



## Case Study

### COMPLEX FISTULA IN ANO USING IFTAK (INTERSEPTION OF FISTULOUS TRACT AND APPLICATION OF *KSHARASUTRA*)-A CASE REPORT

Bhawna Dutt<sup>1\*</sup>, Smita Barode<sup>1</sup>, Rahul sherkhane<sup>2</sup>, Anil kumar<sup>3</sup>, S K Gupta<sup>4</sup>

<sup>1</sup>PG Scholar, <sup>3</sup>Assistant Professor, <sup>4</sup>Professor & HOD, Dept. of Shalya Tantra, All India Institute of Ayurveda, Gautampuri, Sarita Vihar, Mathura Road, New Delhi.

<sup>2</sup>Research advisor and Biostatistician, All India Institute of Ayurveda, Gautampuri, Sarita Vihar, Mathura Road, New Delhi.

#### ABSTRACT

The conventional treatment for Fistula-in-ano (FIA) is arduous due to its high chance of recurrence and damage caused to anal sphincter during the surgery. In Ayurveda, FIA is treated with *Ksharasutra* which has high success rate of 96.67%. However, it has some limitations, so to overcome them, the Interception of fistulous tract with application of *Kshara Sutra* (IFTAK) technique has been suggested by the Ayurvedic surgeons for better success. In the present case study, 17 year old female visited our Centre who had significant medical history with chief complaint of blood mixed pus discharge with pain from perianal region. She had history of being operated twice for this complaint but got no satisfactory improvement. On local examination, she was diagnosed as case of FIA and planned for *Ksharasutra* by IFTAK. IFTAK procedure has taken less time as compared to conventional *Ksharasutra* procedure and has led to successful outcome. Months of follow up reveals no recurrence.

**KEYWORDS:** *Sambukavarta Bhagandara*, Fistula-in-ano, FIA, *Ksharasutra*, Interception of fistulous tract with application of *Kshara Sutra*, IFTAK.

#### INTRODUCTION

Fistula in ano (FIA) is categorized under eight major diseases by *Sushruta*<sup>[1]</sup>. Its prevalence varies from 5.6 to 12.3/100,000 population and classified under K 60.3 in International classification of diseases by WHO<sup>[2,3]</sup>. It is more common in males during 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> decades of life and symptoms includes abscess, pain discharge of pus and/or blood<sup>[4,5]</sup>. Horse shoe fistula is a type of Fistula-in-ano, where internal opening is usually found at posterior midline or anterior midline<sup>[6]</sup>. It can be correlated with the "*Sambukavarta Bhagandara*" as described by *Sushruta*<sup>[7]</sup>. Presently various surgical treatments available like endorectal advancement flap, core out, fistulectomy and ligation of intersphincteric fistulous track have shown improvement with less failure. However, there is significant risk of pain, healing complications and incontinence which in turn impair the quality of life (QOL)<sup>[8,9]</sup>.

*Ksharasutra*, which is a medicated set on is successfully used for the treatment of FIA with the success rate of 96.67%<sup>[10]</sup>. Though, it is an effective treatment for FIA but it is a time taking process and result an ugly scar<sup>[11]</sup>. With the advancement in the

*Ksharasutra* therapy, Interception of fistulous tract with application of *Kshara Sutra* (IFTAK) is a newly emerged technique invented by BHU, when there is external opening present on either side of the anal canal then, *Ksharasutra* applied in one arm of the track to eradicate the infected crypts and cases spontaneous healing of other arm too<sup>[12]</sup>. Therefore, it is aimed to eradicate the infected anal crypt and minimal damage to anal sphincters by using *Ksharasutra*<sup>[13]</sup>. This technique can be successfully used in High trans-sphincteric fistula, Horse-shoe fistula, Complex fistula with extension upto scrotum or gluteus or thigh or abdomen, intersphincteric fistula with extension in periprostatic area, Fistula with supralelevator extension, blind internal fistula with post anal space abscess, circumferential fistula which covers more than 2/3<sup>rd</sup> part of the anus<sup>[14]</sup>.

