*IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*
*e-ISSN: 2279-0853, p-ISSN: 2279-0861.Volume 17, Issue 11 Ver. 7 (November. 2018), PP 75-78*
*www.iosrjournals.org*

# Management of Complex Recto-Vaginal Fistula by an Ayurvedic Surgical Approach – A Rare Case Report

Dr Shivalingappa. J. Arakaeri[1], Dr Syeda Ather Fathima[2],
Dr Mohasin Kadegaon[3], Dr Geetanjali Hiremath[4]

[1]*Associate Professor, Dept of Shalyatantra, Taranath Govt Ayurvedic Medical College, Bellary, Karnataka, India*
[2]*Professor Dept of Shalyatantra, Taranath Govt Ayurvedic Medical College, Bellary, Karnataka, India*
[3]*Assistant Professor, Dept of Shalyatantra, Taranath Govt Ayurvedic Medical College, Bellary, Karnataka, India*
[4]*Assistant Professor, Dept of Shalyatantra, Taranath Govt Ayurvedic Medical College, Bellary, Karnataka, India*
*Corresponding author: Dr Shivalingappa. J. Arakaeri*

***Abstract:*** *Fistula-in-ano is an inflammatory track, lined by unhealthy granulation tissue and fibrous tissue that connects deeply in anal canal or rectum and superficially on the skin around the anus. It is considered second to hemorrhoids among all ano-rectal abnormalities. The prevalence in men is 12.3cases & in women is 5.6 cases per 1, 00,000 populations. Recto-vaginal fistula is very rare and complicated case. Operative procedures adopted are Fistulectomy, Fistulotomy and use of a seton, newer methods like fibrin plug, Endo anal flap etc. Because of the lack of satisfactory results newer techniques have constantly been adopted for its management. Up to 26.5 percent recurrence rate, 40percent of high risk of impaired continence and 5.6 percent non healing of the wound were reported after surgical treatment. In addition to this, there will be severe post-operative pain which persists for many days. Moreover surgical treatment requires hospitalization, regular dressing and post-operative care for longer duration. Treating fistula with Apamarg ksharsutra is very common in Ayurvedic science, but Recto-vaginal fistula is rare one. This could be the first documented evidence case in treating Recto-vaginal fistula with ksharsutra line of treatment. Thus this study states successful use of ksharsutra in complicated recto-vaginal fistula.*

---

Date of Submission: 14-11-2018 Date of acceptance: 29-11-2018

---

## I. Introduction

Fistula-in-ano is an inflammatory track, lined by unhealthy granulation tissue and fibrous tissue that connects deeply in anal canal or rectum and superficially on the skin around the anus[1]. Anal fistulae commonly occur in people with a history of anal abscesses. They can form when anal abscesses do not heal properly[2]. Anal fistulae originate from the anal glands, which are located between the internal and external anal sphincter and drain in to the anal canal[3]. If the outlet of these glands becomes blocked, an abscess can form which can eventually extend to the skin surface. The track formed by this process is fistula[4].

It is considered second to hemorrhoids among all ano-rectal abnormalities[5]. According to a recent study conducted on the prevalence of anal fistula in a London hospital by Saino P. considering the incidences and epidemiological aspects for Fistula-in-ano in a defined population; approximately 10% of all patients and 4% of new patients were reported to suffer from this disease[6]. A study in India, reported that anal fistulae constitute 1.6% (Raghavaiah 1976)of all surgical admission. Prevalence rate of fistula-in-ano is 8.6 cases per 100,000 populations. The mean age of patients is 38.3 years[7].

The prevalence in men is 12.3cases & in women is 5.6 cases per 1, 00,000 populations. As the wound is located in the anal region is more prone to get infected and results in delayed healing and unhealthy granulation tissue or fibrous tissue formed in the track hinders healing process. Operative procedures adopted are Fistulectomy, Fistulotomy and use of a seton, newer methods like fibrin plug, Endo anal flap etc. Because of the lack of satisfactory results newer techniques have constantly been adopted for its management. Up to 26.5 percent recurrence rate, 40percent of high risk of impaired continence and 5.6 percent non healing of the wound were reported after surgical treatment. In addition to this, there will be severe post-operative pain which persists for many days. Moreover surgical treatment requires hospitalization, regular dressing and post-operative care for longer duration. To overcome such problems, surgical field is planning for some alternative techniques to treat these cases with minimal operative complications, recurrences and failure.

A Recto-vaginal fistula is abnormal connection between the lower portion of large intestine, rectum and vagina. The location of Recto-vaginal fistula can be described in relation to rectum, vagina and recto-vaginal septum. In low fistulas the rectal defect is at the dentate line with the vaginal opening inside the vaginal fourchette. In high fistulas the vaginal opening is at the level of cervix. Middle fistulas are found between the above said two. High fistulas are approached through laparatomy but peri-anal approach is suitable for low and middle fistulas.

