



Review Article

A CASE STUDY AND CHALLENGES IN REPORTING OF ANO-RECTAL DISORDERSSuman Yadav^{1*}, Ashutosh Kumar Yadav², Vishal Tiwari³¹Associate Professor & H.O.D., ³P.G. Scholar, Department of Shalya Tantra, Government Ayurvedic College, Sampurnanand Sanskrit University, Varanasi, UP, India.²Associate Professor, Department of Rachana Sharir, Government PG Ayurvedic College, Sampurnanand Sanskrit University, Varanasi, UP, India.**KEYWORDS:** Anorectal disorders, Fistula-in-ano, Fissure-in-ano, Haemorrhoids, *Ksharsutra* therapy.**ABSTRACT**

Ano-rectal disorders namely Haemorrhoids, Fissure-in-ano and Fistula-in-ano here includes a variety of pathological disorders having different and various types of clinical presentation. These ano-rectal disorders generates relevant discomfort and disability to the patient. In this work our primary focus is only on these three anorectal disorders. The prevalence of Ano-rectal disorders are much higher than what we see in the hospital or clinics because most of the patient having such disorders do not seek for medical attention at an early stage. The present paper discusses about the hurdles or challenges faced while trying to enroll, update and increase the cases of Haemorrhoids, Fissure-in-ano and Fistula-in-ano reporting to Shalya Tantra OPD and IPD of Government Ayurvedic College and Hospital, Varanasi between year 2009-2019. The study had been also carried out to know the prevalence of diagnosed cases of Haemorrhoids, Fissure-in-ano and Fistula-in-ano and the interpretation of the data on the gender basis for better understanding of the disease. It is an institutional data study of total 5158 patients with an aim to estimate and evaluate the epidemiology of these ano-rectal disorders in eastern UP. This work is exploring scientifically the cause behind the prevalence of these three ano-rectal diseases reporting in our hospital.

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INTRODUCTION

Ano-rectal disorders result in many visits to health specialists.^[1] Of the three anorectal diseases namely Haemorrhoids, Fissure in ano and Fistula in ano after thoroughly analyzing the symptoms, physical examination, investigating and treating the patient, it is understood that these disease if diagnosed and get reported to the hospital at an early can minimize the health burden of our nation.

^[1] Following factors were common challenges faced in collecting of unorganized information while efforts are made to improve the quality of work in the department.^[2] At present we are having good number of such cases reporting to our hospital in comparison to earlier.

Anorectal disorders are increasing day by day due to fast or junk food eating habits, improper food timing, disturbed sleep, stress, unhealthy life

style, improper following of daily or seasonal regime etc.^[3] These disorders affect the quality of life in persons having such disorder and also increases burden to the healthcare system of our country. It is due to the fact that patients are shy to seek doctor's care until and unless the symptoms of disease become too annoying. Of the three ano-rectal diseases i.e., Haemorrhoids, Fissure-in-ano and Fistula-in-ano whose reporting had been done in OPD/IPD of Shalya Tantra department of Government PG Ayurvedic College and Hospital, Varanasi; it was observed that there was gradual increase in the number of registered diagnosed anorectal cases in our OPD. Some of the challenges faced during this work are discussed in this paper.

Aim

1. To explore and discuss about the challenges faced in an effort to increase the patient reporting to the OPD and IPD of Shalya Tantra department of the hospital during last decade i.e. 2009-2019.
2. To analyze and interpret the prevalence of ano rectal cases reporting to our hospital.
3. To distribute and differentiate total anorectal cases, on the basis of gender with diagnosis of Haemorrhoids, Fissure-in-ano and Fistula-in-ano reporting to Shalya Tantra department of Government PG Ayurvedic College and Hospital, Varanasi for better understanding of the problem.

Causes influencing reporting of Ano rectal disorders

1. **Infrastructure:** In year 2009 the O.P.D and IPD of Shalya Tantra Department was running in the campus of Sampurnanand Sanskrit Vishwa-vidyalaya/university with very little resources and old poor infrastructure. This university is famous for its many academic courses run in Sanskrit and allied language. Rarely nearby population knew about the Ayurvedic hospital running inside the big umbrella of this renowned Sanskrit university campus. By the keen efforts of concerned authorities of the AYUSH department of U.P. government, it was possible to construct and shift in good separate attractive big infrastructure for Ayurvedic college and hospital outside the campus of University in year 2015-2016. The Shalya Tantra department had very latest advance fully equipped Operation theater and instruments. This new infrastructure pumped up the number of patients in Shalya Tantra O.P.D/I.P.D and now a day very popular in near and far population for the management of anorectal disorders.
2. **Social media and Newspaper advertisement:** Earlier due to lack of development in communication and IT sector the patients of periphery or rural areas were ignorant about this hospital. Later on, public became much active and vigilant on social media platform or by reading newspaper etc. about this college's activity. Also, our college and hospital gets advertised frequently on the social media platform or in newspaper because of organizing free medical camps, hosting CME and national or international conferences, through interviews, counseling, lectures or other activities of public interest. College drew more attention on the social media from year 2016 onwards for having

good infrastructure, advance OT, latest equipment, free distribution of available medicines and last but not the least dedicated qualified doctors who are ready to face every challenges.

