



IFTAK KSHARA SUTRA TECHNIQUE FOR THE MANAGEMENT OF INTERSPHINCTERIC PERIANAL FISTULA-IN-ANO-A CASE STUDY

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ABSTRACT An internal opening (primary opening) in the anal canal or rectum and an exterior opening (secondary opening) in the perianal skin combine to form a fistula-in-ano, an inflammatory track. Unhealthy fibrous tissue and granulation tissue line this tract. Intersphincteric fistulas are ones that cross the internal sphincter and then have a tract to the outside of the anus leading to an anal abscess-induced fistula-in-ano ranged from 26% to 38%. In men, the prevalence is 12.3 cases per 100,000 population and in women, it is 5.6 cases per 100,000 population. A fistula-in-ano is a complicated disease, its signs and symptoms which resembles bhagandara disease described in āyurvedā. ācārya sūruta mentioned this disease under a mahāgadāś which means difficult to cure. For the management of this painful disease many treatment modalities are enumerated in āyurvedā classics and kṣāra sūtra therapy is one among them which is proved to be gold standard. Though kṣāra sūtra therapy is a big revolution in the field of fistula in ano, but it has some disadvantages like it is time consuming process, severe post-procedural pain, and big scar marks. In the present case report, A 24yr old male p/t c/o pain and swelling in perianal region since three months and successfully managed with IFTAK (Interception of Fistulous tract and application of Ksharasutra) technique. which showed a great potential in management by minimizing the duration of treatment, mild post procedural pain and minimum scar mark.

KEYWORDS : Fistula-in-ano, kṣāra sūtra, IFTAK, bhagandara, apāmārga kṣāra

INTRODUCTION

A fistula-in-ano is a granulation tissue-lined tract that connects superficially to the skin around the anus and deeply to the anal canal or rectum. The term "fistula-in-ano" refers to the chronic stage of anorectal sepsis, which is characterised by intermittent spontaneous decompression and persistent purulent discharge or cyclical discomfort linked to abscess re-accumulation³. Cryptoglandular sepsis is most common, however the aetiology is uncertain. In āyurvedā, bhagandara is treated with kṣārasūtra which has high success rate of 96.67%. However, it has significant limits, therefore to get over them, Ayurvedic surgeons have recommended and been using the Interception of Fistulous Tract with Application of kṣāra sūtra (IFTAK) technique. Anal fistulas have been linked to Crohn's disease, ulcerative colitis, tuberculosis, cancer, lymphogranuloma venereum, trauma, radiation, actinomycosis, and other conditions. In āyurvedā, the clinical features of fistula-in-ano resemble bhagandara⁴. It first appears as pīṇikā around the gudā and then bursts out as bhagandara. There are numerous treatment options available for anorectal fistula. Modern surgical management includes fistulotomy, fistulectomy, seton placing, ligation of inter-sphincteric fistula tract (LIFT), fibrin glues, advancement flaps, and expanded adipose derived stem cells (ASCs). For the treatment of bhagandara, ācārya sūruta also discussed a variety of oral drugs, local applications, surgical techniques and para-surgical intervention⁵. A new enhanced kṣāra sūtra approach called IFTAK (Interception of Fistulous tract with application of Ksharasutra) is based on this principle, making it more patient-friendly and excluding the limitations of existing methods. IFTAK technique was planned in this case and was found to be very effective. Here Apamarga Kshara Sutra is used for ligation.

CASE REPORT

Presenting Complaints

A 24yrs old male patient came to Shalya OPD Amrita school of Ayurveda, Kerala with complaints of pain and swelling in perianal region since 3 months. Diagnosed by MRI Fistulogram as inter sphincteric perianal fistula.

Past medical History

There was a history of fissure with sentinel tag at 3'o clock position which is treated from here 1 year back. Sentinel tag excision done and chandhanadi ointment application did for fissure. The patient was a Known case of Antral gastritis and took treatment for that but still abdominal discomfort, Acidity is there.

Investigations

On examination: -BP-Normal and Blood reports-WNL

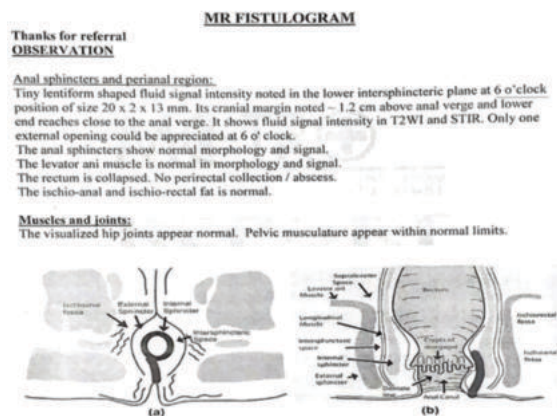


Figure no.1:-MRI FISTULOGRAM (11/12/2021)-Shows that; -

Anal sphincters and perianal region: -Tiny lentiform shaped fluid signal intensity noted in the lower intersphincteric plane at 6'o clock position of size 20 x 2 x 13mm. Its cranial margin noted ~1.2cm above anal verge and lower end reaches close to the anal verge.

Impression :-Intersphincteric perianal fistula: St. James Hospital University Classification type 1.

Clinical findings

On Ano-rectal examination; -

An external opening was present at 6'o clock position with mild swelling and pus discharge. On palpation-Tenderness +++
 On P/R-Infected crypts were identified at 5-6'o clock position

Time line

The details of the case, treatment, follow-up is presented in Table 1.

3.Diagnostic focus and therapeutic intervention

Oral medication was given during the first visit, which resulted in a slight improvement, but the condition still requires parasurgical procedures such as kṣārasūtra. The primary focus was to cure the

fistulous track with minimum duration of days .

