



Case Study

EFFECT OF AGNIKARMA IN PERIANAL SUBCUTANEOUS FISTULA- A CASE REPORT

Merin. C Joseph^{1*}, P. Benedict², Remya. V. R³

¹PG Scholar, ²Professor & HOD, Department of Salyatantra, Govt. Ayurveda College, Trivandrum.

³Associate Professor, Department of Salyatantra, Govt. Ayurveda College, Kannur, India.

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ABSTRACT

Fistula-in-ano is a debilitating disease affecting anorectal region. It is an abnormal tract lined with fibrous tissue and unhealthy granulation tissue. It usually begins from a perianal abscess caused by cryptoglandular infection. The abscess burst spontaneously and forms fistula-in-ano. It may also seen in association with other diseases like Crohn's disease, lymphogranuloma venereum, actinomycosis, malignancy and TB. It is distressing to the patient and the surgeon due to its recurrent nature and the complications like postoperative incontinence. The disease can be classified as low anal and high anal fistulae on the basis of its internal opening. Perianal subcutaneous fistula is included under low anal fistula. Generally, the modern treatment measures for fistula-in-ano include fistulectomy, fistulotomy, advancement flaps, fistula clip closure, LIFT technique, VAAFT procedure, anal fistula plug repair, fibrin glue and seton technique. The prime aim of the treatment is to eradicate the tract and drain the site of infection while preserving anal continence. In Ayurveda, Fistula-in-ano can be correlated with *Bhagandara* on the basis of signs and symptoms. Since it is difficult to treat, Acharya Susruta considered it as one among *Ashtamahagada*. He described the treatment as *Shashtra Karma*, *Kshara Karma*, *Agni Karma*. In the present case study, a 35-year old male patient visited the OPD with perianal subcutaneous fistula was selected for *Agnikarma* after fistulotomy to reduce the treatment period and to improve the quality of living. Daily dressing was done with *Jathyadi ghrta* and the patient was cured within 21 days of intervention. The follow up was done for next 3 months and no complications were noted.

INTRODUCTION

Fistula-in-ano is an inflammatory track lined by unhealthy granulation tissue with an internal opening in the rectum or anal canal and an external opening in the perianal skin^[1]. It connects the anal canal/ rectum/ anorectum to the perianal skin^[2]. Most of the fistula-in-ano are due to an infection of anal gland (cryptoglandular) and thus forms a perianal abscess. It burst spontaneously and forms Fistula-in-ano^[3]. It may also seen in association with some diseases like Crohn's disease, lymphogranuloma venereum, actinomycosis, malignancy and TB^[4]. Generally, fistula-in-ano can be classified as low anal

and high anal fistulae on the basis of location of internal opening and risk of postoperative incontinence. High anal fistulae are the one in which the internal opening is at or above the anorectal ring and there is high risk of incontinence if laid open. In low anal fistula, the internal opening will be below the anorectal ring and risk is low^[5]. Perianal subcutaneous fistulae are one among low anal fistulae in which only 30% of the external sphincter is involved. It may occur from a perianal infection or as a complication of fissure-in-ano. Low level fistula is common in young adult males and the prevalence is 0.01%^[6]. Patient may complains about intermittent pain, seropurulent discharge from perianal region and skin irritation^[7]. Risk factors for developing this disease include obesity, Diabetes mellitus, smoking, Hyperlipidemia and a sedentary lifestyle^[8]. The modern treatment for perianal fistula include fistulectomy, fistulotomy, advancement flaps, gluing of the fistula track, anal fistula plug repair, LIFT technique, VAAFT procedure, fistula clip closure^[9].

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In Ayurveda, on the basis of signs and symptoms, Fistula-in-ano can be correlated with *Bhagandara*. The word '*Bhagandara*' literally means *Darana* (tear) around *Bhaga*, *Guda* and *Vasthi pradesa*^[10]. The development of *Bhagandara* is proceeded with formation of *Bhagandara pidaka* in *Guda Pradesha*^[11]. If proper treatment of *Bhagandara Pidaka* is not employed, *Paka* occurs and results in *Bhagandara*. It is characterized by single or multiple opening around *Guda*. Generalized treatment principle described by *Acharya Susrutha* includes *Chedana Karma* of *Bhagandara Marga* followed by application of *Kshara* or *Agni*^[12].

Scope of the Study

Bhagandara if neglected or treated unskillfully that may lead to the creation of false tract or extension of the tract. The treatment should be anti-inflammatory, analgesic and speed up the healing. Currently in Ayurveda, *Ksharasutra* is used in the treatment of *Nadi vrana* and *Bhagandara*. Subcutaneous fistula is a type of fistula in which less than 30% of the external sphincter is involved. So there less fear of incontinence since the internal sphincter will be intact. In this case *Ksharasutra* therapy is unnecessary since it takes long duration and need multiple sittings for changing thread. So *Agnikarma* in one sitting is selected to avoid long hospital stay and to shorten the healing time.

