

AYUSCRIPT

International Journal for Empirical Research in Ayurveda

www.ayuscript.com

Volume 1, issue 4

Oct - Dec 2022

यन्कल्पो हारको समकल्पयन् ॥ १ ॥ विश्वकर्मो एमा ह्युपुरी षाडकानि
 मर्तेना ॥ तव योऽशसाहस्यस्त्री एवैव वराधिकम् ॥ ११ ॥ भवभानि मनोज्ञानि
 यो मध्ये व्यकल्पयन् ॥ परिजातनरुं वैवतासा भोगाय कल्पयन् ॥ १२ ॥ या
 यानो मृदास्तनधृष्टपे चानतको दय ॥ अन्यपि बहु यो लावावसे निविगत
 राः ॥ १३ ॥ यन्किं विविमुलाके सु सुंदरं नवदृश्यते ॥ सवाजिन प्रशेनाख्या पु
 तत्रुयस्य विद्युते ॥ १४ ॥ यो मां पीरमासाय न मनस्कत या वस ॥ सवा जि
 स्तपस्ते पेस्यं सुदि यप बुद्धिमाच ॥ १५ ॥ एतेनिरसने मस्यस्य संवदत्ता व
 तः प्रसन्नो भगवान् सनोजित पु र स्थिता ॥ १६ ॥ सवाजिनो पिनुहा वदृष्टा दे वदि
 ताकरथः ॥ नि जोराशनमसिस्त नम सा सर्वतो मुखः ॥ १७ ॥ विश्वव्यापिन्मसिस्त
 मसिस्तिसुरः पिया ॥ कल्पे यनमसिस्त हरि ट्यनमोस्तने ॥ १८ ॥ गुहाराजनेम
 तस्तनमसिस्त वैहरा चिथा ॥ वेदत्रयनमसिस्त सर्वे देयनमोस्तने ॥ १९ ॥ प्रसीद
 त्स्वित्वा सुदक्षीमादिवा करे ॥ अन्यं संकल्पमानो साहवदेवा दिवा करे ॥ २० ॥
 अथमो भीरुम परं सक लिन मवा च ॥ २१ ॥ अत्रि वसति विष यने मं न लि



A case study of rectovaginal fistula with its ayurvedic management.

Kalmegh.M.¹, Jadhav.S.², Joshi.K.³, Siddique.S.⁴

1. Guide HOD Associate Professor Shalyatantra Department, Vidarbha Ayurvedic Mahavidyalaya, Amaravati.
2. HOD Associate Professor Strirog Evum Prasuti Department ,Vidarbha Ayurvedic Mahavidyalaya, Amaravati.
3. HOD, Professor Shalyatantra Department, Vidarbha Ayurvedic Mahavidyalaya, Amaravati.
4. PG Scholar, Shalyatrantra Department; Vidarbha Ayurvedic Mahavidyalaya, Amaravati.

Abstract-

Rectovaginal fistulas are rare and having a multitude of causes and it is well known that obstetric and gynecological problems form a large part of these causes such as our case. Numerous small, low rectovaginal fistulas, or those affecting the sphincters, are signs of third-degree perineal lacerations that have not fully healed. A more succinct treatment strategy is offered by an individual, systematic approach to these fistulas depending on their size, location, and cause. In our situation, more precise therapy involves probing and threading with the use of kshirsutra before removing the fistulous track. The recurrence rate of fistula significantly lowers with these treatments.

Keywords – Rectovaginal fistula, probing and threading, *kshirsutra* application.

Corresponding Author:

Dr. Manjusha Kalmegh

Guide HOD Associate Professor Shalyatantra Department,
Vidarbha Ayurvedic Mahavidyalaya,
Amaravati.

How to cite article: Kalmegh.M., Jadhav.S., Joshi.K., A Case Study of Rectovaginal Fistula with its Ayurvedic Management. AYUSCRIPT 2022;1(4):155-159

Introduction –

Rectovaginal fistula refers to abnormal communication between ant. Wall of rectum and posterior wall of vagina. In ayurveda fistula is mentioned as *bhagandar* and treatment of fistulous track with *ksharsutra* is mentioned in *sushrut Samhita*. The tremendous properties and successful result of *kshar* on *dushtavran* is used in the treatment of fistula. With the help of this treatment rate of recurrence of fistula is minimized successfully.

