



Case Report

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EFFECT OF TILVAKA KSHARASUTRA IN THE MANAGEMENT OF BHAGANDARA (FISTULA-IN-ANO): A CASE REPORT

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ABSTRACT

Bhagandara is a common disease occurring in the anorectal region. Acharya Sushruta has included bhagandara under Ashta-mahagada. The treatment of this disease is difficult due to its high recurrence rate. Patients have inconvenience in their routine life. Acharya Sushruta has explained about the concept of Ksharasutra in the context of Nadivrana (sinus). Hippocrates has explained about the application of plain silk thread for the treatment of fistula-in-ano. The treatment of fistula-in-ano by Ksharasutra has become a big revolution in the field of surgery. The main aim of this study was to make a Ksharasutra which would be easy to prepare and more effective than Apamarga Ksharasutra while calculating unit cutting time. In present case report, a 59 year old male patient who came to Shalya OPD with chief complaints of pain, pus and blood discharge from pustules in the perianal region along with itching for the past 6 months was advised for Tilvaka Ksharasutra therapy. The patient was treated with Tilvaka Ksharasutra prepared at Pankajakasthuri Ayurveda Medical College. Rethreading was done on weekly basis. The patient recovered well within a period of 7 weeks. Tilvaka Ksharasutra therapy is a procedure with minimal complications and is cost effective. Thus, Tilvaka Ksharasutra is very effective minimal invasive surgical modality for management of bhagandara (fistula-in-ano).

Keywords: Tilvaka, Ksharasutra, Bhagandara, Fistula-in-ano.

INTRODUCTION

Fistula-in-ano or anal fistula is a chronic abnormal communication, usually lined to some degree by granulation tissue, which runs outwards from the anorectal lumen (the internal opening) to an external opening on the skin of the perineum or buttock (or rarely, in women to the vagina).¹ The patients with this disease have pain and discomfort, which creates problems in their routine work.

Acharya Susrutha² and Chakradatta³ have mentioned about the management of bhagandara by Ksharasutra long years ago. Ksharasutra has both cutting and healing properties which makes it more effective in bhagandara treatment. Acharya Sushruta dedicated one whole chapter namely Ksharapakavidhiadyaya. In that he described various kshara dravyas⁴ and one chapter in Chikitsa Sthana where he advocated the use of Ksharasutra in bhagandara.² Tilvaka (*Symplocos racemosa* Roxb.)⁵ is explained by Acharya Sushruta among kshara dravyas in Ksharapakavidhiadyaya. It is an evergreen tree 6 to 8.5 m tall, found abundantly in plains and lower hills throughout India.⁶

The condition remains troublesome and takes long time to heal because the wound is located in anal region which is more prone for contamination and repeated infection. There is a possibility of complications like recurrence and incontinence after operative procedures.¹ Prolonged hospitalization and long duration of treatment is often needed after fistulotomy and fistulectomy procedures. To alleviate such problems in the management of this

disease, it was thought to find out an alternative technique without operative complications.

Various Kshara dravyas have been explored in the form of Ksharasutra. Ayurvedic classics have mentioned about dravyas from which kshara can be prepared. Tilvaka is one among them. The drug Tilvaka is easily available. Hence in this study an effort was made to evaluate the effect of Tilvaka Ksharasutra in the management of bhagandara. Ksharasutra procedure is economically affordable, easy to implement, with minimal side effects and minimal hospitalization is needed. In this case report it is being proved that Apamarga Ksharasutra can be replaced with Tilvaka Ksharasutra in the management of bhagandara.

MATERIAL AND METHODS

Place of Study

Pankajakasthuri Ayurveda Medical College and Post Graduate Centre Hospital, Killy, Kattakkada, Trivandrum, Kerala, India-695572

Ethical Clearance

The study has been cleared by IEC vide approval reference number (PKAMC/A-1/127/18). The study is carried out as per International conference of Harmonization Good Clinical Practices Guidelines (ICH-GCP).

Case Presentation

A 59 year old Hindu male patient, accountant by occupation reported to Shalya Tantra OPD, Pankajakasthuri Ayurveda Medical College and Post Graduate Centre Hospital, Kattakkada on 04/03/2019 with registration number 19/74729 with complaints of pain, pus and blood discharge from pustules in the perianal region along with itching for the past 6 months.

History of present illness

The patient was asymptomatic before 1 year. 1 year ago he noticed blood during defecation. Itching was also present. He consulted allopathic doctor at Medical College Trivandrum from where he was given some laxatives. After taking those laxatives he felt better. Six months ago pustules developed over the perianal region with pus and blood discharge along with itching. He consulted allopathic doctor who confirmed it as fistula-in-ano. But he didn't take any medicine. Thus came to Pankajakasthuri

Personal History

Table 1: Personal History

Bowel: constipated	Diet: mixed
Appetite: good	Addictions: alcohol but stopped from last 2 years.
Micturition: 5-7/day, 1/night sometimes	Marital status: married (two female children)
Sleep: sound	

Systemic Examination

- Cardiovascular system:** S1, S2 Heard, regular rate and rhythm, angioplasty done one and half years ago.
- Respiratory system:** Asthmatic from past 20 years, clear to auscultation bilaterally, no wheezing, no rhonchi or rales.
- Genitourinary system:** No bladder distension, no tenderness.

Ayurveda Medical College Hospital for better management through Ayurveda.

History of Past Illness

Angioplasty done one and half years ago

Family History

No relevant family history found.

