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Case Study

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COMPLICATED RECURRENT HORSE SHOE FISTULA-IN-ANO EFFECTIVELY MANAGED WITH KSHARASUTRA - A CASE REPORT

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ABSTRACT

Fistula in Ano is one of the common and most recurrent anorectal disease which affects the life of an individual to extreme level when treated wrongly. Anorectal abscess when left untreated it will turn into an unhealthy tract connecting anorectal mucosa to perianal region. Acharya Sushruta explained *Bhagandara* as one among *Astamahagadha* and he explained 5 types of *bhagandara* in which *ushtragreeva* is pitta Pradhana. *Chedana, ksharakarma*, *Agnikarma* and *ksharasutra* are the wonderful treatment modalities advised to treat *bhagandara*. In present study A 47 years old male patient, operated twice for an anorectal abscess 2 months ago came to OPD of *Shalya tantra*, KLE Ayurveda Hospital, Chikodi with painful pustule at left perianal region with severe pain, itching and pus discharge, and painful swelling at right perianal region. Fever on and off and pain in left side of scrotum. Clinically the case was diagnosed as *Ushtragreeva bhagandara*. This complicated horse shoe fistula was successfully treated with 4 sittings of *Apamarga ksharasutra* treatment. Along with oral medication Cap Grab, *Anandbhairavi rasa, Asanadi Kashaya* and *Pentabark Kashaya* sitz bath. After 3 years there is no any recurrence was seen and patient is very happy with the treatment. Thus, we can conclude from the study that *ksharasutra* treatment plays an effective role in the management of complicated recurrent fistula-in-ano.

KEYWORDS: Horse shoe fistula, *Ushtragreeva bhagandara, kshara sutra*.

INTRODUCTION

Fistula is defined as an abnormal communication between any two epithelium lined surfaces. A fistula-in-Ano denotes a chronic granulating track or cavity communicating the rectum or anal canal to the perineal skin. Commonly this disease develops after spontaneous bursting of operation of an abscess located in this area. It then remains open with discharge of pus, even after the abscess has healed. Anorectal abscess is much common in men than in women and the ratio is 3:1. Two third cases are there in third and fourth decades of age.[1]

Such abscesses commonly develop in perianal area i.e. Surrounding anal orifice and having deep roots and associated with systemic symptoms such as pain, fever, poor appetite, and alteration in bowel habits.[2]

Similar features can be seen in *bhagandara pidaka*. Inflammatory bowel disease is one of the etiological or even predisposing factor for fistula-in-ano. Deep post anal space abscess is the type of ischiorectal abscess in which pus is collected in deep post anal space. The post anal space is deep to the external sphincter and inferior to the elevator ani muscle. This type of abscess is commonly presented with continuous posterior rectal pain, discomfort in sitting, difficulty in defecation or may lead to faecal impaction. But external perianal area will be normal and no signs of abscess is seen externally. Per rectal examination and proper imaging diagnostics will only help to diagnose this type of abscess. In Deep post anal space abscess infection may go on either side of ischiorectal fossa leading to bilateral ischiorectal abscess or deep horse shoe abscess formation. Proper drainage of abscess and if fistula track is present it is treated with either by track laid open or by *ksharasutra*.

Acharya Sushruta has mentioned *Bhagandara* as one among *Astamahagadha. Bhagandara* is condition where there is *darana* (to tear/ destroy) of *bhaga* (the area between the anus and genitalia) is seen.[3]

Acharya Sushruta based on dosha *pradhanata* have identified various types of *bhagandara pidaka* and *bhagandara*. *Sushruta* has mentioned the *bhagandara pidaka* which is reddish, raised like camel's neck and associated with burning sensation, pain as if caustics or heat are being applied to a wound as pitta *pradhana* and this type of *pidaka* is going to result in *ushna* (warm) , foul smelling, long extended track like *ushtragreeva* (camel neck) is *ushtragreeva bhagandara*. The general principals of management of *bhagandara* in *Ayurveda* are

virechana, *eshana* (probing), *chedana* (excision), *patana* (laying open of the track), *margavishodhana* (cleaning), *dahana* (cauterization), *vrana chikitsa* (post operative wound management) and *ksharasutra* therapy.[4]

MATERIALS AND MATHADOLOGY

Source of data: *Shalya Tantra* OPD, KLE Ayurveda Hospital, Chikodi, Belagavi. Karnataka.

Case history

A 47 years old male patient N/K/C/O DM & HTN, with H/O operated twice for an anorectal abscess 2 months ago came with painful pustule at left perianal region with severe pain, itching and mild pus discharge for 1 month, and painful swelling at right perianal region in the last 1 week. Fever on and off and pain in left side of scrotum in the past 2 months. IBS for 8 months.

Previous history: 2 months ago, he was operated under SA for perianal abscess, during post operative period infection extended to scrotum and left ilia fossa and was drained twice when he was hospitalized. Cured for 1 month and again noticed fever on and off, pus discharging painful swelling at left buttock region.

General examination

Temperature: 99 F

Pulse: 86/ min

Respiratory rate: 20/min

BP: 130/90 mm of Hg

Pallor, icterus, clubbing, cyanosis, lymphadenopathy: absent

Bowel habit: 8-10 times mucous mixed.

Systemic examination

CNS: conscious, well oriented

CVS: S1, S2 heard, no added sounds heard

RS: B/L Symmetrical air entry, NVBS heard.

