

A REVIEW ON IFTAK TECHNIQUE IN THE MANAGEMENT OF BHAGANDARA

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ABSTRACT

Fistula-in-ano is a disease pertaining to ano-rectal region that causes discomfort and pain to patient to such an extent that it disturbs the routine work. In Ayurvedic classics, the signs and symptoms of this disease has been found congruence with the classical symptoms of *Bhagandara* and included under *Ashtamahagada*. Since ancient times, *Ksharasutra therapy* is being practised for the management of *Nadivrana* and *Bhagandara*. *Kshara* possess *Ushna Virya, Tikshna Guna and Lekhana Karma* and in the form of *Ksharasutra* it possess the additional qualities of *Snuhi Ksheera* and *Haridra Choorna*. Here IFTAK (Interception of Fistula Tract and Application of *Ksharasutra*) technique is reviewed where there is a reduction in the duration therapy compared to other techniques.

KEYWORDS: *Bhagandara*, Fistula in ano, IFTAK, *Ksharasutra*.

INTRODUCTION

Fistula in ano is a very distressing disease affecting the anal canal mainly caused by cryptoglandular infection of anal crypt. It is an abnormal tract that is lined by unhealthy granulation tissue and that connects a primary opening inside perianal skin ^[1]. Compared to the modern medical science, ayurvedic mode of treatment in *Bhagandara* is of great relief to the patients as the latter

needs no hospitalization, low cost and less duration of treatment. The only problem is that since the the wound is located in anal region, it is more prone for contamination and repeated infection. To tackle such problems in the management of this disease, different alternative technique have now emerged to treat these cases without operative complications like LIFT technique and glue technique. In

ayurvedic science, a new method known as IFTAK has now emerged for treating *Bhagandara* with multiple tracts. Acharya Sushruta has mentioned five types of Bhagandara namely, *Shatponaka*, *Ushtragriva*, *Paristravi*, *Shambukavarta* and *Unmargi*. Study showed that the prevalence of fistula in ano is 8.6 cases per 100000 populations. In men the prevalence is 12.3 cases per 100000 population and in women it is 5.6 cases per 100000 population^[2].

The disease which causes *darani* (deformity) in and around *bhaga* (pubic region, perineum, vaginal region, and genital area), *guda* (anal region) and *basti* (urinary bladder) is called *Bhagandara*^[3]. When the blister remains unripe (not suppurated) it is called *Pidaka*, when the same gets ripened it will be called *Bhagandara*^[4].

This occurs as a perianal boil or ischio-rectal abscess which on suppuration discharges pus.

Aim

To evaluate the literature regarding IFTAK technique in the management of *Bhagandara*.

Objectives-

1) To Review available literature regarding *Ksharasutra*.

2) To study the literature regarding IFTAK (Interception of Fistula Tract and application of *Ksharasutra*) from various sources.

Methodology-

Various classical and modern literatures are searched to review the preparation and mode of action of *Ksharasutra*.

Technique- IFTAK (Interception of Fistula Tract and application of *Ksharasutra*)

This treatment modality is a modified form of *Ksharasutra* therapy^[5]. This technique of treatment is based on the Park's concept of crypto glandular origin of fistula in ano^[6]. In this technique, 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. The basis of the procedure is to eradicate the infected anal crypts at the pectinate line using a *Ksharasutra* (medicated Seton) without laying open of the tract distal to the site of interception. The important steps involve in this technique include, identification of the infected anal crypt,

interception of fistulous tract at intersphincteric plane and application of ksharasutra from the site of interception into the infected anal crypt. The fistulous tract is intercepted at the intersphincteric plane and separated from its distal portion.

IFTAK is also known as BHU technique of treatment of fistula in ano. The technique was developed by Dr M. Sahu, (Professor, Department of *Shalya Tantra*, faculty of Ayurveda, Banaras Hindu University, Varanasi, UP. India) and is being practiced for treating complex and recurrent fistula in ano in Banaras Hindu University, Varanasi since 2007^[7].