Treatment History

- Tab Ivabradine 5 mg 1-0-1 A/F
- Tab Atorvastatin 40 mg OD after lunch
- Tab Valsartan 40 mg OD after breakfast
- Cap Clopidogrel 150 mg 1 HS
- Tab Eplerenone 25 mg OD after breakfast

- Nervous system:** Patient awake, alert and oriented to time place and person.
- Alimentary system:** Mouth no ulcers, normal dentition and no halitosis.
- Locomotor system:** No abnormality detected.
- Endocrine system:** No H/O Diabetes Mellitus, no thyroid nodules, male sexual characters present.

Investigations

Table 2: Blood Report on 04/03/2019

Hb – 13.3 gm %	BT – 1 min 08 sec
Total WBC – 7900 Cells /CMM	CT – 3min 02 sec
Differential Count	RBS – 139.0 mg/dL
Neutrophil – 61 %	
Lymphocytes – 33%	HIV 1 & 11- Negative
Eosinophils – 04%	HBSAG - Negative
Monocytes – 02%	VDRL – Non reactive
ESR – 25 mm/hr	

Table 3: Bacteriology Report on 01/03/2019

Nature of specimen	Swab
Examination required	Culture and Sensitivity
Organism isolated	Moderate growth of Staphylococcus species.

MRI Fistulogram Report

Impression

An elongated wide active fistulous track noted extending from anterior perineum to left midline in the root of scrotum. It takes an elongated parasagittal course towards posterior perineum. Four cutaneous openings noted; one in the anterior perineum, one in the mid perineum and two in the posterior perineum. The length of this track is 9 cm and diameter 8 mm. The track enters intersphincteric plane in the left anterior paramedian position at 1

O'clock position. It bifurcates with two closely spaced tracks in the lower intersphincteric space joining together ~1.6 cm above anal verge. Doubtful extension of track within the substance of puborectalis /external sphincter noted here. The track takes a vertical course superiorly through intersphincteric plane at 10'clock position and pierces internal sphincter ~ 4 cm above anal verge below anorectal junction. The levator ani muscle is normal in morphology and signal. Pelvic organs show normal MR morphology and signal. Imaging findings are suggestive of elongated perineal fistula with inter/trans-sphincteric anal extension.

Course of Treatment

Pre-Operative Procedure

Patient was advised to stop Cap. Clopidogrel 150 mg 3 days prior to procedure. Written consent was obtained. Soap water enema was given. Injection T.T was given. Test dose for Injection Lignocaine was given and no allergic reactions were found. The patient was positioned in lithotomy position.

Operative procedure

Anal region was cleaned using betadine solution and then with spirit. Injection Lignocaine 2 % was diluted with distilled water and injected at the external opening towards the internal opening. Then malleable copper probe was lubricated with lignocaine gel and inserted through the external opening towards the internal opening. The tract was ligated with Tilvaka Ksharasutra. As tract was curved and four external openings were present four threads were put. The Ksharasutra thread was tied loosely.

Post-Operative Procedure

The anal area was cleaned with betadine solution. Then gauze piece dipped in Jatyadi tailam was inserted into the anal verge and was packed with gauze pad. The patient was advised to do sitz bath in lukewarm water twice daily for 20 minutes.

Course of Treatment

Patient was asked to come for changing of Tilvaka Ksharasutra every week until the complete cut through of the track. Follow up was done two weeks after the complete cut through of the track.

RESULT

Assessment was made on the grades given based on scoring system prepared by Paul O Madson and Peter.

Observations	Before	After
Subjective criteria		
Pain	2	0
Burning Sensation	0	0
Inflammation	0	0
Discharge	1	0
Itching	4	0
Objective criteria		
Local Tenderness	1	0
Induration	2	0
Length of the tract	9 cm	0
Unit Cutting Time		49 days/ 9 cm = 5.44 cm / week

Thus Tilvaka Ksharasutra was found to be effective in the management of bhagandara (Fistula-in-ano).



Fig 1. & Fig 2: During Probing Fig 3: After 1 week Fig 4: After 2 weeks Fig 5: After 3 weeks



Fig 6: After 4 weeks. Fig 7: After 5 weeks Fig 8: After 6 weeks Fig 9: After 7 weeks

Figure 1-9: All the Weeks improvement

DISCUSSION

Ksharasutra application in ano-rectal disorders has shown good results. The ingredients of Tilvaka Ksharasutra are Snuhi ksheera, Tilvaka Kshara and Haridra Powder. Snuhi ksheera having shodhana as well as Ropana properties along with Katu, Tikta Rasa and Ushna Virya thus improve process of healing. It cures infection and inflammation.⁷ Tilvaka Kshara has properties of Kshara i.e. Chedana (excision), Bhedana (incision), Lekhana (scrapping) and Tridoshaghna (alleviating all Dosha). Haridra powder has the properties like Rakta Shodhana (blood purifying), Twak Doshahara, Shothahara (anti-inflammatory), Vatahara (alleviate vata), Vishaghna (antimicrobial) and it is useful in Vranaropana (wound healing).⁴ The action of turmeric powder provides the effect of bactericidal action with healing properties.⁸ Tilvaka Ksharasutra is having the ability to perform chemical and mechanical cutting action with simultaneous healing effects on fistulous track. Ksharasutra has got validation in the modern books also and is a successful proven method for treating fistula-in-ano and other ano rectal disorders.⁹

CONCLUSION

Tilvaka Ksharasutra therapy is very cost-effective with minimal complications if performed by a skilled surgeon. Ksharasutra is a very effective minimal invasive surgical modality for the management of Bhagandara (fistula-in-ano). This is easy to perform and does not lead to incontinence.

Recommendations

In this study it was found that Tilvaka Ksharasutra is effective in the management of Bhagandara (Fistula-in-ano). Further studies can be conducted to compare the efficacy of Tilvaka Ksharasutra with other Ksharasutra's. Studies can also be conducted on the antimicrobial activity of Tilvaka Ksharasutra.

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