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Case Report

# Integrative management approach of Shambukavrata Bhagandara (Complex Trans-Sphincteric Fistula): A case report

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**ABSTRACT:**

**Background:** Fistula-in-ano is defined as an abnormal tract with an external opening in perianal skin and internal opening in anal canal. It presents with pain and intermittent pus discharge as common complaint. Trans-sphincteric fistula is a complex type of fistula which originates from abscess in ischio-rectal fossa. Similarly, in *Ayurveda tridoshaja* or *shambukavarta bhagandara* have curvilinear track resembling curves of conch shell. Management of this type of fistula is challenging and has high recurrence risk with sphincter injury and hampers quality of life. With integrative approach of contemporary and ayurvedic management including A*pamarga kshara sutra* (Medicated thread) can ensure early recovery, decreased recurrence and reduced complication risks with improved quality of life. **Clinical Findings:** A male patient aged 54 years presented with complaints of pain and pus discharge from anal region for past 8 months. He was previously operated twice with conventional method. On examination, external opening and perianal abscess at 5 O'clock position. Provisional diagnosis of Trans-sphincteric fistula was made on basis of examination and scans. **Intervention:** Partial fistulectomy was done followed by *Apamarga kshara* sutra ligation done of remaining tract. Regular wound dressing, sitz bath and weekly *kshara sutra* was changed. *Ayurvedic* medicine along with diet and lifestyle modifications were also advised. **Outcome:** Complete recovery with this approach was achieved in 22 weeks of time period with average unit cutting time of 1 cm/week with *Apamarga kshara sutra*. Primary tract decreased from 10cm to 0 cm. No complaints of any complication were reported post recovery. **Conclusion:** This case of complex long curvilinear fistulous tract of 10 cm length healed completely in 22 weeks with this integrative approach. Patient reported no adverse effect from the treatment received. This approach had good healing, improved quality of life and had no recurrence over 5 months of follow up.

**KEYWORDS:** *Ayurveda*, *Bhagandara*, Case Report, Fistula in ano, *kshara sutra*, *Shambukavrata*, Trans-sphincter.

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## 1. INTRODUCTION

Fistula-in-ano is a common surgical condition characterized by abnormal tract connecting anal canal to perianal skin. In 90% cases it develops after blockage of anal glands which further leads to infection and abscess formation, [1] 30- 70% of this abscess ultimately progresses into fistula. [2, 3]

When fistulous tract passes through the external anal sphincters it is termed as Trans sphincteric type of fistula, with prevalence rate of 25%. [4] It courses from dentate line towards internal and external sphincters and into the ischio-rectal fossa and finally opens into perianal skin. [3] In *Ayurveda* it can be correlated well with *shambukavrata bhagandara* with appearance like shell of a conch with curvilinear tract. It has *tridosha* involvement and is considered difficult to treat. [5]

Diagnosis and management techniques for Fistula-in-ano have evolved tremendously over the past few decades. Advanced approaches have been adopted over the years from Fistulectomy, fistulotomy to recent approaches of VAAFT (Video assisted anal fistula treatment) and RAF (Rectal advancement flap). However, these methods have limitations and main concern is fecal incontinence, delayed healing, high recurrence rate and risk of sphincter injury. [3]

Improper diet, suppression of natural urges, mental stress and external trauma leads to *prakopa* of *vata dosha*, followed by *pitta- kapha* aggravation. Vitiated *doshas* gets localised in *guda* (Anal region) leading to *Shambukavruta bhagandara*.

*Acharyas* mentioned about preventive, curative measures with surgical, para surgical and medical treatment. Surgically, it is managed by *chedana* (excision) *karma*. [6] Another widely popularized method i.e., *kshara sutra* (K.S) application leads to decreased incidence of recurrence and minimal complications. This case of complex Fistula-in-ano managed with Integrative approach after previous two failed surgical attempts with contemporary methods. This approach overcomes the hurdles encountered by contemporary science and reduces sphincter injury, incontinence and recurrence risk.

