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# Management of Fistula In Ano with *Ksharasutra* - A Case Study

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## ABSTRACT

Fistula in ano is a disease known to the humanity since ancient times. For reasons that are unknown, non specific anal fistula are more common in men than women. The overall incidence is about nine cases per 100000 population per year in western Europe, and those in there third, fourth and fifth decades of life are most commonly affected. It is a chronic illness which is, though not fatal but quite discomfiting and troublesome to the patient and often puts deep impact on the quality of life of a patient. Despite many advances in medical field, it still poses big challenge to the surgeon as there is no suitable curative treatment available so far. For the same reason, Sushruta (500BC) has aptly described this disease as one of the Ashtamahagada. He was first person to describe, etiology, clinical feature and management of *Bhagandara*. He described *Ksharasutra* therapy in *Bhagandara*. A Female patient of age 65 years history of Ischiorectal abscess before 1month, she came on 10-7-2019 with the complaint of itching, pus discharge, mild pain in perianal region. Patient was a diagnosed case of Diabetes mellitus from 8years, Hypertension from 4 years, after investigations and local examination, patient was planned and treated with *Ksharasutra*.

**Key words:** *Bhagandara, fistula in ano, Ksharasutra.*

## INTRODUCTION

The word *Bhagandara* is composed of two words, 'Bhaga' and 'Darana'. Bhaga the area between anus and the genitalia is defined as bhaga. Darana to tear or destroy. Hence, *Bhagandara* may be considered as a type of a chronic sinus in the perianal area or perineum which discharges pus or blood and left untreated, there may be discharge of faeces, flatus, urine and semen. Or it may be secondary to the

suppuration of an abscess - *Bhagandara pidaka'*, resulting in tearing or destruction of these areas.

## CASE STUDY

- **Chief complaints:** Patient complains of mild pain, itching and pus discharge from anal region since 2 days.
- **Associated complaints:** Patient complains of pain in left perianal region at the operated site since 1 month.

## History of present illness

Patient was apparently healthy 1 month ago. Patient noticed painful swelling in left perianal region for which she approached our hospital one month back (3-6-2019). The condition was diagnosed as Ischiorectal abscess, She was admitted, Incision & Drainage was done under local anaesthesia on 4-6-2019, regular dressing was done with jatyadi taila.

From past 2 days (10-7-2019) patient experiences mild pain, itching and pus discharge from anal canal which

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was white in colour and foul smelling. Pain is continuous and persists throughout the day.

#### Patient is a known case of

- Diabetes Mellitus from 8 Years
- Hypertension from 4 Years
- Hypothyroidism from 23 Years

#### Regular Medications

- Tab. Glimate MR 1 1000sr 1-0-0
- Tab. Glimp M 500mg 0-0-1
- Tab. Telma 40mg 0-0-1
- Tab. Levothyroxine Sodium 100mcg 1-0-0

#### Treatment given in SKAMCH & RC (4-6-2019 TO 10-7-2019)

- Under local Anaesthesia with aseptic precautions Incision and Drainage of Left Ischiorectal Abscess was done on 4-6-2019.
- Post operatively IV antibiotics and analgesics was given for 10 days. Sthanika Panchavalkala Kwatha Prakshalana and daily dressing of the abscess cavity was done with Jatyadi Taila.
- Internal medications
  - Tab Triphala Guggulu 2-0-2 (A/F)
  - Tab Gandhaka Rasayana 1-1-1 (A/F)

#### Koutumbika Vruttanta

All family members are said to be healthy.

#### Vayaktika Vruttanta

- Diet - Mixed
- Appetite - Good
- Sleep - Disturbed, about 7-8 hours/day, day sleep 0-1 hours/day
- Micturition - 4 - 5 times during day; 1-2 times during night
- Bowel - Regular, twice/day, soft in consistency
- Habits - Tea - 2 times/day
- Addictions - None

#### Rogi Pareeksha

- Tongue - Uncoated
- Pulse - 80/min
- B.P. - 130/90 mm of Hg
- Temperature - 98.6 degree F
- Respiratory rate - 18 cycles/min
- Height - 5 feet 2 inch
- Weight - 75kg
- BMI - 28.0

#### Anorectal Examination

##### On Inspection

- Cavity noted in left perianal region
- Sentinel Pile noted at anterior midline
- Foul smelling pus discharge noted at the anal verge.

