

**MANAGEMENT OF BILATERAL TRANS-SPHINCTERIC FISTULA IN ANO WITH APAMARGA KSHARA SOOTRA - A CASE REPORT****Deepshikha Srivastava**

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**Article Received:** 11/11/2020 - **Peer Reviewed:** 16/10/2020 - **Accepted for Publication:** 22/11/2020**ABSTRACT**

Fistula in ano is an abnormal communication between anal canal or rectum and the perianal skin which mostly follows previous ano-rectal abscess. Chief complaints include intermittent discharge, history of previous pain, swelling and recurrent abscess that ruptured spontaneously or was drained surgically. Various surgical and para-surgical methods are available now a days to treat this disease. In the vast literature of *Ayurveda* same symptoms are described as *Bhagandara*. At first it appears as *Pidika* around *Guda* and when it bursts out, it is called as *Bhagandara*<sup>1</sup>. *Acharya Sushruta* has counted this disease in *Ashta Mahagada* suggesting its difficulty to treat<sup>2</sup>. There are many options available to treat fistula in ano ranging from seton application, fistulotomy, fistulectomy, fibrin glues, LIFT technique, advancement flaps etc. *Acharyas* has used *Agni karma*, *Kshara karma*, *Shastra karma* and *Aushadha karma* in *Bhagandara*. But in this case *Kshara Sootra* application was done to treat *Bhagandara*. Application of *Kshara Sootra* not only lessen rate of recurrence to a significant level but also free from almost all major post-operative complication.

**Keywords:** Case Report, Fistula In Ano, *Kshara Sootra Karma*

## INTRODUCTION

Fistula in ano has always been a gruesome disease both for patient and doctor. Prevalence of fistula in ano is around 10/100000 of population with male to female ratio is 1.8:1.<sup>3</sup> By definition an inflammatory tract between anal canal or rectum with outside skin, lined by unhealthy granulation tissue and fibrous tissue is known as fistula in ano. Almost always it is preceded by any abscess around ano-rectal region<sup>4</sup>. Primary Fistula in ano occurs due to infection of cryptoglandular apparatus, which is followed by pus for-

mation. Spontaneous rupture or surgical drainage of which can lead to formation of fistula in ano<sup>5</sup>. Formation of secondary fistula in ano occurs due to TB, IBD, Lympho-granuloma inguanae. colloid carcinoma of rectum can also manifest itself through anal fistula. chronic anal fissure ingested foreign body such as fish or chicken bones, external trauma can also lead to formation of fistula in ano<sup>6</sup>. This case report follows “CARE guidelines”<sup>7</sup>.

### Timeline

2019/11/25	Patient has been presented in OPD with complaint of bilateral discharging sinus in peri-anal region and itching in peri-anal region, vulva. She was examined and advised for <i>Kshara Sootra Karma</i> .
2019/12/11	she was posted for <i>Kshara Sootra Karma</i> next day. Next day under local anaesthesia, separate seton were inserted through each of bilateral external opening into internal opening. Patient was discharged on 2019/12/14 after recovery.
2019/12/25	Seton was replaced by <i>Kshara sootra</i> .
2020/01/06	<i>Kshara Sootra</i> was changed with newer one and debridement of wound done.
2020/01/14	change of <i>Kshara Sootra</i>
2020/01/22	<i>Kshara Sootra</i> was changed and debridement of wound was done.
2020/02/01	<i>Kshara Sootra</i> was changed with new one.
2020/02/08	<i>Kshara Sootra</i> of right side was changed while <i>Kshara Sootra</i> of left side came out itself. A wound remained that was left to heal of its own.
2020/02/15	change of <i>Kshara Sootra</i> of right side. left side healed completely.
2020/02/22	change of <i>Kshara Sootra</i> of right side
2020/03/09	change of <i>Kshara Sootra</i> and surgical debridement.
2020/03/14	<i>Kshara Sootra</i> already out as informed by patient and wound was already healed
2020/03/26	Follow up, patient was advised for anal dilation regularly to avoid anal stenosis.

