

RESEARCH ARTICLE

MANAGEMENT OF RECTO-VAGINAL FISTULA WITH KSHARASUTRA- MULTIPLE OPENING:
A CASE STUDY

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ABSTRACT

A fistula-in-ano is an abnormal hollow tract or cavity that is lined with granulation tissue and that connects a primary opening inside the anal canal. Fistula-in-Ano is a chronic inflammatory circumstance having a tubular structure with opening in the ano-rectal canal at one end and surface of perineum or perianal skin on the other end to a secondary opening in the perianal skin; secondary tracts may be multiple and can extend from the same primary opening. It should be differentiated from the following processes, which do not communicate with the anal canal. Any opening in perianal area with chronic pus discharge indicates fistulous tract. Prolonged sitting, unhygienic condition, obesity, repeated irritation due to hair may increase the risk of occurrence. In *Ayurveda* it is correlated with *Bhagandar* and *Acharya Sushruta* mentioned five types of *Bhagandar*. He had explained *Shastra karma* along with *Kshara karma* and *Bhesaja Chikitsa* for treatment. Here a case of fistula-in-ano in a 28 year female patient was examined in *Shalya* Out-patient department and treated with threading with *Ksharasutra*, considering it as an ideal procedure in treatment of *Bhagandar* as it cuts and cures the unhealthy tissue present inside the fistulous tract and healing.

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Key Words: Bhagandar, Kshara sutra, fistula in ano, Nadivrana, Recto-vaginal fistula.

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INTRODUCTION

In *Ayurveda* it is mentioned that certain clinical condition requires para-surgical intervention for better cure. *Charaka* mainly a *Kayachikitsa* treatise also stated that the diseases like *Gulma*, *Arsha* (piles), *Bhagandar* (fistula-in-ano), *Ashmari* (stone) may require surgical intervention. *Sushruta* has discussed in the detail about various *Shastrakarma* along with *Anushastrakarma* which includes *Agnikarma*, *Jalaukavcharana* and *Ksharakarma* (1). *Kshara* is considered as one of the most important para-surgical procedures as it can produce excision, incision; scrapping and can pacify all three *Doshas*. *Kshara* application in the form of *Ksharasutra*, in ano-rectal diseases has become more popular due to its easy approach and low rate of recurrence. *Ksharasutra* induces both mechanical and chemical cutting and healing (2). Direct reference of *Ksharasutra* is found in *Sushruta* for treatment of *Nadivrana* (3). *Chakradatta* has referred to a medicated thread coated with *Snuhi* and *Haridra* powder in treatment of *Arsha* and *Bhagandar*. But the modified *Ksharasutra* available now a day is re-established by the Dept. of *ShalyaTantra* Banaras Hindu University. The standard *Ksharasutra* is prepared by 11 coatings of *Snuhi Ksheera* then 7 coatings of *Snuhi Ksheera* and *Apamarga Kshara* and then again 3 coatings of *Snuhi Ksheera* and *Haridra Churna* (4). This *Kshara Sutra* is used in treatment of fistula in ano due to its cutting, curetting and healing effect as well as it controls the infection. In this study a case report of fistula in ano treated by *Ksharasutra* which was cured and no further complaints were found in the patient

during follow up period. *Ayurvedic* view of *Bhagandar* and *Ksharasutra* *Acharya Sushruta* described fistula in ano under the heading *Bhagandar* along with its symptoms, types and its management. The disease which creates *Darana* (tear) like yoni in the area of pelvis, rectum & urinary bladder is called as *Bhagandar* and when these are not opened it's called as *BhagandarPidaka*. An abnormal passage between a hollow or tubular organ (*Bhaga*, *Guda*, or *Basti*) and the body surface or between two hollow or tubular organs is called fistula. *Kshara* destroys the vitiated tissue and make them fall off. It is the most important among *Shastra* and *Anushastra* because it does functions like excision, cutting and scrapping, also mitigates all the three *Doshas*. *Acharya Sushruta* described that *Nadivrana* (sinus) should be cut open by *KsharaSutra* and also he said the same procedure should be adopted for *Bhagandar*.
CASE REPORT Patient Name- XYZ Age- 28 year Gender- female Occupation- hard working (Sport-Athletes) Date of admission- 26/12/2018 Date of recovery-06/02/2019

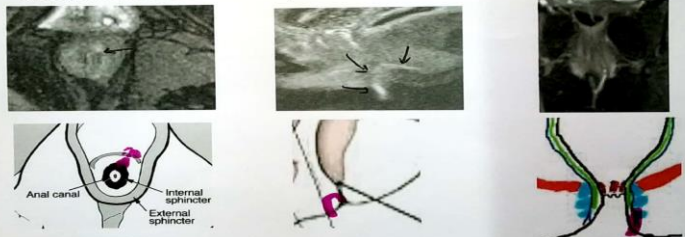
Chief complaints and duration: Patient complains of pus discharge with mild pain at the upper and upper left side of perianal to vaginal region since 1 year.

H/o present illness: Patient was apparently normal before 1 year. Then he had developed boil with intermittent discharge in perianal region since last 1 year. He also complained of mild pain and discomfort while sitting and continuous pus discharge on and off during other treatment since 1 year. History of 2 years ago UTI and hospitalization for it.

MRI OF PERIANAL REGION:
Technique: MR imaging of the perianal region was performed and T1-and T2-weighted serial section obtained in the sagittal, oblique-axial and oblique-coronal planes using a dedicated torso-array surface coil and respiratory compensation on a 3T scanner. CD enclosed.

