



Management Of A Complicated Case Of Fistula-In-Ano (Bhagandara) With Paribhadra Ksharavarti – A Single Case Study

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ABSTRACT -

Fistula-in-ano is condition which has been recognized as difficult surgical disease in all the ancient and modern medical science and is uncommon condition of GIT with prevalence rate of 0.01% in general population with higher frequency in men than in women 2:1.

A 34year old female patient consulted our Taranath Government Ayurvedic hospital, presented with complaint of swelling in perineal region which burst opened spontaneously which is diagnosed as perianal transphinchteric fistula-in-ano. In present case report patient was intended to treat with Paribhadra ksharavarti, after treatment there is complete collapse of fistula tract without any complication.

Keywords: fistula-in-ano, ksharavarti, Bhagandara

INTRODUCTION -

Bhagandara' is a disease which causes splitting or discontinuity in the region of 'Bhaga', 'Vasti' (Perineal) and 'Guda' (Perianal) region. Bhagandara is one of the commonest diseases occurring in ano-rectal region which is difficult to treat because of its high recurrence rates.^[1] In contemporary science Bhagandara can be correlated to fistula-in-ano, an inflammatory response to anal gland infection resulting in the formation of an unhealthy track composed of unhealthy granulation tissue and fibrous tissue, having an external opening in the perianal skin and an internal opening in the anal canal or rectum.^[2] It is characterized by persistent pus

discharge associated with intermittent pain which further can leads to several complications if not treated properly.

For the management of this painful disease many treatment modalities are enumerated in ayurveda classics and ksharasutra therapy is one among them which is proved to be gold standard.^[3] Sushruta described a detailed surgical approach including excision of fistulous tract but also felt the necessity of para surgical approach since he was not quite satisfied with surgical excision which often resulted into recurrence. At this stage, ksharasutra came to rescue to a surgeon since a "chemical fistulectomy" rather than a "surgical fistulectomy" proved to be free from complication. Introduction of ksharasutra into fistulous tract is able to dissolve tough fibrous tissue and ultimately draining it out creating healthy base for healing.^[4]

This is big revolution in the treatment of fistula-in-ano. It's gradual and sustained chemical action not only removed the debris from the site of fistula but it also helped in encouraging fresh healthy granulation thereby inducing a long awaited healing pattern in depth of tissue.^[5] The advantages of this procedure are it is cost effective, needs minimal hospitalization and has least adverse effect. This can be employed efficiently in both low and high anal fistula.^[6] The recurrence rate of ksharasutra ligation is negligible (3-5%) with success rate of 95%.^[7] Thus in presented case we have used ksharavarti to treat complex IV grade trans-sphincteric fistula.

CASE REPORT -

A 34 year old female patient consulted our hospital department of Shalyatantra OPD at Taranath Government ayurvedic medical College and hospital , Ballari in the month of November 2024 presented with complaint of swelling in perineal region which burst opened spontaneously.

CHIEF COMPLAINTS -

- Swelling at perineal region since 15 days which burst opened spontaneously 3 days back.
- Pus discharge from perineal region

ASSOCIATED COMPLAINTS -

Patient was having complaint of vaginal pruritis since above complaint of pus discharge started.

HISTORY OF PRESENT ILLNESS -

Patient was said to be apparently normal 15 days before then she developed pain and swelling at perineal region with occasional hard stools, insidious onset increasing gradually which is suppurated and burst out spontaneously 3-4 days back leading to pus discharge. Patient consulted nearby doctor and took oral medicines, symptoms got reduced. Then patient visited to our Taranath Government Ayurveda medical hospital, Ballari for further management.

ASSOCIATED DISEASE - No any other comorbidities

DRUG HISTORY - Patient was taking oral antibiotics since 1 week

S/H/O - Previously took treatment for fistula-in-ano and got successfully treated by ksharsutra therapy 6 years back

PERSONAL HISTORY -

Appetite - Good

Pallor - Absent

Bowel - occasional constipation

Icterus - Absent

Diet – Mixed

Clubbing - Absent

Sleep - Disturbed

Cynosis - Absent

Habits – No

Lymphadenopathy - Absent

Micturition - 4-5 times/day.

