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Case Study

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STUDY TO EVALUATE THE EFFICACY OF PARTIAL FISTULECTOMY WITH *KSHAR SUTRA* LIGATION IN THE MANAGEMENT OF *BHAGANDAR* (FISTULA IN ANO)- A CASE REPORT

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ABSTRACT

In Ayurveda *Bhagandara* (Fistula-In-ano) is included under the *Ashtomahagada* (eight major diseases) because it is difficult to manage medicinally as well as surgically. however, Surgical treatment is the only modality of management of fistulas with the drawback of high rate of recurrence. So *Ksharsutra* is the effective treatment of fistula in ano but time period required to cut the tract is too long that's why now a days this procedure is customized as partial fistulectomy with *Ksharsutra* ligation. *Ksharasutra* was prepared as per API guideline. A case of 55 years male was diagnosed as *bhagandara* (complex fistula in ano) present with severe pain, swelling and boil in ano was treated with partial fistulectomy with ksharsutra application in remaining part of the tract. The fistulectomy wound dressing was done daily with panchavalkal kwath. After one week thread was cut through and after 2 months and 10 days fistulectomy wound was healed completely with normal scar without complication. So partial fistulectomy and *Ksharasutra* therapy (minimal invasive treatment) useful in fistula in ano, and prevents complications like fecal incontinence and to minimise, the risk of sphincter injury.

KEYWORDS: Partial fistulectomy, ksharsutra.

INTRODUCTION

In Ayurveda. Acharya has stated pathogenesis of *Bhagandara*, that painful blister is formed in the one or two finger surrounding area of anal canal by vitiating *Rakta* and *Mansa*[1], In *Apakwawastha* (immature stage) it is known as *Pidaka* and when it becomes *Pakwa* (pus formation) and causes *Daran* (tearing) of *Bhaga* (Perineal), *Guda* (rectum) and *Basti* (pelvis) *Pradesha* it is called as *Bhagandar.*[2,3] In modern, a fistula can be described as chronic granulating tubular track consisting of fibrous tissues with two openings connecting between two different epithelium, either cutaneous or mucosal.[4] Fistula in ano is mainly caused by crypto glandular infection of anal crypt. In modern era, there are many treatment modalities available but they carries several complications like frequent damage to the sphincter muscle resulting in incontinence of sphincter control faecal soiling, rectal prolapse, anal Stenosis, delayed wound Healing and even after complete excision of tract there are the chances of subsequent Recurrence. Hence this disease having ray of hope and Ayurveda could be solution. Acharya "*Sushruta*' has described a detailed surgical approach involving excision of the fistulous tract and use of *ksharasutra*. Our great surgeon sushruta also describe that fistula can be treated with *Ksharasutra* in case of debilitated, weak, child or female patients as well as with *Chedana karma* (fistulectomy- Excision of the fistulous tract)

CASE REPORT

A 55 years old male patient visited in outpatient department of *Shalya Tantra*, Gov. Akhandanand Ayurved Hospital, Lal Darvaja, Ahmedabad, with complaints of severe perianal pain, swelling, boil without pus discharge since 1 week. He was a vegetarian in diet and was working at SPIPA as head accountant. Patient was addicted with occasional cigarette smoking. Previously patient was operated 2 times for same complaints but again recurrence was observed. On inspection in lithotomy position peri anal swelling was observed, one external opening was observed at 9 o'clock (previously operated scar)with fibrotic change in surrounding skin and there is internal opening at 6 o' clock position (P/R findings).

According to patient he was apparently well 2 year back. After that he got pain, swelling and boil with no pus discharge in ano 7 days back so he came to OPD and he was admitted in male surgical ward for further treatment. All regular investigation done for pre-operative assessment. Which are all in normal limit.

No any past history of hypertension, diabetes mellitus, tuberculosis and any drug reaction. He was operated twice for same fistula in 2016 and 2018.

On local Examination

- An external opening at 9 o' clock was observed with fibrotic changes (previously operated scar)
- Internal tender dimpling was noted at 6 o'clock below dentate line with tender perianal region at 6 o'clock.

