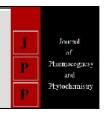


Journal of Pharmacognosy and Phytochemistry

Available online at www.phytojournal.com



E-ISSN: 2278-4136 P-ISSN: 2349-8234

https://www.phytojournal.com JPP 2024; 13(1): 222-223 Received: 02-11-2023 Accepted: 13-12-2023

Akshay Damodhar Girhe

PG Scholar, Department of Shalyatantra, CSMSS Ayurved Mahavidyalaya, Chhatrapati Sambhajinagar, Maharashtra, India

SV More

Associate Professor, Department of Shalyatantra, CSMSS Ayurved Mahavidyalaya, Chhatrapati Sambhajinagar, Maharashtra, India

BN Gadve

Professor and HOD, Department of Shalyatantra, CSMSS Ayurved Mahavidyalaya, Chhatrapati Sambhajinagar, Maharashtra, India

Corresponding Author: Akshay Damodhar Girhe PG scholar, Dept of Shalyatantra, CSMSS Ayurved Mahavidyalaya, Chhatrapati Sambhajinagar, Maharashtra, India

Ayurvedic management of fistula in ano: A case study

Akshay Damodhar Girhe, SV More and BN Gadve

DOI: https://doi.org/10.22271/phyto.2024.v13.i1c.14829

Abstract

A track that connects the rectum or anal canal and typically runs parallel to one or more exterior apertures is known as a "anal" fistula. It is rare for the rectum to communicate distantly. The condition presents challenges because to its recurrence, particularly in high-level and remote communications. In India, ksharasutra therapy, also known as medicated seton therapy, is used to treat difficult anal fistulas with a high success rate (recurrence rate of 3.33%)., in the present article detail description about A 36 year male diagnosed with fistula in ano treated well with ksharasutra ayurvedic treatment is given.

Keywords: Ksharasutra, Bhagandar, fistula in ano, Ayurved

Introduction

A fistula-in-ano is an irregular, chronic, granulation tissue-lined channel that extends from the internal opening of the anorectal lumen to the perineum or other nearby structures [1]. The majority of anal fistulas are the consequence of an infection in the anal glands, which causes an abscess to form in the intersphincteric plane. From there, the sepsis can spread in all four directions, opening either internally or externally or blindly [2]. Fistulas are complex in nature and present treatment challenges due to the expansion of sepsis into deeper or numerous planes and a larger involvement of the sphincter musculature (> 30%) [3]. In the traditional Indian Medicine system of Ayurveda, anal fistula is described as bhagandara, a surgical disease to be treated either by excision or laying open. Sushruta (500 BC), the ancient Indian surgeon, in addition, prescribed an alternative, safe, and minimally invasive treatment with the use of a medicated seton known as ksharasutra (kshara -caustic/alkali, sutra - thread; in Sanskrit) [4]. A ksharasutra is prepared by smearing oleoresins of Commiphora mukul, powder of Curcuma longa and the alkaline ash (kshara) obtained from Achyranthes aspera on a surgical linen thread no. 20. According to the conventional therapeutic mode, the ksharasutra is applied snugly in the fistulous track from one end (opening) to the other using a probe and is changed weekly by the railroad technique. The drugs coated on the thread gradually dissolve and cause lysis of the unhealthy granulation tissue; the whole track is therefore laid open gradually by chemical fistulectomy as well as by mechanical pressure, with an average cutting and healing rateof1 cm per week [5]. Although the success rate of this conventional mode of ksharasutra therapy has been reported to be as high as 96.5% with a low incidence of incontinence [6], the duration of treatment has been long, with patients requiring multiple hospital visits in long fistulas and other complex cases [7].

Case report

In the present case study, a 36 year old male patient came to our OPD of Shalya Tantra, Ayurveda Hospital, with a chief complaints of pain and pus discharge from perianal region since last 8 months, perianal region approximately 5-6 cm away from anal verge. Internal opening also at 3 o' clock position into the anal canal at dentate line on digital per rectal examination. Probing also was done to confirm site of internal opening of bhagandara. Patient did not have previous H/O any medical and surgical illness with negative family history. Patient was diagnosed a case of Bhagandara (Fistula-in-ano) on the basis of clinical presentation.

General Examination

- GC Moderate
- Pulse 86/min

- BP 140/84 mmhg
- RS 16/min
- Temp 98.8 F
- Appetite Normal
- Bowel Normal

Investigations

Complete blood count, CT, BT, random blood sugar was normal and HIV I & II, and HBsAg were non-reactive.

Treatment given

Following the patients' assent, he was scheduled for Apamrga Kshar Sutra management. Following xylocaine jelly application, 2% probing was carried out. Afterwards, the fistulous track was lined with the Apamrga Kshar Sutra. The patient was instructed to take care of good bowel habits in addition to maintaining local hygiene by taking a sitz bath in warm water. While treading, the wound was in good condition. Kshar Sutra was modified once a week using the Rail-Road approach until the fistulous track was completely severed. The track was initially 5-6 cm long, and it was cut in 21 days. Kshara sutra was changed every week that time it causes burning pain in ano only for one day and subsite after taken sitz bath. After cut through ofthe track patient was followed up for 3 months weekly. Unit cutting length of track was 1.33 cm per week. No sign and symptoms of recurrence were observed.



