ISSN 2456-3110
Vol 5 · Issue 1
Jan-Feb 2020

Journal of Ayurveda and Integrated Medical Sciences

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences

Charaka Publications

Indexed

Journal of
Ayurveda and Integrated Medical Sciences
ISSN 2456-3110
CASE REPORT Jan-Feb 2020

Management of complex fistula-in-ano by IFTAK technique - A Case Report

Dr. Kulsoom Farheen[1], Dr. Bhawna Dutt[2], Dr. Vyasadev Mahanta[3], Prof. Dr Sanjay Kumar Gupta[4], Dr. Rahul Sherkhane[5]

[1,2]Post Graduate Scholar, [3]Associate Professor, [4]Professor & HOD, [5]Assistant Professor, Department Of Shalya Tantra, All India Institute of Ayurveda, Delhi, INDIA.

ABSTRACT

Bhagandara is included in one among *Ashtamahagada* in *Sushruta Samhita*. *Ksharasutra* concept has been explained for the treatment of *Nadivrana* and *Bhagandara*. *Ksharasutra* is a medicated thread which helps in cutting as well as drainage of fistulous tract. Although, it is a gold standard technique but in spite of having many benefits it has some drawbacks like long duration of treatment, mild to moderate pain, discomfort after. However, IFTAK or BHU technique is designed to minimize the duration of treatment with minimal post operative scar mark. A 38 years male patient came to *Shalya* OPD with complaints of pus discharge from perianal region. After local examination, he was diagnosed as a case of *Bhagandara* (fistula-in-ano). The patient was treated with IFTAK technique and he was completely cured after 7 weeks with no complications. This technique was found to be very beneficial for the patients having complex fistula-in-ano.

Key words: *Bhagandara, fistula-in-ano, IFTAK.*

INTRODUCTION

Fistula-in-ano is defined as a chronic granulating tract or cavity connecting two epithelial lined surfaces.[1] These surfaces may be cutaneous or mucosal. All patients having fistula-in-ano gave history of having an abscess which burst and discharge intermittently. Management of fistula-in-ano in modern sciences include Fistulotomy, Fistulectomy, Ligation of intersphincteric fistula tract (LIFT).[2]

Bhagandara is a disease which is include in *Ashtmahagada* by *Acharya Sushruta.*[3] *Bhagandra* is composed of two words *Bhaga* and *Darana; Bhaga* means the area between the anus and genitalia and *darana* means to tear or to destroy. For the treatment of *Bhagandara* in *Ayurvedic* sciences, *Ksharasutra* therapy is gold standard technique, it is simple, safe and minimal invasive technique. *Ksharasutra* is a medicated thread which helps in cutting as well as drainage of fistulous tract. The cutting and healing of the tract occur simultaneously that's why the chances of recurrence are very low. In spite of having good technique it also have some drawbacks like long duration of treatment, sometime mild to moderate degree of pain, burning sensation during the course of treatment. This technique is not suitable in fistula which are situated in deeper structure and having multiple tracts.[4]

IFTAK is also known as BHU technique or window technique for the treatment of complex and recurrent fistula-in-ano.[5] The principle of this technique is based on Park's concept of crypto glandular origin of fistula-in-ano. In this technique interception of proximal part of fistulous tract is done at the level of external sphincter along with the application of

Address for correspondence:
Dr. Kulsoom Farheen
Post Graduate Scholar, Department Of Shalya Tantra, All India Institute of Ayurveda, Delhi, INDIA.
E-mail: dr.kfsaifi@gmail.com

Submission Date: 11/01/2020 Accepted Date: 24/02/2020

Access this article online

Quick Response Code

Website: www.jaims.in

Published by Maharshi Charaka Ayurveda Organization, Vijayapur, Karnataka (Regd) under the license CC-by-NC-SA

Ksharasutra from site of interception to the infected crypt in anal canal.[6] Use of *Ksharasutra* causes extensive fibrosis and proper healing which reduces the chances of recurrence.

