

Case Study

Multiple Stage Surgical Approach along with Ksharasutra Therapy in the Management of High Anal Fistula (Bhagandara)

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Abstract

Background: Anal stulas are relatively common in today's clinical practise, and despite improvements in surgical procedures, treating them is a time-consuming task. Bhagandara, a disease mentioned in Ayurveda that is supposed to be very difficult to treat, is similar to anal stula.

As a result of the difficulty of using merely Ksharasutra (alkaline seton) to treat high anal stulas, which have an internal opening that is above the dentate line and an exterior opening that is a significant distance from the anal edge, numerous surgical approaches have been used in this circumstance.

Materials & Methods: stulotomy and Ksharasutra were used in three phases to treat the patient. To establish hemostasis, the external incision was first expanded toward the anal canal by around 5 cm. Curettage and packing were also performed at this step. During the second step, the tract extended 2 cm toward the anal canal and was stuffed, which took place after a month. Ksharasutra was used in the third stage for eight weeks till the tract was severed and healed fully.

Results: It was approximately a year before all of the stulous tract had healed, although the hospital stay was just a few days. After six months of monitoring, there was no sign of the problem recurring.

The outcomes of this trial were positive, and the patient was able to return to his normal schedule with little hospitalisation.

Keywords: Fistula in ano, several stages of surgery, and ksharakarma are all examples of bhagandara.

Introduction

Darana (splitting or ripping) surrounding Guda, Yoni, and Vasti is the literal meaning of Bhagandara (urinary bladder). Bhagandara was the first patient to benefit from the treatment.

Seton placement, stulotomy, and stulectomy[5] are all current surgical options for treating ano amputations.[6]

Pidika (boil) arises in the vicinity of Guda, and when it

Fistula ligation of the inter-sphincteric (LIFT)It is known as Bhagandara when it breaks out.

(1) In the list of Astamahagada (diseases that

are difficult to treat for both patients and surgeons), Bhagandara is one of them.

[7] Expanded Adipose Derived Stem cells (ASCs) and Fibrin glue, among others. Stula-in-ano surgery has several disadvantages, including greater pain, expense, and time.

The Samhita of Sushruta 2 Fistula in ano, hints as a possible cause.

a high occurrence rate. Treatment options come in many shapes and sizes.

between two epithelial-lined surfaces, a persistent granulating path Even in the hands of the most experienced surgeons, it is known to reoccur. This awful sickness may be dealt with in a variety of ways using Ayurveda, the ancient science of life. In

its own limitations, the use of Ksharasutra when the internal opening is very high due to an anal stula

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last 4-5 decades Ksharasutra [4] has attained the

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exterior opening far away from anal verge is not only difficult to diagnose and cure, but it also takes a long period for healing to take place. As a result, Ksharasutra and surgery may be used in conjunction to treat these types of instances. Excision, incision, and cauterization are all recommended in Ayurvedic literature along with the Ksharasutra treatment. So, in light of the foregoing concerns, the current research was organised utilising the conventional Ksharasutra and numerous rounds of surgery in the therapy of high anal stulas.

Case study

The National Institute of Ayurveda, Jaipur, saw a 45-year-old male patient with a complaint of pus discharge from the perianal area. Upon closer investigation,

an aperture was discovered around 10 cm from the anal margin at the 8 o'clock position, through which pus was draining. Dimpling and induration were detected up to the anorectal ring on digital rectal examination, which was performed at 6- 7 o'clock position. When the track was probed in full, it stretched up to the muscles of the puborectalis. Stulous track was detected on magnetic resonance imaging (MRI) of the gluteal area. The stulous track was extra-sphincteric, with a secondary track exhibiting trans-sphincteric course and an interior opening at 6 o'clock. All of the standard testing was done, but no abnormalities were discovered. In this case, a main threading procedure with a partial avulsion was used.