In Ayurveda Fistula-in-ano can be correlate to Bhagandara. Ayurvedic line of treatment for Bhagandara includes medical, para-surgical and surgical management. Parasurgical management includes Ksharsutra, Agni karma and ksharvarti. The standard Ksharsutra as we see today was the result of the extensive research of Dr. P. J. Deshpande and his team, who finally standardized its preparation, preservation and application. This technique has been accepted as superior to all the surgical and parasurgical techniques available today in the field of proctology. In fact Ksharsutra treatment, for the management of fistula-in-ano was a part of the "National Campaign on Ksharsutra Therapy for Ano-Rectal disorders"[8]. The advantages of this procedure are, it is cost effective, needs minimal hospitalization and has least adverse effects. This can be employed efficiently in both high and low anal fistulas. The recurrence rate of Ksharsutra ligation is negligible (3-5%) with a success rate of 95%.The ICMR has validated this and the Ksharsutra therapy is also under active consideration of the WHO for its globalization. This type of therapy is considered as a minimal invasive parasurgical measure at global level[9].

Thus, it is necessary to modulate a well accepted Ayurvedic approach towards the disease and formulate the principles of management. If the treatment is planned well by means of scientific research, it can make wonders in the curability of complex symptoms of Recto-vaginal fistula. This study is a modest and primary attempt to give a light of hope to the agonizing sufferers of Recto-vaginal fistula.

## II. Case Report

A 27 year old female patient reported to OPD at Taranath Govt Ayurvedica Medical College Bellary (Karnataka) in the month of May 2018 presenting with symptoms of pus discharge from vagina and peri-anal region, pain, hard stool and itching around anus since 3 months. Before coming here she had consulted 7 doctors and had been diagnosed with Recto-vaginal fistula and was prescribed by various medications and antibiotics, but none of them able to cure it. Later she was admitted to multispecialty hospital in Hyderabad and had underwent surgery and post-op dressing daily for over a month. Even after bearing such physical and emotional pain, the problem still persisted.

**Personal history:**
Bowel: Constipated
Appetite: Decreased
Micturition: Normal
Sleep: Disturbed due to pain.

**Physical Examination:**
B.P: 130/80 mm of Hg.
P.R: 74/min.

**General Survey:**
Appearance: Normosthaenic
Facies: Normal
Attitude: Conscious.

**Systemic Examination:**
CVS: S1, S2 heard. No added sounds
CNS: NAD
RS: Normal vesical broncheal sounds heard

**Local examination:**
Inspection: Fistula opening at vagina and peri-anal region with pus discharge
Palpation: Induration

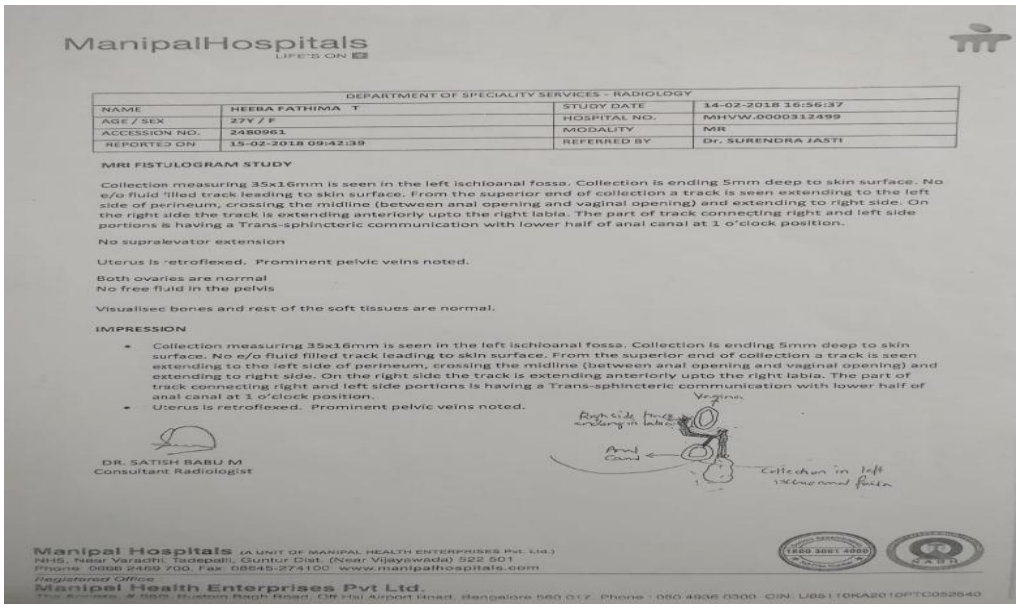
**MRI Report (15.02.2018):** Collection measuring 35*16 mm is seen in the left ischiorectal fossa. Collection is ending 5mm deep to skin surface. No e/o fluid filled track leading to skin surface. From the superior end of collection a track is seen extending to the left side of peritoneum, crossing the midline (between anal opening and vaginal opening) and extending to right side. On the right side the track is extending anteriorly up to the right labia. The part of track connecting right and left side portion is having a Trans-sphincteric communication with lower half of anal canal at 1 o' clock position.