## 2. CASE REPORT:

A 54 years old male patient presented in *Shalya Tantra* OPD on July 2025 with complaints of pain in anal region from past 8 months. He had left perianal scar and wound with discharge from previously operated site. Patient had 1st surgical history of left perianal fistula 7 months ago (Jan 2025) and 2nd surgery of LIFT (Ligation of Inter Sphincteric Fistulous Tract) procedure 3 months ago (April 2025). He had no associated complaints of fever, diarrhea or constipation. Patient is a known case of HTN and DM 2 from past 4 years and on medications. He had disturbed sleep and social life due to difficulty in carrying out daily routine work. Patient had daily intake of non-vegetarian food and occasional alcohol intake. Drug allergy from tablet ofloxacin was also reported by the patient.

**Clinical findings:**

Patient had *Pitta pradhana Vata-Kapha prakruti* with *madhyam sara*, *Pramana* and *Avara satva*. His *aahara shakti* was avara with madhyam *samhanana* and *vaya*. *Ashtavidha pariksha* indicated that he had *Vata Kapha nadi, vikruta mala (Vibandha), prakruta Shabda, drika, mootra and Sama jivha* (with moderate coating). *Dashavidha pariksha* is suggestive of *dosha* imbalance, impaired metabolism and *srotodushti*.

Local examination of perianal region on inspection had an external Fistula-in-ano opening at 5 O'clock position and previous surgical scar mark at 5-6 O'clock position. On palpation, mild tenderness was noted with normal sphincter tone and no internal opening could be palpated on digital rectal examination. Trans perineal ultrasound scan revealed around 6 cm long curvilinear tract extending from 5-6 O'clock position superiorly towards 3 O'clock in trans-sphincteric plane. Table 1 contains examination and Investigation findings.

**Diagnostic assessment:** Clinical diagnosis of trans-sphincteric Fistula-in-ano with crypto glandular infection was made after thorough examination and investigations. (Mentioned in table 2)

**Table 1: Timeline of Events**

| Date or Year | Event |
|---|---|
| Jan 2025 | Patient operated for the first time for Fistula-in-ano with conventional method |
| April 2025 | LIFT Procedure done due to reoccurrence of condition |
| June 2025 | Recurrence of symptoms |
| 16 July 2025 | Patient presented in our OPD with complaints of pain in anal region. Baseline investigations done |
| 17 July 2025 | Patient operated with integrative approach and K.S Ligation |
| 22 July 2025 | Discharged (Day 5) with oral medications, wound care and dietary lifestyle advice. |
| 29 August 2025 | Ramification tract healed and 5$^{th}$ K.S change with healthy healing of fistulous tract. No signs of pus discharge noted. |
| 22 December 2025 | Fistulous tract completely healed |

**Table 2: Examination and Investigation findings**

| **Vitals** | |
|---|---|
| Blood pressure | 120/90 mm of Hg |
| Pulse Rate | 66 bpm |
| Temperature | 97.5 ° F |
| Respiratory Rate | 18 / minute |
| **General Examination** | |
| Pallor | Absent |
| Icterus | Absent |
| Clubbing | Absent |
| Lymphadenopathy | Absent |
| Weight | 80 kg |
| **Systemic Examination** | |
| CNS (Cranial Nervous System) | Well oriented with time, place & person |
| CVS (Cardio Vascular System) | S1 & S2 heard, no added sounds detected |
| Respiratory system | Air Entry Bilaterally equal |
| Per Abdomen | Soft, non-tender, No organomegaly |
| **Local examination** | |
| Perianal region | Inspection: External Fistula-in-ano opening at 5 O'clock position and previous surgical scar mark at 5-6 O'clock position<br>Palpation- mild tenderness was noted, Induration at 5-6 O'clock position.<br>DRE- Sphincter tone- normal<br>Tenderness- present<br>Internal opening: not palpable |
| Trans perineal ultrasound | Curvilinear hypoechoic tract, length- 6.1cm and diameter- 11.5mm.<br>Cutaneous opening at 5-6 o'clock position.<br>Tract extends superiorly up to trans sphincteric plane. Inferiorly abscess collection of volume 4.4 ml (2.2*2.2*1.6cm) just below external opening. |

**Differential Diagnosis:** Ulcerative colitis, Crohn's disease, hidradenitis suppurativa, infected inclusion cyst, and tuberculosis were considered as differential diagnosis. Based on above clinical findings and examinations they were ruled out. (Table 3)

