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Combined Management of Fissure in Ano and Fistula in Ano by *Ksharasutra* – A Case Study

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ABSTRACT

Anal fissure is the most common cause of severe anal pain. Fissure typically causes severe pain after defecation and bleeding per rectum. Fissure is quite common in the general population. If acute fissure is not treated properly then they become chronic with non-healing fissure in ano. It may present as complicated condition when it is associated with persistent constipation. This chronic inflammatory process leads to anal fistula that is a hollow tract leading from the anal canal to the skin through which watery pus drains. In this study patient was presented with chronic fissure in ano with sentinel tag associated with fistula in ano. This case was treated successfully with *Ksharasutra* a medicated thread.

KEYWORDS

Fissure in ano, Fistula in ano, *Ksharasutra*



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INTRODUCTION

Fissure in ano can occur at any stage of life i.e., even children and infants can suffer from fissure. The cause of fissure in ano is primarily constipation with passing of hard stool and secondary due to many diseases like Chronic Amoebic Dysentery, Diverticulitis, Irritable bowel Syndrome, Ulcerative Colitis etc. The disease has been classified into two varieties 1.Acute fissure in Ano 2.Chronic fissure in Ano. Acute fissure in ano is a condition in which patient complains with painful defecation, bleeding per rectum, constipation with chronic linear ulcer at fissure bed. If not treated properly it gets converted into chronic fissure in ano. This leads to fistula in ano, a chronic phase of anorectal infection. Fistula in ano is a track lined by granulation tissues which connects perianal skin superficially to anal canal or rectum deeply. It is characterized by chronic purulent discharge along with skin irritation with induration of the surrounding skin.

In Ayurveda *Bhagandara* (Fistula in ano) is one of the *Asthomahagadha*¹ described by *Acharya Sushruta*, which is difficult to cure. Various types of treatment modalities are available in modern surgery like fistulectomy² with their own limitations and complications like fecal incontinence and

recurrence. In ayurveda this parasurgical procedures like *Ksharasutra ligation*³ is found to be more effective treatment modalities for Fistula-in ano.

In this case study the main part of treatment of post fissure fistula in ano is to reduce duration of treatment and the other is to avoid the recurrence. Ayurvedic parasurgical procedure *Ksharasutra*³ ligation was planned in the management of fissure in ano with sentinel tag associated with fistula in ano. This procedure is a simple safe and effective in cutting and healing of fistulous track along with the excision of sentinel tag without any complications.

CASE REPORT

A 55 years old male patient comes in OPD of *Shalyatantra* Dept. with complaint of pus discharge from perianal region, constipation, pain during defecation and mass felt at perianal region since 4 months without any other major illness like hypertension, diabetes mellitus, bronchial asthma, and tuberculosis.

On inspection, external opening at perianal region was present at 5 o'clock position about 2 cm away from anal verge along with chronic fissure and sentinel tag at 6 o'clock position. On palpation, fibrous track was felt



from external opening to midline posteriorly. On digital per rectal examination internal opening felt at 6 o'clock position at the base of chronic fissure bed, probing was done and confirmed a track which is 3 cm in length. Patient was planned for combined management by *Ksharsutra* treatment for fistula in ano along with sentinel tag ligation and excision⁴.

AIM AND OBJECTIVES

Aim : To evaluate the effect of *Ksharasutra* in the management of post fissure, fistula in ano.

Objective: To assess the effect of parasurgical procedure *Ksharutra* in management of post fissure fistula in ano.

- **Type of Study:** Single case study.
- **Intervention:** *Ksharasutra* ligation.

MATERIALS

Apamarga Ksharsutra used in this case was prepared with 21 coatings, which included 11 coatings of latex of *Snuhi* (*Euforbia nirifolia*), 7 coatings of *Apamarga Kshara* (*A. aspera*) and 3 coatings of *Haridra* (*Curcuma longa*) having pH 9.5. *Ksharasutra* insertion done after probing in fistula track and same thread was ligated to sentinel tag also. As shown in figure no.1

Ksharsutra was changed after every 5 days and sentinel pile was also tightened with the same thread till fistula and sentinel pile excised completely. Follow up was taken for 3 months. The fistula track was cut through on 5th setting of *ksharasutra* as shown in figure 2. Complete healing of wound takes place in one month.



Fig 1 Ksharsutra ligation in fistula track



Fig 2 Fistula track along with sentinel tag cut through on 5th setting of *ksharsutra*



RESULTS

Ksharsutra works with its *Lekhan*⁵ property in chronic fissure by curetting fibrous tissue and worked as a *Shodhan*⁵ and *Ropan*⁵ in fistula track. This is a cheap method without any surgical intervention and achieve complete cure of the disease with less duration and no recurrence.

DISCUSSION

Fissure in ano with fistula in ano is a rare clinical presentation. It becomes difficult to treat the Fissure in ano when it is associated with Fistula in ano as it is a notorious disease. The Ksharsutra was found to be a very effective in management of chronic fissure in ano with fistula in ano as a combined therapy without any recurrence.

CONCLUSION

From above case study it can be concluded that, by using ksharsutra method we can treat fistula in ano along with fissure in ano with sentinel tag. This method gives same results as fistulectomy surgery without any post surgical complication that occurs in complete fistulectomy



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