Case study –

A female patient of age 30 years had complaints of swelling and pain over vaginal n perianal region from 4 months. Gradually pus discharge started from vaginal region and associated itching at vaginal and perianal region from 3 months. she was also suffering from generalized weakness with mild fever. She was taken medicine outside the institute but does not cured so she came to GNT hospital for further evaluation n management.

Patient identification -

Name – X. Y. Z.

Age –30 years/female

Marital status : Married

Occupation : housewife

Social Class : Lower Middle

Address : camp road; dist – Amaravati

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 – Within normal range.
- 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 11 o clock and in vagina.

Puss discharge found in anal region on PR and veginal region.

Vran pariksha type – *Dushtavrana*

Hetu – Nija

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

Vranopadravas –

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

***Vranpanchak* :**

- 1) *Akruti* – Tenderness at 11 o'clock. Irregular.
- 2) *Gandha* – Foul smell evident with pus discharge.
- 1) *Vrana* – not seen externally .external opening located at posterior forchhet.
- 2) *Strava* – frank pus discharge.
- 3) *Vedana* – Burning sensation at anal site, pain and tenderness.

Aim –

To study the case of vaginorectal fistula and its ayurvedic management.

Objective –

1. Study the vaginorectal fistula with ayurvedic management.
2. To decrease the recurrence rate of fistula and complete excision of fistulous track.
3. To minimize the length of fistulous track with *ksharsutra* application and improving the quality of cutting and healing at the same time.

Case study – Interventional single case study.

Duration of study – 60 days.

Methods –

1. Examination –

Under all aseptic precaution examination of anal region and vaginal region done.

External opening located at posterior forchhete of vagina.

Tenderness of perianal and vaginal area was present.

2. Probing and threading –

3. Under all aseptic precaution local anaesthesia given at anal and vaginal region with lignocaine and adrenaline 2% injection.

4. One finger anal dilation done with xylocaine 2% jelly.

5. Part painted with betadine and draping done.

6. Probe inserted from ext. opening at vagina and removed from 11 o'clock at perianal region and threading done with barbour thread no. 20.

7. Again probe inserted from 11 o'clock and removed from anal canal and threading done.

8. Barbour thread change with *Ksharsutra* on next day. And then on each 8 day of difference.

Medication –

Inj. T. T. 0.5 ml IM stat.

*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.

