INTRODUCTION

It is not uncommon to find simultaneously fistula in ano, fissure in ano and internal piles in a single patient, which requires surgical management. To manage all the three pathologies without any complication and recurrence is a challenging job. This case study is about integrative management of all three pathologies in a single patient in one sitting without producing any complication.

MATERIAL AND METHODS

A 41 year male presented to our Shalyatantra OPD with 3 months history of a recurrent boil and pus discharge from peri-anal area, protrusion of mass per anus which was self reducible in nature and feeling of mass-like structure per anus during and after defecation. On examinations, he was diagnosed as a case of trans-sphincteric low anal fistula in ano with 3, 7 and 11 o’clock 2nd degree internal piles and 6 o’clock sentinel tag. He was treated with planned partial fistulectomy and Ksharasootra threading in fistula, classical excision of sentinel tag and Ksharasootra ligation in piles under spinal anesthesia.

Results: Complete cut-through of fistula (28 days), post-fissurectomy wound healing (15 days), sloughing out of legated pile masses (7 days) and post Ksharasootra threading fistula wound healing (48 days). Unit cutting time of fistula was observed 6.66 days/cm. Since then he has been found without recurrence till date (>12 months). Conclusion: Integrative management has potential role in managing all the three anal pathologies together.

Keywords: Fissure, Fistula, Integrative management, Ksharasootra, Piles

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**Proctoscopy examination:** 2nd degree internal piles at 3, 7 and 11 o’clock positions.

**Investigations:** After admission in the hospital all the required investigations were carried out for the patient. Hb:14.3 g%, TLC:9600/cmm, polymorpho neutrophils:68, lymphocytes:28, eosinophils:2 and monocytes:2, ESR:06mm/hour, RBS:96 mg/dL, BT:1 min. 18 seconds and CT:3 min 16 seconds were reported. Serology for HIV and HBsAg and urine routine and microscopic examination were normal.

**Diagnosis:** low anal trans-sphincteric fistula in ano with 2nd degree 3, 7, and 11 o’clock piles and chronic fissure with sentinel tag at 6 o’clock position.

**MANAGEMENT:**

**PRE OPERATIVE:** Informed written consent, Preparation of local parts, bowel preparation, Nil by mouth (NBM) 6 hours prior to operation, Injection tetanus toxoid 0.5 ml intra muscular, Prophylactic antibiotics (inj. Cefotaxime 1gm+ inj. salbactum 0.5 gm) intra venous were done prior to surgery.

**OPERATIVE:**

Spinal - saddle block anaesthesia with inj. Lignocaine hydrochloride 5% heavy solution was given. In Lithotomy position Painting was done with povidone iodine solution and sterile surgical spirit. Draping was done with dry and sterile linen hole sheet. Tract length was measured about 9 cm (as per length of inserted probe). Excision of tract was done up to the level of external anal sphincter with sharp dissection and 4.8 cm tract was excised. Ksharasootra threading was done with primary threading method. Excision of chronic fissure and sentinel tag was done with classical excision method. Trans-ligation of internal piles pedicle was done with Ksharasootra and round body semi circular needle. Post operative wound packing was done with sterile role pack soaked in povidone iodine and hydrogen peroxide. T- Bandage was done and patient was shifted to the ward with stable vitals.

**POST OPERATIVE:**

Fluid therapy and NBM were continued up to post spinal recovery. Oral antibiotics (Cefixime 200mg + Ornidazole 500mg 12 hourly/twice a day), NSAID (Trypsine-Chymotripsine 6:1, 50000 Armour units enzymatic activity + Aceclofenac100mg + Paracetamol 325mg 8 hourly/thrice a day) were given for 5 days. Nimbapatrakwatha Avagaha Swedana [1] twice a day for 28 days. Triphala Guggulu [2] was given 3 gm thrice a day for 28 days. Rasayana Churna[3] 3gm twice a day with luke warm water after meal for 48 days. Erandabhrushthakari[4] 3-6gm in varying dose with Luke warm water at bed time up to complete course of treatment. The inserted Ksharasootra was being replaced by newer Ksharasootra at interval of 7 days post operatively up to 21 days with railroad method. All the modern medicines were procured from market whereas Ayurvedic drugs were procured from Sundar Ayurved teaching pharmacy. Calculation of Unit cutting time (UCT)

\[ UCT = \frac{\text{Total time taken to cut through the tract}}{\text{Initial length of the tract}} \]

**RESULTS AND DISCUSSION**

Total duration of completion of treatment was of 48 days including cut through of fistulous tract in 28 days, complete healing of post-fissurectomy wound in 15 days and complete sloughing out of legated pile masses by 7th post operative day. Surgery and post surgical hospitalization period of 12 days were uneventful. Case was followed up for 12 months periodically on quarter night OPD visit by the patient and no recurrence is found till date. No anatomical or physiological complication was found during complete course of treatment, especially regarding anal sphincters.

\[ UCT \text{ for this patient was observed } 28/4.2 = 6.66 \text{ days/cm} \]

This appears to be a rare case of multiple anal pathologies. No recorded documentation about prevalence rate of these three pathologies together and its conventional surgical intervention in single sitting are found in any surgical text and in peer reviewed journals. Treating all the three pathologies separately would have
resulted in prolonged suffering, longer hospitalization, separate anesthetization each time and increased financial burden along with increased overall recovery period. Keeping all these in mind and the patient’s financial condition it was carefully planned to intervene surgically to deal with all the three pathologies in one sitting.

Possible mode of action:
Partial fistulectomy benefited with shorter length of initial Ksharasootra and less duration of complete treatment in comparison to length of Ksharasootra in conventional Ksharasootra therapy for anal fistula treatment. By anti bacterial activity of Ksharasootra the source of infection might be checked here [6], [7]. That may be the reason for absence of recurrence of fistula in ano. Pressure necrosis and chemical-cutting were achieved by tight ligation of Ksharasootra in the base of the pedicle of pile mass and in fistulous tract [8], [9]. Antimicrobial and anti-inflammatory properties of Nimbatrakwatha (decoction of Azadirecta indica Linn.) and Avagaha Swedana (sitz bath) might have reduced microbial growth in wound and local tissue inflammation and pain [10]. Antimicrobial activity of Triphala Guggulu on gut specific bacteria has shown encouraging results in wound healing; it might be the important reason for prevention of further recurrence of fistula in ano [11]. Laxative nature of Erandabhrishtaharitaki loosens the consistency of faecal matter leading to decreased pressure on anal musculature during its usage.

CONCLUSIONS:
Integrative management (i.e. partial fistulectomy, Ksharasootra threading in fistulous tract and Ksharasootra ligation in piles and classical excision of fissure with tag) in multiple anal pathologies has been rewarded highly successful not only by permanent relief, but also shorter hospital-stay, overall duration of treatment, significant reduction in financial burden and absence of reoccurrence. By observing complete cure, it is suggested that in such multiple anal pathologies integrative approach would be a better option and may be tried in more number of cases.

Figure 1. (a) Pre operative Image1 (b) Post operative on table (c) At the end of case on 48th day

REFERENCES


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