternate day patient was asked to come for dressing until the complete healing of the cavity. Weekly for changing *kshara sutra* thread.

RESULTS

Wound was healed within the 5 weeks, for *kshara sutra* it took 7 weeks to cut through the track. Patient was very comfort and no need of bed rest; he can resume to his day to day works. Patient was satisfactory with *Ayurvedic* line of treatment.

DISCUSSION

In this case there was a fistulous track at 11'o clock with internal opening at 12'o clock, and other external opening at 1'o clock was sinus track. Fistulous track was partially excised, sinus track was incised and *pratisaraniya kshara* was applied then *nimbu swarasa* wash given as it's *amlatva sheeta* when combines with *Kshara* it attains *Madhurata* and it will subside the pain⁸ in the patient. Incision of sinus track was extended up to fistulous track, then *kshara sutra* was applied. As general line of treatment for sinus and fistula track needs to be managed with ligation of *kshara sutra* to individual track separately. After that *Pathya* was advised to have plenty of water and fiber rich food like green leafy vegetables, which helps in preventing hard stool, and easy evacuation of bowel. *Apatya* was meat food, long journey, and Bike ride as of may hinders the wound healing. Application *kshara sutra* in sinus track by creating an internal opening at anal canal, which will cause the damage to anal canal. This will cause more pain full for patient while changing the two *kshara sutra* thread every week and it takes more time to cut the track, also troublesome to patient. So managed with fistulous and sinus track with single *Apamarga Khara Sutra*. It took 8 weeks to cut through the track

CONCLUSION

In the above case fistulous track was partially excised, and sinus track was joined. Cavity was left for secondary healing and fistulous track size was reduced so there was early complete healing both fistula and sinus than the application of *kshara sutra* to individual track.

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Fig no 2 showing a perianal abscess with fistula and sinus track



Fig no 1 shows pre operative



Fig no 4 showing after 6 weeks



Fig no 3 showing post operative day1



Fig no 5 after 8th week