#### Case Summary

A 17Y/F came to *Shalya* ARC OPD, AIIA hospital reported with the chief complaint of continuous blood mixed pus discharge with pain from peri-anal region for 6 months (off and on). On local examination, a swelling present left side of peri-anal region which burst spontaneously and leads to

discharge, a scar of previous surgery present over the swelling. On PR internal pit felt at 6 O'clock position. Due to discharge she was unable to perform her routine activities as it creates psychological disturbance and discomfort while sitting and walking. She doesn't have any other systemic illness.

Her routine investigations were done and shown within the normal limits. On 25.09.19, her surgery (IFTAK) was planned. On Local examination: a scar of previous surgery on the left side of the perianal region with blood mixed pus discharge was seen. On PR internal pit felt at 6 o'clock position.

**Investigations:** USG (TVS): a thick walled abscess of approx 5cc is noted on the left side vulva.

MRI done on 10.05.19 suggested Grade 4 trans-sphincteric sinus tract in the left ischio-anal fossa

terminating into a collection piercing the left external sphincters and terminate into intersphincteric plane anteriorly near vulvo-anal junction with marked inflammatory changes around the tract and near its external opening with muscle edema in left puborectalis muscle, obturator internua muscle and left levator ani muscle.

**Methodology:** Under saddle block, interception of tract done at posterior mid-line, normal saline passed to check its patency. *Ksharasutra* mounted over the probe and passed though the intersection of track and the internal opening. Regular anti-septic dressing was done with *Jatyadi taila* with weekly thread change. The details of procedure and observations are presented below.

Duration	Observation
1 <sup>st</sup> Week	Pus discharge was present.
2 <sup>nd</sup> Week	Unhealthy base seen, pus discharge present with smell wound debridement was done followed by thread change.
3 <sup>rd</sup> Week	Pus discharge was present, mild smell-present.
4 <sup>th</sup> Week	Pus discharge was present, slough was present, <i>Triphala varti</i> was packed in the tract for debridement.
5 <sup>th</sup> Week	Healthy granulation can be seen, pus discharge was less as compared to previous record.
6 <sup>th</sup> Week	Healthy granulation tissue with pus discharge.
7 <sup>th</sup> Week	Healthy granulation tissue with minimal pus discharge.
8 <sup>th</sup> week	Minimal pus discharge was present with around 1cm of fistulous tract. Cut through was done followed by regular anti-septic dressing.

**Oral medication prescribed:** Tab. Septillin, *Triphala Guggulu*, *Jatyadi* oil for LA. Patient was advised to take sitz bath regularly and take high fiber diet to avoid the constipation.

### Result

IFTAK was done and nine sittings *Ksharasutra* changed at weekly interval. Complete cut through was done after 53 days. Regular dressing was done by *Jatyadi taila* till the complete healing. This case study showed effectiveness of Interception of fistulous tract with application of *Kshara Sutra* (IFTAK) in *Bhagandar* (Complex Fistula in Ano).

### DISCUSSION

Patient had complaint of blood mixed pus discharge with pain at peri-anal region. She also has psychological disturbance and discomfort while walking, sitting or performing any other activities. On the basis of local examination and MRI, she was diagnosed as a case of FIA. Here, our primary objective was to minimize recurrence rate, fewer complications and minimal duration during the procedure. In modern science, its treatment is less

successful as each process carries significant risk of pain, healing complications and incontinence. Although, *Ksharasutra* has shown better results used by Ayurvedic surgeon but still it is time taking and painful process and also this leaves a big scar mark. On the contrary, the IFTAK technique gives promising results which can be seen as there is negligible blood loss during operative procedure with less recurrence rate. It is cost effective treatment, less time consuming (less hospital stay), shows good cosmetic results with minimum scar mark as compared to modern treatment and conventional method of *Ksharasutra*. Patient was also able to perform all her routine activities next day after the operation and usually got discharged after 48 hours of observation. She was advised to come for regular dressing till cut through i.e., after 53 days of operation. Due to her experience of previous surgeries when she had a big scar mark but due to IFTAK she has a negligible scar mark. Hence, the present procedure proves to be a cosmetically better outcome.