Case Summary

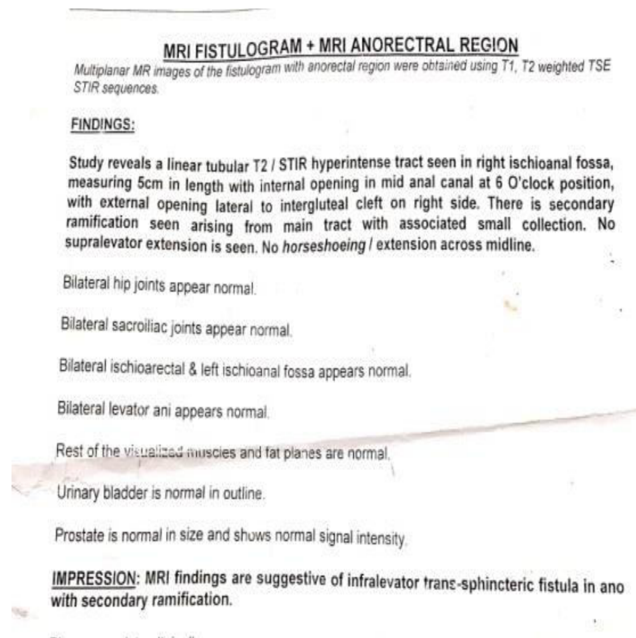
A 38 years male patient came to *Shalya Tantra* OPD in All India Institute of *Ayurveda,* New Delhi with complaints of pus discharge from perianal region since 2-3 years. No other complaints were found except history of tuberculosis before 13 years, which was cured after treatment. All routine investigations were performed and no specific etiology was found.

Clinical features

Local examination revealed external fistulous opening was present at 5 & 7 o'clock position. Per rectal examination revealed sphincter tone was normal, induration felt at 6 o'clock position.

M.R.I Findings On dated 10/05/2016

On dated 10/05/2016 M.R.I findings are suggestive of infralevator trans sphincteric fistula-in-ano with secondary ramification.



MRI FISTULOGRAM + MRI ANORECTRAL REGION

Multiplanar MR images of the fistulogram with anorectal region were obtained using T1, T2 weighted TSE STIR sequences.

FINDINGS:

Study reveals a linear tubular T2 / STIR hyperintense tract seen in right ischioanal fossa, measuring 5cm in length with internal opening in mid anal canal at 6 O'clock position, with external opening lateral to intergluteal cleft on right side. There is secondary ramification seen arising from main tract with associated small collection. No supralevator extension is seen. No *horseshoeing* / extension across midline.

Bilateral hip joints appear normal.

Bilateral sacroiliac joints appear normal.

Bilateral ischioarectal & left ischioanal fossa appears normal.

Bilateral levator ani appears normal.

Rest of the visualized muscles and fat planes are normal.

Urinary bladder is normal in outline.

Prostate is normal in size and shows normal signal intensity.

IMPRESSION: MRI findings are suggestive of infralevator trans-sphincteric fistula in ano with secondary ramification.

Materials and Methods

Preoperative procedures

After taking proper written informed consent local part preparation was done, proctolysis enema was given, inj. Xylocaine sensitivity was checked, prophylactic dose of antibiotic was given. Patient posted for surgical procedure on 25/4/2019. All aseptic measures were employed during procedure.

Operative procedure

Anaethesia - under saddle block, Inj Sensercaine 2cc injected in S.A.S after free flow of CSF seen under aseptic precautions.

The patient was taken to lithotomy position and the operative part cleaned with the antiseptic solution (10% povidone iodine) twice and once with spirit. Then the draping was done with the help of sterile cut sheet. A syringe was loaded with antiseptic solution and hydrogen peroxide and then inserted from the opening present at 7 o' clock position to confirmed the fistulous tract. The solution came out from another external opening which was present at 5 o' clock position. A common induration was found at 6 o' clock position. After that a small window was made at 6 o' clock position by IFTAK technique and interception of fistulous tract was done at 6 o'clock. Then a K.S ligation was done at 6 o' clock position to 6 o' clock position. Patient was stable during procedure. On completion of haemostasis, antiseptic dressing was done. A tight T-bandage was applied for the completion of procedure.