**Table 3: Differential Diagnosis**

| **Differential Diagnosis** | |
|---|---|
| Ulcerative Colitis & Crohn's Disease | Ruled out due to lack of GI symptoms |
| Hidradenitis Suppurativa | Ruled out as no lesions or nodules over groin region |
| Infected Inclusion Cyst | Ruled out as condition is chronic and inclusion cyst are often acute. |
| Tuberculosis | Ruled out as no history and evidence noted. |

**Diagnostic Challenges:** Diagnostic challenge in this case was due to curvilinear tract it was not easy to palpate the internal opening. Clinical examination and probing alone were not sufficient to examine this complex fistula tract and scanning report was also not precise.

**Prognosis:** Complex Fistula-in-ano have recurrence rate of 25.4%. [7] As per *Ayurvedic* principles *Bhagandara* (Fistula in Ano) is difficult to treat. This case of *Shambukavrata Bhagandara* have *Tridoshaj* involvement and complex fistulous tract which makes it challenging to treat.

**Table 4: Treatment Timeline**

| Interventions/ Clinical event | Date | Medicines | Remarks |
|---|---|---|---|
| Pre-operative *(Purva karma*) | | | |
| | 16/07/2025 | - | Trans perineal USG (11/07/2025)- Curvilinear long left perianal fistula with perianal abscess and short ramification of long fistula. |
| | 16/07/2025 | 1. Inj. Xylocaine 2% 0.2cc I/D test dose- giver over Right hand<br>2. Inj. Sujon S.B test dose 0.2cc I/D – given over left hand<br>3. Inj. T.T 0.5cc IM given over Right Gluteal region<br>4. *Sukhsarak choorna* 1 tsf HS with LWW (Mfd.- KLE Pharmacy, B.No.-I-KLE25-26) | |
| Operative procedure (*Pradhan karma)* | | | |
| Ligation with partial fistulectomy under SAB | 17/07/2025 | 1. NBM<br>2. IVF- DNS – 1 pint<br>3. Inj. Sujon S.B 1.5 g in 100ml NS IV BD (Mfd.- Kolash pharma; B.No.- KCI-50701)<br>4. Inj. Pantop 40mg IV BD (Mfd.-Axa parenterals Ltd.; B.No.- G025J-17) | Final diagnosis= Complex trans sphincteric fistula |
| Post-operative (*Paschat karma*) | | | |
| Post-operative care | 17/07/2025 | 1. IVF- NS, DNS, RL & D5 – 1 pint each<br>2. Inj. Sujon S.B 1.5g in 100 ml NS IV BD (Mfd.- Kolash pharma; B.No.- KCI-50701)<br>3. Inj. Pantop 40mg IV BD (Mfd.-Axa parenterals Ltd.; B.No.- G025J-17)<br>4. Inj. Tramadol 100mg in 100ml NS IV (BD) (Mfd.- Neon laboratory ltd., B.No.- KP1568201)<br>5. Inj. Emset 4mg IV (SOS) (Mfd.-Neon Laboratories ltd., B.No.- KM315127) | |
| POD1 | 18/07/2025 | 1. Inj. Sujon S.B 1.5g in 100 ml NS IV BD (Mfd.- Kolash pharma; B.No.- KCI-50701)<br>2. Inj. Pantop 40mg IV BD (Mfd.-Axa parenterals Ltd.; B.No.- G025J-17)<br>3. Inj. Tramadol 100mg in 100ml NS IV (SOS) (Mfd.- Neon laboratory ltd., B.No.- KP1568201)<br>4. Inj. Emset 4mg IV (SOS) (Mfd.-Neon Laboratories ltd., B.No.- KM315127)<br>5. Tab. Lyser D 1 BD A/f<br>6. *Sukhsarak Choorna* 1 tsf HS | |
| POD2-POD5 | 19/07/2025 to 22//07/2025 | 1. Inj. Sujon S.B 1.5g in 100 ml NS IV BD<br>2. Inj. Pantop 40mg IV BD<br>3. Inj. Tramadol 100mg in 100ml NS IV (SOS) | |

