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A CASE STUDY ON FISTULA-IN ANO TREATMENT WITH KSHAR SUTRA METHOD

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INTRODUCTION

This case study is based on the Classic case of Complicated Fistula in Ano type which is one among mentioned as *Shatponak* under *Bhagandar* in *Sushrut Samhita*, which means the fistula in the patient is having the multiple openings due to multiple canals interconnected which each other. Pathologically it is a critical condition which the Patient experiences intense levels of Pain & discomfort which is due to multiple openings of the fistulas, often affecting the Daily life activities of the Patient, like Sitting, walking & even wearing clothes, making the patient often feel unable to perform his/her daily life activities & even feel embarrassing sometime due to the complications of the disease in his/her social life. Surgically it is a challenging situation to cure as well, as the fistula tracts are often interconnected & sometimes are blind ended into the tissues where they cannot be operated in the same way as single tract fistula by Fistulectomy or by Colostomy or even by the simple *Kshar sutra* ligation methods. So, here in this case we are going to share the way we have treated this case by *Yukti* based *Kshar Sutra* ligation methods.

CASE STUDY, TREATMENT & FOLLOW UP DETAILS

Listed here is the case of Male Patient aged 35 years, presented with the case of Multiple fistula (High-Anal type), mainly considered under *Shatponak*, as listed in *Sushruta Samhita*. The Patient presented with the History of Recurrent constipation at regular intervals & multiple Fistula-in-Ano, occurring frequently from last 5 years.

The Patient professionally performs a Sitting job in a Multi-National Company with not any Personal History of Diabetes mellitus, Hypertension & Bronchial Asthma.

Previously, The Patient has got his treatment done from a reputed Medical Institution, which have advised him to go for Colostomy.

The line of treatment included the Fistula tracts identification by probing and later confirmation done by MRI-Scan of the affected area, followed by the Threading of the Fistula tracts with medicated *Kshar sutras*. The kshar sutra is changed regularly at the intervals of One week followed by dressing. This course of treatment continued upto 1 year and 8 months. While continuing the treatment the Patient was advised to continue with sitz bath twice daily, as a measure for providing relief to the Patient in his daily life activities.

Patient was also given the following treatment alongside the above stated measures

1) Sapta vinshati Guggulu – 2 Tablets BD.

2) Visab Churna – 1 tsf HS with lukewarm water. As the treatment outcome, Patient joined his Daily routine 2 days after Primary Threading (Kshar sutra ligation). The Patient continued his daily working routine throughout treatment, hence the quality of life of the Patient was restored as the patient started responding to the treatment. Patient also remained calm and composed throughout the entire course of the procedure.

Post-procedure MRI-Scan was also done to ensure the complete healing of the Fistula tracts and to rule out any recurrence of the disease.

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