Case Study

World Journal of Pharmaceutical and Life Sciences <u>WJPLS</u>

www.wjpls.org

SJIF Impact Factor: 6.129

EFFICACY OF KSHARASUTRA APPLICATION IN THEMANAGEMENT OF FISTULA-IN-ANO

Dr. Chopade Sushama Dnyaneshwar^{1*} and ²Dr. Diware Chinmay Gopal

¹Assistant Professor, Dept. of Shalyatantra, Dr. Rajendra Gode Ayurved College, Hospitaland Research Center, Amravati, MS.

²Associate professor, Dept. of Rasashastra and Bhaishajyakalpana, Dr. Rajendra GodeAyurved College, Hospital and Research Center, Amravati, MS.

*Corresponding Author: Dr. Chopade Sushama Dnyaneshwar

Assistant Professor, Dept. of Shalyatantra, Dr. Rajendra Gode Ayurved College, Hospital and Research Center, Amravati, MS.

Article Received on 24/01/2023

Article Revised on 13/02/2023

Article Accepted on 05/03/2023

ABSTRACT

The Bhagandar (Fistula-in-Ano) is considered one of the eight major diseases according to the Sushruta Samhita. This condition is difficult to treat due to its recurring nature, causing inconvenience in daily life. In ancient times, Acharya Sushruta described the use of kshar sutra in the treatment of Nadi vrana (sinus), while Hippocrates used plane silk thread for fistula-in-Ano. Kshar Sutra, a medicated thread prepared following a standard protocol, has been a game- changer in the treatment of fistula-in-ano. In a recent case study, a 47-year-old male patient with symptoms of pain and pus discharge from the perianal region for four months was treated with Kshar Sutra on an outpatient basis with weekly thread changes. Within four weeks, the patient fully recovered with complete removal of the tract, demonstrating the effectiveness of Kshar Sutra as a low- complication and low-cost treatment option for Bhagandara.

KEYWORDS: Fistula-in-ano, bhagandar, ksharsutra, apamarga kshara, panchavalkala, triphala guggulu, triphala churna.

INTRODUCTION

Fistula in ano is an abnormal communication between two epithelial surfaces and the track is usually lined by unhealthy granulation tissues. The main cause known for fistula in ano is crypto glandular infection of anal crypts. Mostly perianal abscesses and fistula in ano indicates the acute and chronic condition of same disease process of infective origin. From the anal abscess the incidence of fistula ranges from 26 to 38%. Prevalence of fistula in ano is still an uncertain thing. A study showed that the prevalence rate of fistula in ano is 8.6 cases per 100,000 populations. This disease in four times more common in males as compared to females and the mean age of affected population is about 38.3 years. Though the disease is not life threatening but it produces severe inconvenience in routine life due to discomfort and pain.

In Ayurveda classics, according to similar clinical features the disease Bhagandara can be correlated with fistula in ano. Acharya Sushruta counted Bhagander among the eight diseases which are difficult to cure. At first it presents as Pidika around the Guda and when it bursts out, it is called Bhagandara. There are more than hundred treatment modalities available for the management of fistula in ano. Modern surgical management includes fistulotomy, fistulectomy, seton placing, ligation of inter-sphincteric fistula tract(LIFT), fibrin glues, advancement flaps, and expanded adipose derived stem cells (ASCs). Acharya Sushruta has also described different therapeutic measures for the management Bhagandara as in terms of various oral medications, local applications, surgical procedures and para-surgical intervention. Presently Ksharsutra therapy is found most approaching and attractive treatment modality among para- surgical procedures for fistula in ano.

In Ksharsutra various herbal drugs and caustic material obtained from ash of herbal plants are coated over barbour's linen thread. It is standard treatment modality found in surgical practice for the management of fistula in ano as thetherapy has revolutionized the treatment of fistula in ano in terms of re- occurrence and incontinence.

CASE REPORT

In this case study, a 47-year-old male patient came to the Shalya Tantra Outpatient Department with a

complaint of pain and pus discharge from the perianal region for the past four months. Anexternal opening was observed approximately 4 cm away from the anal verge at the 3 o'clock position in the perianal region, and an internal opening was identified during a digital rectal examination at the 3 o'clock position in the anal canal along the dentate line. Probing was performed to confirm the site of the internal opening of the Bhagandara. The patient had no prior medical or surgical history and no family history of illness. Based on the clinical presentation, the patient was diagnosed with Bhagandara (Fistula-in-ano).

