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Original Research Paper

Ayurveda

ROLE OF KSHARA-SUTRA IN THE TREATMENT OF COMPLICATED FISTULA-IN-ANO.

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ABSTRACT Ayurveda treatment is an ancient procedure. Most of the people are not satisfied with the effects of allopathy as the side effects and reactions are now easily visible. The benefits of Ayurveda on the other side are very effective. It is a safe, secure, reliable and cost-effective branch of traditional medical science.

KEYWORDS : Kshara Sutra, Fistula-in-Ano, Ayurvedic treatment, Recurrent fistulae.

INTRODUCTION

Fistula-in-Ano is a chronic sinus in the peri-anal region that releases pus and typically has two openings: one within the Ano-rectal canal and one outside on the skin's surface. It typically begins as an acute abscess in that region, with a significant buildup of pus in one of the cavities around the Ano-rectal canal, typically the ischio-rectal fossa, which has the capacity to hold a significant volume of pus. It frequently necessitates an urgent surgical draining of the abscess to relieve the pressure, or it may occasionally spontaneously break up on the surface. The major internal hole is often closed, which results in pressure being created inside the cavity. This pressure is what causes the patient's pain, and it has to be addressed as an emergency.

The patient is incredibly glad once the abscess is drained, and as time goes on, he feels totally normal. However, the opening on the outside does not shut and continues to discharge pus for years on end, causing the patient stress. However, after several procedures, the problem worsens, and the sinus becomes deeper, wider, and has more branches with each one. The typical scenario in a fistula-in-Ano instance is that the patient becomes so dejected after four or five procedures that he would rather take his own life than continue to suffer from this awful condition.

Currently, a common approach to treating fistula-in-Ano is Kshara Sutra treatment. Nearly all Ayurvedic universities in India as well as several of its bordering nations, including Nepal, Sri Lanka, and Bangladesh, practise it. It is being used in the practises of several contemporary surgeons who have seen the recurrent character of this ailment. However, given our extensive experience with Kshara Sutra therapy, we have seen a number of situations where Kshara Sutra treatment is not only challenging but also needs specific attention in order to be successful. Such problematic cases are being discussed in this article.

Multiple Fistulae

These are the fistula-in-Ano instances that provide difficulties during therapy. The phrase "multiple fistulae" typically refers to fistulae that have several openings, either on one side or both sides of the peri-anal region. However, there are numerous types of fistulae that require unique Kshara Sutra treatment strategies. The following paragraphs address the most typical types of multiple fistulae:

1) Horse-Shoe Fistulae: These are the fistulae, which feature a horseshoe-shaped pattern of interconnection with two apertures, one on each side and nearly symmetrically positioned. If a probe entered through one of the openings, it might exit through the other opening that crossed the centre line. But that is not how the Kshara Sutra should ever be used. Depending on whether the fistula is an anterior or posterior horseshoe, both sides share an internal entrance at the 6 o'clock or 12 o'clock locations. Always apply the threads to the right and left sides individually. If the fistula is shallow, the Kshara Sutra therapy works rapidly.
2) Water-Can Fistulae: These are the superficial and linked fistulae. While the rest of the tracts run slightly below the skin, creating the impression of a water can, one of them may penetrate deeper to the point of origin, which may be near the dentate line. Typically, unhealthy skin indicates a fungus infection. The deeper tract first should be treated with the Kshara Sutra, and as many of the remaining fistulae as possible should be tied skin-to-skin.
3) Independent Multiple Fistulae: These are the numerous fistulas that frequently arise. There are separate exterior and interior apertures on each fistula that are never joined. They could be present on one side of the peritoneum or both. These fistulae can either be treated concurrently or one by one using the Kshara Sutra. The fistulae will heal independently since they have separate sources of infection.
4) Single Fistula with Multiple Openings: In this particular case, the pus continues to gather in the Anorectal ring, where the infection reaches the ischiorectal fossa. In the end, the abscess breaks open on the skin and becomes a fistula. After some time, the exterior hole shuts, and the cavity's pressure starts to build up once more. In the end, it ruptures in Another location, creating a new fistula. Similar to this, several fistulae that lead to the same abscess chamber may co-exist. These are the many fistulae, each of which has a single tract. Although it has several apertures on the outside, it only has one fistula within. It is necessary to thread the Kshara Sutra through the exterior aperture that leads to the Anorectal ring. If possible, the additional apertures can also be threaded in addition to being packed with Kshara Vasti or Kshara Pichu.
5) Multiple Fistulae with a Single Opening: When the infection spreads through two or more crypts and all the main fistulae come together to produce an ischiarectal abscess, it is an unusual circumstance. The pus is then expelled from this location by a solitary exterior hole. It is highly challenging to identify and even more challenging to cure this fistula. All of the internal tracts cannot be threaded. But only one of the tracts can be threaded, leaving the rest to our prayers and hopes that the Kshara will kill the other afflicted glands. The pus will still leak out of the exterior orifice, though, until all of the glands are eliminated. Therefore, it is important to consider the

potential of several internal tracts if a fistula refuses to heal after repeated use of the Kshara Sutra.

High Rectal Fistulae

The phrase "High Rectal Fistula" refers to a fistula with a cavity that is deep in the body. High Anal Fistula and/or Ano-rectal (Pelvi-rectal) Fistula are typically included.

