ROLE OF PARTIAL FISTULOTOMY WITH KSHARSUTRA IN BHAGANDARA (FISTULA IN ANO): A CASE REPORT.

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ABSTRACT

Ksharsutra is well described in ancient text book as a traditional way of treatment in the management of Bhagandara. Ksharsutra is a medicated thread prepared using Apamarg kshar, snuhie and haridra. A case of 45 years male patient was diagnosed as Bhagandara having external opening at 6 O’clock position posteriorly. It was opening straight into anal canal at 6 O’clock posteriorly. Total length of the fistula tract was 5 cm. It was treated doing partial fistulotomy with Ksharsutra application in remaining part of the tract. In post-operative management the old Ksharsutra was changed with a new one by rail road technic on weekly interval. Decrease in the length of Ksharsutra was measured weekly and noted to access cuttings time. Wound dressing was done with Jatyadi tail. After 21 days (Ksharsutra was changed for 2 times) tract was cut through with Ksharsutra and fistula wound was healed completely. Thus, Ksharsutra was found effective treatment in the management of Bhagandara.

Keywords: Bhagandara, Kasharasutra, Fistula in Ano, Partial Fistuloctomy.

1. INTRODUCTION

Fistula is defined as a chronic granulating tubular tract consisting of fibrous tissues having two openings. Symptoms are pus discharge from external opening, itching sensation at anal region, sometimes associated with pain. According to Sushruta, Bhagandara can be differentiated in 5 types based upon involvement of doshas, shape and type of internal opening. It is also classified as Inter sphincteric, Trans sphincteric, Extra sphincteric and Supra sphincteric.1 Diagnostic methods commonly used are local examination, palpation of fistula tract, digital anal examination, Fistulogram and MRI as per need.2 In modern surgery there are lot of complications after Fistuloctomy or partial Fistuloctomy.3 Ayurveda Ksharasutra treatment is proven better many times and it is without complication. In present case a case of Partial Fistulectomy and Ksharasutra application is discussed.

2. CASE REPORT

2.1. Case history

A 45 years old male patient visited in OPD of Shalya Tantra at Ayurved Hospital, Pusad with complaining of pus discharge and itching at anal region for 1 month and pain lasting for 15 days. Patient was teacher by profession in primary school. patient has no history of previous major illness like DM, Hypertension. Laboratory investigations such as Haemogram ESR, Urine were conducted and found to be normal. Digital examination4 revealed normal sphincter tone, pus discharge at 6 O’clock position.

2.2. Procedure

2.2.1. Pre-operative

NBM for 5 hrs. Written informed consent was taken. Local part preparation was done. Soap
water enema was given. Lignocaine sensitivity test was done.

2.2.2. Operative

Patient was laid down in lithotomy position. Spinal anaesthesia was given. Per-anal area was painted with betadine solution. Draping was done. To rule out internal opening, betadine with hydrogen peroxide solution inserted through external opening and observed from where it comes. Probing was done from external opening of fistula tract. Fistulotomy was done. Up to 3 cm fistula tract was opened with surgical blade No 11. After that Ksharsutra was inserted into remaining 2 cm tract. Dressing is done with Jatyadi tail.

2.2.3. Post-operative

IV Antibiotics, NSAIDs were given for 3 days. IV fluids were given as per requirement. From next day Sitz bath was started. Dressing of the wound was done with Jatyadi tail once in a day. For 2 days post-operative pus discharge was present from tract. Wound surface was healthy. No swelling was observed. Wound of partial fistulotomy was healed with Jatyadi tail dressing. New Ksharsutra was placed by rail road technic till complete cut through and healing of the tract.

3. RESULTS AND DISCUSSION

- 1st post-operative day: Ksharsutra was in place. Mild pus discharge from the wound. Sitz bath was given with Haridra churna. Dressing of the wound was done by Jatyadi tail.
- 2nd post-operative day: Pus discharge present.
- 3rd post-operative day: Dressing was done with Jatyadi tail. Dressing was done up to 7th day.
- 7th post-operative day: Ksharsutra was changed. After 7 days dressing was done alternate day up to 14th day.
- 14th post-operative day: Ksharsutra was changed. Fistulotomy wound was completely healed.
- 21st post-operative day: No Ksharsutra in the tract. Wound was completely healed. No any complaints were present.

Role of Ksharsutra in Fistula in Ano (Bhagandara): Ksharsutra is alkaline in nature. Chemicals cauterisation of dead tissue occurs by it. Simultaneously cuttings and healing of wound occurs. Due to alkaline Ph no inflammation occurs. Jatyadi tail has also property of healing of wound.

4. CONCLUSION

This case demonstrates that there is early healing of post operative wound by partial fistulotomy with Ksharsutra application without anal incontinence in the management of Bhagandara. Hence it is best option observed in this case report. Advantages are: 1. Less post-operative period is required. 2. Less pain is present and less post-operative treatment is needed. 3. Patient can join his routine work early.

4 REFERENCES

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FIGURES

Figure 1. Post-operative Day 1

Figure 2. Post-operative Day 14

Figure 3. Post-operative Day 21

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