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A wonder medicated thread in the management of Vagino-Anal Fistula - A Case Report

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ABSTRACT

In Ayurveda, *Bhagandara* (Fistula-in-ano) is considered as one of the *Ashta Mahagaroga* (8 major disease) by *Acharya Sushruta* due to high recurrence rate. In the present era anorectal disorders are increasing, due to sedentary life style and others factors. The word *Bhagandara* is composed of 2 words *Bhaga* and *Darana*. The formation of *Pidika* leads development of *Bhagandara* it is characterized by opening around the *Guda Pradesha* with painful discharge. *Acharya Charaka* mentions the line of treatment for *Bhagandara* as *Virechana* followed by *Paatana* (Excision) or if *Pakwa*, *Bhedana* by *Ksharasutra* application. In India the *Ksharasutra* is having high success rate (96.67%) in the management of *Bhagandara* (Anal fistula). A case of 36 years old female patient consulted with complaints of boil in the perianal / vaginal region associated with pain & foul-smelling discharge, was diagnosed as Vagino-Anal Fistula and treated with *Ksharasutra* therapy, along with some oral medications. Patient recovered well with complete excision of tract within a span of 4 months. Thus, *Ksharasutra* is very effective in treating this condition, with minimal surgical intervention.

Key words: *Bhagandara*, *Ashta Mahagaroga*, *Ksharasutra*, *Vagino-Anal Fistula*.

INTRODUCTION

Anorectal diseases cause great discomfort making one's life miserable. *Arsha* (Piles), *Bhagandara* (Fistula in ano) and *Parikartika* (Fissure in ano) are the common anorectal diseases suffered by the population globally.^[1] Among them *Bhagandara* (Fistula-in-ano) is considered as one of the *Ashta Mahagaroga* (8 major disease) by *Acharya Sushruta* due to more recurrence rate.^[2]

The word *Bhagandara* is composed of 2 words *Bhaga*

and *Darana*.^[1] *Bhaga* word includes all the structures around the *Guda* (ano-rectal region) including *Yoni* (vagina) in case of females and *Basti* (urinary bladder). The word *Darana* means tear of surface associated with pain. When a *Vedanaayukta Shopha* (painful swelling) is formed in *Gudapradesh* within the vicinity of two *Angula* which becomes *Pakwa* and causes *Daarana* in *Bhaga*, *Guda* and *Vastipradesha*.^[3] *Bhagandara* can be correlated with fistula in ano. The word fistula is derived from a Latin word, a reed, pipe or flute. It is an abnormal communication between anal canal and rectum with exterior (perianal skin) is called fistula in ano.^[4] It usually results from an anorectal abscess which burst spontaneously or opens adequately.^[5]

Treatment for Fistula is a big challenge in front of the medical as well as surgical world due to high recurrence rate and increased likelihood of faecal incontinence.^[1] *Acharya Charaka* mentions the line of treatment for *Bhagandara* as *Virechana* (Therapeutic purgation) followed by *Paatana* (Excision) or if *Pakwa*, *Bhedana* by *Ksharasutra* application.^[6] Application of

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Ksharasutra in anorectal disease has become more popular due to its easy approach and low rate of recurrence.

Acharya Sushruta has described about *Ksharasutra* in *Nadivrana Chikitsa*.^[7] The present form of *Ksharasutra* therapy was initiated by Dr. P.S Shankaran and subsequently established by Prof. P.J Deshpande through many researches and development in department of Shalya Tantra at Banaras Hindu University.^[8]

Ksharakarma is more important among *Shastra* and *Anushastra Karma*, *Kshara* having the *Chedana*, *Bhedana*, *Lekhana* also *Tridoshaghna* properties.^[9] *Ksharasutra* is capable to perform excision slowly by virtue of its mechanical pressure and chemical action in *Bhagandara*. So, for this study *Ksharasutra* therapy along with some internal medications are used to analyse the therapeutic effect in the management of Vagino-anal-fistula.

CASE REPORT

A 36 years old female patient came to Shalya Tantra OPD, with complaints of painful boil in the perianal/vaginal region since 15 days, foul smelling pus discharge from external opening since 8 days.

Associated Complaints

Patient also complaints of passing of hard stools since more than 2 years.

History of Present Illness

Patient was apparently normal 15 days back, and then gradually developed with boil in the perianal region, in the lower part of left labia majora, which was associated with pain and foul-smelling pus discharge. Pain was severe, continuous and throbbing in nature. For this she consulted a doctor near to her home and advised with oral medications, but didn't get relief, then the doctor had advised her to consult our hospital, so she approached our hospital for further management.

