Case Report

Management of Bhagandara W.S.R to complicated fistula-in-ano: A case report

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ABSTRACT

Bhagandara (Fistula-in-ano) is a disease which occurs in the region of anal canal described in Ayurveda literature. It is an infective condition of the anal canal usually caused by crypto glandular infection of anal crypts. There is an abnormal communication between two epithelial surfaces and track is lined by unhealthy granulation tissue. The present case study was conducted on a male patient aged 85-years-old suffering from the disease for last one and half year. Patient came to us recurrence after incision and drainage of perianal abscess. Kśarasutra therapy using IFTAK (Interception of fistulous tract with the application of Khśarasutra) technique of treatment was adopted. The daily dressing was done with jatyaditaila. The patient was cured completely within 8 weeks of treatment. There was no side effect or any complication after regular follow up of 2 months. The treatment technique was proved to be a very effective and convective treatment option.

Keywords: Bhagandara, Fistula-in-ano, Jatyaditaila, Khśarasutra.

Bhagandara is a painful condition around guda (anal canal) and perianal region with a discharge of pus [1]. Fistula-in-ano is an infective disease of anal region and its prevalence is around 8.6 cases per 100,000 populations [2]. The primary cause is crypto glandular infection of anal glands which is a chronic abnormal communication, usually lined by unhealthy granulation tissue, runs outwards from the anorectal lumen (the internal opening) to an external opening on the skin of the perineum or buttock or scrotum (or rarely, in women, to the vagina). The secondary cause of fistula-in-ano is associated with some specific diseases such as Crohn’s disease, tuberculosis, lymphogranuloma venereum, and actinomycosis [3].

Khśarasutra is a medicated thread containing snuhikśīra (latex of euphorbianerifolia), apamargakhśara (Achyranthes aspera) and haridra (curcuma longa) powder [4]. It is a proven treatment modality in Ayurveda in many diseases especially fistula-in-ano. With the advancement in the Khśarasutra therapy a new technique named IFTAK (Interception of fistulous tract with the application of Khśarasutra) [5]. Use of Khśarasutra causes extensive 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; there is one or other complications or high recurrence rate. In this technique (IFTAK) there is less chance of recurrence as it damages the infected track.

CASE REPORT

An average built male, age 85-years-old, reported to the Uttaranchal Ayurvedic Hospital with complaints of swelling and pus discharge around the anal canal and from sub scrotal region for last 1 and half year. The patient was not a known case of diabetes mellitus, hypertension, tuberculosis or bronchial asthma. Initially, the patient noticed discomfort and heaviness around the anal canal but he ignored the symptoms. Two months later, he felt pain and swelling in perianal region. He took conservative medication and the discharge stopped but within 2 weeks there were similar complaints. Now, the patient felt pain in the perianal region with a discharge of pus from a small opening. Then he consulted a surgeon and diagnosed as a perianal abscess. Incision and drainage were performed and he got relief. After one month,
The external opening was widened and primary threading done with 3 linen threads no. 20. The 1st thread was introduced between external opening to scar opening, the 2nd thread between scar opening and internal opening to achieve IFTAK technique and the 3rd thread was placed between artificial opening at 6 o’clock to internal opening (Fig 2). On the next day, Khśarasutra was applied into the tracks replacing all primary threading. The patient was advised hot sitz bath daily and dressing with jatya dhitala. Oral medication such as Tripalaguggulu 2 tablets (250 mg) and gandhakarasayana 1 tablet was given twice daily for one month. After 2 days, the patient was discharged with regular follow-up and weekly Khśarasutra change.

As Khśarasutra therapy is a multistage treatment, it requires debridement during every further follow up. In 1st follow-up, pus discharge was significantly reduced. In the next follow-up, it was completely absent and pain was significantly reduced. After 3 weeks, the 2nd thread was removed and the other two Khśarasutra were kept in situ. The wound at 3 o’clock gradually healed. After 4 Khśarasutra changes which were done at the weekly interval, the track at 6 o’clock was laid open and packing of jatyaditala impregnated gauze was continued. In the next follow-up after 7 days, the track between external opening and scar opening was also laid open and kept for secondary healing with the help of jatyaditala. The fistula track healed in 8 weeks completely with minimum scarring. No pain and no incontinence were noted in follow-up period (Fig 3).

DISCUSSION

The symptoms and signs of Bhagandara can be correlated with fistula-in-ano. According to Sushruta, the disease which 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-satponaka, ustragivriva, pariravri, unmarj and agantuya [6]. According to Vaghbatha, there are three more types—Parikśepe, arśobhagandara and rijubhagandara [7]. Fistula-in-ano has five types according to Park’s classification such as Subcutaneous, intersphincteric, transspincteric, supra sphincteric and extraspincteric fistula-in-ano [8]

Many treatment modalities are available but almost all have recurrence rate in fistula-in-ano. Nowadays, Khśarasutra therapy is very much effective. It is a multistage procedure requiring minor procedures in the follow-up period. Khśarasutra using IFTAK technique is proving to be a convenient method of treatment in fistula-in-ano. It reduced a larger wound created in routine fistulotomy or fistulectomy or Khśarasutra therapy. In this technique, the proximal part of the fistulous track is intercepted at the level of external sphincter along with the application of Khśarasutra from the site of interception to the infected crypt in the anal canal. This is aimed at to eradicate the infected anal crypt with no or minimal damage to anal sphincters by using Khśarasutra (medicated seton). Healing time is also reduced.
Whenever the opening of anal gland gets blocked it forms an abscess usually in the region of intersphincteric space. This abscess finds its track and may open outside in the perianal area or may travel to the rectum. The technique focused on the crypt, which was involved in the pathogenesis of fistula-in-ano. The patient returns to normal routine life quite early. In the present case, there was a long curved track with an external opening at the subscleral region and internal opening at 6 o’clock position. The pus discharge from external opening reduced after 2 weeks of surgical procedure. There was mild pus discharge from 6 o’clock opening and from interception point due to gravity. The result obtained is due to the combined effect of IFTAK technique as well as oral medications.

After 3 weeks the 2nd thread was removed which was communicating internal opening to interception point. It started healing as unhealthy granulation tissue was completely debrided by Khsarasutra. In next follow up, the 3rd Khsarasutra was removed by lay opening of the track. The wound was healthy with pink granulation tissue. Jatyaditaila, due to its efficient role in wound healing [9]; helped in good progress and desired healing. After 1 week the 1st Khsarasutra was also removed and laid open the small track which also having healthy granulation tissue. This Khsarasutra was removed last because the track had a persistent fibrous cord. After one week the wound was healing with no pain and no discharge. Khsarasutra helped in debridement of the fistulous track as well as the removal of infected crypt [10]. Oral medications such as Triphala guggulu [11-12] prevented secondary infection and acted as an adjuvant therapy along with jatyaditaila. There was no any side effect of the treatment. There was no damaged sphincter mechanism. The patient responded well to the treatment.

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 Khsarasutra 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.

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