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Effect of *Saindhavadya Taila* in the management of *Bhagandar* after IFTAK - A Case Study

Anand D. Kulkarni¹, RC Yakkundi², AB Ganachari³

¹Post Graduate Scholar, Department of Shalyatantra, Shri Shivayogeeswar Rural Ayurvedic Medical College & Hospital, Inchal, Karnataka, India.

²HOD & Professor, Department of Shalyatantra, Shri Shivayogeeswar Rural Ayurvedic Medical College & Hospital, Inchal, Karnataka, India.

³Associate Professor, Department of Shalyatantra, Shri Shivayogeeswar Rural Ayurvedic Medical College & Hospital, Inchal, Karnataka, India.

ABSTRACT

Fistula is a chronic granulating tract or cavity communicating the rectum or anal canal to the perineal skin. The ideal treatment for Fistula-in-Ano is to eradicate primary source of infection. Fistulotomy or fistulectomy have good results in simple low anal fistula. In complex Fistula-in-Ano there are high chances of recurrence, incontinence and loss of natural anatomical structure. In Ayurveda there is reference for Fistula-in-Ano as *Bhagandar*. It can be treated by total excision or laying open. *Sushruta* (500 B.C.), the father of Surgery has mentioned safe, alternate and minimally invasive treatment of *Ksharsutra* (Medicated Seton). Now a days *Ksharsutra* is prepared by smearing *Apamarga Kshara*, *Snuhi Ksheera* and *Haridra* on surgical linen thread No. 20. The duration of treatment of *Ksharsutra* is long depending on the length of tract, patient have to give follow up till cutting of whole tract weekly. To overcome these problems now a days IFTAK (Interception of Fistula Tract with Application of *Ksharsutra*) is practiced. In this procedure only proximal, small part of tract is laid open and *Ksharsutra* applied to that much part only. In this procedure there are no chances of sphincter damage. After IFTAK now a days irrigation with Betadine daily is practiced, we have tried *Saindhavadya Taila* for faster healing of the Fistula tract and IFTAK wound.

Key words: *Bhagandar*, *Fistula-in-Ano*, *IFTAK*, *Saindhavadya Taila*

INTRODUCTION

Fistula-in-Ano (*Bhagandar*) is a chronic granulating tract cavity communicating the rectum or anal canal to the perineal skin.

The ideal treatment for Fistula-in-Ano is to eradicate

primary source of infection. Fistulotomy or fistulectomy have good results in simple low anal fistula. In complex Fistula-in-Ano there are high chances of recurrence, incontinence and loss of natural anatomical structure.

In *Ayurveda* there is reference for Fistula-in-Ano as *Bhagandar*. It can be treated by total excision or laying open. *Sushrut* (500 B.C.), the Father of Surgery has mentioned safe, alternate and minimally invasive treatment of *Ksharsutra* (Medicated Seton). Now a days *Ksharsutra* is prepared by smearing *Apamarg Kshar*, *Snuhi Ksheer* and *Haridra* on surgical linen thread No. 20.

The duration of treatment of *Ksharsutra* is long depending on the length of tract, patient have to give follow up till cutting of whole tract weekly.

Address for correspondence:

Dr. Anand D. Kulkarni

Department of Shalyatantra, Shri Shivayogeeswar Rural Ayurvedic Medical College & Hospital, Inchal, Karnataka, India.

E-mail: drananddk@gmail.com

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After IFTAK now a days irrigation with Betadine daily is practiced, we have tried *Saindhavadya Taila* for faster healing of the fistula tract and IFTAK wound.

AIMS

To see the efficacy of *Saindhavadya Taila* in *Bhagandar* followed by IFTAK.

OBJECTIVES

To find the most convenient, simple and cost effective management of *Bhagandar*.

MATERIALS AND METHODS

Drug Source: *Saindhavadya Taila*

Saindhavadya Taila contents:

Saindhav, Chitrak, Danti, Palash, Indrayan, Gomutra, Lohbhasma, Katu Taila, Jala. All the above drugs are *Ushna, Tikshna* and having *Lekhan* properties.

