

Management of Multiple Fistula-in-Ano with Sadyaksharasutra- A Case Report

Nisha P. Mohan^{1*}, T. Sreekumar², Smitha Mohan P.V.³, Athulya A.⁴

¹PG Scholar, ²Professor and HOD, ³Professor, ⁴Assistant Professor, Dept of Shalya Tantra, PNNM Ayurveda Medical College & Hospital, Shoranur, Kerala, India.

ABSTRACT:

Fistula-in-ano is a track lined by granulation tissue with two openings one in the anal canal or rectum and the other on the skin around anus. The disease is challenging because of its recurring nature and complications. Fistula may also present with multiple tracts when associated with other diseases like TB, actinomycosis etc. or if left untreated for a long period of time. Here is a case of multiple fistula-in-ano diagnosed with MRI fistulogram. A 37year old male patient had presented with six patent fistulous tracts in the perianal region along with pain and pus discharge. Due to the multiplicity of tract and thereby chances of prolongation of its treatment period, the management was planned with a newer technique. This case is discussed here to introduce this new technique to promote quicker cutting and healing and it is the 'Sadyaksharasutra'. Here all of the six tracts were cut opened by the *sadyaksharasutra* within two weeks and complete healing was attained in next six weeks ie., the whole treatment period was shortened to two months, with no complications. With the usage of *sadyaksharasutra* in the present case, the cutting and healing of the fistulous tracts was made faster and the whole treatment period was shortened.

KEYWORDS: *Bhagandara*, fistula -in- ano, multiple tract fistula, *sadyaksharasutra*.

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*Corresponding Author:

Dr. Nisha P. Mohan

PG Scholar, Dept of Shalya Tantra

PNNM Ayurveda Medical College & Hospital,
Shoranur, Kerala, India.

E-mail : dr.nishasunath@gmail.com

INTRODUCTION:

Fistula-in- ano is a common anorectal condition, prevalent in the population worldwide. The term 'fistula' pertains to 'tube' or 'tract'. Fistula-in-ano is an inflammatory track which has an external opening in the perianal skin and an internal opening in the anal canal or rectum. The disease has a prevalence rate of about 8.6 cases per 1,00,000 population. Its incidence from an abcess ranges from 26-38%. Though it is not a life-threatening condition,

it has a significant impact on the patient's quality of life. There are different modern treatment modalities but they carry several complications like rectal prolapse, damage to sphincter muscles leading to incontinence etc., along with subsequent recurrence in long run in most of the cases. The term '*Bhagandara*' is a combination of the terms '*bhaga*' and '*darana*', and the disease occurs as a complication of opening up of an abcess localized in the perianal region, which refuses to heal by itself. Its

complexity in management has been highlighted in *Ayurvedic* classics by including *Bhagandara* under "*Ashtamahagadas*". *Bhagandara*, described in classical *Ayurvedic* texts is named so from the fact that it bursts open the rectum, perineum, bladder and the places adjoining to them.

The chief treatment modality of its management in *Ayurveda* is application of *ksharasutra*. *Ksharasutra* therapy is a boon to the sufferers of fistula-in-ano and is found to be an effective substitute for surgical management. The use of *ksharasutra* in the management of anorectal diseases is well explained in *Ayurvedic* classics. The *kshara* (caustics) has anti-inflammatory and curetting properties. The advantage of this method is that it reduces the chances of recurrence of fistula-in-ano without causing incontinence. As the *ksharasutra* remains in direct contact with the tract, it curettes the tract and sloughs out the unhealthy granulation tissue and promotes healing from the base.

Over the decades *ksharasutra* application in fistula-in-ano has underwent tremendous modifications, which reflect in the type of *kshara*, type of thread and its application. *Sadyaksharasutra* is such a modification in which *ksharasutra* is made instantaneously by dipping the *sutra* in *ksharajala* prior to the procedure. Also, it is a *kevalaksharasutra* which means it consists only of *kshara*, without adding *snuhiksheera* or *haridrachoorna*. The usage of *sadyaksharasutra* has been mentioned by *Acharya Vagbhata* in the context of *Nadivrana Chikitsa* (A.H.U.T.T. CH 30/35).