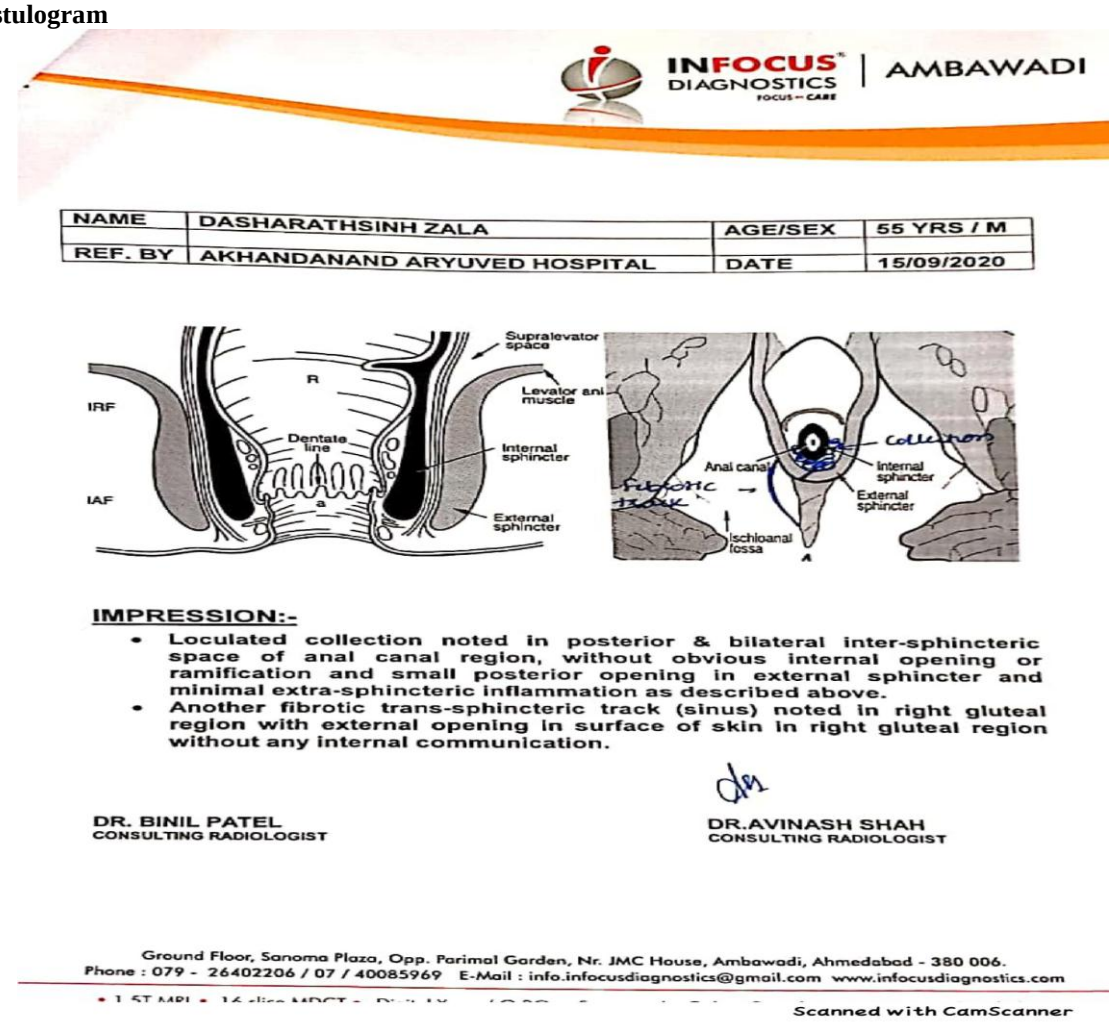
METHODOLOGY

Pre-operative Patient was advised nil by mouth 6hr before surgery. Written informed consent was taken. The local part preparation of patient was done. Early morning proctolysis enema was given before procedure. Inj. T.T. 0.5cc IM and sensitivity test for inj. Xylocaine 0.1% ID was given.

Operative: patient was kept in lithotomy position on O.T. table after giving spinal anaesthesia. Peri-anal area was painted with Betadine solution and sterile cut sheet was draped. PR rectal examination as well as proctoscopy examination done to rule out other Pathological conditions. Patency test which was done by Betadine and hydrogen paroxide solution with 10 ml syringe from 6 o'clock internal opening to find out external opening. But there is no obvious finding of external opening so probing was done and external opening was created. The excision of the fistulous tract by coring method was done with help of blade no. 15 as well as electric cautery. After that *KsharSutra* was applied in remaining part of the tract Fig. 2. Then at 9 o'clock fibrous sinus track was excised. After proper haemostasis wound was packed with betadine gauze.