Edema – Absent

1-2 times/Night

GENERAL EXAMINATION -

Height - 160 cm

Wight - 55 kg

Built - Well

BP - 130/90 mmHg

PR - 76 bpm

SYSTEMIC EXAMINATION -

RS - NVBS +

No added sounds

CVS - S1S2 heard , No murmurs

CNS - Concious, Well oriented

P/A - Soft , Non- tender, No organomegaly

LOCAL EXAMINATION -**Inspection -**

- Opening - One external opening noted anterosuperiorly in anterior aspect of perineum
- Distance - 3 cm away from anal verge at anterior mediolateral region.
- Position - at 10 O'clock position.
- Discharge - present, serosanguinous Discharge

Palpation –

- External opening noted anterosuperiorly in anterior aspect of perineum extending upto labia majora measuring about 3.9 cm and is seen to end blindly within ill-defined hyperintense collection right within labia majora
- Induration - Mild induration seen anterosuperiorly in anterior aspect of perineum extending upto labia majora

INVESTIGATIONS -

Hb - 14.6 gm%

RBS - 168mg/dl

BT - 2.40 min

HIV - Non rective

HBsAg - Negative

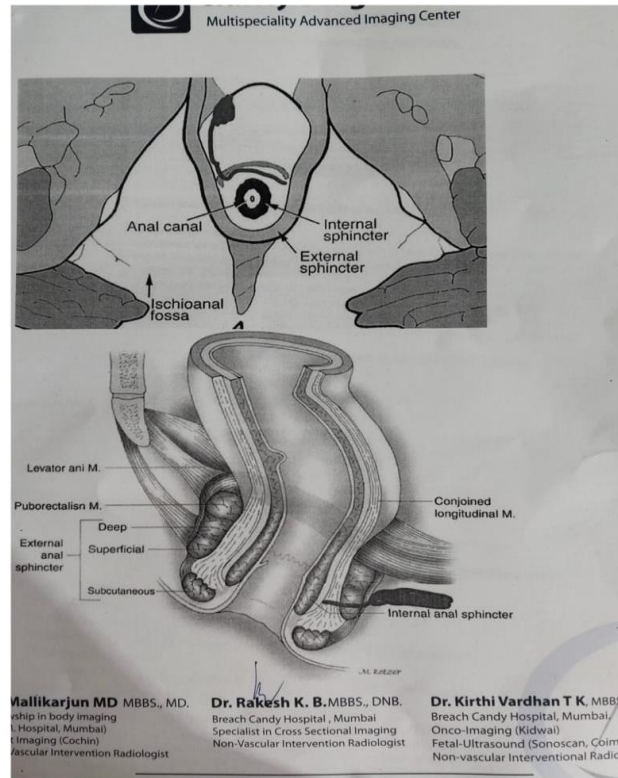
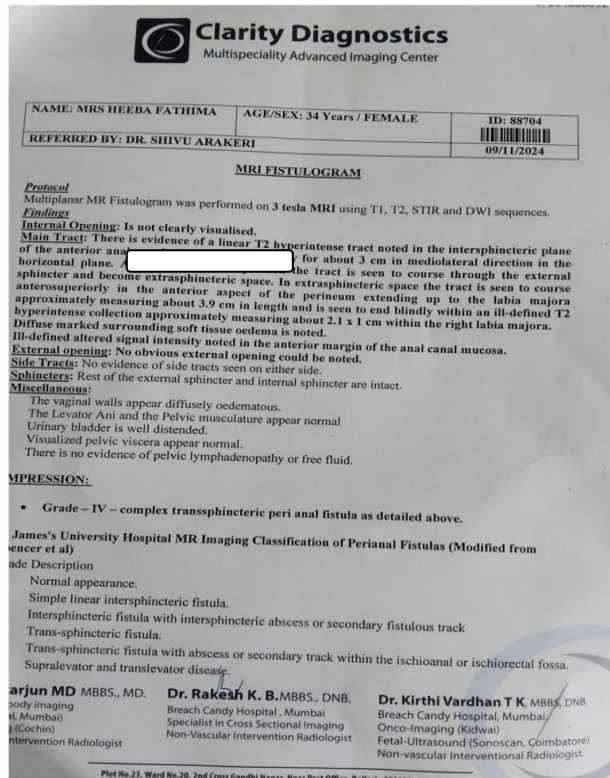
ESR - 30 mm/hr

