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Surgical management of complex Fistula-in-ano (Bhagandara) by Sphincter Preserving Technique (with Ksharasutra Therapy) - A Case Study

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ABSTRACT

Surgical management of complex fistula-in-ano is difficult and it is a challenge to any surgeon because there is high chances of recurrence and fear of incontinence due to injury of anal sphincteric muscles during surgical intervention. *Sushruta* has developed many surgical procedures, *Ksharasutra* is one of them. It is a medicated alkaline thread, which cut the fistulous tract slowly and gradually followed by healing. It also helps in draining pus from fistulous tract. Its treatment is still a challenge to the surgeons because of its high reoccurrence rate. So, the main goals for the treatment of Fisutula-in-Ano are preservation of continence, cicatrisation as possible due to low rate of recurrence. In Ayurveda, *Ksharasutra* therapy could reduce recurrence with success rate of 96.67%. A 30 years/male came to *Shalya* OPD with complaints of intermittent watery discharge from perianal region. After local examination and investigations he diagnosed as a case of Fistula-in-ano. He got operated thrice already for this complaint. He was put on for *Ksharasutra* therapy and the patient got cured from fistula with no complications. Therefore, the Ayurvedic surgery has shown potential for larger public health benefits for such type of cases.

Key words: *Bhagandara, Ksharasutra, Fistula-in-ano.*

INTRODUCTION

Bhagandara is included in *Ashtamahagada Vyadhi* by *Acharya Sushruta*.^[1] It has five types per *Dosha*, combination of each *Dosha* (*Tridoshaja*) and by trauma. It invades *Bhaga* (Perineum), *Guda* (Anus) and *Basti* (Bladder) *Pradesha*.^[2] Its prodromal symptoms according to *Sushruta* are: pain in *Kati* (lower back) region, itching burning pain and swelling

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in anal region.^[3] According to International Classification of Diseases (ICD-10), Fistula in ano is classified under K 60.3.^[4]

Fistula-in-ano (FIA) is an abnormal communication lined by unhealthy granulation tissue which runs outer aspect from anal canal to external opening either on the skin of the perineum or buttock.^[5]

Prevalence of FIA varies from 5.6 to 12.3/100,000. It is more common in men and usually occurs in age more than 30 years.^[6]

The presentation in this case can be intermittent purulent pus discharge and pain which gets relieved by drainage of pus.^[7] Main goals involved in its treatment are: control of sepsis, prevention of recurrence of fistula and anal incontinence.^[8] There are many techniques and procedure used for the treatment of FIA such as Fistulectomy, Fistulotomy, Fibrin Glue, Anal fistula plug, Endorectal advancement flaps, Anocutaneous advancement flap, Ligation of

Intersphincteric fistulous tract (LIFT) etc. but each technique has its own limitations.^[9]

Ksharasutra (KS) which is a medicated thread for use in complex and recurrent fistula with success rate of 96.67%.^[10] It has property of cutting, draining and cleans the fistulous tract which further promotes the healing. *Kshara* is one of the ingredients of KS which has property of curetting and healing, its alkali pH hinders the growth of bacteria whereas, *Guggulu* has anti-inflammatory and anti-microbial effect to help in wound healing.^[11]

CASE SUMMARY

Patient came with the complaints of intermittent watery discharge from peri-anal region since 5-6 months. He got operated thrice for this complaint but there was no relief. He had no others complaints except history of TB and but got cured after treatment. All blood investigations were in normal range.

Diagnosis

On the basis of local examination of peri-anal region, scar mark of previous surgery on the right side of peri-anal region was seen thus confirming the report of previous surgery. External opening with mild pus discharge was present at 8 o'clock position. On Per Rectum (PR) examination sphincter tone was normal, internal opening was felt at 6 o'clock position, finger not stained with pus, blood or stool.

MRI-Fistulogram

On 19.10.16 : MRI finding revealed large midline High anal fistula with internal opening at 6 o'clock position with ramification.

On 18.5.18 : MRI features were suggestive of right sided fistula-in-ano having thick walled curved track with internal opening at 9 or 10 o'clock position with no evidence of peri-track inflammation (high type).

The patient was put up for *Ksharasutra* ligation on 23.08.18.

Pre-operative preparations

Written informed consent was taken followed by local part shaving. Then, Proctolysis enema was given and prophylactic dose of antibiotic was given. After that xylocaine sensitivity was done.

Patient was taken to OT at 9:00 am on 28.08.18.

Operative procedure

Operative part cleaned with liquid betadine twice and once with spirit followed by draping with sterile sheet. 1% xylocaine injection was infiltrated around the external opening and at 6 o'clock of the anal canal. PR examination was done to confirm the internal opening. A metallic probe lubricated with xylocaine jelly and passed through the external opening to the internal opening in the anal canal. *Apamarga Ksharasuta* mounted over the probe and passed through the fistulous track followed by ligation. Patient was stable during the procedure. No complication was observed during the procedure.

Post operative care

From the next day patient was advised to take sitz bath with *Panchawalkal Kwatha*.

Medicine prescribed

- Tab. Septillin 2 tablets TDS after meal
- *Triphalla Guggulu* 500mg TDS after meal
- *Panchasakar Churna* 3g HS with luke warm water
- *Jatyadi Taila* for Local Application and for regular anti-septic dressing and packing. Followed by *Matra Basti* of 10ml *Jatyadi Taila*.

Patient was advised to take high fiber diet and avoid spicy, non-vegetarian and frozen food.

Since, *Ksharasutra* thread needs to be changed after every 7 days, under local anesthesia and it was changed on interval of seven days by railroad technique. This is followed by regularly cleaning with *Panchawalkal Kwatha*, dressing and packing using *Jatyadi Taila*. Patient is in continuous contacts and reported no complications even after 7 months (till date).



Fig. 1: Before pre operative procedure



Fig. 2: After operative procedure



Fig. 3: During the treatment



Fig. 4: During follow up

CONCLUSION

Acharya Sushruta has mentioned that all *Bhagandara* are difficult to treat. In conventional medicines, its treatment is quite challenging due to high reoccurrence rate and inevitable complication. There is no ideal treatment for this disease. *Kshara* has property of curetting unhealthy granulation tissue and promoting healing, its alkali pH prevents the growth of mirco-organisms whereas, *Guggulu* has anti-inflammatory and anti-microbial effect to help in wound healing. The *Ksharasutra* therapy, in cases of fistula in-ano has shown promising results and to our experience success rate could be in the range of 90%. It is a cost effective treatment with good cosmetic results.

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