Fig 1: Apamrga Kshar Sutra application in Fistula in Ano

Table 1: Observation

Lakshana	Before	After
Daha	+	-
Kandu	++	-
Shula	++	+
Shrava	+++	-

Result and Discussion

Ksharsutra in ano-rectal disorders has shown miraculous results. The ingredients of apamarga kshara sutra are Snuhi ksheera, Apamarga Kshara and Haridra Powder. Snuhi ksheera having shodhana as well as Ropana properties along with Katu, Tikta Rasa & UshnaVirya thus improve process of healing. Its cures infection and inflammation [8]. Apamarga Kshara has properties of Kshara i.e. Chhedana (excision), Bhedana (incision), Lekhana (scrapping) and Tridoshaghna (alleviating all Dosha). Apamarga Kshara on Ksharasootra cauterize the tissue of mass indirectly by its Ksharana Guna (Corrosive properties) [9]. Haridra powder has the properties

like Rakta Shodhana (blood purifing), Twaka Doshahara, Shothahara (anti-inflammatory), Vatahara (allivate vata), Vishaghna (antimicrobial) and it is useful in Vrana Ropana (wound healing) [10]. The action of turmeric powder provides the effect of bactericidal action with healing properties [11]. Apamarga Kshar Sutra is having the ability to perform chemical and mechanical cutting action with simultaneous healing effects on fistulous track. Recently ICMR WHO, CSIR proposed a plan or the setup of kshar sootra centres that will exclusively work on ano rectal diseases on the national basis. Kshar sootra has got validation in the modern books also and is a successful proven method for treating fistula in ano and other ano rectal disorders [12].

External opening was present at 3 o' clock at

Conclusion

Ksharasutra therapy is a very affordable, risk-free procedure when carried out by a qualified surgeon. Ksharasutra is a very successful minimally invasive surgical method for the treatment of fistula-in-ano, or Bhagandara. This is a simple and effective treatment that saves the sphincter.

References

- 1. Williams NS, O'Connell PR, McCaskie AW, editors. Bailey & Love's short practice of surgery. 27th ed. Florida: CRC Press, Taylor and Francis Group; c2018. p. 1363-7.
- 2. Abcarian H. Relationship of abscess to fistula. In: Abcarian H, editor. Anal fistula: principles and management. New York: Springer Science & Business Media; c2014. p. 13-4.
- 3. Vogel JD, Jhonson EK, Morris AM. Clinical Practice Guideline for the Management of Anorectal Abscess, Fistula-in-Ano, and Rectovaginal Fistula. Dis Colon Rectum. 2016;59(12):1117-1133.
- 4. Shastri AD, editor. Ayurveda Tattwa Sandeepika Hindi Commentary on Sushruta Samhita, Chikitsa Sthana, Chapter 17, Verse 29-32. Reprint ed. Varanasi: Chaukhambha Sanskrit Sansthan; c2009. p. 101.
- 5. Srivastava P, Sahu M. Efficacy of ksharasutra therapy in the management of fistula-in-ano. World J Colorectal Surg. 2010;2(01):6.
- 6. Deshpande PJ, Sharma KR. Treatment of fistula-in-ano by a new technique. Review and follow-up of 200 cases. Am J Proctol. 1973:24(01):49-60.
- 7. Ramesh PB. Anal fistula with foot extension-Treated by kshara sutra (medicated seton) therapy: A rare case report. Int J Surg Case Rep. 2013;4(07):573-576.
- 8. Mishra D, Sharma A, Thakre N, Narang R. Management of anorectal diseases w.s.r. fistula-in-ano (bhagandara): A review based on ayurveda. World J Pharm Med Res. 2017;3(8):382-384.
- 9. Shah B, Dudhamal TS, Prasad S. Efficacy of Kshara application in the management of Internal haemorrhoids-A pilot study. J US China Med Sci. 2016;13(3):169-173.
- 10. Shashtri A. Sushruta Samhita of Sushruta Sutra Sthana; reprint. Ch.11 ver. 4, Varanasi: Chowkhambha Sanskrit Sansthan; c2014. p. 45.
- 11. Mishra BS, editor. Commentary Vidyotini on Bhavprakash Nighantu of Haritakyadi Varga; reprint. Ch. Haritakyadi Varga ver.196, Varanasi: Chowkhambha Sanskrit Bhawan; c2015. p. 114.
- 12. Williams NS, Bulstrode CJK, O'Connell PR. Bailey and Love's Short Practice of Surgery, Academic Medicine, 26th edition, p. 1263.