CT - 4.38 min

MRI Fistulogram

BEFORE TREATMENT -

Grade-IV-complex transsphincteric peri anal fistula.



TREATMENT -

Ksharavarti has been inserted for 2 months weekly.

Pre-operative procedure -

Informed and written consent has been taken

Part preparation has been done

Operative Procedure -

Patient shifted to OT and given lithotomy position. Under all aseptic precautions part painted and draped. A well lubricated probe inserted through external opening at 10 O'clock position to measure the length of tract. Ksharavarti has been inserted along the tract haemostasis achieved and dressing done. Patient withstood with procedure well.

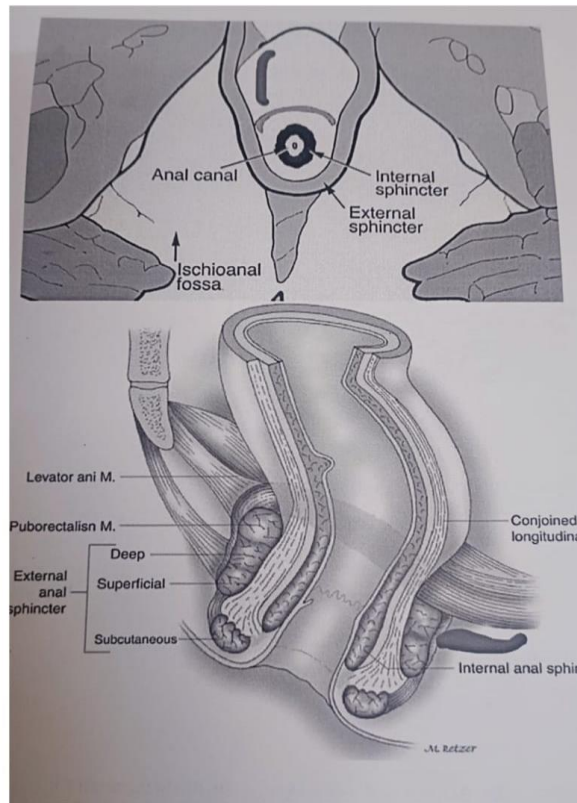
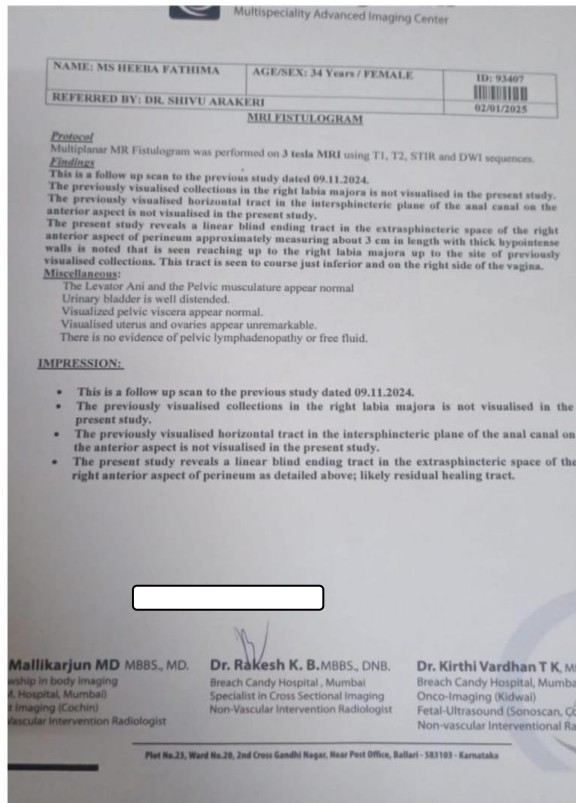
POST- OPERATIVE PROCEDURE -