| | | | |
|---|---|---|---|
| | | 4. Inj. Emset 4mg IV (SOS)<br>5. *Sukhsarak Choorna* 1 tsf HS with LWW<br>6. Sitz bath with Pentabark *Kashaya* | |
| | 23/07/2025- | 1. Tab. Lyser D 1 BD A/f<br>2. Tab Chymoral forte 1 BD A/f<br>3. Tab. Vitamin C 1 TID<br>4. *Sukhsarak choorna* 1 tsf HS<br>5. Sitz bath with Pentabark *Kashaya* (KLE Pharmacy, B.No.- I-KLE 25-26) | |
| Discharge medications | 22/07/2025- | 1. *Capsule* Grab 1 BD A/f (Mfd.- Green Remedies, B.No.- GRD096)<br>2. *Nimbadi guggulu* 1 BD A/f (Mfd.- SDM, B.No.- NBT012)<br>3. Tab. Vitamin C 1 TID<br>4. *Sukhsarak Choorna* 1 tsf HS<br>5. Sitz bath with Pentabark *Kashaya* | |
| *Pathya-Apathya* (Do's Don'ts) [12] | 22/7/2025- till 6 month post recovery | *Pathya* (Do's)- wheat, barley, bottle gourd, radish, turnip, carrot, fenugreek, coconut, apple, fig, watermelon, guava, pulses, dried grapes, coriander, *rakta shaali*, cow's ghee, mustard oil, buttermilk, hot water, *yoga*, meditation and brisk walking.<br>*Apathya* (Don'ts)- Spicy food, fast food, fried food, cold drinks, bakery items, chocolates, tea, coffee, gas forming vegetables like cauliflower, broccoli, smoking, alcohol, cold water, suppression of urges, day sleep and excess sitting to be avoided. | *Yoga asana- Pawana mukta asana, sarvanga asana, hala asana, matasya asaan, bhujanga asana, tada asana and yoga mudra were advised* |
| Wound care | 19/07/2025-21/07/2025 | Wound syringing with betadine and peroxide solution followed by dressing with Soframycin soaked gauze | |
| | 22/07/2025-31/07/2025 | Wound cleaning with Pentabark *Kashaya* followed by Wound dressing with *Haridra* extract ointment | |
| | 01/08/2025-31/10/2025 | **1.** Dressing with ointment Haridra extract<br>**2.** Matra basti (10ml) with Jatyadi Taila (Mfd.- KLE Pharmacy, B.No.- I-KLE565) | |
| | 01/11/2025-09/12/2025 | Wound dressing with *Haridra* extract ointment | |
| | 10/12/2025-20/12/2025 | Wound dressing with *Haridra* extract ointment | |
| *Kshara Varti (Apamarga)* | 17/07/2025-29/08/2025 | Place in ramification tract daily from week 1 to week 5 | Ramification tract healed in 5 weeks |
| K.S change | 24/07/2025 | 1st K.S change (Rail road technique) | |
| | 31/07/2025 | 2nd K.S change (Rail road technique) | |
| | 3rd-19th Week | 3rd to 19th KS change (Rail road technique) | |
| | Week 20 | K.S Removal (10/12/2025) | |
| Wound Healed | 22/12/2025 (Week 22) | - | Wound completely healed |

## 3. THERAPEUTIC INTERVENTION:

Therapeutic intervention for this patient of complex Fistula-in-ano (*Bhagandara*) followed an integrated protocol. Surgical technique-partial fistulectomy with *Apamarga K.S* ligation, contemporary medicine, ayurvedic oral and local medications along with dietary and lifestyle modifications were included.