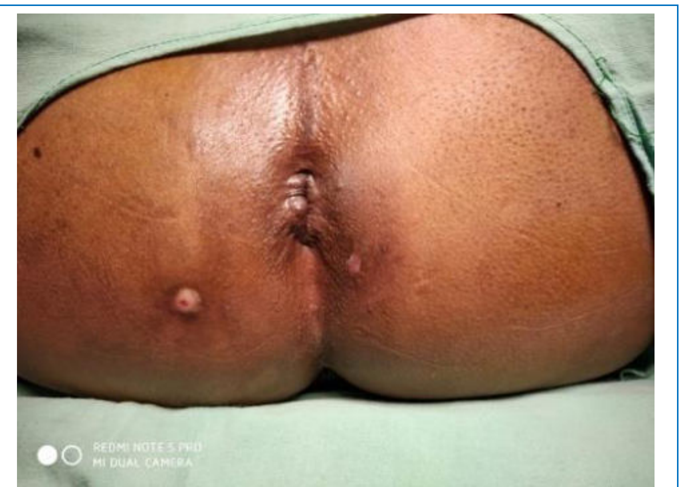


Figure 1: Before procedure

ISSN: 2456-3110 CASE REPORT Jan-Feb 2020

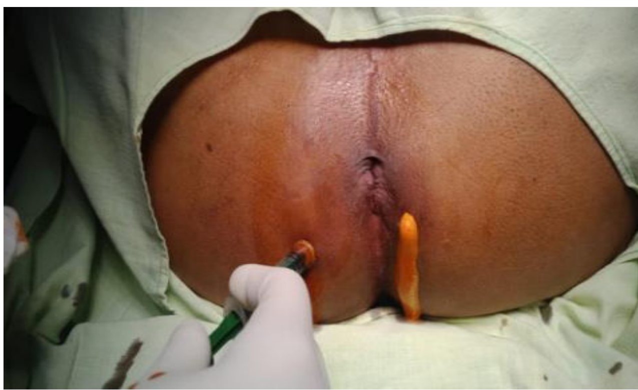


Figure 2: During procedure

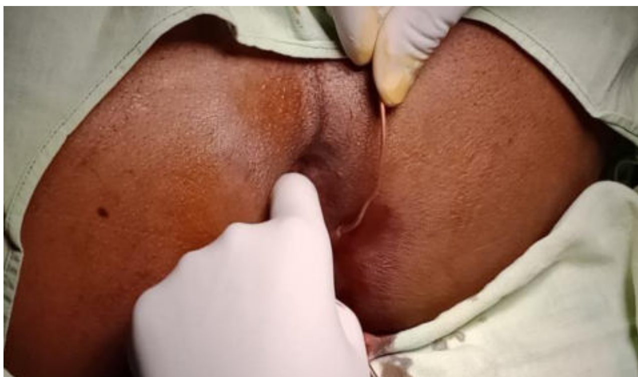


Figure 3: During procedure

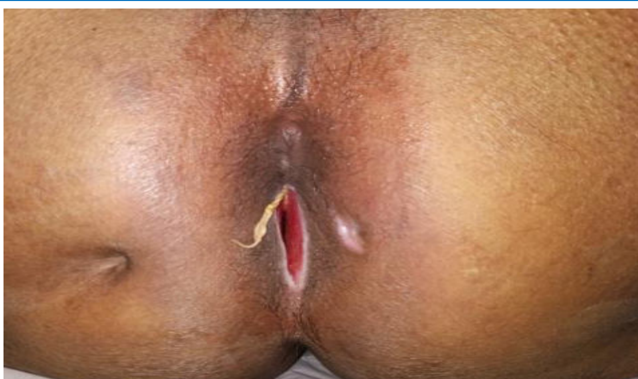


Figure 4: After procedure

Figure 5: After cut through

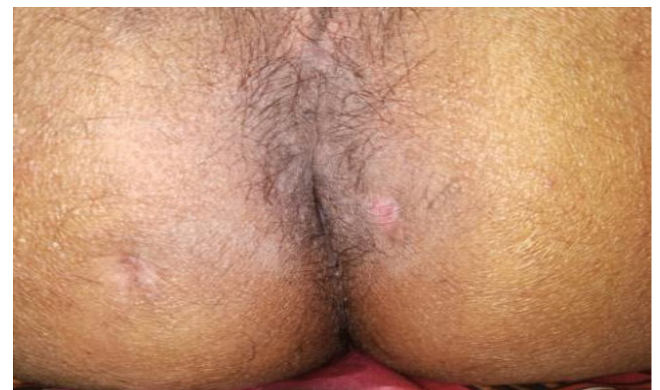


Figure 6: After healing

Postoperative advice

Patient was advised to take High fibre diet, Plenty of fluids and to avoid oily, spicy, and junk food and in addition patient was also advised to take Sitz bath twice daily.

Medicines prescribed: Following medicines are prescribed.

Tab Septillin 2 tab TDS with water after food, *Triphala Guggulu* 2 tab TDS with lukewarm water after food, *Panchasakar Churna* 5gm at bed time (HS) with lukewarm water and *Jatyadi Taila* for *Matra Basti* and antiseptic dressing.

Follow up

Regular follow up was done for the assessment of the disease and *Ksharasutra* was replaced on weekly basis by rail road technique. The pus discharge was fluent in 1st week which was gradually reduced after 3 weeks. Total 5 threads were changed and cut through was done at 6th week. Dressing with *Jatyadi Taila* was continued. After cut through, patient was followed up for 2 months at weekly interval. No complications were observed.

Result

The fistulous tract was observed to have healed in 8 weeks and no complications were noticed during and after the procedure (see Figures).

Conclusion

In the management of complex and recurrent fistula-in-ano, IFTAK technique is helpful. In conventional

ISSN: 2456-3110 CASE REPORT Jan-Feb 2020