**Clinical diagnosis:** Recto-vaginal fistula

**Treatment:** Primary threading of Ksharsutra ligation (This case is a kind of middle variety of fistula. Hence an attempt is made with apamarg ksharsutra ligation for treating Rectovaginal fistula as a peri-anal approach)
Under all aseptic precautions patient is placed in lithotomy position. Under local anaesthesia probe is passed from the fistula track which is communicated with the vagina, then primary threading done. Patient withstood the procedure well. Haemostasis achieved. Patient advised to take rest, sitz bath, tab triphala guggulu and tab gandhak rasayana. Ksharsutra is changed weekly. Every time thread is tied little tightly. Slowly tract will cut and heal simultaneously. Total duration was 8 sittings i,e 8 weeks.

## III. Results

Ksharsutra therapy is the most accepted and scientifically validated procedure worldwide for the treatment of Fistula-in-ano. The existing data on Ksharsutra reveals very negligible chances of recurrence by this modality of treatment. The Apamarga Ksharsutra is well proven to be an effective treatment for Fistula-in-ano and has been standardized by the Central Council of Research in Ayurveda and Siddha, an apex research organization of Government of India in the field of Indian system of medicine.
The MRI report of patient before and after treatment is given below.



ManipalHospitals
LIFE'S ON

DEPARTMENT OF SPECIALITY SERVICES – RADIOLOGY

| | | | |
|---|---|---|---|
| NAME | HEEBA FATHIMA T | STUDY DATE | 14-02-2018 16:56:37 |
| AGE / SEX | 27Y / F | HOSPITAL NO. | MHVW.0000312499 |
| ACCESSION NO. | 2480961 | MODALITY | MR |
| REPORTED ON | 15-02-2018 09:42:39 | REFERRED BY | Dr. SURENDRA JASTI |

**MRI FISTULOGRAM STUDY**

Collection measuring 35x16mm is seen in the left ischioanal fossa. Collection is ending 5mm deep to skin surface. No e/o fluid filled track leading to skin surface. From the superior end of collection a track is seen extending to the left side of perineum, crossing the midline (between anal opening and vaginal opening) and extending to right side. On the right side the track is extending anteriorly upto the right labia. The part of track connecting right and left side portions is having a Trans-sphincteric communication with lower half of anal canal at 1 o'clock position.

No supralevator extension

Uterus is retroflexed. Prominent pelvic veins noted.

Both ovaries are normal
No free fluid in the pelvis

Visualised bones and rest of the soft tissues are normal.

