ISSN 2456-3110
Vol 3 · Issue 6
Nov-Dec 2018

Journal of Ayurveda and Integrated Medical Sciences

www.jaims.in

JAIMS

Charaka Publications

Indexed

ISSN: 2456-3110 CASE REPORT Nov-Dec 2018

IFTAK - An advanced technique of *Kshara Sutra* therapy in management of complex Fistula-In-Ano - A Case Study

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ABSTRACT

Kshara Sutra therapy (para surgical procedure by using alkaline medicated thread) is being practiced in Ayurveda since ancient time for management of *Nadi Vrana* (sinus) and *Bhagandar* (fistula). explained by *Acharya Sushruta* well known "father of surgery". *Kshara Sutra* therapy has revolutionized the treatment of fistula in ano which is considered to be difficult in management in terms of re-occurrence and incontinence. Conventional method of *Kshara Sutra* therapy probably predates all other seton methods in treatment of fistula in ano and emerging specialized modality of treatment in the field of surgery inspite of many benefits, *Kshara Sutra* causes certain discomforts such as long anxiety period, number of hospital visits, pain, discomfort and longer duration of treatment. The present study IFTAK (Interception of fistulous tract with application of *Kshara Sutra*) is devised to minimize duration of therapy with minimal post operative scar and problems related to conventional method. The given diagrammatic presentation of plan of surgery will help to understand the procedure (figure 1). The result were documented and analysed. Patient cured completely after 4 weeks of treatment. There was no complaint recorded after regular follow-up to 1 year of period. The treatment was found very effective as it reduced anxiety period and painful sittings of *Kshara Sutra* placement. This technique was found very beneficial for patient as well as for operating surgeon and may become a boon for patient suffering from complex fistula in ano in future time.

Key words: *IFTAK, Bhagandara, Fistula-in-ano, Jatyadi taila, Kshara Sutra.*

INTRODUCTION

Complex Fistula in ano treatment is still very challenging for all surgeons because of its reoccurrence, incontinence and difficulty faced during surgical treatment in spite of numerous procedures are available.[1] *Kshara Sutra* therapy is an ancient and effective procedure in management of fistula in ano described in text of Ayurveda and being practiced as primary method of treatment including complex fistula in ano in Banaras Hindu University since 1965 with high success rate of 96.67% without incontinence.

In conventional *Kshara Sutra* therapy[2] the thread is applied to whole length of track from external to internal opening and the aim of treatment is to treat whole length of fistulous track by partial fistulotomy from external to internal opening, but it's slow cutting rate and number of visits to the hospital of patient makes treatment difficult in management of fistula with long tracks. So IFTAK is chosen to evaluate its efficacy.

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Submission Date : 20/10/2018 Accepted Date: 10/11/2018

Access this article online

Quick Response Code

Website: www.jaims.in

DOI: 10.21760/jaims.3.6.28

ISSN: 2456-3110 CASE REPORT Nov-Dec 2018

IFTAK is also known as BHU technique or window technique for treatment of complex fistula in ano. The technique is being practiced for treating complex and recurrent fistula in ano in, Faculty of Ayurveda, Institute of Medical Sciences Banaras Hindu University, Varanasi since 2007.[1]

The principle of this treatment is based on park's concept of cryptoglandular origin of fistula in ano. Majority 90% of fistula in ano is due to cyptoglandular infection of anal glands located in interspincteric area and open with very minute channel in the crypt of anal canal.[3] In this technique, proximal part of fistulous track is intercepted by making an artificial opening (window) at the level of external or internal sphincter depending on condition and position of fistulous track either anterior or posterior along with the application of *Kshara Sutra* from site of interception to the infected crypt (internal opening) in anal canal. This is aimed at to eradicate the infected anal crypt by chemical cauterization of alkali material which present in *Kshara Sutra* simultaneously effective drainage taken place by artificially made window and let the residual track heal by itself which is left out after interception.

Materials and Methods

Case Study

A 45 yrs female patient, residing in Gorakhpur, Uttar Pradesh (India) came to the Shalya OPD, Sir Sunderlal Hospital, IMS, BHU, Varanasi with complaints of mild pain, and intermittent pus discharge through a perianal opening in left buttock for last 1 yrs. After taking proper history with physical and local examinations, patient diagnosed as trans spinctric complex Fistula in Ano with no secondary extension and Anterior IFTAK was planned on OPD basis treatment.

Guggulu Kshara Sutra

The standardized *Guggulu Kshara Sutra*[2] was used in present study the ingredients used were *Guggulu*, *Apamarga Kshara* and *Haridra* prepared in department of Shalya Tantra faculty of Ayurveda, IMS, BHU Varanasi.