CASE REPORT:

A 37year old man presented in the OPD of Shalyatantra on 9th January 2022, with abscess alongwith pus discharge in his perianal region since past 4 years. He who is an IT professional and a regular bike rider

gradually developed an abscess in the perianal region 4 years back. He consulted an allopathic physician and on antibiotics, got relief. But the condition recurred after 6 months and underwent fistulectomy. One month after the surgery, he noticed an abscess in the perianal region at another site, but ignored it. Within last 2 years he developed 6 abscesses at the perianal region which bursted out with discharge of pus. As per the Ultrasound scan report taken on December 2021, six patent fistulous tracts were found with internal openings at 11, 1, 3, 4, 6 and 9 'o'clock positions.

Treatment protocol

Surgical management -
Sadyaksharasutra application
Conservative management - Internal medicines

Preparation of *sadyaksharasutra*

10 kg of fresh bark of *putikadaru* (*Holoptelia integrefolia*(Roxb.)Planch) is chopped into smaller pieces and dried in the sun. This is burned in an open iron vessel till the entire bark is turned to ash. The ash is weighed; the expected weight here is 1kg. It is mixed well with 6 times water and allowed to sediment. The fine supernatant portion is taken and filtered. This process is repeated 7 times. The entire watery portion is boiled and reduced to 100 ml. This is boiled again and is added 50 gm of fine powder of *sudha* (calcined lime) and is mixed well. When it attains a *leha* consistency, 6gm of fine paste of root of *chitraka* (*Plumbago rosea*. Linn.) is added and mixed well. This is *tikshna pratisaraneeya kshara*. It is kept in a wide mouthed glass vessel. Required quantity of distilled water is used to maintain a supernatant 1cm layer of liquid.

To a small chinabowl required quantity (3-5ml) of *ksharajala* is taken. Sufficient length of sterilized plain thread is dipped and thus

impregnated with the *ksharajala*. *Sadyaksharasutra* is thus ready to be used.

APPLICATION OF SADYAKSHARASUTRA

Pre-operative procedure :

The procedure of *sadyaksharasutra* ligation was well explained to the patient and consent was taken. Part was shaved and cleaned well.

Operative procedure:

Patient was comfortably kept in lithotomy position. Proper examination was done. When the patient was reassured, a gloved finger was gently inserted into the rectum. Under all aseptic precautions, a suitable probe was passed through the external opening of the fistula. The tracts were of length 0.5 cm, 1cm(×2), 1.2 cm, and 1.5cm(×2) approximately. The tip of the probe was passed along the path of least resistance and was guided by the finger in rectum to reach into the lumen of the anal canal through the internal opening and its tip was finally directed to come out of the anal orifice. A small quantity of *ksharajala* was taken in a bowl. Then suitable length of *ksharasutra* (plain cotton thread) was dipped in it in order to impregnate it with the *ksharajala*. This *sadyaksharasutra* was

threaded into the eye of the probe. The probe was then pulled out through the anal orifice to leave the thread behind in the fistulous track. The two ends of the sutra was tied together with a moderate tightness, outside the anal canal.

Post-operative procedure:

Vitals were checked and recorded. The patient was subjected to daily dressing with jathyadi taila varthi and advised sitz bath in lukewarm water twice daily on days other than thread change. The thread was changed on alternate days using rail road technique, till the tract got cut opened. The patient was advised to walk in order to promote faster cutting and to follow pathya throughout the treatment period. Internal medications were prescribed as mentioned in Table 1.

RESULT:

All the six fistulous tracts cut opened by the *sadyaksharasutra* within two weeks. Daily dressing with jathyadi taila varthi, internal medications and sitz bath were continued till the tracts got healed completely i.e, next six weeks. Follow up was done for two months after complete healing of the tracts. There is no report of recurrence or incontinence till date.

