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RESEARCH ARTICLE

A CASE STUDY ON MANAGEMENT OF *BHAGANDARA* (HIGH LEVEL FISTULA-IN-ANO) WITH AN INNOVATIVE TECHNIQUE - *IFTAK*

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ABSTRACT

Fistula in ano is an infective disease of anal canal usually caused by crypto glandular infection of anal crypts. In fistula in ano there is an abnormal communication between two epithelial surfaces and the track is lined by unhealthy granulation tissue. It can be correlated with *Bhagandara* described in *Ayurveda* texts. *Bhagandara* (Fistula-in-ano) considered in *Kricchrasadhya* Vyadhi (difficult to treat) because of its high recurrence rate thus it is mentioned as *Mahagada* in *Sushruta Samhita* The present case study was conducted on a male patient aged 40 yrs. Who was suffering from Fistula in ano for last 2 yr. IFTAK (Interception of fistulous tract with application of *Kshara sutra*) technique of treatment was adopted. Daily dressings were done with *jatyaditaila*. Patient cured completely within 8 weeks of treatment. There was no side effect or complication after regular followup of 2 months. The treatment undertaken was very effective as it reduced seton placement in smaller track and also reduced healing time of the wound. The treatment techniques proved to be very effective and convective treatment option.

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INTRODUCTION

Fistula in ano is a notorious disease of anal canal. It is mainly caused by crypto glandular infection of anal crypt. A fistulain-ano, or anal fistula, is a chronic abnormal communication, usually lined to some degree by unhealthy granulation tissue, which runs outwards from the ano-rectal lumen (the internal opening) to an external opening on the skin of the perineum or buttock (or rarely, in women, to the vagina). Anal fistulae may be found in association with specific conditions, such as Crohn's disease, tuberculosis, lymphogranuloma venereum, actinomycosis. In *Ayurveda Bhagandara* can be correlated with fistula in ano. Bhagandara is painful condition of anal and perianal region with discharge of pus. According to *Vagbhata, Bhagandara* The disease which causes *darana* (deformity) in and around *bhaga* (pubic region, perineum, vaginal region, and genital area), *guda* (anal region) and *basti* (urinary bladder) is called Bhagandara[3]. When the blister remains unripe (not suppurated) it is called *Pidika,* when the same gets suppurated it will be called *Bhagandara*[4].The present case study was done on a case of *Bhagandara.* An anal fistula (also commonly called fistula-in ano) is frequently the result of a previous or current anal abscess. This occurs in up to 50% of patients with abscesses. Normal anatomy includes small glands just inside the anus.

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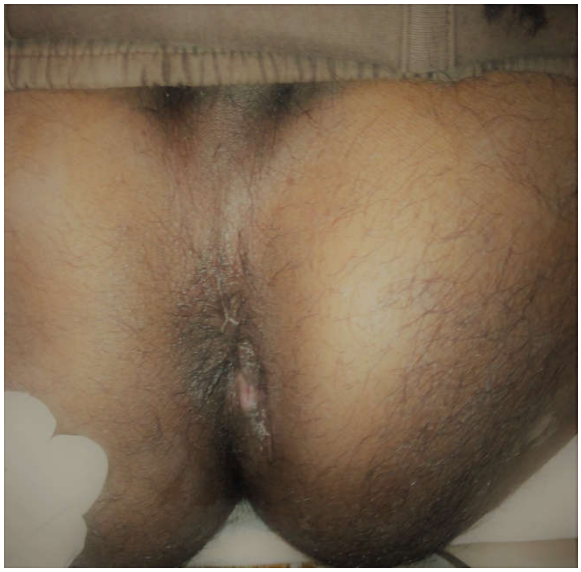
The fistula is the tunnel that forms under the skin and connects the clogged infected glands to an abscess. A fistula can be present with or without an abscess and may connect just to the skin of the buttocks near the anal opening (https://www. fascrs.org/patients/ diseasecondition/ abscess-and-fistula-expanded information dated 25.3.18). Technique IFTAK (Interception of fistulous tract with application of *Ksharasutra)* (Rojanasakul, 2009) IFTAK is also known as BHU technique of treatment of fistula in ano. The technique was developed by Dr M. Sahu, (Professor, Department of *Shalya Tantra*, faculty of Ayurveda, Banaras Hindu University, Varanasi, UP. India) and is being practiced for treating complex and recurrent fistula in ano in Banaras Hindu University, Varanasi. In this technique, proximal part of fistulous track is intercepted at the level of external sphincter along with the application of *Ksharasutra* from site of interception to the infected crypt in anal canal. This is aimed at to eradicate the infected anal crypt with no or minimal damage to anal sphincters by using *ksharasutra (*medicated seton). Use of *ksharasutra* causes extensive fibrosis and favours proper healing which reduces the chances of recurrence (Sahu, 2015).

