Original Research Paper

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Ayurveda

A CLINICAL CASE STUDY OF PERIANAL ABSCESS WITH FISTULOUS TRACK MANAGED THROUGH AYURVEDIC SURGICAL TREATMENT VIS-À-VIS THROUGH BHEDANA KARMA (INCISION) FOLLOWED BY KSHARA SUTRA PROCEDURE.

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ABSTRACT Anorectal abscess is an infection of soft tissues surrounding rectum and anal canal with formation of discrete abscess cavity also known as a Peri anal or Rectal abscess. According to Ayurveda Sushruta acharya while explaining the difference between Pidaka and Bhagandhara pidaka has exactly mentioned the site as 2 Angula (4cm) from anal verge, specifically mentioned typical symptoms of pain, fever seen only in Bhagandhara pidakas2. 90% percent are cryptoglandular in origin and caused by blockage and infection of the anal glands within the inter sphincteric space of the anal canal. Peak incidence is in 3rd and 4th decade. Commonly males are affected more than females in a ration – M: F -2:1. the prevalence rate of Anorectal abscess is around 8-24% per 1 lakh population in India, were the percentage of crypto-glandular infection is 90%3. Acharya Sushruta considered disease Bhagandhara as one among Astamahagadhas. Hence through understanding Shopha, Vidradi and Bhagandhara pidaka is a must for surgeon to avoid complication of Bhangandhara and appropriate treatment on time is the need of the hour. Here we report a case of Perianal abscess with fistula tract in 34-year male patient with the complaints of pain, burning sensation and swelling in peri anal region in the past 15 days.

KEYWORDS : *Perianal abscess, Arshas, Vidradhi, Bhedhana karma, Bhaghandarapidaka*

INTRODUCTION

An anorectal abscess is a collection of pus in the tissue around anus and rectum with formation of discrete abscess cavity due to infection of anal glands[9].

Causes:

Table no. 1: Causes of Ano-rectal abscess

Specific causes	• STD • Diabetis And Immunosuppressed Conditions. • Malignancy. • Anal Sex. • Inflammatory Bowel Disorders- Crohn's Disease. • Tuberculosis. • Post Anorectal Surgery, Injury To Anorectum. • Cutaneous Infection(e.g. Boil)
Non-specific causes	• Infected Anal Fissures. • Infection-staphylococcus, Bacteroides, Streptococcus, B. Proteus ,E. Coli (60%). • Cryptoglandular Disease. (90%).

Pathophysiology[8]-

Anal crypt obstruction

⬇

Crypto glandular secretion stasis

⬇

Infection and suppuration of anal glands

⬇

Abscess formation

⬇

If the abscess not treated on time or recurrent infections leads to fistula formation.

Clinical features- Signs- Severe throbbing type of pain in peri anal region with lump/ nodule around anus, discharge of pus, fever, constipation, **Symptoms**- Redness, tender smooth brawny swelling with localized soft or hardened swelling, Local raise of temperature ,Fluctuation sign positive .[8] (Pakwa lakshana).

Ayurveda Understanding Of Bhaghandara Pidaka-

Sushruta acharya while explaning the difference between Pidaka and Bhagandhara pidaka has exactly mentioned the site of pidaka/ guda vidradri as 2 Angula (4cm) from anal verge. Acharya had specifically mentioned typical symptoms of pain, fever seen only in Bhagandhara pidakas[1].

Samprapti-

Nidana sevana leads to vitiation of tridosha get localised in Twak, Rakta, Mamsa, Medhas & Asthi Pradesha causes severe inflammatory swelling (Shopha) then not addressed on time leads to Vidradhi/ Bhaghandara pidaka[2].

Table no. 2: Samprapthi ghataka of bhagandara pidaka

• **Dosha**	**Pitta Pradhana Tridoshaja**
• **Dushya**	Twacha, Rakta, Mamsa, sira, snayu
• **Dosha Adhisthan**	Mamsa Pradesh
• **Strotas**	Rasa, Rakta, Mamsa, Asthi, Purishavaha & Annavaha
• **Strotodusti**	Sanga, Vimarga gamanam & Atipravritthi
• **Udbhavastana**	Amashaya (Kapha, Pitta), Pakvashaya (Vata)
• **Adhisthan**	Guda pradesh
• **Roga Marga**	Bahya (tridosha) &Abhyantara (Gudha)
• **Vyadhi Swabhav**	Ashukari

CHIKITSA-

In **Aama** (Apakva)avastha- Shopha chikitsa **&** Raktamokshana,

Vimlapana (softening by kneading with fingers)

Avasecana (bloodletting), Upanāha (warm poultices)

Pakva avastha - Pātana (cutting/incising) Sodhana (cleaning)Vrana chikitsa

Vaikrtāpaha (removingabnormalities)- Vrana chikitsa[11].