Table 1 : Internal medications:

Medicines	Dosage	Mode of use and time
1. <i>Varanadi kashayam</i>	15ml	60ml lukewarm water. BD. Before food
2. <i>Biogest tab</i>	1-0-1	With <i>kashaya</i>
3. <i>Gandhaka rasayanam</i>	1tsp	Two times after food with plain water
4. <i>Visab powder</i>	1tsp	With warm water at night (HS)

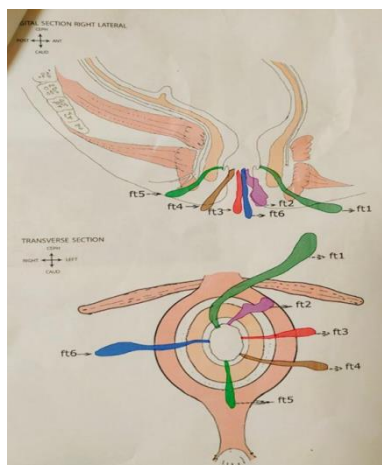


Fig 1 : MRI finding

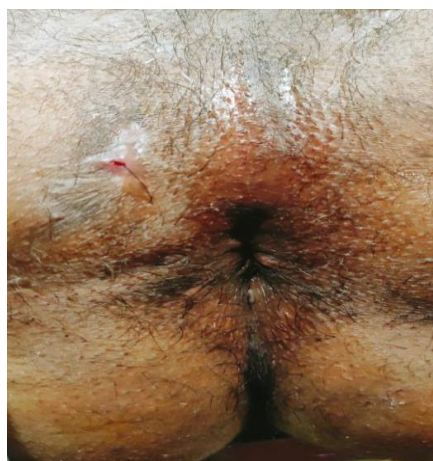


Fig 2: Before procedure



Fig .3: Sadyaksharasutra insitu



Fig .4: After complete healing

DISCUSSION:

Fistula-in-ano is a common surgical condition in day-to-day surgical practice. Among its modern management modalities, the only form of treatment for fistula-in-ano that afford any reliable prospect of cure is surgery. But the surgeries of fistula-in-ano have an unenviable reputation for subsequent recurrences, incontinence, chronic wound healing etc. Hence its management with the application of *ksharasutra* as mentioned in Ayurvedic classics is more reliable owing to its advantages like relative absence of complications and highly reduced chances of recurrence. In otherwords among all the management protocols available for fistula-

in-ano till date *ksharasutra* technique is the most effective one.

Even though the scenario is like this, *ksharasutra* threads also need to be modified as they do have certain drawbacks like long treatment period, difficulty in preparation and preservation, lack of availability of drugs throughout the year etc.

Sadyaksharasutra is a modified variety of *ksharasutra* which is made instantaneously at the time of the procedure and hence there is no need to be preserved as in conventional *ksharasutra*. It was used in the present case and proved effective. The advantage of *sadyaksharasutra* is that as it is a *kevalaksharasutra*, ie, purely *kshara* alone, there won't be any local irritation or

allergies. More over as it is made and used instantaneously, its local action and effect will be more compared to the conventional one. Use of this thread on alternate days will shorten the cutting and healing period of the tract.

As *sadyaksharasutra* is made instantly and used, the local action of *kshara* will be instantaneous and highly effective in cutting of the tract. It also promotes simultaneous healing of the fistulous tract from the base. It helps in shortening the whole treatment duration of fistula-in-ano. *Sadyaksharasutra* application was very successful in the present case, as within 2 months of treatment the tracts were cut and healed completely.

CONCLUSION:

So on the basis of this single casestudy it can be concluded that application of *sadyaksharasutra* is a successful way of managing fistula-in-ano, with minimal surgical intervention, comparatively shorter treatment period and almost no complications and recurrence.

INFORMED CONSENT:

The informed consent was obtained from the patient prior to the procedure.

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