Case Study– Management Offistula-in-Anowith Windows Technique

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ABSTRACT:
In ayurvedic fistula in ano treated with kharasutra therapy.Khśarasutrais a medicated thread containing snūhikṣīra (latex of euphorbiannierifolia), apamargakhśara (achyranthesAaspera) andHaridra (Curcuma longa) powder it is a very good technique and also having some negative points as sometime treatment duration becomes so prolong, pain during thread changing, bridging of external opening stop drainage that may require widening surgically, so that patient gets irritated.IFTAK (interception of fistulous tract with the application of khśarasutra).khśarasutra therapy new technique fibrosis and favors proper healing which reduces the chances of recurrence. Although there are many surgical techniques available for the management of fistula-in-ano.The technique is based on the concept of secure closure of the internal opening and concomitant removal of infected cryptoglandular tissue in the intersphincteric plane.In this technique (IFTAK) there is less chance of recurrence as it damages the infected track.

KEYWORD: ayurvedic, fistula in ano, treatment,IFTAK,

INTRODUCTION:
Abnormal communication between and canal and rectum with the exterior (perianal skin) is called as fistula-in-ano. Though multiple opening is seen in the perianal skin, the internal opening is always single. According to park classification, it was intersphincteric,transsphinctericand supralevator.Fistula in ano a track lined by granulation tissue which connects perianal skin superficially to the anal canal; anorectum or rectum deeply. It usually occurs in a pre-existing anorectal abscess which burst spontaneously. It is an infective disease of the anal canal usually caused by crypto glandular infection of anal crypts. This disease starts as apidika or boil which suppurates and bursts open to lead to bhagandara. Bhagandara considered in kricchrasadhyavyadhi because of its high recurrence rate. It is mentioned as mahagada in sushrutasamhita. Caraka has given a little description about bhagandara in the chapter of sothabcikitsa of cikitsasthana.Use the marvelous actions like chedan, bhedana, lekhana,sodhana and ropan properties of kshara. It was new technique know as IFTAK (interception of fistulous tract with the application of khśarasutra).this process can be apply maninly in multiple fistula,in this process one windows can be make andkhsarsutra can be apply.
CASE STUDY:

HISTORY:

A male patient of 26 years age approached to shalyatantraopd in the parulayurvedic hospital vadodara. He has complained of multiple opening with pus discharge in perianal region site since 1 month.

Patient was History of Fistulotomy Long Back.

INVESTIGATION

- CBC
- ESR
- B.T & C.T
- URINE - R & M
- RBS
- HIV
- HBSAG
- VDRL

MATERIAL AND METHODS

PREOPERATIVE

- Written consent
- Inj. T.T (1amp) IM
- Sensitive test with Xyloine 2%
- Part preparation
- P.C. Enema at early morning

OPERATIVE NOTE

- The procedure is done in the lithotomy position.
- Painting & draping done
- Identification of the fistula tract
- A small vertical incision was made at the perianal area at 12 O’clock anteriorly approx 1-2cm away from anal verge and the help of artery blunt dissection was done to remove hard fibrous tract through incision. Found the track and intercepted area with help of tip of fine scissors
- Intercepted area widened with artery forceps. After take the metallic probe and introduced through the window and take out through the internal opening. Primary threading is done with sterile barber Lenin number 20.
- The dressing was done with a betadine solution and bandaging done.
- Patient was shift post-operative room.

POSTOPERATIVE

- B.P AND T/P/R 6 hrly
- Liquid diet.
- Medicine
FOLLOW UP (6 months)

On the 3rd day, Khśarasutra was applied to the tracks to replace primary threading. Regular follow-up and weekly Khśarasutra change require.

<table>
<thead>
<tr>
<th>Compound</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panchalkyakvatha</td>
<td>hot sitz bath daily BD</td>
</tr>
<tr>
<td>jatyaditaila</td>
<td>Dressing daily</td>
</tr>
<tr>
<td>Triphalaguggulu</td>
<td>2-0-2 BD</td>
</tr>
<tr>
<td>Gandhakrasayan</td>
<td>2-0-2 BD</td>
</tr>
</tbody>
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DISCUSSION

The symptoms and signs of Bhagandara can be correlated with fistula-in-ano. According to Sushruta, the disease causes darana (cutting pain) in and around bhaga (pubic region, perineum, vaginal region, and genital area), guda (anal region) and basti (urinary bladder) is called Bhagandara. There are five types of bhagandara-ṣatponaka, uśtragrīva, parisravi, unmargi and agantuja. According to Vagbhata, there are 3 more types- Parikśepi, arśobhagandara and rijubhagandara. Fistulain-ano has five types according to Park’s classification such as Subcutaneous, intersphincteric, transsphincteric, suprasphincretic and extraspincteric fistula-in-anoIFTAK (Interception of fistulous tract with the application of Khśarasutra). the advancement in the Khśarasutra therapy a new technique fibrosis and favors proper healing which reduces the chances of recurrence. Although there are many surgical techniques available for the management of fistula-in-ano;

CONCLUSION

The fistula-in-ano case treated with IFTAK technique very efficiently. Multistage fistula-in-ano procedure done in the present case proves better treatment option in fistula-in-ano where there is a long curved track mostly posteriorly. As long Khśarasutra pacing between external and internal opening is quite difficult and there is a chance of sphincter damage. The postoperative scar is minimal in this technique.

REFERENCE

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RESULT

OPERATIVE TIME

FOLLOW UP
## COMPLETE HEAL FISTULA- IN- ANO

![Image of healed fistula](image-url)