Case: The present study was conducted on a male patient aged 40 yrs who came to NIA Hospital with complaints of pain, swelling and a boil at perianal region with pus discharge on /off for last 2 yr.



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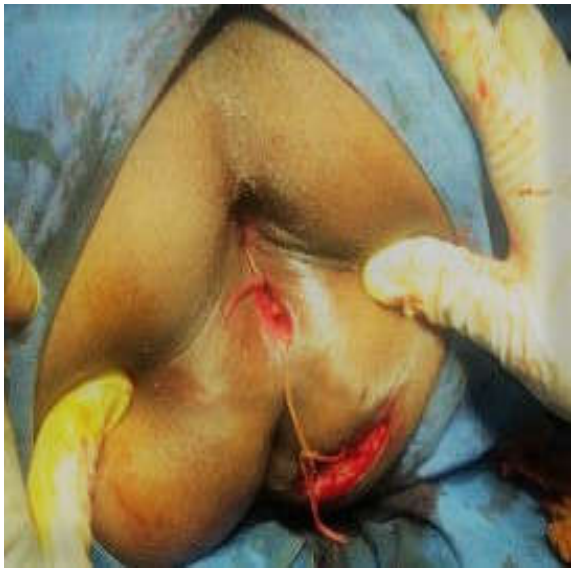

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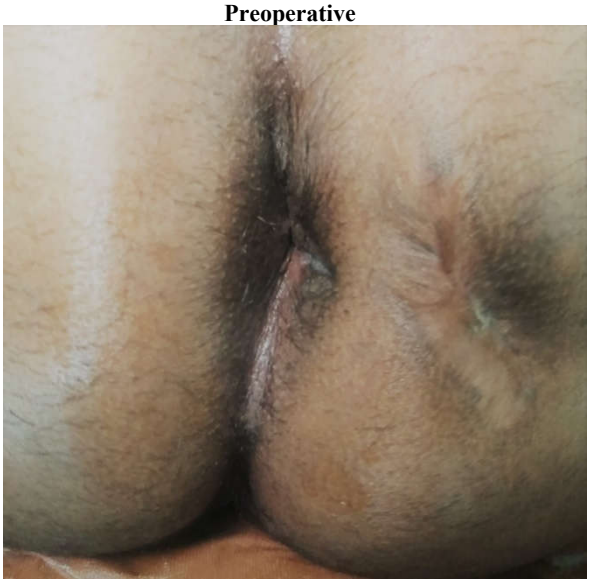

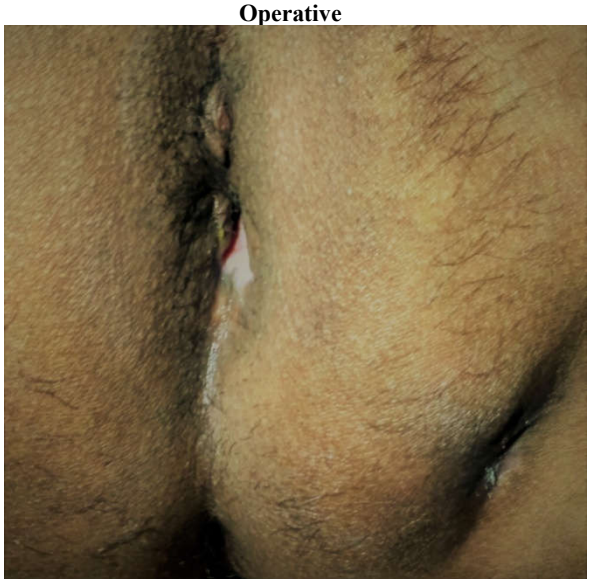

During Followup

Patient was not a known case of Diabetes mellitus/ Hypertension/ Tuberculosis/ Bronchi al asthma. Patient was examined properly and diagnosed as Fistula in Ano. Short Clinical History of Present illness. Patient was asymptomatic 2 yrs ago. Then he gradually developed pain in perianal region, which gradually increased in intensity. After 1-2 months, there was swelling in perianal area and subsequently discharge of pus from that region. Initially the pus discharge occurred during defecation, but after some time the discharge was at any time of the day. There was fever while having pus discharge. There was a lot of discomfort in sitting and daily routine work. Patient took some medications from nearby medical facility which lessen the local symptoms. After 8-9 months patient developed similar complaints. Patient had history of on and off occurrence of the previous symptoms. With these complaints patient was admitted in NIA Hospital Jaipur.

Family History: No history of similar complaint in the family. **Personal History-** >Bowel- Constipation, >Bladder- Regular, >Sleep- adequate, >Appetite- Normal, > Addiction- No addiction.

Physical Examination: verage built, no clubbing/ cyanosis/ icterus, no any lymphadenopathy observed.

