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Observational study: Homeopathic management of fistula

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Abstract
An anal fistula is a passageway which develops in between the skin near the anus and end of intestine. It is triggered by infection in between the skin near the anus and end of intestine. Pus-like liquid which is sticky in nature gets accumulated in the area and makes life very pain full. It has been reported that all around the world 8.3% individuals are affected by fistula. In India it has been reported that around 1.4% individuals has suffered from fistula. In this paper we have presented an case study in which fistula has been cured using Homeopathic treatment.

Keywords: Anal track, fistula, bowel, homeopathic treatment, infection etc.

Introduction
A fistula is an unusual union encompassing two body parts, itvan be an organ or blood vessel and another structure. Anal fistula is typically a side effect of anal inflammation, an contaminated injury that trenches pus from your anus. This condition is more common in men than in women [1].
An anal fistula appears as a hole in the skin adjacent to anus. The hole is in fact the farthest segment of the passageway, which links to the swelling inside. It may discharge pus, blood or poop, specifically the minute you tap the skin around it. This leads to the discomfort and swelling till the fistula wind down to let out the drainage [2].

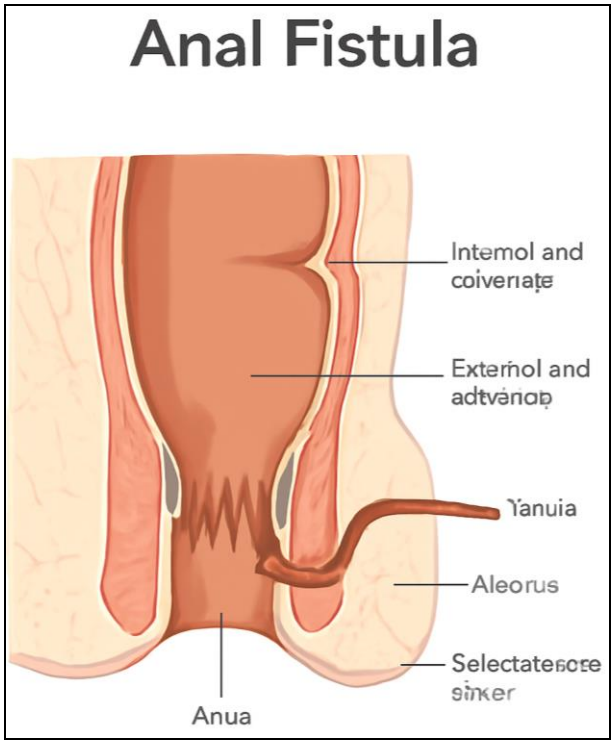

Fig 1: Anal Fistula

Symptoms of Fistula [3]

- Anal inflammation when you sit, cough or poop
- Tenderness or bulge at your anus.
- Pus or Blood coming from your anus.
- Fever
- Trouble managing bowel movements

Risk involve for the person suffering from Anal Fistula [4]

- Crohn's disease
- Distress to the anal area
- Infections of the anal area

Diagnosis of Fistula [5]

- Physical Examination
- Blood test
- X-rays, CT scans
- Flexible sigmoidoscopy or colonoscopy
- Endoscopic ultrasound

Homeopathic management of Fistula

Homeopathy is a reliable, accepted, and non-aggressive form of therapy which can be an efficient method to cure fistulas with no need for surgery.

Case Study

In this paper we have discussed an case study of an 67 years old male patient suffering from anal fistula who was treated at our Advanced Homeo Health Centre, Indore, Madhya Pradesh.

Patients Age: 67 years

Patient Sex: Male.

Patient MRI findings before treatment

There is abnormal fistulous tract is seen with an internal opening seen at approximately 6 O'clock position of the upper anal canal with inferior extension along the posterior wall of the anal canal in the inter and trans sphinteric planes with external cutaneous opening at 6 O'clock position of the anal canal, approx. 6-7 mms away from the anal verge. Length of the tract measures about 5.4 cms.