Methodology

1) Conceptual study 2) Case study 3) Discussion 4) Conclusion

Patient with Fistula-in-Ano (*Bhagandar*) treated by IFTAK technique.

1) Conceptual Study

As explained above the Fistula-in-Ano (*Bhagandar*) is chronic granulating tract or cavity communicating the rectum or anal canal to the perineal skin. It is characterized by purulent discharge from anal, perianal region, soiling of underclothes, itching perianal region. Most common cause includes prolonged sitting, driving, travelling. In some cases there is history of Fistula-in-Ano.

2) Case Study

A 30 year's old male patient came to us with complaints of

- Purulent discharge from perianal region.
- Pain on & off perianal region.
- Swelling at perianal region since 4 to 5 months.

The pre operative assessment of the anatomy of the fistula was performed by clinical examination, ultrasonography.

The procedure was thoroughly explained to patient and relatives. Informed consent was obtained. Sodium Picosulphate enema was given to the patient before the operative procedure.

Surgical Technique: Patient with Fistula-in-Ano (*Bhagandar*) treated by the IFTAK technique.

The extended lithotomy position was adopted for the procedure. Regional anesthesia was used. The internal opening and the course of the fistulous tract was assessed by digital rectal examination and malleable copper probe. Internal opening was visualized by injecting methylene blue.

- Out of three opening's one was connecting to anal canal and other two were skin to skin.
- Incision at posterior midline perianal area taken.
- Identification and interception of the fistulous tract at the level of external sphincter.
- The fistulous tract was divided into proximal and distal part with a gap (window) in between; it was widened by using a pair of artery forces to provide adequate drainage to primary tract as well as to the secondary extensions.

Ksharsutra was applied in the proximal tract. Irrigation of *Saindhavadya Taila* to proximal and distal part is given daily and tract is allowed to heal spontaneously. *Ksharsutra* in proximal tract was changed weekly for 3 weeks till it falls down.

RESULTS

- As comparative to Betadine, healing of fistulous tract i.e., time duration was less with *Saindhavadya Taila* due to debridement of fistulous tract.
- Patient has less pain during treatment.

- Patient has less pus discharge.
- Demonstration of the IFTAK Technique

Fig. 1: Pre OP



Fig. 2: Post OP



Fig. 3: After 2 weeks



Fig. 4: Saindhavadya Taila irrigation.



Fig. 5: Post Op 6 weeks



Fig. 6: Post Op 8 weeks



DISCUSSION

Fistula-in-Ano is generally difficult to treat and cure. There are always high chances of recurrence and incontinence.

Ksharsutra treatment has high rate of success and cost effective. Patient after *Ksharsutra* treatment remain ambulatory and can resume his work early as compared to Fistulectomy or Fistulotomy.

Conventional *Ksharsutra* therapy has some disadvantages like prolonged treatment, multiple hospital visits for *Ksharsutra* change.

IFTAK (Interception of Fistula Tract with Application of *Ksharsutra*) is minimally invasive technique. It is based on eradication of primary source of infection (infected anal crypt) by the application of *Ksharsutra*.

Ksharsutra which is applied in proximal tract helps in debridement of tract and resulting in good healing of wound. Alkaline nature of drugs which are coated with *Ksharsutra* gives unfavourable condition to microbial growth.

Cutting and healing of tract take place simultaneously. So, there are almost no chances of damage to sphincter and incontinence.

CONCLUSION

The aim of Fistula-in-Ano treatment is eradication of cryptoglandular infection i.e., root cause. In IFTAK technique eradication of cryptoglandular infection is done with the application of *Ksharsutra* and the distal part of the fistulous tract is left to heal without cutting or laying open. In routine practice Betadine is used for irrigation of fistulous tract (primary and secondary), here *Saindhavadya Taila* is used which is having lekhan (debridement) property. So, time duration of healing reduced.

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