According to patient he wasapparently well 2 year back. After that he got pain, swelling and boil with no pus discharge in ano 7 days back so he came to OPD and he was admitted in male surgical ward for further treatment. All regular investigation done for pre-operative assessment, which are all in normal limit. No any past history of hypertension, diabetic mellitus, tuberculosis and any drug reaction.

Management

After obtaining the patient's consent, they were scheduled for treatment with Apamrga Kshar Sutra. After applying 2% xylocaine jelly, probing was performed, and the Apamrga Kshar Sutra was tied into the fistulous track. The patient was instructed to maintain local hygiene through sitz baths with lukewarm water and to follow proper bowel habits. From next morning patient was advised to Sitz.

Observation

The initial length of the track was 5 cm, which was cut through in 23 days. During the weekly changing of the Kshara sutra, the patient experienced burning pain in the anus for only one day, which subsided bath with Panchavalkala decoction and then antiseptic dressingwith Panchavalkal Kwath and Matra Basti with 10 ml Jatyadi Taila was given. Triphala guggulu 2 BD, daily 5gm Triphala Churna with luke warm water at bed time was prescribed to relieve constipation. The wound remained healthy during the changing of the thread. The Kshar Sutra was changed weekly using the Rail-Road technique until the complete cutting of the fistulous track after a sitz bath. After the cutting of the track, the patient was followed up for threemonths on a weekly basis with a weekly reduction in the length of the track of 1.6 cm. No signs or symptoms of recurrence were observed.

RESULTS AND DISCUSSION

Apamarga Kshar Sutra has shown remarkable results in treating ano-rectal disorders. The ingredients used in this treatment are Snuhi ksheera, Apamarga Kshara, and Haridra Powder. Snuhi ksheera has cleansing and healing properties, as well as a bitter and pungent taste and a warm potency. It effectively treats infections and inflammation. Apamarga Kshara has properties of Kshara, such as cutting, incising, scraping, and balancing all doshas. When used in Ksharasootra, it indirectly cauterizes the tissue mass due to its corrosive properties. Haridra Powder, made from turmeric, has blood purifying properties, anti- inflammatory effects, and wound-healingabilities. It is also antimicrobial and helps alleviate vata. Apamarga Kshar Sutra has the ability to chemically and mechanically cut through fistulous tracks while simultaneously promoting healing. Kshar Sutra is a well-established and validated method for treating fistula in ano and otherano rectal disorders.

CONCLUSION

Kshara sutra is a highly cost-effective treatment option for ano-rectal disorders, particularly Bhagandara or fistula-in-ano, with minimal risk of complications if performed by a skilled surgeon. Thistherapy is minimally invasive, sphincter- sparing, and easy to perform, making it an attractive option for managing such conditions. In addition, kshara sutra hasbeen successfully proven to be effective in treating fistula-in-ano and other ano-rectal disorders. The ingredients of apamarga kshara sutra, including Snuhi ksheera, Apamarga Kshara, and Haridra Powder, work together to provide a combination of properties that improve the healing process, cure infections and inflammation, and provide a bactericidal effect with wound healing properties. The combination of chemical and mechanical cutting action with simultaneous healing makes kshara sutra a highly effective option for the management of Bhagandara.

REFERENCES

- 1. Sushruta Samhita Sushruta (33/4. 12th ed.)Ambikadutta Shastri (Ed.), Sutrasthana, avaraniyaadhayay, Chaukhamba Sanskrita Sansthana, Varanasi, 2009.
- 2. Sushruta Samhita Sushruta (4/3. 12th ed.) Ambikadutta Shastri (Ed.), Nidanasthana, Bhagander Nidan, Chaukhamba Sanskrit Sansthan, Varanasi, 2009.
- 3. Limura E, Giordano P. Modern management of anal fistula. World JGastroenterol, 2015; 21(1).
- Bhagandara and its management in Ayurveda: a conceptual study Int J Ayurveda Pharma Res, 2017; 5(8).
- 5. P.J. Deshpandey, K.R. Sharma Treatment of fistula in anorectal region, review and follow up of 200 cases Am J Proctol, 1973; 24.
- Sushrut samhita (Ayurved Tatva Sandipika) Dr. Ambikadata Shastri., edition 2014. Varanasi:Chaukhamba Sanskrit Sansthan, 2014; Nidan sthan-4/5.
- 7. Charak Samhita (Vaidyamanorama) Acharya Vidyadhar Shukla. edition 2015.Delhi: Chaukhamba Sanskrit pratishthan,2015; Chikitsasthan12/96.
- Bailey & Love's Short practice of Surgery. The Anus and Anal canal. 27th ed. Boca Raton: CRC Press Taylor & Francis Group, 2018; 1363.