In this technique, the use of *Ksharasutra* is of utmost importance.

Preparation of *Ksharasutra*:

1. The latex of *Snuhi* plant is to be collected in the morning hours every day. The latex cannot be preserved or stored for a long time.
2. The whole procedure should be done by wearing sterile gloves.
3. The threads are to be spread out to the *Ksharasutra* hangers.
4. First, the *Snuhi Ksheera* should be smeared over the thread in its whole length. The threaded hanger is now

then placed in *Ksharasutra* chamber for one day to make it dry.

5. Next day, the dried thread should be again smeared with *Snuhi Ksheera* for repeated 11 days.
6. On the twelfth day, the thread should again be smeared with *Snuhi Ksheera* and the *Kshara* should be applied over that. Then, the thread should be dried and the same procedure is to be repeated for 7 days.
7. On the 19th day, the thread should be smeared with *Snuhi Ksheera* and then in the wet condition it should be applied with *Haridra Choorna*. The procedure is to be repeated for 3 days continuously.
8. In this way, a thread has total 21 coatings. The prepared *Ksharasutra* is to be stored in a *Ksharasutra* cabinet.

Description of *Ksharasutra*- different views

- *Brihatrayees* have mentioned the application of *Ksharasutra*.
- *Acharya Sushruta* has described about the surgical management of *Bhagandara* in detail. He has quoted the application of *Ksharasutra* in the treatment of *Nadivrana* and *Bhagandara*.

- Hippocrates, the father of modern medicine has given its significance as Apolinase thread.
- Acharya Chakrapani have mentioned about the *Ksharasutra* preparation in the treatment of Bhagandara.^[8]
- Vangasena have mentioned the preparation and application of sutra in the treatment of *Arshas* and *Bhagandara*.^[9]
- *Acharya Bhavamishra* have mentioned the preparation in which only *Snuhi Ksheera* and *Haridra Churna* have been used. This thread is devoid of *Kshara* but has been used for the treatment of *Bhagandara* and *Arshas*.
- *Acharya Sushruta* have paid attention to the preparation of *Ksharasutra* coated with *Kshara*.
- Rasa Chikthsa commentators also share similar view as that of Bhavaprakasha.
- Rasa Kamadenu has quoted the ingredients used in the preparation of *Ksharasutra* in which, the thread should be first coated with *Arka* and *Snuhi Ksheera* followed by drying repeated for 3 times. The next coating should be with the *Kshara*.
- Elaborate description regarding the method and number of coatings are available in Rasatarangini. Here, a thin

strong thread should be dipped in a mixture of *Snuhi Ksheera* and *Haridra Churna* followed by drying. This process should be repeated for seven times. Thus obtained thread is named as *Ksharasutra*, although it does not contain *Kshara*.

DISCUSSION

The IFTAK technique discussed here proved to be very effective in the management of *Bhaganadara* after referring many contexts. The main principle of this technique is to make the treatment of the complex fistula into simpler ones keeping in view that all intersphincteric fistula open in posterior midline. The presence of *Ksharasutra* in the fistulous tract does not allow the cavity to close down from either ends and there is a continuous drainage of pus along the *Ksharasutra* itself. The *Ksharasutra* slowly and gradually cuts through the fistulous tract from apex to the periphery. There is an ideal simultaneous cutting and healing of the tract and no pocket of pus is allowed to stay back. The *Kshara* (Caustics) applied on the thread are anti-inflammatory, anti-slough agents and in addition, have property of chemical curetting. In conventional

method of *Ksharasutra* therapy, a long track would have required longer time to heal and cause discomfort to the patient.

RESULT AND CONCLUSION

This advanced technique is truly helpful in the treatment of Bhagandara. Since the threading was done in smaller tracks, it reduced the healing time and post-operative scar thereby causing only less trouble to the patient. It reduces the duration of therapy with minimal postoperative scar related to conventional methods. Use of *Ksharasutra* causes extensive fibrosis and favours proper healing which reduces the chances of recurrence.

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