Post-operative:- IV fluid, suitable antibiotics and analgesics were given as per requirement. From next morning. patient was advised to Sitz bath with *Panchavalkala* decoction and then antiseptic dressing with *Panchavalkal Kwath* and *Matra Basti* with 10 ml *Jatyadi Taila* was given. *Triphala guggulu* 2 BD, daily 5 gm *Dindayal Churna* with luke warm water at bed time was prescribed to relieve constipation.

Mr-Fistulogram



DIAGNOSTICS
FOCUS – CARE

NAME	DASHARATHSINH ZALA	AGE/SEX	55 YRS / M
REF. BY	AKHANDANAND ARYUVED HOSPITAL	DATE	15/09/2020

MRI OF PELVIS:

Technique: MR imaging of the pelvis was performed and T1-and T2-weighted serial section obtained in the sagittal, axial and coronal planes using a dedicated torso-array surface coil and respiratory compensation on a 1.5Tesla scanner.

Findings:

Loculated collection is noted in posterior & bilateral inter-sphincteric space of anal canal region, measures about 2.6x2.1x1.8cm in size (~1.5cm from anal verge). It appears hyperintense in central aspect with isointense in periphery on T2W, STIR and hypo on T1W images. No obvious internal opening or ramification is noted. Small posterior opening is noted in external sphincter at 6 'clock position (~1.3cm from anal verge) with minimal inflammation in adjacent extra-sphincteric soft tissue. No obvious collection is noted in supralevator space or ischio-rectal fossa. Mild inflammation is noted in along posterior aspect of rectum, at the level of levator muscle and reaching upto anterior aspect of coccyx.

Another fibrotic trans-sphincteric track is noted in right gluteal region with external opening in surface of skin in right gluteal region.

Prostate appears normal in size unremarkable and show slightly heterogeneous signal in central and peripheral gland without discrete lesion.

Seminal vesicles appear unremarkable.

Urinary bladder is minimally distended. Seminal vesicles appear normal.

No definite enlarged iliac or pelvic group of lymphnodes seen.

Iliopsoas and bony pelvis appear normal.

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Pre Operative

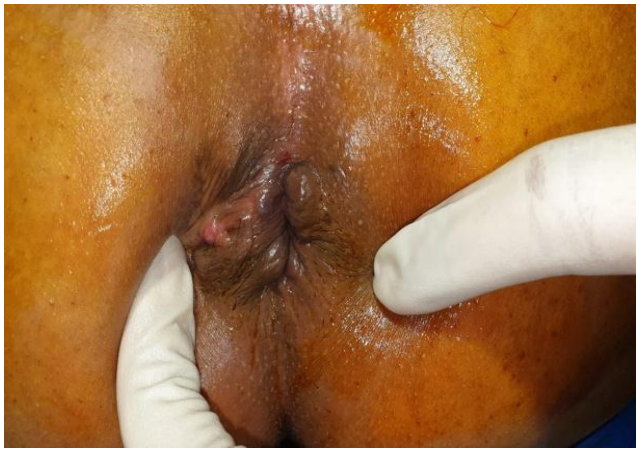
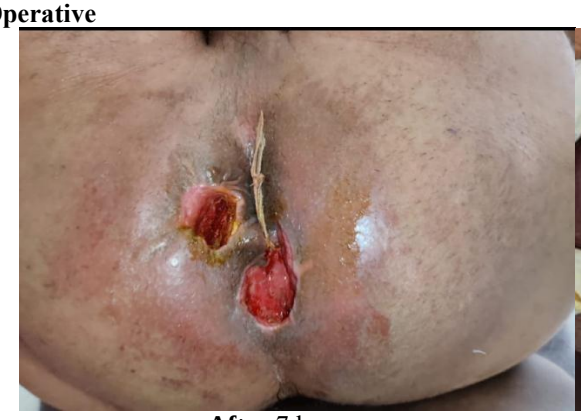
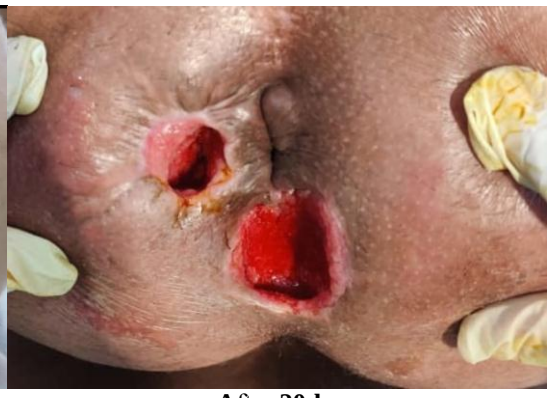


Figure-1.