Fistulotomy followed by *Agnikarma* is an easy technique for Perianal subcutaneous fistula and can be done in op basis in a single sitting and healing time is less when compared to standard *Ksharasutra*. So as an alternative to present day management, fistulotomy followed by *Agnikarma* is selected in this patient to ensure faster healing and to prevent recurrence.

Case Report

A 35-year old male patient, bus driver by occupation came to the OPD with the complaints of pain and pus discharge from perianal region since 2 weeks. The patient had history of occasional constipation. On the basis of detailed history and per rectal examination, the patient was diagnosed as '*Riju*

Bhagandara'. *Agnikarma* which is indicated for *Riju Bhagandara* by *Susruta* is selected.

Past History

Done appendicectomy-before 8 years

General Examinations

General condition	Fair
Built	Moderate
Height	5'6"
Weight	65kg
Blood pressure	130/90 mmHg
Pulse rate	80/min
Respiratory rate	16/min
Pallor	Absent

Per-rectal examination

Inspection - 2 openings at 6' o clock position with pus discharge.

First opening- About 0.5cm proximal to anal verge and second one- 1cm away from anal verge.

PR - No other dimple was felt

Probing - 2 openings are connected and there was no other extension of the tract.

Investigations done

CBC, RBS, CT, BT, ESR – within normal limits

HIV, HCV, VDRL and HbsAg - non-reactive.

Methodology

Under local anaesthesia after probing, the tract was laid open using surgical scissors. *Panchaloha salaka* was heated till it becomes red hot and *Agnikarma* was done on the cut opened tract in *Prathisarana* pattern in a single sitting. The site was pasted with *Ghrta* and *Madhu* as *Paschatkarma*^[15] and dressing was done. The patient was observed for half an hour and was discharged on the same day.

For internal use

1. *Panchatiktakam kashayam* -90ml bd
2. *Kaisora guggulu* 1 bd with *Kashaya*
3. *Brihat triphala choornam*- 1 tbsp HS with hot water

For External use

1. Daily dressing with *Jathyadi ghrta*
2. Sitz bath in *Triphala Kashaya*

Periodical Changes in Fistula Tract by the Treatment



Fig. 1 Before treatment



Fig. 2 During fistulotomy



Fig. 3 During treatment



Fig. 4 After Agnikarma



Fig.5 During Dressing



Fig.6 After treatment

RESULT

The follow up was taken everyday till the complete healing of wound. It was observed that, in the 2nd day after *Agnikarma*, the wound appeared as a fresh wound. The healing was faster when compared with fistulous track in which *Ksharakarma* was done. During the healing period there was no false healing, pus discharge, pain and discomfort to the patient. The wound was completely healed within 21 days. No recurrence was noted in the followup period of 3 months.

DISCUSSION

According to *Acharya Susruta*, *Agnikarma/Kshara karma* in a cut opened fistula tract cures the disease. As per properties *Agni* is superior to *Kshara*. i.e., "*ksharat agnirgareeyan*"^[16]. Our body has its own potential to heal an injury/wound. The medicines, procedures etc only helps the body to enhance its healing. *Agnikarma* in the cut opened perianal subcutaneous fistula causes the disintegration of fibrous tissue and unhealthy granulation tissue and thus helped to convert the fistula into a fresh wound. The external application of *Jathyadi ghrita* which has *Sodhana ropana* property and the internal medicine *Panchathiktaka Kashaya* which has also *Ropana* property due to its *Thikta rasa* and *Kaisora guggulu* which is *Vranaghna* helped in wound healing. According to Ayurveda, the *Samyak Mamsadagda* causes *Sushka sankuchita vranatha*. i.e., contraction of site where it is applied. Here the tract is healed by second intention where tissue contraction is the main process.

CONCLUSION

Subcutaneous perianal fistulae can be treated with *Agnikarma* to ensure its faster healing and to prevent its recurrence. After *Agnikarma*, the perianal subcutaneous fistula was converted in to a fresh wound through the destruction of unhealthy

granulation tissue and fibrous tissue. Also the inflammation and contraction of the site induced by the *Agnikarma* initiated the healing process and fasten the healing through 2nd intention.

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*Address for correspondence

Dr. Merin. C Joseph

PG Scholar,

Department of Salyatantra,

Govt. Ayurveda College, Trivandrum.,

Ph:7306966220

Email: merinekv22@gmail.com