



IFTAK: A SINGLE CASE STUDY

Dr Malavika G, Dr Anoop Ajit**, Dr N Madhuridevi****

*PG Scholar, Dept. of Salyatantra, Sree Narayana Institute of Ayurvedic Studies and Research, Pangode, Puthur, Kollam.

**Asso.Prof, Dept. of Salyatantra, Sree Narayana Institute of Ayurvedic Studies and Research, Pangode, Puthur, Kollam.

***Prof. & HOD, Dept. of Salyatantra, Sree Narayana Institute of Ayurvedic Studies and Research, Pangode, Puthur, Kollam.

Email Id: serviceheb@gmail.com

ABSTRACT

Fistula -in -ano is a chronic abnormal communication lined by unhealthy granulation tissue, which runs outwards from the anorectal lumen (the internal opening) to an external opening on the skin of the perineum or buttock (or rarely in women to the vagina). In Ayurveda, it can be correlated with *Bhagandara*. According to Acharya Vagbhata, the disease which causes *darana* (injury) in and around *bhaga* (pubic region, perinium, vaginal region and genital area), *guda* (anal region) and *basti*(urinary bladder) is called *Bhagandara*. When the blister remains unripe it is called *Pidaka*, when the same get suppurated it will be called *Bhagandara*. The modern surgical management of fistula-in-ano includes fistulotomy, seton placing, Ligation of Intersphincteric Fistula Tract (LIFT), Fibrin glues etc. In spite of advancements the management of complex fistula in ano is still a challenge as chances of recurrence with complications like incontinence, gross anatomical distortion etc are common. Acharya Susruta mentioned the application of *Ksharasutra* in management of *Nadi vrana* and *Bhagandara*. Conventional method of *Ksharasutra* therapy predates all other seton methods but in spite of benefits it causes certain discomforts such as pain and longer duration of treatment. Interception of fistulous track with application of *Ksharasutra* (IFTAK) also known as BHU technique is a recent advancement in the classical *Ksharasutra* therapy and is devised to minimize duration of therapy with minimal problems related to conventional method. In this technique the proximal part of fistulous track is intercepted at the level of external sphincter along with the application of *Ksharasutra* from site of interception to the infected crypt in anal canal. It is based on Parks concept of cryptoglandular origin of fistula in

ano. This is a single case study on a complex fistula in ano managed by IFTAK technique to assess the efficacy of the procedure.

Key Words: IFTAK, Cryptoglandular infection, *Bhagandara*, *Ksharasutra*.

Access this Article OnlineWebsite:<http://heb-nic.in/jrim>

Received on 04/05/2021

Accepted on 03/06/2021 © HEB All rights reserved

Quick Response Code:

