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***Case Report***

# KSHARASUTRA TREATMENT FOR A RARE COMPLEX FISTULA IN ANO (BHAGANDARA) - A CASE REPORT

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## ABSTRACT
Anorectal disorders are the most painful and cause lot of discomfort to the individual during daily routine. Perianal Fistula in ano *(Bhagandara)* a very common anorectal disorder in surgeons practice in the modern world due to the life style changes. Ayurveda considers bhangandara as one of the 8 diseases *(Asta Mahagada)* of concern considering their impact on patient. The solution offered would be fistulectomy in allopathy for a straight low anal fistula. While for complex fistulae still procedures are evolving as advancement flaps, glue of fibrins and anal plugs. The driving objective has been and will be prevention of recurrences and anal incontinence. In Ayurveda since ages Ksharasutra is being practiced as a cure to perianal fistula, successfully meeting the objectives. How, Ayurvedic approach successfully addressed a complex case of ramified fistula is being presented.

***Keywords:*** *Peri anal fistula, Bhagandara, Fistulectomy, Ksharasutra*

## INTRODUCTION
Acharya Sushruta practiced and propounded Shalya *Tantra* a prime branch of study in Ayurveda . Various Principles and treatment protocols were followed in *Shalya Tantra* as surgical and parasurgical cures for various diseases. Perianal fistula in ano ( Bhagandara ) is considered as one of the *Asta Mahagada* in ayurveda and happens to be a common anorectal disorder being treated by surgical procedure (Deepanshu, et al ., 2017). A study showed the Incidence of the perianal abscess evolving into a fistula in ano as 26% to 38% and literature recorded a prevalence of 8.6 cases of fistula in ano for every 100000 population (www.medscape.com).
An abnormal tract resulting from the infection of anal crypts lined by granulation tissue and discharging pus continuously is perianal fistula in ano (Steele *et al.,*1993); (Corman *et al.,* 2013); (Davis *et al.,* 2016). It can be of subcutaneous type, intersphinteric (70%) transsphinchteric (25%). Suprasphincteric(5%) , extrasphinteric(1%) according to park's classification (Parks, 1976).
The present case is rare and complex with one external opening 3cm away from anal canal on right gluteal region and two internal openings (1) at 6o clock position near dentate line which is transphinteric and (2) at 9 o clock position supralevatoric opening into rectum and further the suprasphinteric has two rami. To meet the objectives of preventing the recurrence and anal incontinence Kshara sutra was applied.

## CASE
Consent was obtained from the patient for publication of this case as an article. A 21 year young male came with perianal discharge through an external opening on the right gluteal region since 1 year, prior to that he suffered from perianal abscess.
On examination, inferomedial aspect of right gluteal region showed the external opening of the fistulous tract 3 cm away from anal canal. Pus discharge and Induration present, on per rectal examination internal opening was palpable at 6 o clock position. Proctoscopy confirmed the position of the internal opening at 6 o clock position appearing as a small crater with depression in the center. MRI fistulogram revealed the complexity of the tract. Treatment history revealed that the patient has undergone surgery twice and was explained about the guarded out comes due to the complexity of the tract.

*MRI report:*
Complex fistulous tract with external opening to the right of netal cleft at inferomedial aspect of right gluteal region forming subcutaneous abscess, extending upwards and anteriorly for around 5.4 cm dividing into medial and lateral rami.
The medial ramus has transphenteric extension into anal canal above dentate line at 6$^{o}$ clock position.
Lateral ramus of this tract has supra levateric extension forming abscess 10-12mm along levator ani muscle entering the rectum at 9 $^{o}$ clock position (Fig No:1).

***Treatment***

After ruling out the possibility of tuberculosis and finding the surgical profile normal it was planned to institute ksharasutra into the fistulous tracts under spinal anasthesia.
Kshara sutra was prepared by the application of snuhi kseera and haridra over a period of 21 days and dried adequately. snuhi was chosen for its sodhana and ropana properties it processes and katu, thikta rasa and usna veerya which reduce infection inflammation and burning sensation.
Using railroad method one ksharasutra was successfully instituted into the medial ramus which is transphenteric and extending till the dentate line at 6 o clock position. Another was instituted covering the lateral ramus opening into the rectum at 9 o clock position. Every week a fresh ksharasutra was changed for 7 weeks the tract of the medial rami is fully severed and healed. The purulent discharge from the long lateral rami ksharasutra never decreased.
On subsequent proctoscopy the 9 o clock extra sphincter and supra levateric internal opening was clearly identified but probing proved to be very difficult, as the direction of the ramus was lateral and away from the anal canal. After reviewing the situation a partial excavation of the stem of the fistulous tract was done till where the tract bifurcates and that part of the tract excised. This made it feasible to probe through the lateral ramus to its internal opening at 9 o clock and apply the kshara sutra.
Continuous weekly changes of ksharasutra have shown a decrease in the pus and inflammation and by 8th week the ksharasutra completely cut through the tract and wound healed (Fig No: 2). Patient was followed for 2 years he did not develop any further complications.