As mentioned in timeline table 3 after doing all the pre-operative requisites, examination and investigations patient was posted for surgery under SAB (Sub Arachnoid Block). Test dose for 2% Lignocaine injection, injection T.T and prophylactic antibiotic dose was administered before operative procedure. Under all aseptic precautions and with stable vitals patient was operated in lithotomy position. Probing of fistulous tract was done from external opening at 5 O'clock to internal at 6 O'clock position. Around 5 ml pus was drained out from abscess below 5 O'clock opening. Further explorations revealed that tract was extending up to 3 o'clock position (length=10cm) in the Trans sphincteric plane and had ramification extending up to 4 cm from 3 O'clock position laterally. Partial fistulectomy from 5 O'clock to 3 O'clock was done. *Apamarga K.S* ligation of tract from 5 O'clock external opening to 6 O'clock internal opening was done. *Apamarga Kshara varti* was placed in the ramification tract extending from 3 O'clock position. In post-operative period fluids for 1 day, antibiotics and analgesic for 7 days were administered to maintain hydration, nutrition, reduce infection risk and relieve pain. Patient was discharged after 5 days with medicines *Capsule grab* 1 capsule twice a day, *Nimbadi guggulu* 1 tablet twice a day, Tablet vitamin C thrice a day, *Sukhsaraka choorna* 1 tablespoon at night with lukewarm water, sitz bath with *Pentabark Kashaya* and daily wound dressing with ointment prepared with *haridra* extract. Two weeks post operatively *Matra basti* with *jatyadi taila* was administered during wound dressing. *Apamarga K.S* was changed weekly with rail road technique and *Apamarga kshara varti* changed daily during dressing. Diet as per *prakruti* and dosha was advised. (Table 4)

**Follow up and outcome:** follow up after discharge was continued weekly for 22 weeks until complete wound healing was achieved. Weekly *kshara sutra* was changed with rail road method. *Kshara* sutra change was performed 19 times during the entire treatment period. Patient had improved quality of life, no complaints of pain or pus discharge were reported. Post wound healing patient followed up monthly for 5 months and no complaints of incontinence, discomfort or recurrence were reported.

**Adherence:** Patient adhered to treatment protocol and attended regular follow up visits, weekly *kshara sutra* change, daily wound dressing and compliance with dietary and lifestyle changes.

**Tolerance and Adverse effects:** Treatment was well tolerated with manageable pain and no adverse effects of the treatment were reported.

**Table 5: follow up & Outcome**

| Wound parameters | Weeks | | | | | | |
|---|---|---|---|---|---|---|---|
| | Baseline (D0 After OT) | Week 1 (31/07/25) | Week 3 (15/08/25) | Week 6 (05/09/25) | Week 10 (03/10/25) | Week 20 (10/12/25) | Week 22 (22/12/25) |
| K.S change | K.S ligation done on 17/07/25 | + | + | + | + | KS Removal | - |
| Tract length (L) | 10cm | 9cm | 8cm | 6cm | 5cm | 0.5cm | - |
| Length of Ramified tract | 4cm | 3cm | 1cm | Healed | - | - | - |
| Discharge | Pus | Pus | Serous | Serous | - | - | - |
| Wound floor | Healthy tissue | Pale granulation tissue | Pale granulation tissue | Healthy red granulation tissue | Red granulation tissue | - | Wound healed |
| VAS | 8/10 | 6/10 | 4/10 | 2/10 | 1/10 | 1/10 | 0/10 |

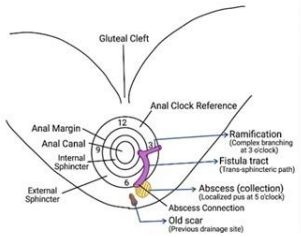



Figure 1: Curvilinear Fistula in ano tract with ramification at 3 O' Clock position

Figure 2: Wound condition at week 3 post operative

Figure 3: Wound condition at post operative week 10 with Healthy Red Granulation tissue

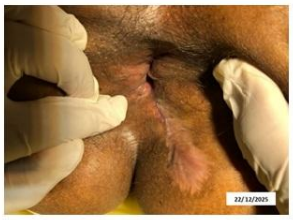


Figure 4: Completely healed at post operative week 22

## 4. DISCUSSION:

As per *Ayurvedic literature, Bhagandara* (Fistula in ano) is mentioned amongst the *Ashta Mahagada* (Eight grave diseases) indicating the struggles encountered in its treatment, recovery and high recurrence rate. This case was managed with integrative approach and efficacy of partial fistulectomy with *Apamarga kshara* sutra along with oral and local medications for wound healing. (Flow Chart 1)

Fistulectomy reduces the length of the original tract and debrides the unhealthy granulation tissue and leads to early wound healing. Antibiotics were administered to control acute infection.

