



KSHAR SUTRA MANAGEMENT AS AN UNRIVALED SOLUTION OF FISTULA-IN-ANO: A CASE STUDY

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ABSTRACT

The case study is presented of a 32 year old man that presented with intermittent pus discharge from a recurrent boil in his peri-anal region that was diagnosed as fistula-in-ano. The case was well managed with Apamarga Kshar Sutra and Ayurvedic medications. The patient recovered very well within 4 weeks. Ayurveda treatment modalities possess promising result in the cases of Bhagandara (fistula-in-ano). The use of Kshar Sutra in treating fistula-in-ano is characterized by its simplicity, low complication rates and cost effectiveness. Therefore, Kshar Sutra is proved to be a highly efficacious, minimally invasive surgical approach for managing fistula-in-ano.

KEYWORDS : Bhagandara, Peri-anal diseases, Shalya, Ayurvedic Surgery, Apamarga Kshar Sutra

INTRODUCTION

Fistula-in ano is a common disease ailment found in Shalya (Ayurvedic surgery) O.P.D. In Ayurvedic texts, the term 'Bhagandara' can be co-related with fistula-in-ano with the similarities of clinical features. The disease is so named from the fact that it bursts the rectum, the perineum, the bladder and the place adjoining to them (thus setting up a mutual communication between them). The pustules, which appear in these regions, are called as Pidakas in their un-suppurated stage, while they are called Bhagandaram when they are in a stage of suppuration¹. They invariably found to be attended with a violent pain and swelling etc., and takes a long time to heal. A Fistula-pustule crops up within a space of two fingers' width of the Payu proper (distal end of the rectum), is sunk at its root, and attended with pain and febrile symptoms².

Shastra Karma (Surgical management), Kshara Karma (Use of an alkali) and Agni Karma (Therapeutic cauterization) are mentioned in Sushruta Samhita for the management of Bhagandara after Eshana Karma (probing of the fistulous tract). Kshar Sutra therapy is considered effective and safe for the management of fistula-in-ano with minimal complications. The patient also remains ambulatory during the course of treatment. Apamarga Kshar Sutra is considered standard, that's why it was selected for this case.

Case Presentation

The patient is a 32 years old man who is not a known case of diabetes or hypertension.

Chief Complaints

The patient presented in the O.P.D. with the complaints of a boil in peri- anal region with intermittent pus discharge for 45 days. He also complained of irregular bowel habits currently with constipation.

History of Present Illness

The patient was asymptomatic 3 months ago. Due to his job profile, he had to travel from one place to another and his eating patterns were disturbed. He gradually developed irregular bowel habits, sometimes diarrhoea and constipation most of the times. About 2 months ago, he noticed pain in anus during the act of defecation after 2 days of missed evacuation of bowels. He also noticed some bleeding on feces. So, he bought an ointment from a local medicine store and got some relief. But again after 15 days, he noticed a boil with pus discharge and pain in peri- anal region. He also felt constipated and soiling of clothes with pus discharge. So, he came to the O.P.D. for the treatment.

History of Past Illness

No known case of Hypertension /D.M /Thyroid disorder/T.B.

Family History

Father is a known case of hemorrhoids

Treatment History

Conservative- Patient took antibiotics from a nearby medical store but the pus discharge sustained.

Surgical- Not any surgical history

Personal History

Appetite- Normal

Diet- Mixed (veg & non-veg)

Bowel habit- Irregular (Constipation more often)

Sleep- sound

Occupation- event manager

Addiction- Alcohol- sometimes

Marital history- Married

Children- 2 (healthy) (male-1, female-1)

General Examination

G.C.- fair

B.P.- 110 / 80 mm hg

P.R.- 76 bpm

SPO₂- 99 %

Pallor- not present in palpebral conjunctiva

Icterus- not present in bulbar conjunctiva

Cyanosis- not present

Clubbing- not present

Edema- not present

Lymphadenopathy- not present

Systemic Examination

CNS - the patient was conscious and well oriented with time, place and person.

CVS – S₁, S₂ audible, and no murmur was audible

Respiratory System- bilateral chest expansion was equal, no added sound was audible

Per Abdominal Examination

Inspection- Abdomen was normal in size and shape, No surgical scar present

Palpation- Abdomen was soft and non-tender.

Percussion- No fluid thrill found.

Auscultation- Normal bowel sound was audible.

Local Examination

Inspection

External opening of fistula-in-ano was present on 6'o clock position

Pus discharge- present

On P/R Examination

- A pit was felt on 6 'o clock position which indicated the internal opening.

- Probing was done with a malleable copper probe which showed a patent tract from the external opening to the

internal opening.