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

Conclusion –

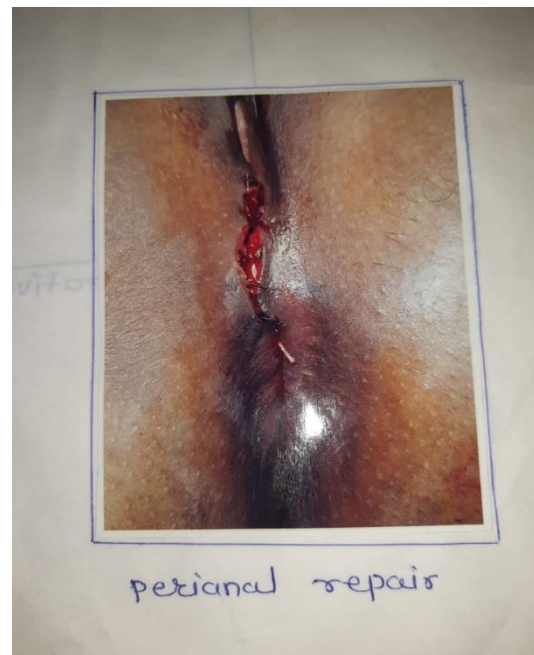
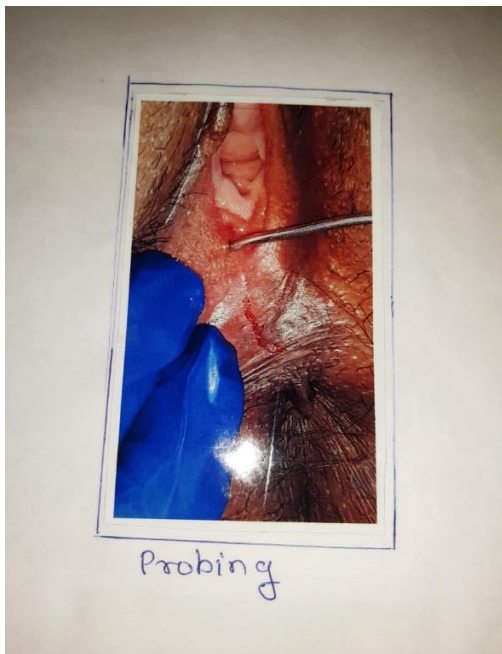
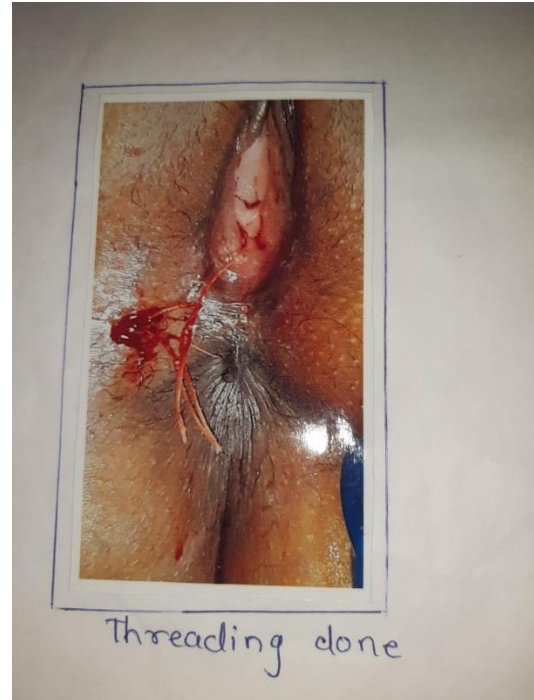
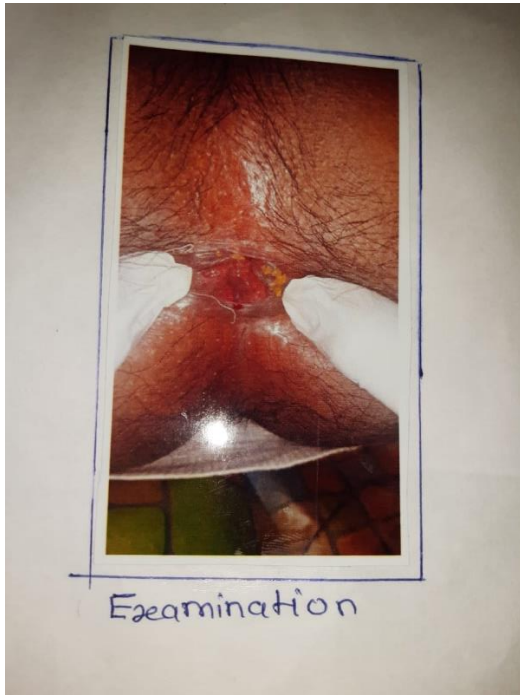
In ayurveda, many properties of *ksharsutra* application had told in Samhita granthas in disease like arsha, arbud, bhagandar, etc. Shocking properties of kshar like chedan, bhedan, lekhan, ropan, dahan had explained in such granthas. So with the help of *ksharsutra* cutting of fistulous

track by chedan and debridement of pus by lekhan and simultaneous granulation of track by ropan is carried out day by day.

References –

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

Pictures of case –



Source of Support : None declared

Conflict of interest : Nil

© 2022 **AYUSCRIPT** | An International Journal Empirical Research in Ayurveda|
 The Publication of **AYURVEDA RESEARCH & CAREER ACADEMY(ARCA)**.