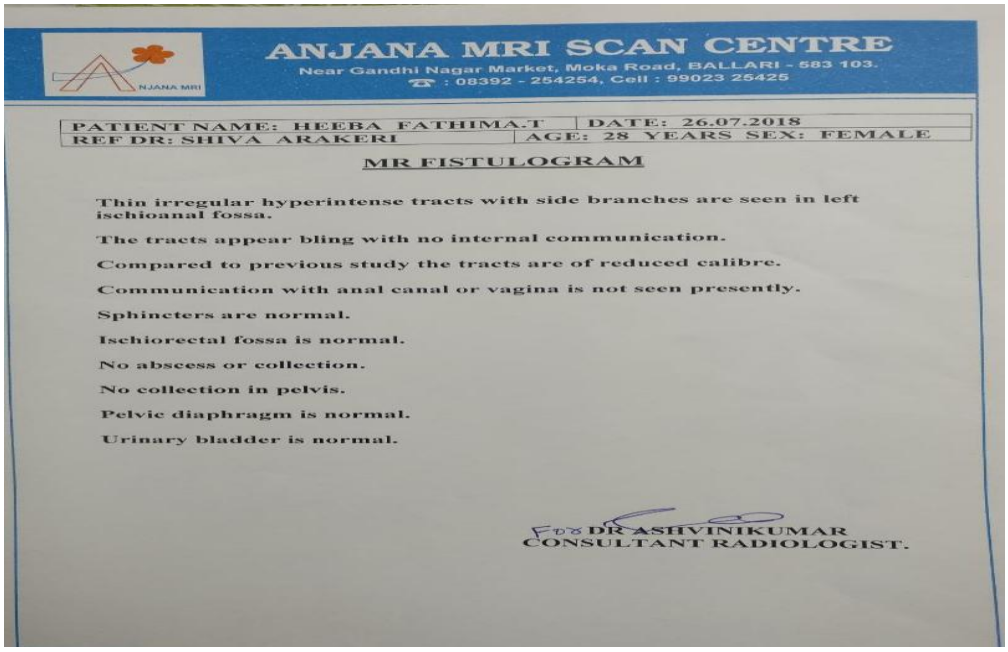
**IMPRESSION**

- Collection measuring 35x16mm is seen in the left ischioanal fossa. Collection is ending 5mm deep to skin surface. No e/o fluid filled track leading to skin surface. From the superior end of collection a track is seen extending to the left side of perineum, crossing the midline (between anal opening and vaginal opening) and extending to right side. On the right side the track is extending anteriorly upto the right labia. The part of track connecting right and left side portions is having a Trans-sphincteric communication with lower half of anal canal at 1 o'clock position.
- Uterus is retroflexed. Prominent pelvic veins noted.

DR. SATISH BABU M
Consultant Radiologist

Manipal Hospitals (A UNIT OF MANIPAL HEALTH ENTERPRISES Pvt. Ltd.)
NHS, Near Varadhi, Tadepalli, Guntur Dist. (Near Vijayawada) 522 501
Phone: 0866 2469 700, Fax: 08645-274100 www.manipalhospitals.com
Registered Office:
Manipal Health Enterprises Pvt Ltd.

**Before Treatment**



ANJANA MRI SCAN CENTRE
Near Gandhi Nagar Market, Moka Road, BALLARI - 583 103.
☎ : 08392 - 254254, Cell : 99023 25425

PATIENT NAME: HEEBA FATHIMA.T | DATE: 26.07.2018
REF DR: SHIVA ARAKERI | AGE: 28 YEARS SEX: FEMALE

**MR FISTULOGRAM**

Thin irregular hyperintense tracts with side branches are seen in left ischioanal fossa.

The tracts appear bling with no internal communication.

Compared to previous study the tracts are of reduced calibre.

Communication with anal canal or vagina is not seen presently.

Sphincters are normal.

Ischiorectal fossa is normal.

No abscess or collection.

No collection in pelvis.

Pelvic diaphragm is normal.

Urinary bladder is normal.

DR ASHVINIKUMAR
CONSULTANT RADIOLOGIST.

**After Treatment**

## IV. Discussion

**Mode of action of ksharsutra:**

The cutting of track is due to pressure necrosis of the tissue. This is the same principal we observe in the seton technique today, but kshara adds on by cleaning the debris from track, sterilizes the track thus resulting in formation of healthy granulation tissue which is responsible for healing of track. Finally ksharsutra helps in excision of debris, cutting of track and scrapping of unhealthy granulation tissue by that helping in healing process.

**Excellence of ksharsutra over surgical management:**

- No bleeding/minimum
- Minimum hospital stay
- No dressing requirement
- Minimum trauma
- It gets cut and heal from base
- No incontinence
- Therapy cost is less
- No tissue loss
- Very narrow and fine scar
- No anal stricture if properly treated
- Recurrence rate is practically nill.

## V. Conclusion

Fistula-in-Ano or Bhagandara is an infective condition caused by invasion of anal glands and ducts by various pathogenic organisms. Recto-vaginal fistula is very rare case with no effective treatment in modern science. The apamarga ksharsutra ligation is the best line of treatment for complete cure of Recto-vaginal fistula without any risk of recurrence.

## References

[1]. Somen Das. A concise textbook of surgery. 4th ed. Culcutta: S. Das; 2006. P-1074
[2]. Colorectal surgery; anal fistula, colorectal.surgery.ucsf.edu. Retrieved 2016.07.03
[3]. Mappes, H. J.;Farthmann, E. H. (2001.01.01) Zuckschwerdt
[4]. Anorectal fistula, MERCK MANUAL consumer version. Retrieved 2016.06.27
[5]. Marks C G, Ritchie J K. Anal fistula at St.Mark's hospital Br J Sug 1977;64;84-91
[6]. Sainio P Fistula-in-ano ina defined population. Incidences & epidemiological aspects. *Ann Chir Gynaecol.* 1984;73(4):219-24.
[7]. Lilius HG. Investigation of human fetal anal ducts and intermuscular glands and a clinical study of 150 patients. Acta Chir Scand 1968;383:7-88
[8]. National campaign on Ksharasutra for the treatment of Ano-Rectal disorders. 23rd August 2007.
[9]. Pib. Nic.in/newsite/erelease.aspex?relid dated 09/03/2014.

Dr Shivalingappa Arakeri. , "Management of Complex Recto-Vaginal Fistula By An Ayurvedic Surgical Approach – A Rare Case Report.". " IOSR Journal of Dental and Medical Sciences (IOSR-JDMS), vol. 17, no. 11, 2018, pp 75-78.