GIT: Oral cavity- normal

Abdomen: linear healthy scar mark of 4-5 cm parallel to left inguinal ligament at left iliac fossa. Umbilicus- normal. Gross tenderness and no organomegaly.

Left Inguinoscrotal region: enlarged, fasciotomy scar mark extending from perineum to LIF, cough impulse- positive, non-reducible, non-tender, get above swelling not possible, peristalsis on auscultation of scrotal swelling. Transillumination- absent.

Local examination

Inspection of perianal region: left external opening at 5 o'clock 3 cm away from anal verge, pus discharge- present, mild tenderness, mild raised temperature. Right perianal region tender swelling. on D/R sphincter tone normal, IO felt at 5 o'clock, no piles. Probing- IO at 6 0 clock.

Laboratory Report

02/09/2021 -CBC, LFT, HIV, HBSAG, RBS – within normal values.

MRI PELVIS(FISTULOGRAM)

Evidence of well-defined collection in RT perianal region 33in 29 into 16mm which is opening posteriorly at 6 o'clock position into the anal canal through a fistulous tract approx. 36mm suggestive of RT perianal abscess with fistula in Ano.

There is evidence of another tract in left perianal region of length approx. 34mm which is opening posteriorly at 6 o'clock along with the previously mentioned fistulous tract. External opening is antero-superior to the anal canal.

Left inguinal scrotal hernia with 39mm defect with bowel loops.

Considering high chance of recurrence and course of fistula tract and potential posterior anal space Ksharasutra treatment was adopted.

Based on the principles of *Bhagandara* management *Chedana*, *Bhedana* and *kshara Sutra* ligation was done.

IBS was given at most consideration in this case because of its impact on development and recurrence of fistula in Ano.

Kshara Sutra was changed on every 7 days for 4 sitting and observed the cutting and healing of the tract.

Table 1: Intervention and Observation.

08/09/2021	Under SA, I & D for right sided abscess done. Partial fistulotomy & Primary threading was ligated to patent left sided fistula. Post operatively- Inj. Taxim 1 gm IV 6 doses Inj. Diclo 1 amp IM Stat Cap *Grab* 1-1-1 *Asanadi kwath* 4 tsp-0-4tsp From POD2- *Pentabark Kashaya* sitz bath I & D wound Dressing done Same was continued for 5 days	Uneventful Surgery (Figure 1 & 2)
15/09/2021	*Apamarga kshar sutra* changed. Cap *Grab* 1-1-1 *Ananda bhairav Rasa* 1-1-1 *Asanadi Kashaya* 4 tsp BD *Pentabark Kashaya* Sitz Bath BD TAB ZERODAL SP- 1 SOS	Track length 1.5cm Mild pus discharge I & D wound healthy and healing (Figure 3)
21/9/2021	*Apamarga kshar sutra* changed. Same medicines	Track length 1cm (Figure 4)
27/9/2021	*Apamarga kshar sutra* changed. Surgical wound healed completely Same medication	Track length 0.5cm Bowel habit 4 to 5 times per day, mucus discharge reduced
9/ 10/ 2021	Underwent left hernioplasty on 30/9/2021 for strangulated left hernia *Apamarga kshar sutra* changed. Same medications	Track length 0.5 cm (Figure 5)
20/10/2021	Cap *Grab* 1-1-1 *Anandabhairav rasa* 1-1-1 *Pentabark Kashaya* sitz bath OD	Tract healed completely
12/11/2021	----	Cured, (Figure 6) No recurrence

6. RESULT AND DISCUSSION

Figure 1

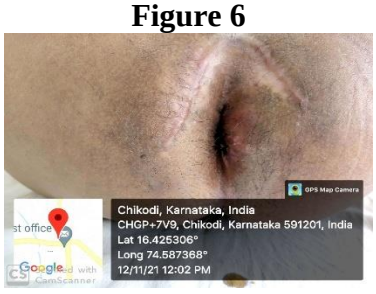
Figure 2

Figure 3

Figure 4

Figure 5

Figure 6



Ingredients of Cap *Grab* are *Triphala guggulu, Gandhaka rasayana, Vranapahari rasa, arogyavardhini vati, guduchi* and *Manjista* which are *Vedanasthapana* properties, *tridoshaghna, rasayana, twakdoshahara, vrana shodhana* and *ropana*.[5]

Asanadi Kashaya is indicated in *twak vikara* and is proven drug for healing of post operative wounds.[6]

Anandabhairavi rasa is effective in *Amatisara*. It does *Shoshana* of *Sleshmika Srava* (Mucos discharge) by acting on *sleshmika* kala of antra (entric mucosal layer).[7]

Pentabark Kashaya is product of KLE pharmacy, a patent medicine which contains *panchavalkala Kashaya* in extract form. It is Cost effective and easy to use. It does *vrana shodhana, ropana* and sitz batch helps to maintain sphincter tone thus to relieve pain.

CONCLUSION

Horse shoe fistula is more complicated to treat with simple fistulotomy or fistulectomy so Partial fistulotomy and *Kshara Sutra* treatment was planned and performed.

Combined surgical procedure of partial fistulotomy and KS therapy helped to drain the tract successfully without any recurrence during & after completion of therapy.

Along with surgical procedure internal medicines and sitz bath yield the good result in correcting *Agni* and healing the wound.

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