Clinical features

On local examination it was found that an external opening at 4 O' Clock approx. 5cm away from anal verge with hyper granulated area. Internal dimpling was noted at 12 O' Clock below dentate line. Entire track was palpable by bimanual examination which runs from 4 O' clock position from left buttock to 12 O' Clock position. On probing the track is curved start from below the anal canal from its external opening on left buttok and runs anteriorly to open at 12 O' Clock in anal canal also confirmed by MR fistulograph.

Past history

No any relevant past history.

Drug history

Not specific.

Investigations

- CBC & ESR - Within normal limits
- RBS - Within normal limits
- HIV I & II - Negative
- HbsAg - Non reactive
- HCV - Non reactive

Treatment

Procedure is done in lithotomy position. After painting and draping local anesthesia was given. A small vertical incision was made at perianal area at 12 O' Clock anteriorly approx 1cm away from anal verge and with the help of artery forceps blunt dissection was done to reach hard fibrous tract through incision once track found intercepted with help of tip of fine scissors, intercepted area widened with artery forceps. Metallic probe was introduced through the window and taken out through internal opening. Primary threading with Sterile barber Lenin number 20 was done. Hyper granulation tissue was excised at external opening.

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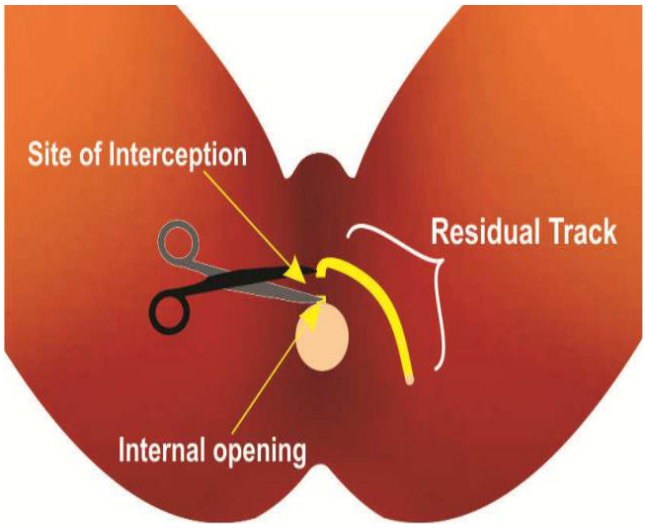
Figure 1: During interception after making window



Follow Up

Patient was advised to perform her normal routine work throughout the whole duration of therapy. Regular follow up were done to assess the progress of the disease. Thread was replaced with *Kshara Sutra* on weekly basis by rail road technique. The pus discharge was fluent in 1st week. After that it reduced gradually and completely disappeared after two weeks. External opening healed completely in third week. In forth week track was self cut though. Packing of *Jatyadi Taila* impregnated gauze was continued. In next follow-up after 15 days the wound healed completely.

Figure 2: Before Procedure

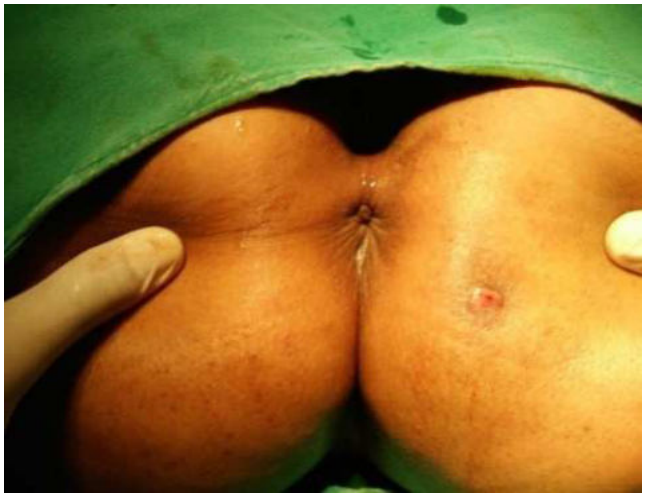


Figure 3: After Procedure (Primary threading done from window residual track is left without threading)