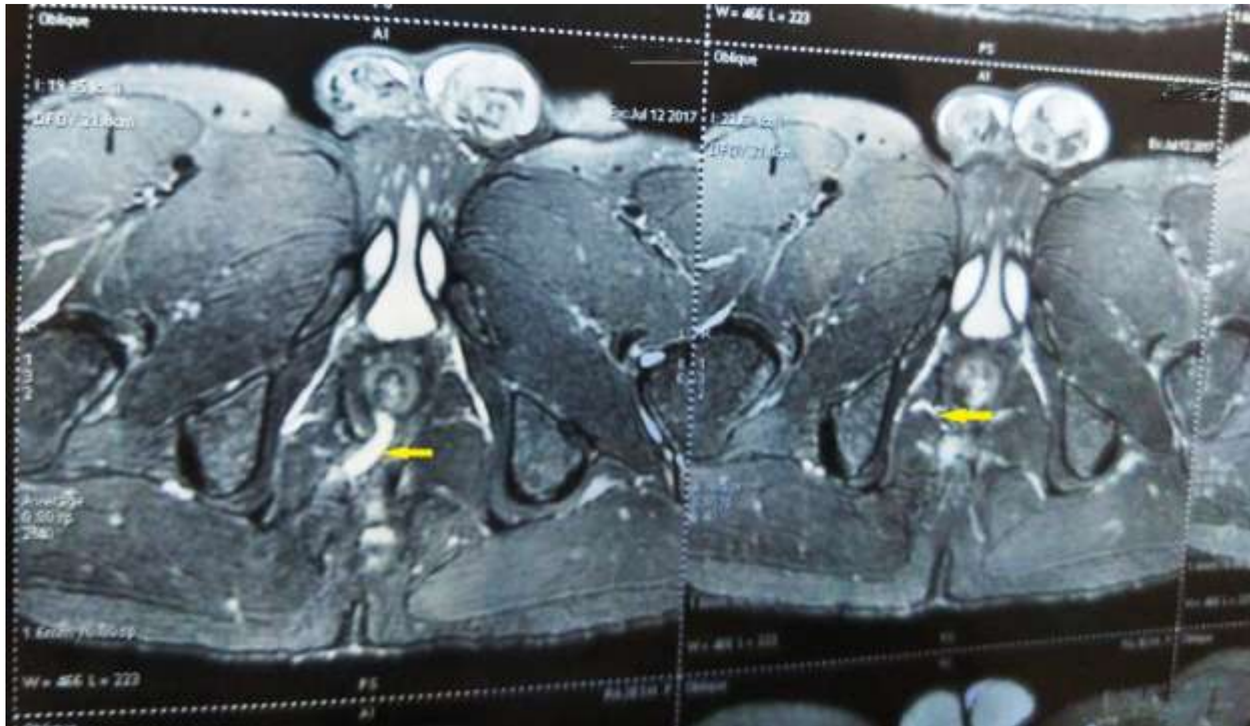


**Figure 1: Showing the MRI Fistulogram arrows depicting the fistulous tract and the rami**

**Figure 2: showing post-operative picture of the healed tract of fistula in ano .**

## DISCUSSION

Three subsequent MRI fistulograms have indicated an evolution of the complexity of the fistulous tract during the course of the disease. In agreement with (Saxena and Yadav, 2019) MRI fistulograms guided up to 75% and local examination, Per rectal examination and proctoscopy have contributed in developing a three dimensional understanding of surgical anatomy of the fistulous tract . The present case has two rare presentations the internal opening at 9 o clock position of rectum is the extra-sphinteric (1%) type and the medial ramus opening along dentate line at 6 o clock position is the trans-sphinteric (5%) type as per parks classification . In the present case the external opening situated 3cm away from anal verge and posterior to the mid transverse line the internal opening was found along posterior midline at dentate line this is inline with goods all rule as was stated by (Sangwan, 1994). The extrasphincteric tract opening at 9 o clock along wall of the rectum adds to its complexity. The process of unbiased reviewing of the procedure has resulted in the modification of the procedure in the second phase. Pus and inflammation observed in the fistulous tract during treatment in accordance to (Saino P, 1984). Snuhi kshara sutra used for better outcome in line with (Supreeth *et al.,* 2012). The patient joined his regular duties on $2^{nd}$ post procedure days while a minimum of 3 days to a maximum of 10 days is required post fistulotomy as mentioned by *kronohog.*

## CONCLUSION

Ksharasutra is a promising surgical procedure of shalyatantra for better outcomes in the treatment of (*bhagandara*) fistula in ano. Complex fistula in ano need special focus and approach needs to be case specific. MRI fistulogram and clinical examination help to understand the orientation of the tract. In the present case reviewing and impoverishing by partial fistulectomy till the bifurcation and application of Ksharasutra to the extrasphinteric part yielded better outcome without reccurence for and anal incontinence.

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