

A CASE STUDY ON MANAGEMENT OF FISTULA BY PATANKARMA WITH APAMARGADI LEPA**Dr. Samir Chaudhari***

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ABSTRACT

Bhagandara (fistula in ano is) considered under the Ashta Mahaarogas (Eight grave disorders). The prevalence rate of fistula-in-ano has been accepted as second highest after piles in ano-rectal disorders. Various management of Bhagandara are explained in classics among which patanakarma, one of the procedure mentioned in the Sushruta samhita chikitsa sthana (8/4) is thought to be most appropriate for the management of Bhagandara. Also Chakradutta has mentioned the patanakarma is one of the best management of Bhagandara. This study was conducted to evaluate the effectiveness of Patanakarma with Apamargadi lepa as the surgical management of Bhagandara (Fistula-in-ano). **Material & Methods:** A 38 years old male patient visited to shree RMD Ayurved College shalya OPD with pus discharge from anal regan. On examination external opening was seen at 3 o'clock approximately 4 cm from anal. Patient had history of perianal abscess. So, it was diagnosed as a case of low anal subcutaneous fistula. Patankarma (fistuotomy) followed by teekshna Apamargadi lepa application under spinal anesthesia (Xylocaine 2% with adrenaline) was done. **Observation And Results:** The wound was assessed weekly and it was observed that in first week pain was reduced completely. On second week healthy granulation was observed without any discharge. The wound healed completely within one and half month with minimal scar formation and normal skin coloration. **Conclusion:** This single case study concluded that patankarma (fistulotomy) with apamargadi lepa one of the option for management of low anal subcutaneous.

KEYWORDS: Bhagandara, Fistula-in-ano, Fistulotomy, Patankarma, Apamarga.**INTRODUCTION**

Since ages, Bhagandara (fistula-in-ano) is a challenge for surgeons, ancient acharya's and great sages encountered it as ashto-mahagada. So, to overcome such crucial problem for different clinical study is required. About 17-20% cases are diagnosed as fistula-in-ano in ano-rectal clinic. About more than 90% fistula-in-ano develops due to cryptoglandular infection and rest of the 10% fistula-in-ano due to non-cryptoglandular causes like pulmonary tuberculosis, ulcerative colitis, crohn's disease, colloid carcinoma of rectum, lymphogranuloma venerum, actinomycosis, post haemorrhoidectomy, sclerotherapy and other abdominal conditions those produce pelvi-rectal type of abscess. Various management of Bhagandara are explained in classics among which patanakarma, one of the procedure mentioned in the Sushruta samhita chikitsa sthana (8/4) is thought to be most appropriate for the management of Bhagandara. Also Chakradutta has mentioned the patanakarma.^[1] Ashtanga Hrudaya has mentioned Apamargadi lepa as an encouraging in the management of Nadi vrana.^[2]

MATERIAL AND METHODS**CASE REPORT**

A 38 years old male patient visited OPD with pus discharge from anal regan. On examination external opening was seen at 3 o'clock approximately 4 cm from anal. Patient had history of perianal abscess. So, it was diagnosed as a case of low anal subcutaneous fistula. Routine blood and urine examinations were done and found within normal range. Hence, based on clinical findings and TRUS the case was diagnosed as a case of Bhagandara (Low anal fistula subcutaneous) and patient was admitted in male shalyaward for further management.

METHODOLOGY**Pre-operative**

Informed written consent was taken. Part preparation was done. Proctoclysis enema was given in early morning 3 hours before operation. Injection T.T 0.5cc IM was given and inj. Lignocaine 2% sensitivity test was done.

Operative Procedure

Under all aseptic condition patient was taken in OT with normal vital data. Then spinal anaesthesia was given in

sitting recumbent position. Thereafter, patient was asked to lay down in lithotomy position. Cleaning and draping was done, Then probing was done with probe from external opening at 3o'clock external. The tract was incised (patanakarma) and after heamostasis apamargadi lepa applied then dressing done and patient was shifted in ward with normal vital data.