Past History

Patient had an H/O recurrent perianal abscess at the same place in the year 2015 & 2017 and had undergone

incision & drainage twice. Patient is not known case of HTN/DM-2 and other medical disorders.

General Examination

- Pulse - 82 bpm
- Blood pressure - 120/70 mm of Hg
- RR - 18 /min
- Pallor, Icterus, Cyanosis - Absent

Astasthan Pariksha

1. *Nadi* : 82 /min, *Vatapittaja*
2. *Mala* : *Kathinamala*, once/ day with straining
3. *Mutra* : *Prakruta*, 4 – 5 times/day
4. *Jihva* : *Ishatliptata*
5. *Shabda* : *Prakruta*
6. *Sparsha* : *Anushnasheeta*
7. *Drik* : *Prakruta*
8. *Aakruti* : *Madhyama*

Systemic Examination

- CNS - Conscious, alert, well oriented to time, place and person.
- CVS - S1 S2 heard, no added sounds
- RS - B/L AE+, NVBS - heard
- P/A - Soft, Non-tender, no organomegaly

Local Examination

Inspection

- Site: An external opening at lower part of left labia majora 4.5 cm away from the anal verge.
- Number: Single
- Colour: Pinkish red
- Discharge: Present
- Odour: Foul smell

Palpation

- Tenderness: Present
- P/R: Sphincter tone was normal, tender dimpling at 1'O clock position

- On probing through external opening: A single internal opening of fistulous tract was found at 1'O Clock position in the anal canal.

Investigations

Hematology report: Hb - 12gm%, WBC - 8000cells/cumm, DC: P- 65%, L- 33%, E- 02%, M- 06%, B- 00%, CT- 3min.10 sec, BT- 4min.35 sec, RVD - Negative, HbsAg- Negative

MRI - Fistulogram: An external opening in the left perianal region from which fistulous tract is travelling caudally & posteriorly in the extra sphincteric plane along left side of anal canal, after a length of about 4cm from external opening fistulous is entering the sphincter & further traversing cranially in the inter sphincteric plane for a length about 1cm, then coursing posteriorly & having internal opening at 1'O clock position just below the level of levator ani muscle.

METHODOLOGY

Treatment planned was *Ksharasutra* Therapy along with Oral medications as follows-

| SN | Medicines name | Dosage | Anupana |
|----|------------------------------|-----------|------------------|
| 1. | Tab. <i>Triphala Guggulu</i> | 1 TID | <i>Ushnodaka</i> |
| 2. | Cap. Grab | 1 BD | <i>Ushnodaka</i> |
| 3. | Tab. <i>Anuloma DS</i> | 1 HS | <i>Ushnodaka</i> |
| 4. | <i>Chirabilwadi Kashaya</i> | 2 Tsp TID | <i>Ushnodaka</i> |

Apamarga Ksharasutra is prepared using *Apamarga Kshara*, *Arka Ksheera*, *Haridra* & Surgical linen thread no. 20

Procedure of *Ksharasutra* Therapy

Poorva Karma

- Informed written consent for procedure and anaesthesia
- Part preparation
- Inj. T.T 0.5 ml IM, Inj. Xylocaine 2% plain test dose ID
- Avagaha Swedana* with *Panchavalkala Kwatha* was given for 15 min.

- All the instruments were kept ready for the procedure.

Pradhana Karma

- Patient was taken in lithotomy position
- Under all aseptic precaution painting and draping done
- Betadine was pushed from external opening
- Under local anaesthesia probing was done through external opening of fistulous tract at 5' O clock position at lower part of left labia majora & was brought out from internal opening at 1' O clock position in anal canal with the help of index and middle finger.
- Ksharasutra* was placed in the tract.
- Haemostasis achieved
- Dressing and bandaging done.

Paschat Karma

- Patient was advised for regular *Avahaga Sweda* with *Panchavalkala Kwatha* & dressing daily.
- Advised to visit every week for assessment and to change *Ksharasutra*.
- Advised to have normal diet, regimen and oral medications mentioned above.
- Advised to avoid prolonged sitting and travelling.



Figure 1: External opening



Figure 2: Probing from external opening



Figure 3: Ksharasutra application



Figure 4: 3rd sitting of Ksharasutra



Figure 5: 6th sitting of Ksharasutra



Figure 6: 8th sitting of Ksharasutra



Figure 7: After Fistulotomy



Figure 8: After 1 month

Assessment:

| Sittings | Size | Pus discharge | Pain |
|-----------------|--------|---------------|----------|
| 1 st | 4.5 cm | Present | Severe |
| 2 nd | 4cm | Present | Moderate |
| 3 rd | 3.5cm | Moderate | Moderate |
| 4 th | 3cm | Moderate | Mild |
| 5 th | 2.5cm | Mild | Mild |

| | | | |
|-----------------|-------|------|-----------------|
| 6 th | 2cm | Mild | After procedure |
| 7 th | 1cm | No | After procedure |
| 8 th | 0.5cm | No | After procedure |

Follow-up and Result

- Patient was advised to visit every week for assessment and to change *Ksharasutra*.
- In every sitting, the *Ksharasutra* length was measured and recorded.
- After 8th setting of *Ksharasutra* changing 90% of length of the tract was cut and 0.5cm was remained.
- Under local anaesthesia fistulotomy was done & advised dressing with BC 56 Oint.
- On 8th day of follow up wound was healthy & healing.
- Wound got healed within a 1 month.

DISCUSSION

Now a days *Ksharasutra* is a gold standard method in the treatment of *Bhagandhara* without any complications & recurrence. *Apamarga Kshara* is having *Chedana, Bhedana, Lekhana, Tridoshagna* properties. *Apamarga Kshara* on *Ksharasutra* cauterizes the tissue of mass indirectly by its *Ksharana Guna*. *Haridra* is having *Raktashodhana, Shothahara, Vatahara, Vishaghna Gunas & Vranaropaka* Property. The action of turmeric powder provides the effect of bactericidal action with healing properties.^[8] *Arkaksheera* is having *Shophahara, Vranahara, Kanduhara, Krimihara* properties.^[10] The combined effect of all the ingredients was found effective in cutting & healing of fistulous tract. It cuts unhealthy portion of the tract & provides simultaneous healing due to above properties. *Ksharasutra*, it facilitates the drainage of infection, promotes healing and cuts the fistula tract naturally.

Avagaha Sweda with *Panchavalkala Kwatha* helped to clean the pus discharge & associated debris from the tract & reduced local congestion, inflammation at perianal region. *Panchavalkala Kwatha* is having

Kashaya Rasa Pradhana dravyas, exhibited *Vranashodhana & Ropana* properties.^[11]

Oral Medications like *Triphala Guggulu* is indicated in *Bhagandara*^[12], *Arsha, Vrana Shophya* etc, diseases and ingredients of *Triphala Guggulu* are having *Tikta, Kashaya* and *Madhura rasa, Ushna Virya, Katu Vipaka* and properties like *Rechana, Deepaniya, Vatashamana*, anti-inflammatory, anti-microbial, and analgesic qualities.^[13]

Cap Grab is having *Vranapahari Rasa, Triphala Guggulu, Gandhaka Rasayana, Arogyavardhini Vati, Guduchi* and *Manjista* which are having anti-microbial, anti-inflammatory properties, helps in healing of fistulous tract.^[14]

Chirabilwadi Kashaya which is mentioned in *Sahasrayoga*^[15] is indicated in *Bhagandara*. It is having *Ushna Virya, Kapha Pradhana Dravyas*, exhibited *Deepana, Pachana & Vatanulomana* properties.^[16]

Tab. *Anuloma* DS contains *Ajamoda, Jeeraka, Haritaki, Yastimadhu, Shunti, Saindava Lavana* and *Sonamukhi Dravyas* and acts as a laxative.^[17]

BC 56 Ointment is having *Yastimadhu, Nimba, Karanja, Sal, Chakramarda, Jasada Bhasma Dravyas*, which are having *Vranashodhaka* and *Vranaropaka* properties.^[18]

CONCLUSION

Thus, *Ksharasutra* therapy is very effective in the management of *Bhagandhara* with minimal surgical intervention with high success rate. It is a sphincter saving procedure, prevents recurrence and anal incontinence. *Ksharasutra* therapy is a gold standard para surgical procedure in the management of *Bhagandara*. Oral medications used are indicated in *Bhagandara*, and having *Deepana, Rechana, Vatanuloma*, anti- microbial and Anti-inflammatory properties, thus effectively helped in the healing of the fistulous tract and management of *Bhagandara*.

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