

# AYUSCRIPT

International Journal for Empirical Research in Ayurveda

[www.ayuscript.com](http://www.ayuscript.com)

Volume 1, issue 4

Oct - Dec 2022

ॐ नमो भगवते वासुदेवाय ॥ १ ॥ विश्वकर्मो मातुः पुरीतादकानि  
नेना ॥ तत्र खोडशसाहस्रस्त्रीणां वैचित्र्याधिकम् ॥ ११ ॥ भवतानि मनोहानि  
येषामध्ये कल्पयन् ॥ परिजातनरुं वैवतासां भोगाय कल्पयन् ॥ १२ ॥ या  
स्यानां मृदास्तत्र धृष्टपे चाशतकोटयः ॥ अल्पिवहोलाकावसे निविगत  
राः ॥ १३ ॥ यत्किंचिद्विद्युत्प्लोकेषु सुंदरं तत्र दृश्यते ॥ सवाजिनप्रसेनात्पि पु  
त्रायुष्यवितुते ॥ १४ ॥ सुभाषिणी रमासायनम् अनस्तनया च सः ॥ सवाजि  
स्तपस्तेपस्वयं मुदिपुपुष्टिमाच ॥ १५ ॥ पुनर्निरसने मृदास्वयं संवदुलाव  
तः प्रसन्नो भगवान्यनोजितपुरस्थितः ॥ १६ ॥ सवाजिनोपिनुहावदृष्टादि वैदि  
करश्च ॥ निजोराशयनमस्तसकनमस्तसर्वतो मुखः ॥ १७ ॥ विश्वव्यापिन्नमस्तसक  
मस्तविश्वरूपिणः ॥ करपेयनमस्तसक हरिदश्वनमस्तसक ॥ १८ ॥ गृहराजनम  
स्तसक नमस्तसक वंदरात्रिवा ॥ वेदत्रयनमस्तसक सर्वदेवनमस्तसक ॥ १९ ॥ प्रसीद  
तिद्वेषासुदधीमादिवाकरः ॥ अथ संकल्पमानोस्तोदवेदोदिवाकरः ॥ २० ॥  
संस्मरेत्तन्मोक्षदं ॥ तत्रैव हि वसति ॥ अथ संस्मरेत्तन्मोक्षदं ॥





**A case of fistula in ano and its ayurvedic management in pediatric patient  
– a case study.**

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**Abstract** – A fistula is abnormal communication between two epithelial cells. Fistula in ano is abnormal communication between anal canal and perianal skin. It can be acquired due to trauma or congenital. Perianal abscess generally turns into fistula in ano. In ayurveda *acharya sushruta* had mentioned fistula in ano as *bhagandar* and explained various treatments for these. Probing and threading with *ksharsutra* application is very successful treatment in ayurveda which minimizes recurrence of disease with minimum scar. In our case, the patient had a perianal abscess with foreign body within it as a result of trauma, which developed into fistula in ano.

Keywords – fistula in ano, *bhagandar*, *ksharsutra* application, probing and threading.

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**How to cite article:** Lad.R.,Kalmegh.M.,Ingale.N.,Joshi.K., Chaudhari.P. A Case of Fistula in Ano and its Ayurvedic Management in Pediatric Patient – A Case Study. AYUSCRIPT 2022;1(4):150-154

**Introduction :** Fistula in ano is very common disease in anorectal practices. In pediatric patient it is generally found as a congenital disease or as a result of perianal abscess secondary to trauma and foreign body. It is abnormal connection between anus and perianal skin. In ancient days, *acharya sushruta* had explained this disease as *bhagandara* and told various treatments such as probing and threading. In ayurveda *ksharsutra* application is one of the very successful treatment. Kshar has various properties as *chedan*, *bhedan*, *lekhana*, *ropan*, *pachan* which helps in fistula for simultaneous cutting and healing of track.

**Case study :** A female child of age 10 years. Having complaints of pain at rt. Side of anal region and pus discharging opening since 2 months. She had trauma and had foreign body (stick) at the site of tenderness from 3 months before. Previously she was treated with medicines but does not cured so came in GNT hospital and admitted in ward no. 4 for further evaluation and management.

**Patient identification:**

Name – X. Y. Z.

Age – 10 years/female

OPD no. - 15139

Marital status: not married (child)

Occupation: student

Social Class: Lower Middle

Address: varni ; dist – yavatmal.

**General examination:**

G. C. – Moderate

Temperature – Mild febrile

Pulse – 72/min

B. P. – 130/80 mm of hg

S/E : RS - clear

CVS – S1 S2 clear, NAD.

CNS – conscious oriented, NAD.

