

HEB

Journal of Research in Indian Medicine An Official Publication of Bureau for Health & Education Status Upliftment (Constitutionally Entitled As Health-Education, Bureau)

JRIM

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

Address for Correspondence: 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 corelated 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. Inspite 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 Susrutha mentioned the application of Ksharasutra in management of Nadi vrana and Bhagandara. Conventional method of Ksharasutra therapy predates all other seton methods but inspite 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 asses the efficacy of the procedure.

Key Words: IFTAK, Cryptoglandular infection, Bhagandara, Ksharasutra

 Access this Article Online

 Website:http://heb-nic.in/jrim-issues/
 Quick Response Code:

 Received on 04/05/2021
 Image: Colspan="2">Accepted on 03/06/2021 © HEB All rights reserved