*Apamarga K.S* prepared by standard method was used in this case. Standard *Apamarga* KS contains 21 layers of *Achyranthes aspera kshara*, *Euphorbia neliforia* latex and *curcuma longa* powder. It has anti-inflammatory, anti-microbial properties and leads to debridement by *lekhana* (scraping), *chedana* (excision) and *bhedana* (incision) effect of *kshara*. *Snuhi* latex leads to controlled chemical cauterization and debridement of unhealthy granulation tissue of the tract leading to fibrosis, thus preventing recurrence of fistula tract formation. (Figure 2 & 3) *Curcuma longa* (*Haridra*) has anti-oxidant, anti-inflammatory and antimicrobial properties which aids in healing of wound. Curcumin extracted ointment was also used for dressing of wound.

Previously conducted studies have highlighted the effectiveness of K.S and its advantage compared to modern approach. It leads to simultaneous healing and cutting of fistulous tract thereby preventing sphincter damage and recurrence. Findings observed in present study align with available literature that assess the effectiveness of *kshara sutra* in management of Fistula-in-ano and also studies have been done to compare efficacy of different *kshara sutra* coating in enhancing wound healing. [8, 9]

Integrative approach combining modern surgical methods with ayurvedic procedures and medications have proven to be effective through previous studies in management of complex, chronic and rare Fistula-in-ano condition. Common finding among previous studies was decreased healing time and zero recurrence. [9-12]

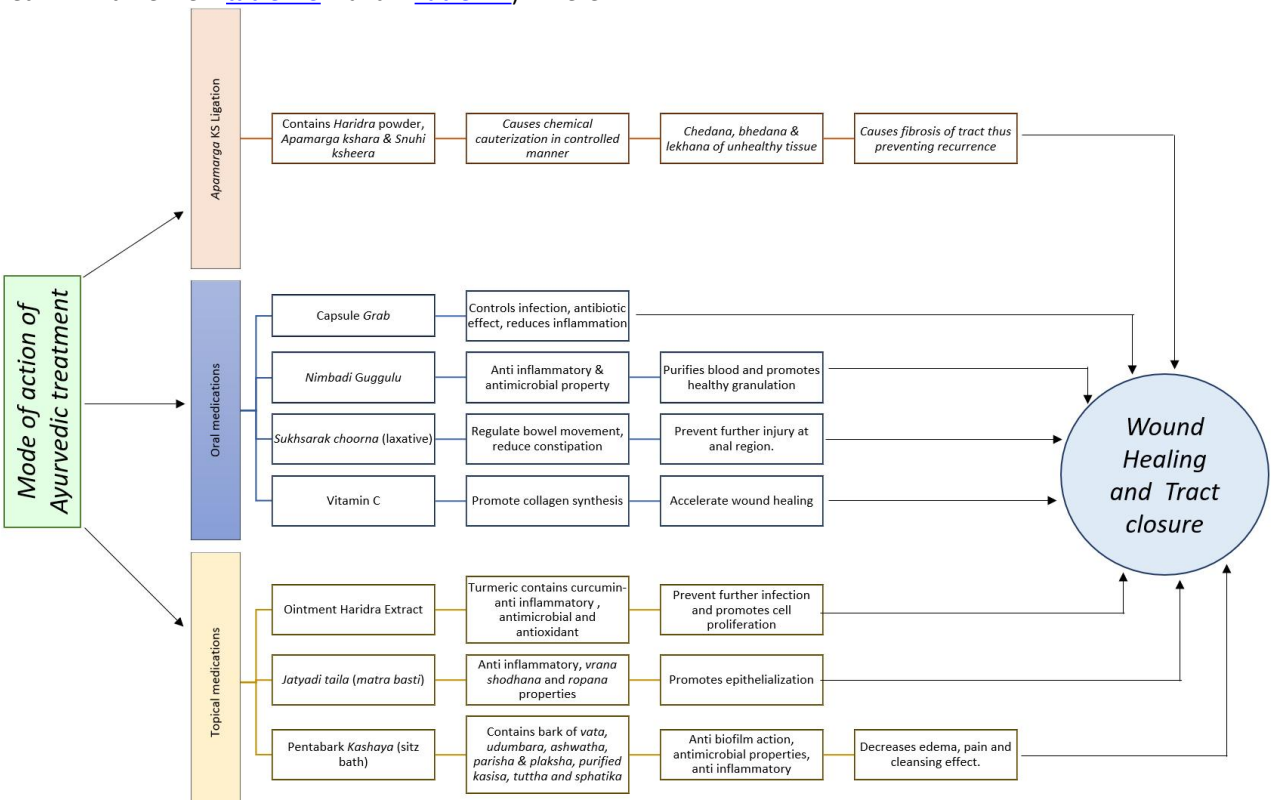
In this study, oral medications capsule *grab*, *Nimbadi guggulu*, *sukhsarak choorna*, tablet vitamin C were administered to ultimately promote wound healing. (Table 3) Capsule *Grab* aids in tissue repair by it's anti-inflammatory, antimicrobial and immunomodulatory effect. *Nimbadi guggulu* have blood purifying properties, anti-inflammatory action and reduces localized edema. In previous studies *Guggulu* (*Commiphora mukul*) have shown positive results in decreasing inflammation and improving wound healing in Ano rectal conditions. [11]