##### Digital Examination

- Internal opening was felt as a buttonhole depression at 12 'o' clock and 6 'o' clock position
- Normotonic sphincter
- Chronic fissure in ano at anterior mid line

##### On Proctoscopy

- No internal haemorrhoids
- Internal opening 12'o' clock and 6'o' clock position
- No anal polyp noticed.

##### Investigations

Report on 22/7/2019

HB - 9.8GM%

Total and differential count - 11360 cells/cumm

Neutrophils - 82%

Lymphocytes - 13%

Complete blood count, RBC - 3.74milions/cum

PCV - 31.6%

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Kanva Diagnostic Services Pvt. Ltd. Pathology Integrated with Physiotherapy & Research 827/3, Subramanyam Road, 1st Block, Subramanyam, Bangalore-560 018 Phone: +91 832 4892 330 (Land) 2312 4892 / 2312 4821 / 2312 4842 / 2312 4867 E-mail: kanvadiagnostics@kanvadiagnostics.com Visit: www.kanvadiagnostics.com		Name: MRS. PREMA Age: 65 Year(s) Corporate: NON CORPORATE Ref. By: DR. ANJALI	
HAEMATOLOGY REPORT			
<b>COMPLETE BLOOD COUNT</b> HAEMOGLOBIN(S.S)	9.8 g/dl	Birth : 14 to 22 gm%	
<b>TOTAL &amp; DIFFERENTIAL COUNT</b> WBC COUNT(Electrical Impedance Variation)	11360 Cells / cumm	Male : 13.5 - 15.0 gm%	
<b>DIFFERENTIAL COUNT</b>		Female: 12.0 - 16.0 gm%	
NEUTROPHILS	82 %	New Born: 13.5-24.3 gm%	
LYMPHOCYTES	13 %	1-10 Years: 10-15 gm%	
EOSINOPHILS	1 %	Adult: 4000 - 11,000 Cells / cumm	
MONOCYTES	3 %	New Born: 5000-30,000Cells / cumm	
BASOPHILS	1 %	3months: 5700-18,000Cells / cumm	
<b>COMPLETE BLOOD COUNT</b> RED BLOOD CORPUSCLES(RBC)(Electrical Impedance Variation)	3.74 millions/cum	1 year: 6000-17,500Cells / cumm	
PCV (HAEMATOCRIT)(Electrical Impedance Variation calculated)	31.6 %	2 years: 5700-16,300Cells / cumm	
MCV(Electrical Impedance Variation calculated)	84.5 fl	10 years: 4500-13,500Cells / cumm	
MCH(Electrical Impedance Variation calculated)	26.2 pg	Adult - 40-65%	
MCHC(Electrical Impedance Variation calculated)	31.0 %	Children - 20-45%	
RDW	23.0 %	Adult - 20-45%	
		Children - 40-65%	
		1- 6%	
		2 - 10%	
		0 - 1%	
		MALE : 4.5 - 6.0 millions/cumm	
		FEMALE : 4.0 - 5.5 millions/cumm	
		38 - 53%	
		80 - 96 fl	
		27 - 32 pg	
		30 - 36 %	
		11.6 - 14.6%	

**Transrectal examination reports on 11-7-2019**

Trans rectal report - Evidence of circumferential abscess is noted in the perianal region extending from the 10 to 4 o' clock position. Communicating with the distal anal canal is noted at 12 and 6 o' clock position.

NG IMAGING & DIAGNOSTICS		98/2, 17th Cross, 1st Block, Rajajinagar, Bangalore - 560 010 (Near Hanuman Temple & National Hotel)	
(A unit of SUMAN ULTRASOUND CENTRE) X-RAY, MAMMOGRAPHY, WHOLE BODY COLOR DOPPLER SCAN & CLINICAL LABORATORY Dr. H.T. Narayana, MD, DMRD, FICR 5850 1st Floor, DMS (Bombay), AFSA (France) 2459 CONSULTANT RADIOLOGISTS & SONOLOGISTS U.S. NO. 03581 DATE: 11/07/2019 NAME : MRS. PREMA, 65YRS REF BY : DR. ANJALI HISTORY : PAIN PERIANAL REGION, FOR EVLN REPORT: FISTULOSONOGRAPHY WITH 3D Evidence of circumferential abscess is noted in the perianal region extending from 10 to 4 o'clock position. Communication with the distal anal canal is noted at 12 o'clock position and at 6 o'clock position. Large left ischio rectal fossa shows a collection measuring 7.9 x 3.4cms. Internal and external sphincters are intact. IMPRESSION: LARGE LEFT ISCHIO RECTAL FOSSA ABSCESS. ANTERIOR CIRCUMFERENTIAL EXTRA SPHINCTERIC ABSCESS WITH FISTULA. Dr. H.T. Narayana, MD, DMRD, FICR 11/7		Dr. B.V. Girish DMRD, DNB (Bombay), AFSA (France) U.S. NO. 04525 DATE: 07/08/2019 NAME : MRS. PREMA, 65YRS REF BY : DR. ANJALI HISTORY : FISTULA IN ANO, FOR EVLN REPORT: (TRANSRECTAL EVLN) Irregular collapsed abscess is seen in left peri anal region. There is a fistula extending from this posterior to anal canal crossing midline. Internal opening is at 6 o'clock position through the upper part of sphincter about 20mms deep to anal verge. Internal and external sphincters are intact. No obvious mass is noted in the rectum. Dr. B.V. Girish, DMRD, DNB (Bombay), AFSA (France)	