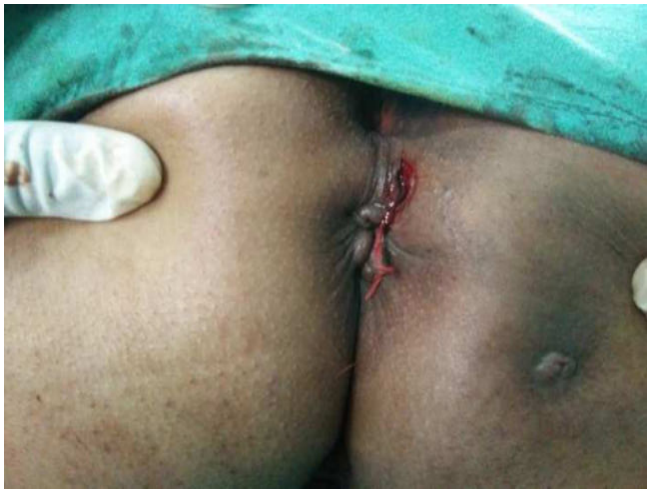
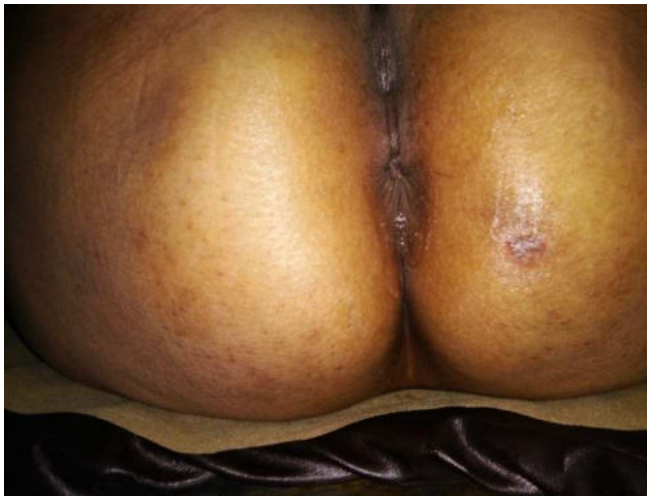


Figure 4: After Healing



Result

The fistula track healed in 5 weeks completely with minimal scar. There was no any adverse effect noted during and after the therapy. Patient was free from symptoms upto 1 year of follow up.

Discussion

Treatment of complex fistula-in-ano is difficult for surgeon, if surgeon tries to eradicate whole underlying sepsis meticulously there may be fair chances of sphincter damage and simultaneously if attempt is made for preserving sphincter there are chance of reoccurrence of disease. As earlier mentioned that conventional method is very

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beneficial, but having pit fall like cosmetic disfigurements, longer duration, number of hospital visits, long anxiety period of patient. So the following advantages can be concluded from this study. Duration of therapy was less by shortening of length of track and taking care of crpto glandular infection where there was no need to treat residual curved track which may increase infection in conventional method due to wrong axis. Pain was significantly less because less tissue is exposed after interception which is from window to internal opening. Where as in conventional method whole length of track is exposed during change of *Kshara Sutra* which increases the pain and burning sensation because of more tissue exposure. Scar was very minimal almost nil which save the contour of buttok. The technique focused on the infected crypt, the main principal of the therapy to make complex fistula to simple and treat accordingly. The secondary track healed subsequently as it was cut of from the source of infection.

Conclusion

This innovative technique is quite helpful in treating complex fistula in ano having distant external opening and also with the secondary tracks. In the conventional technique whole length of track will be laid open but in IFTAK technique threading was done in much smaller track. It reduced healing time and post operative scar and caused less irritation to the patient during whole duration of therapy.

Recommendation

The present study is about the presentation of single case only. Further well structured standardized randomized controlled study is recommended.

References

1. Sahu, M. "A manual on fistula in ano and kshara sutra therapy", published by NRC, Deptt. Of Shalya Tantra, IMS, BHU, first edition, 2015.
2. Giri Rajneesh V, Standardization and evaluation of guggulu based kshar sutra in the management of fistula in ano 2003 Ph.D. Department of Shalya Tantra IMS BHU.
3. Bailey & Love's Short Practice of Surgery, edited by Norman S. Williams, Christopher J.K. Bulstrode, P. Ronan O'Connell, Hodder Arnold publication, 25th Edition, Anus and Anal Canal, *Fistula-in-ano*, 1262.
4. Deshpandey PJ,Sharma KR treatment of fistula in anorectal region, review and follow up of 200 cases. Am J proctol 1973;24;49-60.
5. Parks AJ Gordon PH, HardcastleJD. A classification of fistula in ano.br J Surg 1976;63;1-12.
6. Tripathi Bhramanand Astanga Hridyam, Nirmala hindi commentary, Chaukhambha Sanskrit Sansthan Delhi, Uttar sthan chapter-28/5, p-1092
7. Shashtri A.D., Sushrut Samhita in Ayur-veda Tatva Sandipika, Chaukhamba Sanskrit Sansthan, Nidan sthanam chapter Su. Ni. 4/12, p-246

How to cite this article: Dr. Shahnawaz Diwan, Dr. Pradeep Kumar, Dr. Shiv Ji Gupta. IFTAK - An advanced technique of Kshara Sutra therapy in management of complex Fistula-In-Ano - A Case Study. J Ayurveda Integr Med Sci 2018;6:181-184.
http://dx.doi.org/10.21760/jaims.3.6.28

Source of Support: Nil, **Conflict of Interest:** None declared.

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