Sadyasadyata - Asadya in Sannipataja and Marmagata vidhradhi, if srava occurs from urdhwamarga, Hridaya vidradhi, Nabhi vidradhi, Basti vidradhi, Tridoshaja[11]

UPADRAVA- Sinus / Fistula formation, Urinary retention -most common 25%. Hemorrhage/thrombosed hemorrhoids, Fecal Incontinence, Anal stricture, Rectovaginal fistula, Recurrent high anal fistula.

CASE REPORT-

A 34 years old male with OPD/IPD no. **163570/50420** came up with complaints of pain and swelling in peri-anal region in the past 15 days.

History Of Present Illness:

As per the statement of the patient, He was apparently healthy 15 days back. Then he gradually developed Pain, burning sensation and

noticed swelling over peri anal region. The type of pain was throbbing which usually aggravates during defecation and continuous throughout the day in which patient found discomfort while walking and sitting. For this he consulted other hospital and took oral medications and applied external applications for 5 days but didn't get complete relief, in the past 5 days he noticed increase in pain and size of the swelling and discomfort on walking and sitting hence approached to our hospital for further management.

History of Past Illness:
Medical history: N/K/C/O T2DM/HTN/IHD/COPD/Thyroid dysfunction.
Surgical history: Nothing significant.
Family History: Nothing significant.

Personal History-
Ahara: mixed-diet
Vyasana: Coffee 2 times in a day
Mutra:4 -5 times /day
Mala: once in a day.

General Examination-
Built -Moderate
Appearance – Normal
Temperature -98° F
PR -84 BPM
RR -18 cycles/min
BP -130/80 mmHg
Nourishment -Moderate
No evidence of pallor/icterus/cyanosis/koilonychia/ lymphadenopathy/oedema.

Systemic Examination-
CNS:
Higher mental function test: Conscious well oriented with time, place & person.
Memory: Recent and remote: Intact
Intelligence: Intact
Hallucination/delusion/speech disturbance: Absent
Cranial nerve/sensory nerve/motor system: Normal
Gait: waddling gait

CVS:
Inspection: No scar/pigmentation found
Auscultation: S1 and S2 heard
RS :-
Inspection: B/L symmetrical shape, normal breathing
Palpation: Trachea is centrally placed, non-tender
Auscultation: B/L NVBS heard
Percussion: Normal resonant sound
Abdomen/GIT:
Soft and non- tender
No Organomegaly
Normal bowel sounds heard
Musculo Skeletal System
All range of movement -possible

On Local Examination-
Peri-anal region:
On inspection: Size- Swelling measuring 4*3 cm at 7'o clock position
Shape- Spherical in shape.
Discoloration – Reddish ++
Discharge – absent
No evidence of scar/external opening/sentinel tag/pile mass etc.

On Palpation: Tenderness -++
Induration - ++
Fluctuation - Absent
Consistency- Hard, well defined
Raised local temperature

Digital per rectal examination:
Sphincter tone normal

Tenderness was present at Right lateral wall
Discharge - absent
No evidence of internal pile mass/ polyp/ growth.

On proctoscopy examination:
No evidence of internal opening
No discharge
No evidence of fissure /internal pile mass/ polyp/ growth

Investigations:
Blood investigations:
HB%: 14.8gm/dl
WBC :48000cells / cu mm
ESR: 41 mm hr
RBS: 105 mg/dl
Platelet count: 2.08 lakhs/cu mm
Blood urea: 15mg/dl
Serum creatinine: 0.8 mg/dl
HIV: negative
HBsAg: negative
BT: 2.10 min
CT: 5.0 min
urine analysis:
urine albumin: nil
urine sugar: nil
Pus cells: 2-3 cells

TRUSS scan: Hyper echogenicity surrounding right lateral spaces between Sphincters. with minimal collection at 7.0 clock position.

USG Abdomen- Normal study

Chest X Ray (PA view)- Normal study

Pus culture and sensitivity- Blood culture may be positive for a particular organism causing abscess,

Mountax test- Rule out TB

MRI- In cases of Systemic disorders.

Diagnosis-
Perianal abscess with fistula-in-Ano

Treatment-
Conservative treatment- Antibiotics, Anointments & Analgesics, Sitz bath, Laxatives.

Surgical Treatment- Bhedhana and visravana karma (Incision and Drainage) followed by Kshara sutra procedure.

Pre-operative:
Informed and written consent for procedure & Spinal Anaesthesia was taken.
Patient advised for NBM for 6 hours before procedure.
Injection TT 0.5ml IM injection stat given.
Injection Xylocaine 0.3ml S/C test dose given.
Proctoclysis enema given for bowel preparation.
Part preparation done.

Operative Procedure
Under spinal anaesthesia patient was positioned in lithotomy Position.
Under aseptic precaution part is painted and draped.