**Investigations :**

- 1) CBC and ESR – afeb
- 2) HIV and HBsAG – Negative
- 3) BT, CT – Within normal range.
- 4) Blood Sugar Level – variable; HBA1C – moderately increase
- 5) Sr. Creatinin – Within normal range.
- 6) Blood Urea – Within normal range.
- 7) BUN – Within normal range.
- 8) LFT - Within normal range.

**Local Examination :**

Swelling and tenderness found in perianal region at 9'o clock with discharging external opening .

*Vran pariksha* type –

*Dushtavrana*

*Hetu –Agantuja*

*Vran-ashraya (Adhishtan ) –  
twak, rakta, mansa, meda.*

*Vranopadravas –*

- 1) *Vranasya* – Foul smell, mild pus discharge, pain at perianal site, Tenderness.
- 2) *Vranitasya* –  
*Daurbalya, gudpradeshi  
kartanvat vedana and shoth,  
Kshudhamandya, nidralpata.*

*Vranpanchak :*

- 1) *Akruti* – External opening at 9 o'clock, Irregular. And having foreign body (stick) in it.
- 2) *Gandha* – Foul smell evident with pus discharch.
- 1) *Vrana* – External opening at 9 o'clock with pus discharge.
- 2) *Strava* – mild pus discharge.
- 3) *Vedana* – Burning sensation at anal site, pain and tenderness.

**Aim :**

To study the case of fistula in ano in child and its ayurvedic management.

**Objective –**

Study the fistula in ano with Ayurvedic management.

To decrease the recurrence rate of fistula and complete excision of fistulous track.

To minimize the length of fistulous track with *ksharsutra* application and perform cutting and healing at the same time with minimum scar.

**Case study :** Single case study.

**Duration of study:** 60 days.

**Methods :**

**1. Examination –**

Under all aseptic precaution examination of anal canal and perianal region done.

External opening located at 9 o'clock approx. 2 cm away from anal canal.

Tenderness of perianal area was present.

**2. Probing and threading –**

Under all aseptic precaution spinal anaesthesia given.

Part painted with betadine and draping done.

Two finger anal dilation done with xylocaine 2% jelly.

Incision taken at ext. opening at 9 o'clock and foreign body (small stick) removed from it.

Probe inserted from 9 o'clock and removed from anal canal and threading done with barbour thread no. 20.

Another probe inserted from 10 o'clock and removed from anal canal and threading done.

Haemostasis achieved.

Cleaning and dressing done.

#### **Medication –**

*Inj. T. T. 0.5 ml IM stat.*

From second day,

Barbour thread is replaced by udumber ksheersutra. And changes it after every 10 days.

*Isona powder 1 tsf with warm water hs.*

*Syp. Arsha 2 tsf BD*

*Jatyadi tail basti*

Hot sits bath.

#### **Discussion :**

No. of days	Bhedan (cutting)	Ropan(Healing)
10	+++++	+
20	+++++	++
30	++++	++++
40	+++	++++
50	++	+++++
60	-	Completely healed.

It was observed that there was significant relief in symptoms of fistula in ano and very effective healing was observed after each follow ups.

#### **Result:**

With the help of *Udumbar ksheersutra* application simultaneous cutting and healing of fistulous track done with minimum scar left behind.

#### **Conclusion:**

In ayurveda, many properties of *ksharsutra* application had told in *Samhita granthas* in disease like *arsha*, *arbud*, *bhagandar*, etc. Shocking properties of *kshar* like *chedan*, *bhedan*, *lekhan*, *ropan*, *dahan* had explained in such *granthas*. So with the help of *ksharsutra* cutting of fistulous track by *bhedan* and debridgement of pus by *lekhan* and simultaneous granulation of track by *ropan* is carried out day by day.

#### **Reference :**

1. Sushrut Samhita, Ayurved tatva sandipika with hindivyakhya. Edition 2012; Sutrasthana 33/4.
2. Shafer AD, McGlone TP, Flanagan RA. Abnormal crypts of morgagni: The cause of perianal abscess and fistula-in-ano. J Ped Surg. 1987; 22:203-4.
3. Piazza DJ, Radhakrishnan J. Perianal abscess and fistula-in-ano in children. Dis Colon Rectum. 1990; 33:1014-1016.

4. Williams N, O'Connell PR. Bailey & love's short practice of surgery. 2008; 1264.

5. Acharya Vaidya JT, Acharya N. Chowkhambha surabharati prakashan. 2008.

#### 4. Pictures of case study :

Transrectal USG for foreign body and suspicious fistula



1. External opening with pus discharge



2. Foreign body

Source of Support : None declared

Conflict of interest : Nil

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The Publication of AYURVEDA RESEARCH & CAREER ACADEMY(ARCA).



3. Probing



4. Threading