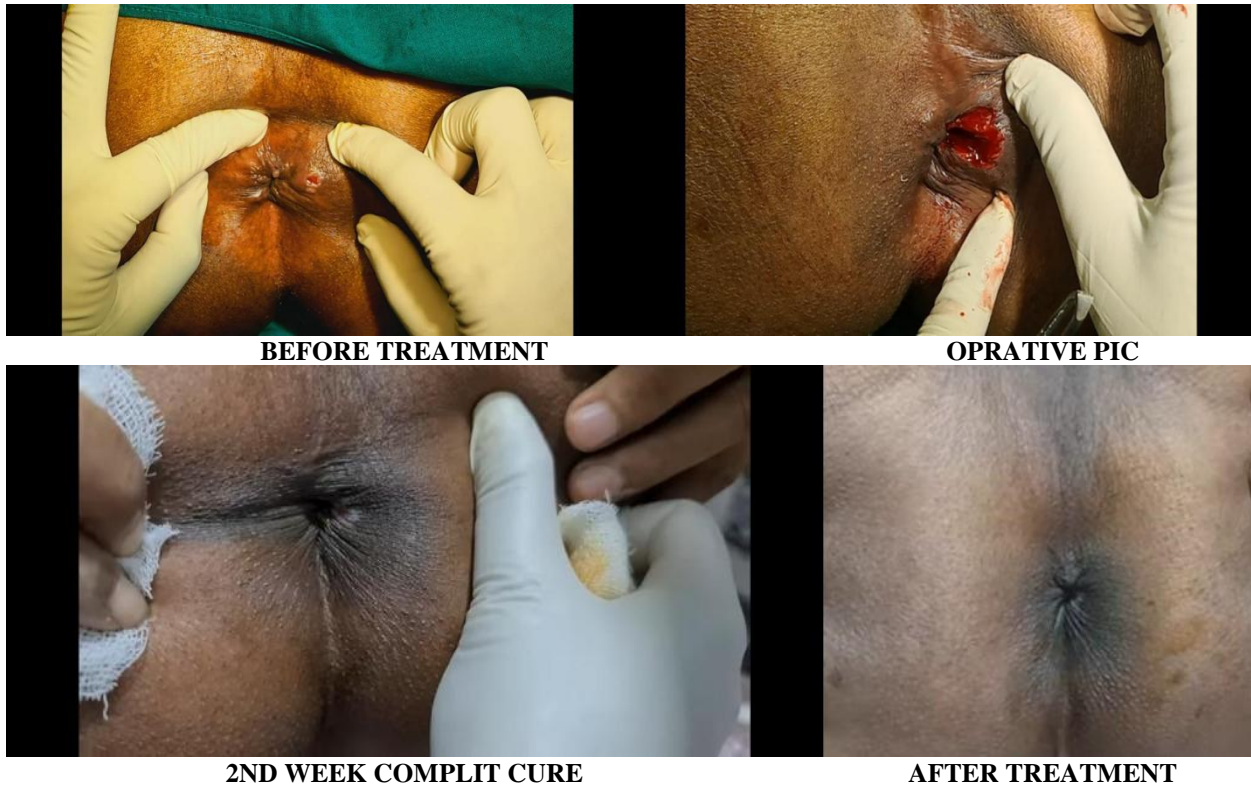
Post –operative

From next evening, patient was advised to take sitz bath with Panchavalkala decoction and then antiseptic dressing with ksharaplotaand matrabaстиwith jatyaditaila was done daily. Varun shrigru guggulu1gm three times

per day orally was given with luke warm water after meal till complete cure.

OBSERVATION AND RESULTS

The wound was assessed weekly and it was observed that in first week pain was reduced completely and patient could do his daily work, there was mild serous discharge from the postoperative wound. On second week healthy granulation was observed without any discharge. On 2rd week wound was healthy and contracted. The wound healed completely within 3rd week with minimal scar formation and normal skin coloration.



DISCUSSION

In this case there was a low anal subcutaneous fistula at 4 o'clock with internal opening at 6 o'clock. Patanakarma (Fistulotomy) was done and t Apamargadi lepa was applied. As a fistulous tract is lined by unhealthy granulation and fibrous tissue so it fails to heal and if even after surgery this unhealthy tissue is left behind there is recurrence of fistula. So, in this case fistulectomy was done and vrana shodhan and ropan drug was applied. Since, this is a case of low anal fistula, fistulectomy does not cause incontinence besides that after fistulotomy vrana shodhan and ropan drug apamargdi lepa applied it debrides the unhealthy granulation and fibrous tissue. And also promote wound healing. Panchvankala kwathsitz bath enhances the wound healing^[3] and decreases inflammation. Jatyaditaila matra basti was given as pain in any part of the body is due to vitiation of vata^[4] and oil itself is vatashamakin nature^[5] so reduces pain and it also lubricates the anal canal preventing constipation, eases the passage of stool

and promotes wound healing.^[6] Varun shigru gugglu has antibacterial^[7] and anti inflammatory^[8] properties so reduces pain and prevents infection.^[9]

CONCLUSION

This case study concluded that patanakarma (fistulotomy) followed by apamargadi lepa one of the option for management of low anal fistula-in ano.

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