1) High Anal Fistula: These might be intra- or supra-sphincteric forms. However, during a surgical procedure, damage to the upper head of the external sphincter muscle is unavoidable. The safest way to treat these fistulae is the Kshara Sutra. To thoroughly clean the hollow and drain it with the Kshara Sutra, though, enough time must be given.
2) Ano-rectal Fistula: This fistula is of the supra-levator kind. When a probe is inserted through the exterior aperture, it directly enters the supra-levator area after crossing the Anorectal ring. The probe's tip is extremely difficult for a finger to feel in the Anorectal canal.

There are two possible entry points for the infection into the supra-levator space:

(i) Through the Anorectal ring when the crypt is broken, and
(ii) Through the rectal wall itself.

If the infection enters through the Anorectal ring, it first creates an abscess in the ischiorectal fossa. Over time, the pus eventually pierces the levator-anii muscle and reaches the supra-levator region. It is important to take care not to penetrate the rectal wall while treating a fistula like this with the Kshara Sutra. In order to avoid damaging the rectal wall, the thread must always be inserted through the main orifice at the Anorectal ring. With the aid of the thread existing in the tract's bottom portion, the cavity at the top is anticipated to be efficiently drained by gravity. Although Kshara may need more time to wipe up the cavity, the rectal wall shouldn't ever be harmed. Second, the illness is not a candidate for therapy by Kshara Sutra if it penetrates the supra-levator area straight via the rectal wall. It merely implies that the rectal wall is already compromised and that ulcerative colitis is likely the person's condition. In this situation, the Kshara Sutra should never be used, and ulcerative colitis should be treated for the patient.

Recurrent Fistulae

The recurring nature of fistula-in-Ano is previously known and accepted by surgeons; yet, there are situations when the cause of recurrence is not just the illness itself but also some organic lesion of the nearby tissues, such as the bones, joints, glands, ovaries, colon, or even appendix. Application of the Kshara Sutra does not always result in success until these options are thoroughly investigated. Therefore, a thorough investigation must be conducted in all situations when a history of prior surgical procedures is established. A simple X-ray of the pelvis and spines can diagnose a bone lesion, if present, in addition to fistulography. If ulcerative colitis is the source of the recurrence, barium enema investigations or perhaps a colonoscopy may be required.

Sub-Mucus Fistulae

These are superficial fistulae that are located directly below the Ano-rectal canal's mucous membrane. They are challenging to treat because their methodology is challenging. Although they heal even if they are lay exposed, it is difficult to apply the Kshara Sutra in these situations. However, the majority of the surgical procedure must be done blindly since the working area is so small. They are not the targets of this therapy in terms of the Kshara Sutra treatment.

Tubercular Fistulae

It is true that all fistula-in-Ano cases were thought to be tubercular in origin and that they all responded to anti-tubercular therapy. However, a real tubercular fistula is one that originates in a tubercular lesion, such as Pott's spine, hip joint tuberculosis, an infected tubercular gland, etc. Finding the site of an infection is not always possible, but most of the time, a good fistulogram, a histopatholgical examination, and culture investigations can locate the fistula's origin. Kshara Sutra may be used in these situations whenever it is practical, but it should always be combined with a normal course of anti-tubercular medicine.

Fistulae In Diabetics

Diabetes mallitus is known to interfere with fistula and wound healing. Diabetic fistulae are also of the same common varieties; but they need special care because of their non-healing nature due to Diabetes. Therefore, the wound created by Kshara Sutra needs special care. The discharge is abundant and so the dressings have to be changed several times a day for the first one of two months. Later, when the cavity starts healing, the discharge is reduced and a normal twice daily dressing may be sufficient.

Urinary Fistulae

These fistulae resemble fistula-in-Ano in appearance. However, because of their diverse histories and origins, they are also treated differently. In actuality, these are Kshara Sutra application contraindications. When doing a patient's initial examination, if the probe moves away from the Ano-rectal canal and towards the urethra instead, care must be taken to thoroughly explore. It may also show a history of urethral damage and stream narrowing. The diagnosis will be confirmed by a good urethro-fistulogram. Such situations need to be carefully examined, and Kshara Sutra should never be used unless a real fistula-in-Ano is proven.

Contra-indications

It is always better to see all situations as contra-indications for Kshara Sutra treatment if one is doing it, until a real fistula-in-Ano is confirmed. Most of the time, a thorough clinical examination is adequate, but in unsure situations, it is also advisable to urge more research. Following is a list of frequent illnesses that, upon closer examination, appear to have the same symptoms as fistula-in-Ano but are really caused by other sinuses and should not be treated with Kshara Sutra:

- Urinary or urethral fistulas.
- The vaginal fistula.
- Fistulae from ulcerative colitis; Pelvic fistulae from chronic salpingitis.
- Chronic appendicitis-related fistulae.
- Tubercular sinuses resulting from a hip joint condition.
- Sinuses caused by osteomyelitis in the pelvic bones.
- Sinuses from Pott's disease of the spine. Psoas abscess draining into perinium.

REFERENCES

1. Kshara Sutra Technique; by Prof.K.R.Sharma, Former HOD; Deptt. of Shalya Shalakya IMS; BHU.
2. National Campiagn On Role Of Kshara Sutra In Ano Rectal Disorders; Department Of AYUSH Minisrty Of Health & Family Welfare, Govt. Of India.
3. Iram Bokhari;https://pubmed.ncbi.nlm.nih.gov/18760061/. Pristyn Care Team;https://www.pristyncare.com/blog/kshar-sutra- treatment-pc0113/.