3. **Man power:** In the year 2009, there were less number of specialist doctors and para-surgical persons posted for working in Shalya Tantra department of the college. But latter on due to up gradation of college from under graduation to post graduation in 2017; more number of doctor, paramedical staff and P.G. scholars were appointed in the Shalya Tantra department which led to boost the O.P.D and I.P.D of the hospital.
4. **Skilled worker:** Earlier unskilled staff were not aware of the concerns of technical training and thus the level of expertise was not up to the level of satisfaction of the patient.^[2] Now by appointment of skilled and trained staff, helped in rendering of better health services to the patients, which in turn increased the patient count in the hospital.
5. **Frequent medical camp organized:** Earlier due to less number of staff it was not possible for us to organize medical camps frequently. Then due to availability of more trained staff, we planned to get patient from far flung remote villages by arranging and organizing regular free medical camps for anorectal disorders which helped us to get our O.P.D numbers increasing day by day. After all these efforts we were able to analyze the data of O.P.D and I.P.D of Shalya Tantra department of last 10 years.
6. **Establishment of new Ksharsutra manufacturing unit:** The Shalya Tantra department had an edge over modern ano rectal surgery by application of *Ksharsutra* therapy, which is very popular in society. So we thought of and established own *Ksharsutra* manufacturing unit in college in year 2017 which helped in providing better services to the patient as far as these diseases are concerned.
7. **Computerized documentation and proper record keeping:** Earlier department OPD registers were maintained manually and so record keeping and preservation was poorly maintained. Now is the era for data storing, record and document maintaining by the help of newer version of computer software's, which in fact is very helpful in proper analysis of the disease pattern.

MATERIAL AND METHODS

The case study was conducted at Government Ayurvedic P.G.College and Hospital, Varanasi, India, in 2009-2019 randomly of any age group, either sex or religion visiting to O.P.D./I.P.D of Shalya Tantra department with ano-rectal disease having diagnosis of Haemorrhoids, Fissure-in-ano and Fistula-in-ano were enrolled for this purpose.^[4] Then all relevant detail of patient like name, age, sex, religion, address, complaints, family history, personal history, investigation, confirm diagnosis and advice was recorded in the OPD/ IPD register of Shalya Tantra department. After that again the patient were examined for anorectal complaints through Digital Rectal Examination,

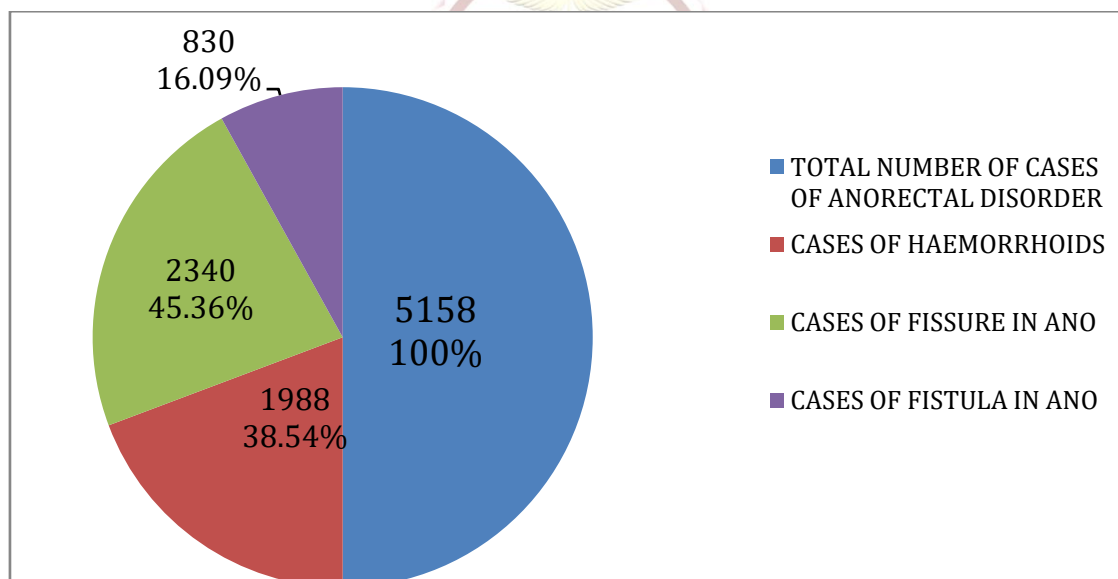
illuminated Proctoscopy or Video proctoscopy and Fistulogram depending upon the need at the time of follow up.^[5] The data collected from the records of O.P.D and I.P.D register was interpreted in tabular form.