**Narrative** - A female named XYZ aged 39 years has been presented in OPD of Shiva Ayurvedic college and hospital, Bilaspur with complaint of continuous discharging sinus on both side of anus in perianal region. Itching in perianal region and vulva. skin of perianal region and vulva became inflamed due to continuous itching. Inspection reveals 2 external opening one on left and another on right. Right external opening is present around 4-5 cm. away from anal verge posteriorly. Left external opening around 3.5 - 4 cm away from anal verge posteriorly. Chronic granulation tissue was present over Right ext. opening.

### Clinical Examination-

**Per rectal** examination reveals a single internal opening present at 6 O'clock posteriorly. Cord was felt bilaterally while palpating with thumb with index finger inside. On pressing internal opening drop of pus oozes through external opening.

**Probing** – Insertion of copper malleable probe through external opening on right side reveals a curve tract and on left side tract was also curved and opened on midline with common opening at 6 O' clock.

**MRI** reveals bilateral trans-sphincteric fistula in ano in posterior-medial region coursing antero-superiorly. Right tract – around 4.9 cm long with its deep end

piercing the anal sphincter in lower third at ischial tuberosity level. Left tract around 3.8 cm long with its deep end piercing the external sphincter on left side and uniting with Right tract at ischial tuberosity level to open internally through a common opening at 6 O'clock. A small ramification with blind ending fluid collection of size approx 13.2\* 9.0 mm seen along its upper third at anal verge level.

**Management** - Under local anesthesia Methylene dye was injected through external opening. external opening was widened, partial fistulectomy was done for 1-2 cm till appreciation of external sphincter fibers. Blind sinus that was a ramification was also excised. Seton was applied through both external opening into internal opening. After 4-5 days seton was replaced with *Apamarga Kshara Sootra*. Then each week *Kshara Sootra* was replaced with newer one. It took around 3-4 months for fistula to heal completely.

**Mode of Action of Kshara Sootra-** *Kshara Sootra* (i.e. a medicated thread) has both cutting and healing properties drug impregnated over it. In place of sharp cutting of sphincter that can lead to incontinence and recurrence, *Kshara Sootra* cut the tract and healing occurs by fibrosis .so chances of recurrence were nil.

**Post-Op Complications-** Burning and pain were felt by the patient on day 1 and 2 after change of thread that was subsided after *Jatyadi Taila* application and sitz bath. After 2 days only mild discomfort remains.

## DISCUSSION

Description of *kshara sootra* was done by *Acharya Sushruta* in case of *nadi vrana*, *bhagandara*, *arbuda*. He also described the procedure how to use *Kshara Sootra* in particular disease.<sup>8</sup> *Acharya Chakrapani* described the procedure to make *Kshara Sootra*. *Snuhi* (*Euphorbia neripholia*), *Apamarga* (*Achyranthus aspera*) and *Haridra*(*Curcuma longa*)<sup>9</sup>. While describing *Bhagandara*, *Acharya Sushruta* described it as *Pidika* which develops within 2 *Angula* of *Guda* and spontaneously burst itself. Various types of discharge according to *Dosha* involved. As patient was having 2 openings one at 5 O'clock and another at 7 O'clock. There was a single internal opening present at 6 O'clock. Right tract joined with left tract at

the level of iliac tuberosity before opening at 6 O'clock. So, it was a posterior horseshoe shaped fistula. In Ayurveda it can be correlated with a milder form of *Shatponak Bhagandar*.

### Mode of Action of Kshara Sootra

It helps in cutting, curetting, draining and healing of the fistulous tract. It destroys and removes unhealthy tissue and promotes healing of the fistulous tract due to caustic action It also controls infection by microcidal action. It helps in separation of debris and cleaning the wound. it facilitates drainage of pus in fistulous tract and help in healing, cutting through the fistula and laying open the tract.<sup>10</sup>

## CONCLUSION

As fistula in ano is a disease with high recurrence rate and various post-op complications. Use of *Kshara Sootra* although lessen recurrence rate and free from complications like incontinence of stool etc, it is slightly painful.

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