**Local examination as on 6/8/2019**

**On Inspection**

- 2 Ksharasutra in-situ
- Abscess cavity healing
- One external opening noted in the right perianal region with pus discharge.

**On Palpation**

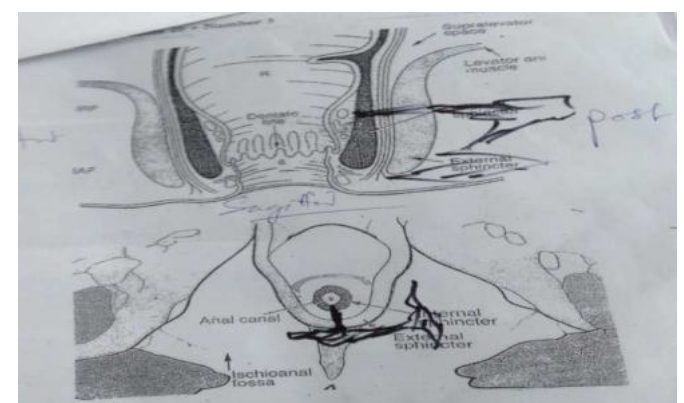
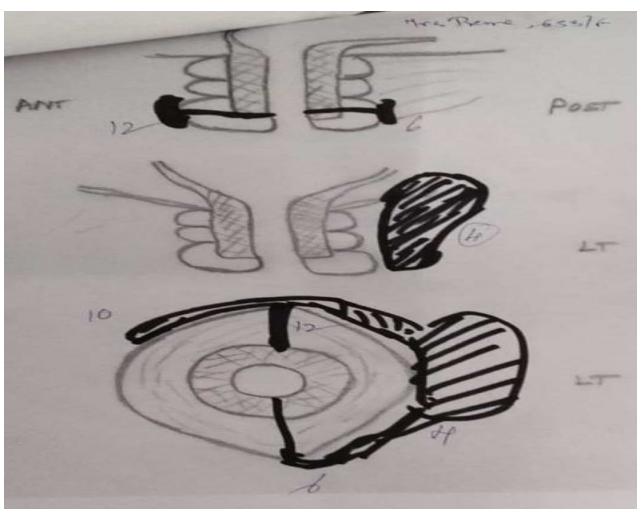
- Tenderness present
- Pus discharge(+)
- No induration

**Transrectal examination on 7-8-2019**

Trans rectal report - Irregular collapsed abscess is seen in left perianal region.

There is fistula extending from this posterior to anal canal crossing midline.

Internal opening is at 6 o' clock position through the upper part of sphincter about 20mms deep to anal verge.



### Treatment

On 13-7-2019 Ksharasutra ligation under Local Anaesthesia for tract (A) and tract (B)

### Pre-Operative Procedure

- Inj. Xylocaine Test dose was given
- Inj. TT 0.5CC IM was given
- Consent was taken
- Inj. Sedcef 1.5gm IV BD
- Inj. Pan 40mg IV BD

### Operative Procedure

- Patient was positioned in lithotomy position
- Part painted and draped.
- Local anaesthesia given (inj.lignocaine-lox 2%)
- Probe was introduced from 12 o' clock position opening and brought forward in upward direction externally followed by *Ksharasutra* ligation. Same procedure done for 6 o' clock position in downward direction.
- Haemostasis achieved.
- Dressing done.

### Post-Operative Procedure

- Inj. Dynapar IM for pain\* 3days
- Inj. Sedcef 1.5gm IV bd \* 3days
- Inj.pan 40 IV bd \* 3days
- Tab. Sedcef 200mg 1bd\* 5days
- Tab. Pan 40 mg 1bd\* 5days
- Tab. Zerodol P 1bd\* 5days
- Tab. Triphala guggulu 2-0-2\* 1month
- Tab. Gandhaka rasayana 1-1-1\* 1month

On 13-7-2019

First *Ksharasutra* (A)-Probing done at 12 o' clock position



On 13-7-2019

Second *Ksharasutra* (B)- Probing done at 6 o' clock position



On 10-8-2019 *Ksharasutra* ligation under local anaesthesia for tract (C)

### Pre-Operative Procedure

- Inj. sedcef 1.5gm IV bd
- Inj. pan 40 IV bd
- Inj. dynapar im stat
- Consent was taken

### Operative Procedure

- Patient was positioned in lithotomy position
- Part painted and draped
- Local anaesthesia given( inj.lignocaine- lox 5%)
- Then probe introduced from abscess cavity and made opening at right perianal region at the level of 6 'o clock position and followed by *Ksharasutra* application for the horse shoe shaped tract.

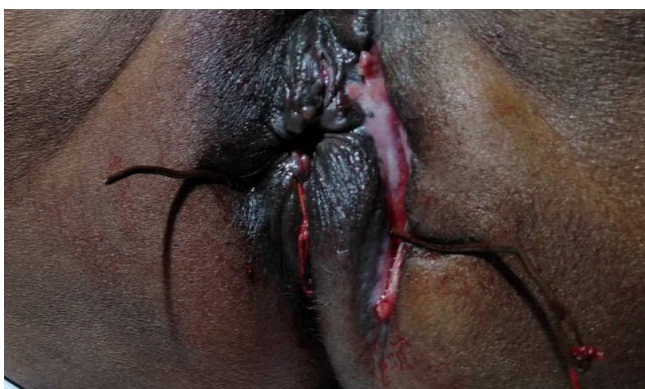
- Haemostasis achieved.
- Dressing done.

**Post-Operative Procedure**

- Inj. Dynapar im stat\*3days
- Inj. Sedcef 1.5gm iv bd\*3days
- Inj.pan 40 iv bd\*3days
- Tab. Triphala guggulu 2-0-2 AF\*15 DAYS
- Tab. Gandhaka rasayana 1-1-1AF\*15 DAYS
- Tab. Sedcef 200mg 1bd AF\*5 DAYS
- Tab. Pan 40 mg 1bd BF\*5 DAYS
- Tab. Zerodol P 1bd AF\*5 DAY

On 10-8-2019 kshara sutra done

Third Ksharasutra (C) - Probing done at left perianal region and its extend up to right perianal region at the level of 6 o' clock position



**OBSERVATIONS**

**Tract (A)**



**Tract (B) and Tract (C)**



**First Tract (A) Observations**

Date	First Tract (A) Length	Pain	Pus Discharge	Foul Smell	Tenderness
13-7-2019	2.5cm	++	+++	+++	+++
20-7-2019	2.5cm	++	+++	+++	+++
27-7-2019	2cm	++	++	++	++
3-8-2019	2cm	++	++	++	++
10-8-2019	1.5cm	++	++	++	++
17-8-2019	1.5cm	++	+	+	+
24-8-2019	1cm	+	+	+	+
1-9-2019	0.5cm	+	-	-	-
8-9-2019	Excised itself	-	-	-	-

**Second Tract (B) Observations**

Date	Second Tract (B) Length	Pain	Pus Discharge	Foul Smell	Tenderness
13-7-2019	3.5cm	++	+++	+++	+++
20-7-	3.5cm	++	+++	+++	+++

2019					
27-7-2019	3cm	++	++	++	++
3-8-2019	3cm	++	++	++	++
10-8-2019	2.5cm	++	++	++	++
17-8-2019	2.5cm	++	+	+	+
24-8-2019	2cm	++	+	+	+
1-9-2019	2cm	++	+	+	+
9-9-2019	1.5cm	++	+	+	+
16-9-2019	1cm	+	-	-	-
23-9-2019	0.5cm	+	-	-	-
30-9-2019	Excised itself				

Continuation of third tract (c)

19-10-2019	3.5cm	++	+	+	+
29-10-2019	3cm	++	+	+	+
8-11-2019	2.5cm	+	+	+	+
18-11-2019	2cm	+	-	-	-
28-11-2019	1.5cm	+	-	-	-
8-12-2019	0.5cm	+	-	-	-
18-12-2019	0.2cm	-	-	-	-
24-12-2019	Tract excised itself	-	-	-	-