Patient was advised to take rest, sitz bath, Tab Triphala Guggulu Tab Gandhaka Rasayana and Tab Anuloma DS

Ksharavarti has been changed weekly

Total Duration - 9 weeks (9 sittings)

AFTER TREATMENT -



TREATMENT ANALYSIS -

Parameters	BT	Number of sittings									AT
		01	02	03	04	05	06	07	08	09	
	BT	1st Day	7th Day	14th Day	21st Day	28th day	35th day	42th day	49th day	56th day	
Pain	P2	P2	P1	P1	0	0	0	0	0		0
Discharge	D3	D3	D3	D2	D2	D2	D2	D1	D1	0	0
Pruritis	P3	P3	P2	P2	P2	P1	P1	0	0	0	0
Length of tract in cm	3.9	3.5	3.1	2.8	2.2	1.8	1.3	1	0.7	0.4	0

DISCUSSION -

The Mode of action of the Ksharasutra can be explained in the following way by

1. Theory of simple mechanical pressure:

Ksharasutra exerts mechanical pressure on the local tissue since it is tightly applied around the fistulous track by fixed knots just like seton, hence it cuts the tissues. Then natural healing takes place.

2. Theory of Chemical cauterization:

The local tissue necrosis occurs and lying down of new tissue by proliferation of connective tissue takes place.

3. Theory of Antibiotic effect:

The ingredients of Ksharasutra are having antibiotic effect, so it helps in the healing of the fistula.

4. Theory of Local drug delivery system:

The drugs in the form of Kshara are delivered in the local pathological tissue planes, so that they act on the deeper planes and depend upon the local environment. The Kshara and other material exert effect on the tissue so that the chemical reactions take place which enhance the chance of degeneration of unwanted tissue lining the track

CONCLUSION -

It is a Simple, Safe, Sure & reliable therapy. It requires minimal investigations, does not require General Anesthesia, heavy medication and prolonged hospitalization. Ksharasutra has been described in all ancient books of ayurveda as caustic thread not only for the treatment of fistula-in-ano but also for all those conditions which demands gradual excision of overgrown soft tissue. Hence here in this case we have used ksharavarti in multiple sitting after which previously visualized collections in right labia majora is not visualized and the horizontal tract in inter-sphincteric plane of anal canal on anterior aspect is completely collapsed without any complications.

REFERECES –

1. Vaidya Yadavji Trikamji Acharya, Sushruta Samhita, Nidan Sthan, Chaukhamba Publications, published 2020, Page no.213.
2. Vaidya Yadavji Trikamji Acharya, Sushruta Samhita, Chikitsa Sthan, Chaukhamba Publications, published 2020, Page no.213.
3. Kaviraj Ambika Dutta Shastri, Sushruta Samhita, Nidan Sthan, Chaukhamba Sanskrit Samsthan, Published 2019, Page no.155.
4. Ksharasutra therapy in fistula-in-ano and other ano rectal disease, by S K Sharma, K R Sharma, Kulwant Singh , 1st edition, pg no. 1
5. 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, p-1264

6. Kaviraj Ambika Dutta Shastri, Susruta Samhita, Chikitsa Sthan, Chaukhamba Sanskrit Samsthan, Published 2019, Page no.156.
7. Ksharasutra therapy in fistula-in-ano and other ano rectal disease, by S K Sharma, K R Sharma, Kulwant Singh , 1st edition, pg no. 3