Systemic Examination: >Respiratory System- Bilateral air entry- normal no any added sounds, >Cardiovascular System - S1, S2 – normal and no murmur >Central Nervous system- Patient fully conscious, well oriented to time place & person.

Local Examination: 1. An external opening at 5 o' clock approx. 6.0 cm away from anal verge with hyper granulated area.

- Internal tender dimpling was noted at 6 o'clock below dentate line with tender perianal region at 6 o'clock..
- On Syringing from external opening- Solution effused at 6 o'clock visualized with the help of Sims speculum.

Investigations: CBC- Within normal limits (WNL) HIV I &II- Negative RBS- 80 mg/dl HBsAg- Non reactive Treatment *Kshara sutra* Treatment was planned with IFTAK (Interception of Fistulous track with application of *Ksharasutra*) Technique.

Procedure: *Ksharasutra* therapy > Procedure was done under local anaesthesia (L.A). After painting and Draping Local anaesthesia was given. Probing of fistulous track done which was communicating external opening at 5 o'clock and internal dimpling at 6 o'clock. External opening was opened and widened then Malleable probe was introduced through the opening.

A small incision was made at perianal area at 6 o'clock approx. 1.5 cm away from anal verge. Pus was drained from that opening. And other one malleable probe was introduced through the opening and taken out through internal opening and ensure the tract is communicate the new opening at 6 o'clock. Primary threading was done at 6 to 6 o'clock. And 5 to 6 o'clock external tract was cleaned and packed. Antiseptic dressing done with betadine gauze. >On third day *ksharasutra* was applied into the track replacing the primary threading. >Patient was advised hot sitz bath daily dressing with *jatyadi taila*. Oral medication- *Triphala guggulu* 2 tab. BD was given for 15 days. Regular followup was advised with weekly *ksharasutra* change. Follow UP Regular follow up were done to assess the progress of the disease. The pus discharge was fluent in 1st 3 days. After that it reduced and completely disappeared after 10-12 days. The wound at 5 o'clock gradually healed. After *6 ksharasutra* changes which was done at weekly interval, the track at 6 o'clock was laid open and packing of *jatyaditaila* impregnated gauze was continued. In next followup after 7 days the wound healed completely and the external tract (5 to 6 o'clock) was completely collapsed.

Observation: After treatment patient was observed on regular basis. Progress of treatment was noted. The fistula track healed in 6 weeks completely with minimum scarring. Patient returned to normal daily routine work with no side effect or adverse effect after one month. There was no recurrence of the symptoms after 6 months of follow up.

DISCUSSION

The treatment adopted to treat the fistula in ano proved to be very effective. It reduced the healing time and avoided conventional threading into a long thread communicating external and internal opening. The technique focused on the crypt, which was involved in the pathogenesis of fistula in ano. Otherwise in conventional technique of *ksharsutra* therapy, a long track would have formed which requires a long time to heal and discomfort to the patient.

The secondary track/wound healed subsequently with the healing effect of *jatyaditaila. Triphla guggulu* worked as anti-infective preventing secondary infection as well as a mild laxative and analgesic. The whole time period of treatment was around two month. Patient was on his daily routine work 7th day onwards.

Conclusion

This innovative technique is quite helpful in treating fistula in ano having distant external opening. In the conventional technique of threading it would have involved larger track communicating internal and external opening. But in IFTAK technique threading was done in much smaller track. It reduced healing time and postoperative scar and caused less irritation to the patient.

REFERENCES

https://www.fascrs.org/patients/diseasecondition/abscess-and-fistula-expandedinformation dated 25.3.18

Norman S. Williams, Christopher J.K. Bulstrode, P. Ro-nan O'Connell, Bailey and Love's Short Practice of Surgery, edited by Hodder Arnold publication, 26th Edition, Anus and Anal Canal, Fistula-in-ano, 1259.

Rojanasakul A. 2009. LIFT procedure: a simplified technique for fistula-in-ano. Tech Coloproctol, 2009 Sep; 13(3): 237–40. Epub Jul 28.

Sahu, M. 2015. A manual on fistula in ano and *kshara sutra* therapy, published by NRC, Deptt. Of *shalya tantra*, IMS, BHU, first edition.

Shashtri A.D. Sushrut Samhita in Ayurveda Tatva Sandipika, chaukhamba Sanskrit sansthan, nidansthana chapter Su. Ni. 4/4,p-244.

Shashtri A.D. Sushrut Samhita in Ayurveda Tatva Sandipika, chaukhamba Sanskrit sansthan, nidansthanam chapter Su. Ni. 4/12, p-246 .

Tripathi Bhramanand Astanga hridyam, nirmalahindi commentary, chaukhambha Sanskrit sansthan Delhi, uttarsthan chapter28/5,p-1092 .

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