Findings:
 Evidence of track arising from lower anal canal having internal opening at 12 o'clock position. It runs towards antero-superiorly and having transphincteric course running inferiorly and reaching up to perineum with external opening in left perianal region.No evidence of secondary tract or collection seen. No definite supralelevator extension seen. Anal canal, ano-rectal junction and lower rectum appear unremarkable.

Urinary bladder appears normal. No calculus, mass or diverticulum is seen. No definite enlarged iliac or pelvic group of lymphnodes seen. iliopsoas and bony pelvis appear normal. No free or loculated pelvic fluid collection is seen.



IMPRESSION:-

- Transphincteric fistula arising from the lower anal canal having internal opening at 12 o'clock position, running antero-superiorly, reaching up to perineum with external opening on left side.
- No evidence of secondary tract or collection is seen.

Figure no.1. Before treatment MRI Report



Figure no.2. After operation found 2 track



Figure no.3. After 1month cut through with 1 track



Figure no 4. After 3 month track healing

He had taken analgesics and anti-biotic for it, but during treatment mild benefit and few days repeated above complaints. Therefore for further treatment he came to OPD of *Shalyatantra*, Kashiba Ayurvedic hospital attached with K. J. Institute of Ayurveda and research, Savli, Vadodara.

Family history: No H/O HTN, DM or any other major illness

General examination

G.C-moderate Afebrile
CVS- S1 S2 Normal
Pulse- 84/min
BP- 116/70 mm Hg
RS- Chest clears on both sides
Digestive System- Appetite- normal
Bowel- constipated
Uro-genital System- No abnormality detected

Local examination: In lithotomy position of patient, the findings observed were: patient had hairy perianal region with a multiple opening in upper and upper left side of perianal region with seropurulent pus discharge through that opening, tenderness on touch with indurations was felt around external opening. Probing was done from external opening to access the internal opening but internally it was fibrosis. After complete examination the diagnosis was confirmed as recto-vaginal fistula in Ano i.e. Bhagandar. In this patient perianal skin was normal with no dermatitis. Essential pathological reports are normal and planning for a Kshara Sutra threading.

Ksharasutra application

Pre-operative preparation: Local part preparation i.e. shaving was not done as patient didn't allow due to some ritual believe. 4 tablets of Erand Bhrusth Haritaki with luke warm water was given to the patient at night before operation. Proctolysis enema was given at early morning on day of operation. After proper bowel passed patient was taken to recovery room and injection T.T. 0.5ml Intra muscular was given and plain injection lignocaine 2% 0.2ml taken and given subcutaneously for sensitivity test.

Operative procedure: Patient was taken in lithotomy position on operation theatre table. After proper painting and draping, local anaesthesia with 2% lignocaine was infiltrated nearby opening and around anal verge. Reassessment of extension of tract was done by probing one by one opening. Finally 2 external opening founded. The 1st opening inters connected at external site of perianal to rectum and 2nd opening track inter connected at external site of perianal to Vagina. Probe was removed through anal opening via internal opening after Ksharasutra ligated appropriately. Complete haemostasis was maintained and bandaging was done.

Postoperative procedure: Broad spectrum antibiotics, analgesic along with Ayurvedic medicine and sitz bath was given. Patient was admitted to the Hospital for 3 days. Then *Ksharasutra* was changed every 7 days interval till cut track.

Photos during study

Oral medications

Tablet Gudcef-cv 200mg BD

Tablet Zerodol-sp BD.

Tablet *TriphalaGuggulu* 2 tablets TID

Tablet *Panchtikta Guggulu* 2 tablets TID

Tablet *GandhakRasayan* 2 tablets TID

Tablet *Errand Bhrusth Haritaki* 4 tablets at bed time at night.

Sitz bath with *Panchvalka Kwath* every day.

Pathya: Patient was advised to take rice during hospital stay. He was also advised to resume his normal day to day activities. Avoid spicy, oily and fast food.

Follow-up: Hot sitz bath and *JatyadiGhruta* local application was done during this period. Patient was allowed to do his routine job after discharged from hospital. Every 7 days interval for Kshara Sutra threading till cut the track. After 4 sitting the external inter connected tract was totally cut and healing was achieved simultaneously. Then remaining 1 track after 7 sitting track was totally cut and healing achieved simultaneously. *JatyadiGhruta* application on scar mark was advised.

DISCUSSION

Sushruta described the treatment of fistula in ano as *Bhesaja*, *Ksharakarma*, *Agnikarma* and *Shastrakarma*. In modern medicine treatment like fistulotomy, fistulectomy, seton ligation are indicated. These treatments have more recurrence rate and post-operative complications like haemorrhage, pain, delayed healing etc. In comparison to Modern Treatment *Ksharasutra* ligation is better due to its minimal complications and less recurrence. Even faecal incontinence and anal stricture are not seen in this case. The application of *Ksharasutra* is having anti-inflammatory and anti-microbial property and due to its alkaline property helps in cutting and healing. Cutting mainly occurs due to local action of *Kshara*, *Snuhi* and the mechanical pressure of *Ksharasutra* knot. *Haridra* powder having antiseptic action helps in healing of the tract.

Conclusion

The incidence of fistula in ano is increasing now a day due to improper job style where a person sits for long time on hard surfaces. The management of anorectal diseases need a complete knowledge of anorectal anatomy and pathophysiology. Also it needs to be diagnosed early so that appropriate treatment can be given without delay. *Ksharasutra* helps in removal of debridement and also prevent from bacterial infections. *Ksharasutra* at a time provides both cutting and healing so we can use it in any type of fistula tract. So we conclude that in fistula in ano *Ksharasutra* treatment is a better option due minimum complication and patient can resume normal activities earlier.

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