Cruciate incision was taken on the perianal abscess at 7' o clock position. The locules in the abscess cavity crushed using index finger, complete cavity is cleaned by irrigating with PVK Kashaya and the extension of abscess cavity is identified by retrograde probing at 7'o clock to define the internal opening of fistula track. The fistula track with 4.5 cm at 11'o clock internal opening was identified and the track was cleaned by PVK Kashaya followed by kshara sutra ligation.

Haemostasis achieved and the track was completely filled with ribbon gauze dipped in Jatyadi taila. Wound packed with Jatyadhi taila and closed.

Post-operative care:
Catheterization done.
Post operative NBM for 6 hours.
Foot end elevation was done for 6 hours.
Patient was administered with a sip of water followed by liquid diet after appreciating the bowel sound.

Patient was ambulated after 6 hours.

Intra venous Fluids infusion was maintained. (DNS and NS one pint, each 100 ml/ hour is infused)

Fluid input and urine output, vitals were monitored and recorded.

Re-dressing done next day morning. Intravenous Antibiotics and analgesics given for another 5 days

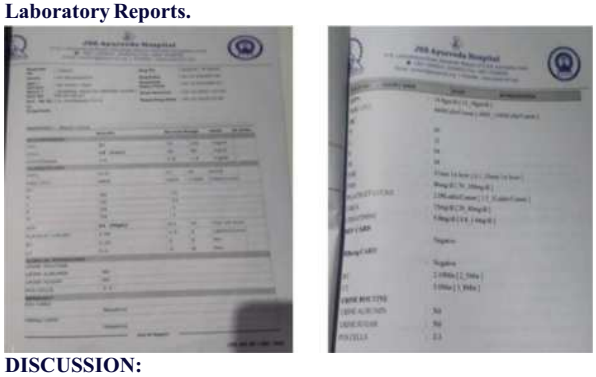
Post-operative Medications And Treatment:

1.Abhayarista (10ml-0-10ml) after food with 40 ml of water
2.Drakshava (10ml-0-10ml) after food with 40 ml of water
3.Tablet Triphala Guggulu (1-0-1) after food with 40 ml of water
4.Tablet Gandhaka Rasayana (1-0-1) after food with 40 ml of water
5.Tablet Anuloma DS (0-0-1) after food with water.
6.Swamla Compound (1tps-0-1tps) at 7.00 am before food with warm water
7. Everyday sitz bath with Panchavalkala kashaya followed by wound dressing with jathyadi taila.

IMAGES

Fig 1: A. Before OT- perianal abscess at 7'0 clock position. **B.** Post Operative Day 1 – Kshara sutra (Medicated seton) in situ. **C.** Post Operative 12th day. **D.** Fig 4- Post Operative 20st day. **E.** Complete wound closure on 28th day

Laboratory Reports.



DISCUSSION:

Acharya sushruta quoted that it is very important to understand Pakva and Apakva avastha of Vidradhi, If Pakva vidradhi is not treated on time it- becomes deep seated & leads to sinus and fistula. In Apakva avastha, Bhedana karma can harm Mamsa, Sira, Snayu, Asthi, Sandhi and may lead to excessive bleeding & pain[4]. Hence it is very important to rule out avastha of vidhradhi or else he is considered as Taskara Vaidya[5].

Even contemporary science- initial stage of abscess- conservative line of treatment, when pus pockets are formed it should be drained by Incision and Drainage (Hilton's Method). Acharya Sushruta also quoted same line of management of shopha and vidradi depending on pakwa and apakwa avasta,.

Ksharasutra procedure is a minimally invasive procedure have various therapeutic uses like it destroys the unhealthy tissues, promotes healing by generating healthy granulation tissue by secretion of pro inflammatory factors and lysis of fibrosed tissues with minimal complication and no recurrence of diseases.

Pathya mentioned usage of Dadima & Amla by frying in ghrita- rich in vitamin C enhances wound healing faster & also mentioned intake of mudhga & jangala mamsa rasa rich in proteins that helps in Tissue repair[6]. Apathya of sedentary life style, intake of excess calories, suppression of natural urges, long travelling, sitting, Excess of coitus, contribute to complications and recurrence[7].

The Bhagandhara pidaka have high tendency for Bhagandhara (fistula formation) Because – it is a dependent part, the Peri anal spaces –leads to early proliferation of infection. large subcutaneous fat in ischiorectal fossa. hypodermis contains more of fat, sweat glands, hair follicles, dermis is rich in blood & lymphatic vessels, sweat glands and their ducts, hair, arrector Pilli muscles and sebaceous gland hence infection can reach or penetrate into deeper layer. Communicating Blood supply- Leads to early spread & abscess formation, one should be very skillful to understand and treat the Bhangandhara pidaka on time.

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