July 2019 Abscess Cavity with Ksharasutra Ligation Tract (A) and (B)



August 2019 Abscess Cavity with Ksharasutra Ligation Tract (B) And(C) {Tract(A) Excised Itself}



Third Tract (C) Observations

Date	Third Tract (C) Length	Pain	Pus Discharge	Foul Smell	Tenderness
10-8-2019	6cm	++	+++	+++	+++
20-8-2019	6cm	++	+++	+++	+++
30-8-2019	5.5cm	++	+++	+++	+++
9-9-2019	5.5cm	++	++	++	++
19-9-2019	5cm	++	++	++	++
29-9-2019	4.5cm	++	++	++	++
9-10-2019	4cm	++	++	++	++

### September 2019 Abscess Cavity and Ksharasutra Ligation Tract (C)



### October 2019 Abscess Cavity and Ksharasutra Ligation Tract (C)



### November 2019 Abscess Cavity and Ksharasutra Ligation Tract (C)



### December 2019 Abscess Cavity and Track (C) Excised Itself On 24-12-2019



## DISCUSSION

- The treatment of fistula in ano with above ayurvedic drugs is found satisfactory
- In this case we have used both external and internal medications
- *Ksharasutra* in ano ano-rectal disorders has shown good result
- The ingredients of Chitraka kshara sutra are Snuhi ksheera, Chitraka kshara and Haridra powder
- Snuhi ksheera having shodhana as well as ropana properties along with katu, tikta ras and ushna virya thus improve process of healing its cures infection and inflammation.
- Chitraka kshara has properties of kshara that is chhedana, bhedana, lekhana and tridoshaghna. Chitraka kshara on *Ksharasutra* cauterize the soft tissue.
- Haridra powder has the properties like Rakta shodhana, Twak doshahara, shothahara, vatahara, vishagna and it is useful.
- The action of turmeric powder has the effect of bactericidal action with healing properties.
- *Ksharasutra* has got validation in the modern books also and is successful proven method for treating fistula in ano and other anorectal disorders.
- Triphala guggulu and gandhaka rasayana acts as vrana shodhana and ropana which helped in faster healing

## CONCLUSION

Fistula in ano is an important commonest disease due to crypto glandular infection and has a complication of ano rectal abscess. All the cases of fistula in ano should undergo *Ksharasutra*, as it is associated with less chances of incontinence, has significantly less incidence of post operative complication. *Ksharasutra* therapy very cost effective treatment with no complications. *Ksharasutra* is very effective with



minimum invasive surgical modality for management of bhagandara.

## REFERENCES

1. Susruta samhita edited by Vaidya Jadavji Trikamji aacharya, Nidanasthana chapter 4, choukhambha orientalia re-edition 2014 p-280
2. Susruta samhita edited by Vaidya Jadavji Trikamji aacharya, Chikisa sthana chapter 8, choukhambha orientalia re-edition 2014 p-438
3. A manual on fistula in ano and *Ksharasutra* therapy. Dr M Sahu, 2015, 95-113
4. Susruta samhita edited by Vaidya Jadavji Trikamji aacharya, Chikisa sthana chapter 17,verse 29 choukhambha orientalia re-edition 2014 p-468
5. Ashtanga hridayam edited by Bramhanand Tripathi, Uttarsthanam chapter 28, verse 42 Choukhambha Sanskrit Pratishthan re-edition 2014 p-1098
6. Rasatarangini chapter 8 verse 81-86
7. Mishra D., Sharama A., Thakre N. and Narang R. management of anorectal diseases w.s.r fistula in ano( Bhgandara): A review based on Ayurveda, wjpmr,2017,3(8),382-384
8. Shatri A. Sushruta samhita Sushrutha sutra sthana; reprint. Ch.11 ver.12, varansi: choukhambha Sanskrit samsthan; 2014;p-46
9. Shatri A. Sushruta samhita Sushrutha sutra sthana; reprint. Ch.11 ver.4, varansi: choukhambha Sanskrit samsthan; 2014;p-45
10. Mishra B.S. editor. Commentary vidyotini on Bhvaprakash nighantu of haritakyadi varga; reprint. Ch. haritakyadi varga ver.196, Varanasi: choukhambha sankrit bhavan; 2015;p-114.

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