method whole length of the tract is exposed but in IFTAK smaller area is exposed. Even multiple tracts or branches can also be dealt with single small cosmetic incision. It reduces duration of treatment with minimal post operative scar mark. The Ayurveda thus offers very cost effective and sustainable cure for fistula-in-ano in comparison to surgical procedure in modern medicines.

REFERENCES

1. Jhon Goligher and Harold Nixon in surgery of Anus, Rectum and Colon vol.1,by A.I.T.B.S. Publisher Krishna Nagar Delhi, 5th edition, FISTULA-IN-ANO, chap.7
2. En.Wikipedia.org/wiki/LIFT-technique
3. Sushuruta Samhita, Shri Dalhana & Gayadasa hindi commentary, Dr.K.K. Thakral. Su.Su.33/4. Chowkhambha Sanskrit sansthan Varanasi, 2016. Page no.360
4. Sahu, M.A manual on fistula-in-ano & Ksharasutra therapy published by NRI, deptt. Of Shalya Tantra IMS, BHU, 1st edition, 2015
5. Sahu, M.A manual on fistula-in-ano & Ksharasutra therapy published by NRI, deptt. Of Shalya Tantra IMS,BHU,1st edition, 2015 chapter 9 page no 132-133
6. 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, Annus & Anal Canal, Fistula-in-ano,1262.

How to cite this article: Dr. Kulsoom Farheen, Dr. Bhawna Dutt, Dr. Vyasadev Mahanta, Prof. Dr Sanjay Kumar Gupta, Dr. Rahul Sherkhane. Management of complex fistula-in-ano by IFTAK technique - A Case Report. J Ayurveda Integr Med Sci 2020;1:272-275.

Source of Support: Nil, **Conflict of Interest:** None declared.

****

Copyright © 2020 The Author(s); Published by Maharshi Charaka Ayurveda Organization, Vijayapur (Regd). This is an open-access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.