Table no.1:-Treatment Protocol

Sl.no	Date	Medicines given	Remarks
1	11/11/2021	<ul style="list-style-type: none">Enzorox plus-1 td;A/FT.Styplon-(2) STATDadimashtaka churna 2tsp td with Butter milkKaidaryadi kashaya 15ml BD B/FSitz bath with Triphala kashaya	Ksharasutra ligation done (IFTAK)
2	14/11/2021	-do-	C&D done
3	17/11/2021	<ul style="list-style-type: none">WH5 Gel for L/ASitzbathwithTriphala kashaya- 2times	Adv. ARE O/E-Wound is healing and No pus discharge -Apamarga Ksharasutra Changing done
4	22/11/2021	<ul style="list-style-type: none">T.Septillin 1-0-1; A/FT.Enzorox plus 1-0-1; A/FGandhaka Rasayana 1-0-1; A/FSitz bath with Anospas powder; Twice daily	Apamarga Ksharasutra Changing done
5	29/11/2021	<ul style="list-style-type: none">Triphala Guggulu 1 td A/FGandhaka Rasayana 1 td A/F	-Wound is healthy -Pain and Pus absent -Dressing done with Yashtimadhu taila
6	4/12/2021	-do-	Wound edges approximated
7	10/12/2021	-do-	Wound healed Completely

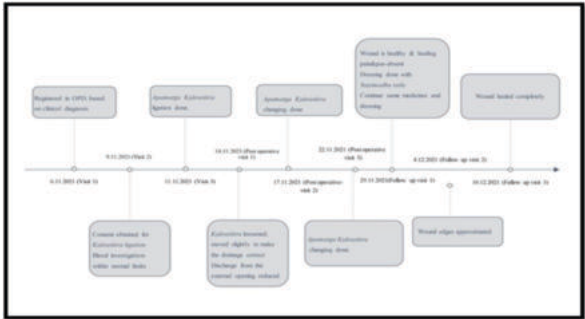


Figure no.2:-Timeline of treatment

Follow-up and Outcome

Gradually reduced the Pain and Swelling around perianal region.Bowel movements become normal. The quality of life was assessed both at the time of admission and after the follow-up, and it showed a significant improvement.



Figure 3-IFTAK TECHNIQUE



Figure 4-AFTER TREATMENT

Table no.2:-Assessment of Symptoms of Patient

	Pain	Tenderness	Discharge	Induration	Incontinence
1st week	+++	+++	+++	+++	-
2nd week	++	++	+	++	-
3rd week	-	+	+	+	-

Followup advised weekly for kārasūtra changing. The pus discharge was purulent on first week and gradually reduced and it has completely disappeared after two weeks.Moderate pain was present in the first week and gradually it reduced.The fistulous track was cut through and healed by 4th week with minimal scar.There were no complications seen during and after treatment and the patient got good relief.

DISCUSSION

In comparison to fistulectomy, kārasūtra ligation therapy is said to be better as it has minimum post operative undesirable sequels.According to ācārya sūrutā, kāra act as chedya (Excision), bhedhya (Incision), lekhyā (Scrapping)and it renders chemical cauterization of tissue which facilitates cutting of tissue⁵.Due to alkaline pH(pH-10.3) it acts as antibacterial at site of ligation. Despite these advantages, there are some challenges that practitioners face when practising kārasūtra therapy on patients. i.e., It causes discomfort, post-operative pain, bleeding, a long period of anxiety, a higher number of hospital visits and a longer duration of treatment, a large post-operative scar, and so on.

According to park's concept, 90% of fistula in ano caused due to cryptoglandular infection as the root cause of infection is crypts which are located in intersphincteric area^{8,9}. Therefore, destroying the infected crypt may cure the fistula in ano and the rest of track will heal by itself.Otherwise, a long track would have formed in the traditional technique of kārasūtra therapy, requiring a long time to heal and causing discomfort to the patient. In this technique,proximal part of fistulous track is intercepted at the level of external sphincter along with the application of kārasūtra from site of interception to the infected crypt in anal canal.This is aimed to eradicate the anal crypt infection with minimal damage to anal sphincters by using kārasūtra .The discharge from the external opening was reduced gradually within 4 to 5 days. Complete healing was achieved within 1 month. The fistulous tract was cut through and healed simultaneously by the 4th week with minimal scar. There were no complications seen during and after treatment and the patient was free from all the symptoms. After 4 months of follow up, no recurrence is noted, patient was cured completely.

CONCLUSION

IFTAK is a modified kārasūtra approach that primarily relies on the parks classification of fistula-in-ano¹⁰.It is very effective and minimal invasive opd procedure, quick wound healing,less pain &bleeding. This technique is now more popular, effective, safe, and cosmetically proven for the treatment of fistulas in ano. As a result, in the current era, IFTAK is emerging as an advanced innovative technique for the management of fistula in ano, as well as an improvement in the outcomes of the traditional method of kārasūtra therapy¹¹.In this case , apāmārga kārasūtra is used for treatment of intersphincteric perianal fistula-in-ano. apāmārga kshara acts like pācana (suppurate the induration), vilayana (to do dissolve the swelling), śodhana

(cleansing of dirty wound), ropā (help in healing of clean wound), śopā (drying of discharge from wound).

apāmārga kṛārasūtra is useful in fistula-in-ano management because it does eradication of infected anal crypt and reduces the inflammation, cleansing and healing of fistulous tract. IFTAK is a minimally invasive technique for managing fistula-in-ano that improves patients' quality of life.

Patient Perspective

The patient was pleased with the prompt response he received from IFTAK management. The treatment helped him gain confidence, improve his quality of life, and perform routine tasks.

Patient Consent

Written permission for publication of this case study had been obtained from the patient

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Conflict of Interest: None

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