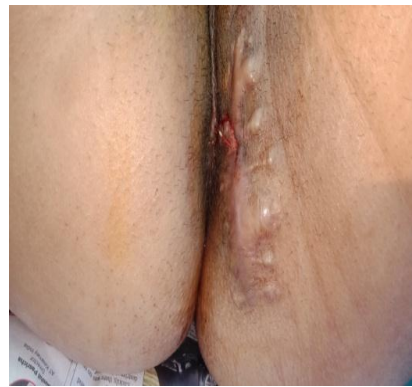
## CONCLUSION

The present case study shows that IFTAK in FIA is quite promising with no recurrence. Further

large studies needs to be performed to evaluate the importance of IFTAK in FIA.



**Before Ksharasutra**



**After Ksharasutra**



**During Ksharasutra Change**



**During treatment**



**After 6 months of Cut through**

## REFERENCES

1. Sushruta Samhita, Shri Dalhana and Gayadasa hindi commentary, Dr. k. k. Thakral, Su.Su. 33/4, Chowkhambha Sanskrit Sanasthan Varanshi, 2016 page no. 360.
2. V. V. Rajput *et al.*, Fistula in ano treated by Ligation of Intersphinteric Fistula tract: A case report, WIMjournal, Volume No. 2, Issue No. 1, 2015 page no. 42.
3. International Statistical Classification of Diseases and Related Health Problems, World Health Organisation, AITBS Publishers, 2005, Page no. 580.
4. Hyman N. Anorectal abscessand fistula. Prim care 1999;26:69-80.
5. K.N. Srivastava, Amit Agarwal A complex fistula-in-ano presenting as a soft tissue tumor International Journal of Surgery Case Reports 5 (2014) 298-301
6. Dr. M. Sahu, A Manual fistula in Ano Ksharasutra therphy, National esource on ksharsutra therapy, 2015 edition, chapter 5 page no.62.
7. Sushruta Samhita, Shri Dalhana and Gayadasa hindi commentary, Dr. k. k. Thakral, Su.Ni. 4/8, Chowkhambha Sanskrit Sanasthan Varanshi, 2016 page no. 740.
8. Dr. M.Sahu, A Manual fistula in Ano Ksharasutra Therphy, National resource on Ksharasutra therapy, 2015 edition, chapter 12 page no.184.

9. HA Owen, GN Buchanan, A Schizas, R Cohen, AB William Quality of life with anal fistula Royal college of surgeon Ann R Coll Surg Engl 2016; 98: 334–338doi 10.1308/rcsann.2016.0136
10. Dr. M.Sahu, A Manual fistula in Ano Ksharasutra Therphy, National resource on Ksharasutra theraphy, 2015 edition, chapter 12 page no.184.
11. Dr. M.Sahu, A Manual fistula in Ano Ksharasutra Therphy, National resource on Ksharasutra theraphy, 2015 edition, chapter 12 page no.185.
12. Dr. M.Sahu, A Manual fistula in Ano Ksharasutra Therphy, National resource on Ksharasutra theraphy, 2015 edition, chapter 12 page no.185.
13. Dr. M.Sahu, A Manual fistula in Ano Ksharasutra Therphy, National resource on Ksharasutra theraphy, 2015 edition, chapter 12 page no.185.
14. Dr. M.Sahu, A Manual fistula in Ano Ksharasutra Therphy, National resource on Ksharasutra theraphy, 2015 edition, chapter 12 page no.186.

**Cite this article as:**

Bhawna Dutt, Smita Barode, Rahul sherkhane, Anil kumar, S K Gupta. Complex Fistula in Ano using IFTAK (Interseption of Fistulous Tract and Application of Ksharasutra)-A Case Report. International Journal of Ayurveda and Pharma Research. 2020;8(5):33-36.

**Source of support: Nil, Conflict of interest: None Declared**

**\*Address for correspondence**

**Dr. Bhawna Dutt,**  
PG Scholar,  
Dept. of Shalya Tantra,  
All India Institute of Ayurveda,  
Gautampuri, Sarita Vihar, Mathura  
Road, New Delhi, India.  
Email:  
[kaushikbhawna1992@gmail.com](mailto:kaushikbhawna1992@gmail.com)

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.