Treatment Plan

Kshar Sutra management for fistula-in ano was planned.

Pre-operative Procedures

First of all, an informed written consent was obtained from the patient for the procedure. Inj. T.T. 0.5 ml I.M. stat given to the patient and part was prepared prior to the procedure.

Operative Procedure

Firstly P/R examination was done with the lubrication of xylocaine 2% jelly. Internal opening was felt as a pit at 6 o' clock position. Then Probing was done with a malleable copper probe from external opening to the tract and probe passed from the external opening to the internal opening in the anal canal at 6 o' clock position. Primary threading was done with a sterile barbour surgical linen thread no. 20 under local anaesthesia (only 2% xylocaine jelly) and fully aseptic condition.

Post Procedure Care

The patient was advised to take warm water sitz bath from the next day of procedure.

3 ml of Jatyadi taila was administered per rectal two times a day (morning and evening).

- a) Triphala Guggulu -2 tab bd (500 mg- each tablet)
- b) Panchasakar Churna- 5 gm hs

These medicines were prescribed to the patient till recovery.

Method of Kshar Sutra Change

After 7 days, the barber's thread was changed with an Apamarga Kshar Sutra by Rail-road technique and progressively tightened. In this manner, every week, Kshar sutra was changed with a new one.

Observation

The initial length of the fistulous tract was 4.2 cm. In the time of 4 weeks, the thread was cut through and the tract was completely healed with minimal scar. The patient was monitored monthly after the treatment for 2 months. There were no signs or symptoms of recurrence.



Fig-1 External Opening At 6 O' Clock



Fig-2 Probing With A Malleable Copper Probe



Fig-3 Kshar Sutra Ligated Into Tract

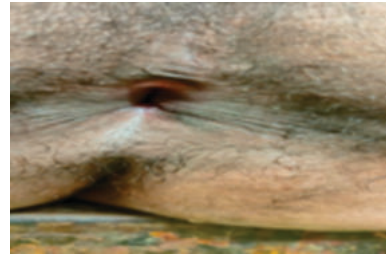


Fig-4 After 4 Weeks

Current Status of the Patient

The patient has not experienced any new symptoms after the end of the treatment. To make sure the fistula has not resurfaced, he is still examined on a regular basis. The successful outcome of the treatment has allowed the patient to resume his regular activities.

DISCUSSION

Kshar Sutra is a medicated thread prepared by smearing Kshar of Apamarga (*Acyranthus aspera*), Haridra (*Curcuma longa*) and Snuhi (*Euforbia nerrifolia*)³.

Apamarga Kshara has Chhedana (excision), Bhedana (incision), Lekhana (scrapping) and Tridoshaghna properties (alleviating all Dosha). Haridra powder is beneficial for Vrana Ropana (wound healing) and possesses qualities such as Shothahara (anti-inflammatory) and Vishaghna (anti-microbial)⁴. Kshar Sutra's action combines the effect of all of its constituents, and it performs cutting and healing actions on the fistulous tract simultaneously.

Triphala Guggulu has ingredients such as Triphala {which contains Amalaki (*Embllica officinalis*), Vibheetaka (*Terminalia bellerica*) and Hareetaki (*Terminalia Chebula*)}, Pippali (*Piper longum*) and Guggulu (*Commiphora mukul*). Guggulu is known to be anti-inflammatory⁵. Pippali has Vata Shamaka, Shothahara (Anti-inflammatory) and Vrana Ropaka (wound healing) properties⁶. Triphala facilitated smooth bowel motions and relieved constipation in the patient.

Panchsakar Churna is an effective herbal formulation that relieves constipation. It is having Anulomana properties and Vata Kaphaghna Guna and its main ingredient- Senna is an anthranoid type stimulating laxative and acts by sennosides. Other ingredients are Shiva (natural laxative), Saindhava (anti-gripe property), Shunthi (anti-spasmodic property) and Saunf (maintains proper peristaltic motion of the intestine)⁷.

Kshar sutra management for fistula-in-ano is a minimal invasive procedure with minimal complications. Kshar sutra requires minimal tissue handling during the procedure and short hospital stay for the patient, so that he may resume his duties very early. So it can be employed for the patients who are unfit for surgery.

In this case the fistulous tract healed within 4 weeks of Kshar Sutra management. No systemic side effects were encountered with this therapy, although some mild burning

sensation in anus, mild itching with pain was observed which gradually reduced and the well tolerated by the patient.

CONCLUSION

It can be concluded that Kshar Sutra management for fistula-in ano is quite effective and causes minimal or no side effects, so that it is easily incorporated in the diagnosed cases of fistula-in-ano.

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