RESULTS

Total 5158 patients were enlisted randomly in this case study with Anorectal disease diagnosis of Haemorrhoids, Fissure-in-ano and Fistula-in-ano, further the cases were differentiated on the gender basis. Prevalence of these three diseases in cases who reported to OPD and IPD of Government Ayurvedic P.G. College and Hospital, Varanasi, India between period of 2009-2019 are shown in tabular form.

Total number of cases with Anorectal disorders (%)		Total number of cases of Haemorrhoids (%)		Total number of cases of Fissure-in-Ano (%)		Total number of cases of Fistula-in-Ano (%)	
5158 (100%)		1988 (38.54%)		2340 (45.36%)		830 (16.09%)	
Male	Female	Male	Female	Male	Female	Male	Female
2832 (54.90%)	2326 (45.09%)	1234 (24.24%)	754 (15.18%)	986 (19.19%)	1354 (26.25%)	612 (12.65%)	218 (4.22%)

Below Pie chart showing prevalence of cases of Anorectal disorder, Haemorrhoids, Fissure in Ano and Fistula in Ano-



Interpretation of Tabular Data: This study revealed that out of total 5158 anorectal patients of the diseases reported; 1988 (38.54%) patient had Haemorrhoids, 2340 (45.36%) patient diagnosed as Fissure-in-ano and followed by 830 (16.09%) patient who had Fistula-in-ano.

- Haemorrhoid prevalence:** Out of total 1988 (38.54%) patients reported of Haemorrhoids, 1234 (24.24%) were male and 754 (15.18%) were female. This shows prevalence of Haemorrhoid is higher in male than females.
- Fissure-in-Ano prevalence:** Out of total 2340 (45.36%) patient reported of Fissure-in-ano

diagnosed, 986 (19.19%) were male and 1354 (26.25%) were female. The evidence shows that prevalence of Fissure-in-ano is higher in females than males.

- Fistula-in-Ano prevalence:** Out of total 830 (16.09%) patient reported of Fistula-in-ano, male contributes 612 (12.65%) and were female 218 (4.22%). It clearly shows that prevalence of Fistula-in-ano is lowest among these three diseases of ano rectal region. Also the table shows that prevalence of Fistula in ano is lower in females as compared to that of males.

DISCUSSION

The study of prevalence is the most fundamental measure to understand the burden of disease in a population. These primary data provides the basic information about treatment plan in any population.

So, after overcoming various challenges in last 10 yrs. and considering many above discussed issues this case study was conducted to appraise the prevalence of Haemorrhoids, Fissure-in-ano, Fistula-in-ano disease, also to segregate its prevalence on the basis of sex who came to doctor care for treatment in Shalya Tantra O.P.D/I.P.D. of Govt. Ayurvedic P.G. College and Hospital, Varanasi, India. Overall the results shows that the prevalence of Fissure-in-ano (45.36%), Haemorrhoids (38.54%) and Fistula-in-ano (16.09%) in either sex. This study reveals that, there is predominance of male patients (54.90%) in respect to the female patients (45.09%). This may be due to hesitance of female patient in seeking medical treatment of anorectal disorders at an early stage of disease.

CONCLUSION

Ano-rectal disorders are now a day, common ailment which is disturbing the quality life of the patient. The prevalence of Haemorrhoids (38.54%), Fissure-in-ano (45.36%) and Fistula-in-

ano (16.09%) among patient with anorectal complaints, this literature contributes to study the trend of the anorectal disorder in Varanasi, U.P., India but it should be carried out at larger scale with larger population at many centers to speak more about these problems.

REFERENCES

1. Amy E. Foxx-Orenstein, Sarah B. Umar, and Michael D. Crowell. Common Anorectal Disorders. Gastroenterol Hepatol (N Y). 2014 May; 10(5): 294–301.
2. The problems of Data: Data management and curation practices among university researches, by Lori M. Jahnke. Available from :<https://www.clir.org/pubs>.
3. Kumar Praveen, Ayurvedic methodology for diagnosis of Gudaroga (Anoectal Diseases), World Journal of Pharmaceutical Research, 06/10/2018; Vol.7, issue18, 970-977.
4. Das. S. A Concise Textbook of Surgery, 4th edition, Kolkata, Old Mayors court, Print 1994, Chapter 54. p. 1074-1087.
5. Norman S Williams-P. Ronan O' Connell-Andrew W. Mc Caskie, Bailey and love's, Short Practice of Surgery, 27th edition, CRC press Taylor and Francis group, Print 2018, Chapter 74. p. 1340-1365.

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