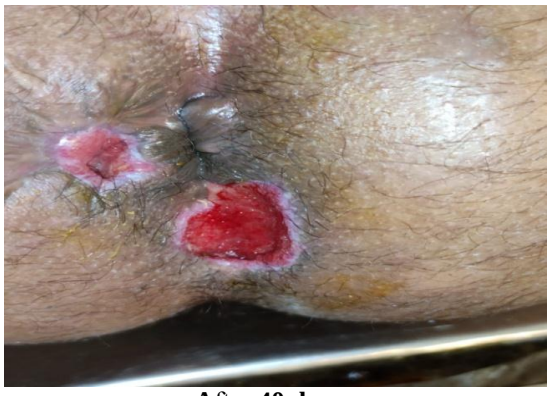
Post Operative



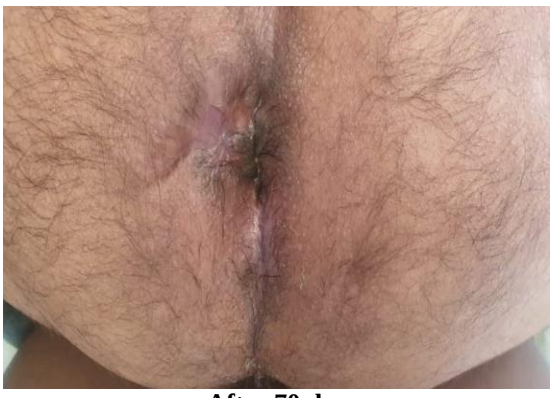
After 7days
Figure-2.



After **20days**
Figure-3.



After **40 days**
Figure-4.



After 70 days
Figure-5.

OBSERVATION

On 1st post-operative day the *Ksharsutra* was in situ, There was no pus discharge and oozing at operated site. On post operative 3rd day mild pus sloughing was present from the tract. On 7th post operative day there was no pus discharge and healthy granulation tissue was observed at wound floor On 9th day the fistulous tract was completely cut through. On post operative 10th week there was the wound was completely healed with minimal scar Fig 5.

DISCUSSION

The *Ksharasutra* which is reducing chances of incontinence, to minimize the time requirement, to drainge the pus or dischrge from track, early return to routine work, minimize hospital stay multi purpose intervention like, partial fistulectomy with Ksharsutra application is said to be the best option experienced in this case report. Partial fistulectomy along with *Ksharasutra* was found very useful because it reduces duration of treatment. In this procedure, the fibrous part of fistula up to the sphincter muscle was excised and remaining tract was ligated by *Ksharsutra*. Partial fistulectomy wound with *Ksharsutra* helps to drain the pus from remaining tract so early healing of wound takes place.

CONCLUSION

This study demonstrates that, the partial fistulectomy along with *Ksharasutra* in fistula-in-ano plays very important role in reducing pain, discharge and the most important duration of treatment. Hence, Partial fistulectomy with *Ksharsutra* application is said to be best procedure which promotes early wound healing with sphincter saving method with least recurrence rate compared to other treatment modalities and can be considered as the gold standard treatment in most of the anal fistulas.

REFERENCES

1. Sushrut. Sushrutsamhita (Ayurved Tatva Sandipika), Dr. Ambikadata Shastri., edition 2014. Varanasi:Chaukhamba Sanskrit Sansthan, 2014; Nidan sthan-4/5. p. 317.
2. Charak. Charak Samhita (Vaidyamanorama), Acharya Vidyadhar Shukla. edition 2015. Delhi: Chaukhamba Sanskrit pratishthan, 2015; Chikitsasthan12/96. p. 288.
3. Sushrut. Sushrutsamhita (Ayurved Tatva Sandipika), Dr. Ambikadata Shastri., edition 2014. Varanasi: Chaukhamba Sanskrit Sansthan, 2014; Nidansthan 4/4. p. 317.
4. Williams NS, Bulstrode CJK, O'Connell PR Editors. Bailey & Love's Short practice of Surgery. The Anus and Anal canal. 27th ed. Boca Raton: CRC Press Taylor & Francis Group, 2018; 1363.