Partial Fistulectomy with Ksharsutra Insertion In Management Of Multiple Fistula In Ano (shataponakbhagandara)

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Abstract

Anorectal disease cause great discomfort making one’s life miserable. Bhagandar(fistula in ano) considered under the asthamahagadarogas by Acharyaayurveda. This disease is recurrent in nature which makes its more difficult for treatment. Ksharsutra has been proved as a big revolution in the treatment of fistula-in-ano without complication and recurrence. Apamarga Ksharsutra is effective and safe for management of fistula in ano.

Keywords

Bhagandar, Fistula in ano, Ksharasutra, Reoccurrence.

Introduction

Anal fistula or fistula-in-ano, is a chronic abnormal communication extending from the anorectal lumen to the skin of perineum. Multiple anal fistulae are a chronic complicated condition in which there is more than one external opening. According to Ayurveda is known as shataponak bhagandara a type of vataj bhagandara. Multiple fistulae is a complicated condition usually occur in poor socio economical and immune compromised patients.

Multiple anal fistulae characterized by multiple perianal openings known as external fistular opening with serosanguinous or purulant or faecal discharge with pain, pruritus and discomfort. It is very difficult to treat this condition according to modern surgery and Ayurveda as well. According modern surgery treatment of multiple anal fistulae is fistulotomy or fistulectomy or excision of unhealthy granulation tissue which is painful and with complications like delayed
healing and recurrence. And according to Ayurveda *ksharsutra* is minimal invasive procedure for fistula-in-ano. But for multiple anal fistulae is time taking treatment.

**About Ksharsutra**

*Ksharsutra* is a medicated thread or an Ayurvedic set on having simultaneous cutting and healing property made for management of *nadivrana* (sinus) and *bhagandara* (fistula in ano). Insertion of *Ksharsutra* is minimal invasive procedure with better healing, less painful and low recurrence rate.

**Material and Methods**

It is prepared by repeated smearing on a 20 zero Barber’s surgical linen thread of the

- *Apamargakshar* (alkali of *Achyranthesasopera* plant)
- *Snuhikshir* (latex of *Euphoria nerifolia*)
- *Haridrapowder* (*curcuma longa*)

*Ksharsutra* material possess antiseptic, caustic, protiolytic properties and promotes simultaneous cutting and healing.

**Case Report**

**Aim and objective of case study**

To study the clinical efficacy of *Ksharsutra insertion with* partial fistulectomy in management shataponak bhagandara i.e. multiple fistulae in ano.

**Type of study**

Case report observational study

**Study center**

Ayurved and General hospital, Nigdi.

College of Ayurveda and Research Center

**Case details**

26 year old male patient was brought out to surgery OPD.

**Chief complaints**

- multiple perianal opening
- purulent discharge through perianal opening
- pruritis
- pain

Brief History

26 year old male patient was brought to surgery OPD with multiple perianal opening since 3 months, purulent discharge through perianal opening since 2 & 1/2 month, pruritis and pain since 20 days. Patient first approached to allopathic hospital but he was not ready to undergo surgery. Hence he approached to Ayurved and General hospital for Ayurvedic treatment.

General examination

All vitals were within normal limits and patient haemodynamically stable.

Local examination

Inspection- two perianal openings in right side and left side with purulent discharge

Palpation- Tenderness and indurations around perianal opening.

P/R Examination

Internal opening felt as a dimple at 6'O clock

No any other abnormality was observed.

Probe test

Two perianal opening in right side and left side with purulent discharge with internal openings at 6’O clock position.

Diagnosis

Shataponak bhagandara (multiple fistulae in ano)

Treatment Plan

As patient denied for surgery and were anxious to go for Ayurved treatment. It was decided to plan Ksharsutra insertion but patient had multiple perianal intercommunicating openings hence partial fistulectomy and excision of intercommunicating tracks was done.

Surgery

All routine investigations done prior to surgery.
Partial fistulectomy along with *ksharsutra* insertion done under spinal anesthesia.

Unhealthy granulation tissue and slough excised and debride out.

Cleaning and dressing done.

**Post operative care**

Daily sitz bath.

Post operative analgesics, antibiotics for 5 days.

Change of *Ksharsutra* every 15th day.

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**Probe test from external opening**  **Insertion of ksharsutra**

**Observation and Results**

The efficacy of therapy was assessed during daily follow up for 15 days and then weekly for 4 months. Finally partial fistulectomy wound healed with minimal scaring within 8 days and fistular track healed within 4 months with minimal complication like mild pain and discomfort.

**Discussion**

*Ksharsutra* insertion with partial fistulectomy shows better results in management shatapona kbhagandara i.e. multiple fistulae in ano. Hence it is minimum invasive procedure for multiple fistulae in anol with minimum complications and low recurrence rate.

*Student, M.S. Shalyatantra.*

**Guide***

***HOD***

**Method:** A patient with fistula in ano done partial fistulectomy with khsarsutra insertion under spinal anesthesia then change ksharsutra for every 15th day for 4 months.
Results:

Patient had number of complaints of incontinence with mild pain for 2 day after changing ksharsutra.

Conclusion:

Bhagandar(fistula in ano) can be treated by Ksharsutra therapy with minimal loss of sphincter muscle and low reoccurrence rate.

Reference


