



## Research Article

www.ijrap.net



### POST OF FISTULA IN ANO THROUGH AYURVEDA: CLINICAL IMAGES

Vaikhari Dhurve<sup>1\*</sup>, T. S. Dhudhmal<sup>2</sup>

<sup>1</sup>Ph.D student, Department of Shalya tantra, IPGT&RA, GAU, Jamnagar, India

<sup>2</sup>HOD and Associate professor, Department of Shalya tantra, IPGT&RA, GAU, Jamnagar, India

Received on: 30/04/18 Accepted on: 07/06/18

#### \*Corresponding author

E-mail: vaikhari.dhurve07@gmail.com

DOI: 10.7897/2277-4343.094103

#### ABSTRACT

No abstract is required as this is clinical images.

**Keywords:** Ayurveda, Postoperative wound of Fistula in ano, Panchavalkal Kwath and Panchavalkal ointment.

#### INTRODUCTION

Acharya Sushruta the father of surgery has included Bhagandara [Fistula in ano] in Ashta mahagada [eight major diseases] due to its recurrent nature<sup>1</sup>. Bhagandara can be correlated with fistula in ano which is inflammatory track with external opening in perianal skin and an internal opening in the anal canal or rectum. This track is lined by unhealthy granulation tissue and fibrous tissue<sup>2</sup>.

Sushruta mentioned eleven upakrama, namely apatarpan, alep, parishek, abhyang, sveda, vimlapana, upanaha, pachan, visravan, snehan, vaman, virechan described for in suppurred stage of bhagandarapidika<sup>3</sup>.

Wound management after fistula surgery is one of the greatest challenges in surgical patient. Fistula represents a demanding situation in terms of their management that often requires a multidisciplinary approach to facilitation patient's care and fistula healing. In post-operative wound in fistula cases contamination of feces leads to recurrent infection at the wound site which delays healing and sometime false healing

Sushruta mentioned nyagrodhadi varga in vranaropan kashaya which includes panchavalkal Panchavalkal is group of five tress i.e. Vata (*Ficus bengalensis* L), Udumbara (*Ficus recemosa*), Ashwatha (*Ficus religiosa*), Parish (*Thespesia populenea soland*), Plaksha (*Ficus lacor*), has activity like vrana prakshalan, vranaropan, shothahara, upadanshahara, visarpahara<sup>4</sup>.

#### First case

A female patient of 48 years old age, attended the OPD and IPD of our hospital. She had complaints of discharge per ano and pain in ano at anal region since 1 year. She had taken private hospital treatment but not find any relieved. On inspection, an external opening was observed at 5 o'clock position in lithotomy position 3 cm away from anal verge. No history of any other disease noted. She was diagnosed as fistula in ano (Bhagandara).

#### Second case

A male patient of 51 years old age, attended the OPD and IPD of our hospital. He had complaints of pain at anal region, pus

discharge from the opening site, constipation, since 7 months. On inspection, an external opening was observed at 9 o'clock and 11 o'clock in lithotomy position 2.8 cm away from anal verge. He was diagnosed as fistula in ano (Bhagandara).

Both patients were admitted in shalya ward for ksharsutra treatment. Laboratory investigation, urine routine and microscopic examination (Only before Treatment) were done and found normal reports. Fistulogram of both patients were done.

#### Plan of treatment: (for both of patients)

#### Drug Preparation

Ingredients are Panchvalkal, Siktha (Bee wax) and Tila Tailam (*Sesamum indicum* oil)

Panchvalkal Kwath was prepared as per the general methodology of kwath preparation<sup>5</sup>. Snehapak was made with Panchvalkal Kalka,

Tila tail and Panchvalkal kwath in ratio 1:4:16, after that one fifth of sikth was added to prepared oil and ointment prepared<sup>6</sup>.

#### Procedure

After administration of spinal anesthesia, painting and draping of perianal region was done. Anal dilatation was carried out by Lord's procedure. Cavity was laid open and partial fistulectomy done and apamarga ksharsutra was applied in the remaining part of fistulous track.

Wound pack with betadine soaked gauze and T-bandage was applied. Appropriate antibiotics and analgesic were given for 5 days.

After that wound was rinsed with panchavalkal kwath and local application of panchavalkal ointment was done. The dressing was done once in a day and repeated up to 28 days with the similar procedure. Besides routine dressing, a conservative management was advised, such as below

- Sitz bath with Panchavalkal kwath two times in a day was advised.
- Internal medication Erandbhrishaharitaki 5gm at bed time given.

- Ksharsutra changed as per protocol by weekly interval was done.
- Appropriate diet was advised.

Treatment period completed within 2.5 month for both of patients.