Tab Vitamin C was also advised due to its role in promoting collagen synthesis and tissue remodeling. *Sukhsarak choorna* was given to prevent constipation and to aid in proper defecation thus reducing strain and trauma and enhancing wound recovery.

For topical application regular warm sitz bath with Pentabark *Kashaya* was given. It has cleansing, anti-inflammatory, analgesic and antibacterial properties which significantly reduced edema, further infection risk and pain. [12, 13] it

further maintains perineal hygiene and improves local circulation that enhances wound healing. *Jatyadi taila matra basti* and *haridra* extract ointment used in this case for wound dressing subsequently contributed to healthy wound healing. [11, 12, 14] (Flow chart 1)

Along with all these, dietary and lifestyle modifications (Mentioned in timeline table 3 and Table 4) were recommended to be followed by the patient. Improper diet and sedentary lifestyle lead to decreased digestive fire and leads to constipation which is key factor in all Ano rectal disorders. Thus, having proper regime and good diet can ignite the digestive fire and improve metabolic activity and thereby preventing recurrence of disease. [15]




**Flow chart 1: Mode of action of Ayurvedic treatment**

**Strengths:** In this case study integrative treatment method with contemporary medications, surgical intervention, Ayurvedic oral and local medications along and diet and yoga was adopted. This approach not only helped in healing of this recurrent case of complex fistula but also minimized risk of redeveloping and complications in post-op period.

**Limitations:** During initial days of treatment patient had difficulty in regularly adopting diet and lifestyle modifications.

## 5. CONCLUSION:

This recurrent case of curvilinear complex trans- sphincteric tract with chronicity from 8 months was managed successfully with integrative management protocol (Partial fistulectomy, *Kshara sutra* ligation, *shamana* treatment, Lifestyle and dietary changes). Main fistulous tract reduced from 10cm to 0 cm in 22 weeks with unit cutting rate of 1 cm/week during initial 6 weeks and 0.5 cm thereafter. Ramification tract initially measuring 4 cm healed completely within 5 weeks with unit cutting time of 1 cm/week. (Figure 4) This study has successfully demonstrated complete tract healing, reduced inflammation, discharge, healthy granulation tissue formation, preserved sphincter function and improved quality of life of the patient. Follow up after complete healing of wound done monthly for 5 months and no complaints of incontinence, discomfort or discharge reported by patient.

**Key findings:** Complete healing of fistulous tract with minimal scarring (Figure 4) and complete relief in pain (VAS 8 to 0) (Table 5) was noted.

**Key message:** This integrated approach is safe, economical and effective for complex recurrent fistula in Ano. Complete healing of tract attained without any complication, adverse effects and recurrence in 5 months follow up period.

**ABBREVIATIONS**

K.S- Kshara Sutra

BD- 2 times

TID- 3 times,

SOS- As and when required

HS- At night

A/f- After food

LWW- Luke Warm Water

VAS= Visual Analogue Scale

B.No.- Batch Number

tsf- teaspoon full

inj. - Injection

T.T- Tetanus Toxoid

**Declaration of Patient Consent** – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

**Patient's Perspective:** Patient was satisfied and compliant with the treatment and expressed immense relief in symptoms and improved quality of life.

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**Declaration of Generative AI**

The authors declare this manuscript was written without the use of generative artificial intelligence tools. All the content, including text generation, data analysis and references was developed and reviewed by the author without assistance from AI technologies.

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