Abnormal fistulous tract is seen with an internal opening seen at approximately 6 O'clock position of the upper anal canal with inferior extension along the posterior wall of the anal canal in the inter and trans sphincteric planes with external cutaneous opening at 6 O'clock position of the anal canal, approx. 6-7 mms away from the anal verge. Length of the tract measures about 5.4 cms. No extension superior to the levatorani is seen. No extension in the ischiorectal fossa is seen. Findings are suggestive of perianal fistula.

Patient MRI findings after three month of treatment

There is abnormal fistulous tract is seen with an internal opening seen at approximately 6 O'clock position of the upper anal canal with inferior extension along the posterior wall of the anal canal in the inter sphincteric plane and length of the tract measures about 3.2 cm. No obvious external opening of the tract is seen. No significant post contrast enhancement or fluid is seen within the tract.

Abnormal fistulous tract is seen with an internal opening seen at approximately 6 O'clock position of the upper anal canal with inferior extension along the posterior wall of the anal canal in the inter sphincteric plane and length of the tract measures about 3.2 cm. No obvious external opening of the tract is seen. No significant post contrast enhancement or fluid is seen within the tract suggestive of healing stage of the perianal fistula.

MRI findings After Six Month of Treatment

Small abnormal fistulous tract is seen with an internal opening at approximately 6 O'clock position of the upper anal canal. It is extending postero-inferiorly along the posterior wall of the anal canal in the inter sphincteric plane and length of the tract measures about 1.5 cm.

No obvious external opening of the tract is seen. No significant post contrast enhancement or fluid is seen within the tract. No extension superior to the levator ani is seen. No extension in the ischiorectal fossa is seen.

MRI Findings after Nine Month of Treatment

No obvious residual or recurrent perianal fistula is seen on present study. Bilateral ischio-rectal fossae appear normal. Anal canal and rectum appears normal. Moderate prostatomegaly is seen measuring about 6.2 x 4.7 x 6.0 cm in size. The central zone appears enlarged and reveals inhomogeneous signal intensity with heterogeneous post contrast enhancement. Peripheral zone appears normal. Periprostatic structure appears normal.

No obvious residual or recurrent perianal fistula is seen on present study

Medicines Prescribed: Following Homeopathic Medicines for Fistula are prescribed time to time on the basis of Symptom Totality listed with their Indications.

1. **Silicea**
   - Chronic fistula with pus formation, thin offensive discharge.
   - Slow healing, patient feels chilly.
   - Recurrent abscess around anus.

2. **Hepar Sulph**
   - Fistula with very painful, sensitive abscess.
   - Pus smells like old cheese, intense tenderness.
   - Pain improves with warmth.

3. **Myristica Sebifera**
   - Acts as the “homeopathic surgical knife."
   - Promotes quick suppuration and drainage of abscess.
   - Useful in early fistula/abscess cases.

4. **Calcarea Sulph**
   - Yellow, thick, persistent discharge from fistula.
   - Helps in closing fistulous tracts after drainage.
   - Helpful in teenage/young adults.

5. **Berberis Vulgaris**
   - Fistula with sharp, stitching, radiating pains.
   - Pain spreads to groin, thighs, lower back.
   - Urinary and anal symptoms together.

6. **Acidum Nitricum**
   - Fistula with bleeding, cracking, sharp splinter-like pains.
   - Offensive moisture around anus.
   - Useful in long-standing cases with fissure + fistula.

7. **Hydrastis**

- Thin, yellow mucous discharge.
- Fistula associated with poor healing tendency and low vitality.
- Constipation with sensation of "dragging."

8. Graphites
- Fistula with gluey, sticky discharge, eczema around anus.
- Obese, chilly patients.
- Alternates with constipation.

Conclusion
From this observational case study we have gathered the sufficient evidence that the Homoeopathic medicine shows excellent results in the treatment of Fistula, The results suggest that homeopathic treatment is an effective and safe method in the treatment of Fistula.

Conflict of Interest
Not available

Financial Support
Not available

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