In first patient- The wound size of first day was 4.3×1.8×1.6cm and Ksharsutra length was 5 cm [Fig-1]. There was marginal indurations and moderate pigmentation of surrounding skin. In post-operative 14<sup>th</sup> day, wound was 3.8×1.3×0.9cm and ksharsutra length was 4.1cm. In post-operative 21 day, wound was post-operative first day wound was having a foul smell, full of slough and moderate pain, moderate 3.5×1×.5 cm and ksharsutra length was 3.7 cm. In post-operative 28 days, wound length was 2.3×0.8×0.3cm and ksharsutra length was 3.1 cm.

In second patient, wound size of first day was 3.9×2.4×2 cm and ksharsutra length was 5 cm at 11 o'clock and 4 cm at 9 o'clock position [fig-3]. Post-operative first day wound was having a foul smell, full of slough and moderate pain. In the post-operative 14<sup>th</sup> day, wound length was 3.2×1.9×1.1cm and upper ksharsutra length was 4.4cm and lower ksharsutra length was 3.2 cm. In the post-operative 21 day, wound was 2×1.4×0.5 and ksharsutra length was 4cm and 3 cm. In the post-operative 28<sup>th</sup> day, wound was 1.5×1×0.2 and ksharsutra length was 3.2 and 2.6 cm.

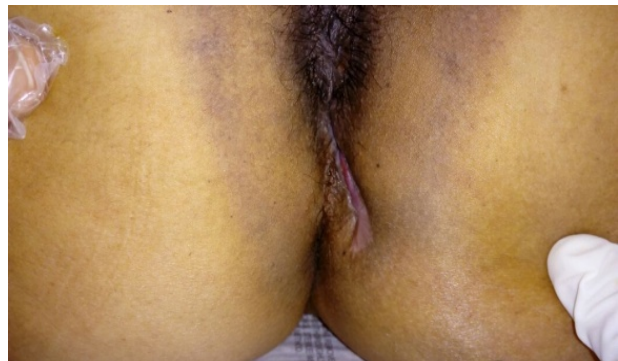
The wound was observed and assessed daily for its size and margin of wound, slough, discharge, pain, and odor. Wound healing and healthy granulation promoted from the base. The wound size was observed to reduce with contracted edges. Complete wound healing taken at two and half month. [Figure 2 and Figure 4]

In this study, wound cleaned with panchavalkal kwath and dressing with panchavalkal ointment which has kaphavatahara, Varna and vrana shodhana, ropan, raktashodhak. Guruguna is Vatahara so decreased pain. Odor and discharge relieved by kashaya ras (Astringent) and having stambhana property (arresting) and grahi (to hold) Redness reduced due to pittaghana, kashayras and sheeta veerya (potency). Pitta shaman, Varna and twak prasadana action added to improve the skin color by improving the local blood circulation. Swelling decreased due to kashaya ras that acts as peedana (act of squeezing), ropan (heal) and shodhana (cleaning and curative effect). It's destroyed the accumulated substance and minimizes swelling. Kashaya rasa will facilitate debridement.

Complete remission of first patient was achieved within 2 months, whereas second patient achieved complete remission within 2 ½ months.



A



B

Figure 1 (A & B): Figure of first patient



C



D

Figure 2 (C & D): Figure of second patient

## CONCLUSION

From the above research study result are encouraging. Panchavalkal ointment has effectively controls infection and enhances wound healing process in the post-operative fistulectomy. Further research work with large sample size should be done to evaluate ayurvedic science.

## REFERENCES

1. Shashtri A. Sushrut Samhinta with Ayurved Tavva Sandipika Commentary, Sutrasthana, Varanasi:Chowkhamba Sanakrit Sanathan;2009. p.163
2. S.Das. Text of Surgery, Fifth edition, March 2008, p.107

3. Sushruta, Sushrut Samhinta. Sutrasthana, Mishrakamadyayam 37/22 In:Acharya VJ,editor, reprint ed. Varanasi: Chaukhamba orientalia; 2009. p. 162
4. Bhavprakash by Bhavmishra, Bhavprakash Nighantu, Vatadi Verga Verse 15, Chaukhamba Sanskrit Bhavan, Varanasi, 2010. p. 507
5. Srivastava S, Sharangadhar Samhinta, chapter 2. Varanasi: Chaukhamba Orientalia; 2009.Madhyam Khand. Reprint edition; p.135
6. Ibidem.Bhavprakash, Mishraprakaranam, 192; 187 Ibidem.

**Cite this article as:**

Vaikhari Dhurve & T. S.Dhudhmal. Post of fistula in ano through Ayurveda: Clinical images. Int. J. Res. Ayurveda Pharm. 2018;9(4):28-30 <http://dx.doi.org/10.7897/2277-4343.094103>

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

Disclaimer: IJRAP is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of IJRAP editor or editorial board members.