Methods Procedure

Patients were positioned on their side and the perianal region was disinfected by using an antiseptic solution (10 percent Povodine iodine). Anesthesia was administered by injecting a 2 percent Xylocaine and adrenalin solution into the surgical site and covering it with drape sheets. Copper probes were introduced from an external orifice and tracked to determine the depth and direction of the track after it had been given the proper anaesthetic. An external hole of about 5 centimetres toward the anal canal, with hydrogen peroxide curettage and tight packing, was made to establish hemostasis after probing (Fig. 1). Every day, the patient was instructed to apply a dressing, and he or she was accompanied to the OPD on alternate days for follow-up appointments. Extensive curettage with hydrogen peroxide and tight packing were performed to ensure hemostasis after one month. The patient was repositioned in the lithotomy position and the external aperture was expanded roughly 2 cm towards the anal canal. Similar instructions were given to patients. Anal

canal probe was put via wound and removed through internal hole after second month of patient being in place. External opening was stretched about 2 cm towards anal canal. Tight bandages were used to cover the wound, which had a linen thread of 20 nm inserted into it. a normal Apamarga Kshara Sutra was used in lieu of the plane thread after two days (Fig. 2). The patient was instructed to apply betadine and Jatyadi Taila to the wound daily, as well as to use hot water on a regular basis. The ksharasutra was modified on a weekly basis and gradually tightened to allow the track to naturally cut through it. Over the course of five months, a total of eight Ksharasutra were administered, and the patient was monitored for a total of six months.

Result

Based on the patient's pain and discomfort, post-operative bleeding, hospitalisation, and recurrence of ano, treatment efficacy was evaluated. The whole treatment was conducted under local anaesthetic during the intraoperative time, therefore the patient felt no discomfort. On the first day, analgesics were given. The patient did not have any severe post-operative bleeding. After four hours of surgery, the patient was able to walk and there were no postoperative complications, such as urine retention. Patients were released from the hospital on the same day after each sitting. After six months, no recurrence was seen in the patient who had had full recovery (Fig. 3). Despite the fact that the therapy lasted almost a year, the hospital stay was only a few days, therefore the total cost of the treatment was low since the patient was able to continue working throughout the time he was in the hospital.

Discussion

Because no significant incisions are made, patients don't have to worry about their

daily routines or social lives being disrupted after surgery. In this case, the patient's incision was so minor that it didn't need a lengthy stay in the hospital. When the stulous wound was excised in many stages, the stula became brosed and the brosed tissue in the wound inhibited the creation of secondary tracts, as the wound contraction approached the anal canal. In the same way that Ksharasut the thread was progressively tightened during the previous two weeks to allow the remaining tract to be trimmed down. applied in the stulous track for last 8 weeks. Recurrence was decreased because of the Kshara's Shodhana (cleaning) and Lekhana (scrapping) properties. When the track had fully recovered and healthy granulation tissue had formed, we knew that our treatment plan was working. It is possible that Ksharasutra's effect caused the tract to get brosed, resulting in excellent healing, which prevented the recurrence of secondary track recurrence following the healing of the tract which drains all secondary track linking to the main tracks.

Conclusion

There were two weeks of gradually increasing tension before the remaining tract could be cut. For the last eight weeks, I've been on the stulous track. The Kshara's Shodhana (cleansing) and Lekhana (scrapping) characteristics reduced recurrence. We knew our treatment approach was working when the track had entirely regenerated and healthy granulation tissue had grown. After the tract empties all secondary track connected to the main tracks, it's probable that Ksharasutra's influence induced a brosis, resulting in great healing. This, in turn, prevented secondary track recurrence..

References

There was a two-week buildup of tension before the last segment could be snipped. I've been on the stulous path for the previous eight weeks. A reduction in recurrence was achieved via the Shodhana and Lekhana (scraping) properties of the Kshara. Upon seeing a complete regeneration of the track and the growth of healthy granulation tissue, we realised that our treatment strategy was working. Following a brosis of subordinate tracks connecting to the major tracks, it's likely that the effect of Ksharasutra prompted the tract's clearing. Secondary-track recurrence was averted as a result.

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Fig no. 1: After First sitting

Fig no. 2: During the third sitting



no. 2: