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## Minimising the time consumption with Ksharasutra therapy in the management of Bhagandara (anal fistula)- Case Series of two Patients

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### Abstract

*Ksharasutra* therapy in *Bhagandara* (Anal Fistula) is time tested and has been successfully practicing across India for the last 50 years as well as in western countries like Japan. It is very accepted among modern medicine surgeons because of its beauty of non-recurrence, simplicity, healing with little scar and cost effectiveness and it is advised to those who are unfit for surgery and anaesthesia. Though there were positive points, a few negative points were also in practice. Time conception is the major issue. Two to three months of time for the *Ksharasutra* therapy is a problem in this modern fast world, to minimize the treatment duration we are forced to think for an alternative method without avoiding *Ksharasutra*. The root cause of anal fistula is the infection of crypto glands, from where it spreads to inter sphincteric area or other spreading roots. Since the source of infection is crypto glands its removal was the target. Hence a plan to target the infected crypto glands and cauterizing chemically with the effect of *Kshara* present in *Ksharasutra* has been executed. For that window technique by using *Ksharasutra* at the source of infection (crypto glands) is tried in this case series of two patients. A *Ksharasutra* was ligated, thereafter using the probe. This was then changed every seventh day till it cut through. Everyday a piece of *Ksharasutra* was inserted through the external opening to minimize the thickness of fibrous lining of the tract. Both the cases were completely cured. Case no 1 cured after 35 days and Case no 2 cured after one month and follow up every fortnightly for two months found no recurrence.

**Key Words:** Ayurveda, Anal fistula, *Bhagandara*, Fistula-in-ano, *Kshara*, *Ksharasutra*, LIFT, VAFT.

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**Introduction:**

*Bhagandara* (Anal Fistula) is a headache and challenge to the modern surgeons because of its high incidence of recurrence.<sup>[1]</sup> *Ksharasutra* therapy for the management of anal fistula is a time tested and well established treatment. Trials and treatment for the last 5 decades made the therapy widely accepted with hardly any recurrence.<sup>[2-3]</sup> But the time consumption is the challenge especially when the life of people goes very fast. People may prefer therapies which needs less time. VAFT (Video Assisted Fistula Treatment) is getting accepted recently because of its time factor. But it is being rejected due to its recurrence. The proposed alternative modified technique is targeted by spoiling the cause of the disease. The crypto glands are the primary source of any anal fistula and by spoiling it, can cure the disease without waiting for the cut and cure of lengthy fistula tract.<sup>[4]</sup>

**Case Report:**

In this case series, two patients of fistula-in-ano were treated with the modified technique with *Ksharasutra*. Both the patients were selected and treated by the Department of Shalyathantra at Govt. Ayurveda College, Trivandrum. The external opening of these two anal fistulas was beyond one and half inches. As per the Goodall's rule the distance fistulas would open their internal opening at posterior mid line. These two cases were thoroughly examined per digitally and exactly the infected crypts were identified and located. The fibrous tract was then traced and had got an idea of the course of the tract was made.

**Case-1:** A driver from Trivandrum district aged 55 years with a chronicity of 2 years had been on allopathic treatment not responding but recurring. He had been complaining on pain, discharge of pus and blood and get often swelling near to anus. He got relief after clearing pus and a course of antibiotic treatment by a surgeon. In the Ano-rectal clinic of Trivandrum Ayurveda College the patient was examined thoroughly and his tract of anal fistula was on right side of the anus and measured eight cm. An X ray fistulogram revealed high anal inter-sphincteric fistula.

**Case-2:** An ex-service man now a businessman was also treated elsewhere but not surgically corrected. He was referred from Medical College and he brought with his MR fistulogram which was taken by the surgeon who referred to me. He had two opening on either side of the anal canal about 6 cm on the right and 5 cm on the left and it also was a high anal inter-sphincteric fistula. He was suffering from type 2 diabetes mellitus and was under control.

**Method of Window-technique with *Ksharasutra* application:**

Routine pre-operative procedures including informed consent were taken. After bowel cleaning the patient was placed in lithotomy position. The course of the track from external opening towards anus is traced digitally with one finger at the same time the site of indurated spot of the internal opening in the anus could be identified and fixed with another finger. Under local anaesthesia a window is created below the anus so as to connect with the fistulous tract (Fig-1,2). A

malleable probe was then passed into the window and traced through the tract and passed via the internal opening where it was spotted earlier and is taken out via the anus (Fig-3) figures cited down

The *Ksharasutra* was then ligated using the probe (Fig-4). After checking all bleeders the wound was cleaned and packed with Jathyadhi Grutham. Orally Gugguluthikthakam Kashayam, Gandhaka Rasayanam, Guggulu Panchapala Choornam were given. Sitz bath in Triphala kwath twice daily and dressing

with Jathyadhi Grutham under aseptic precautions were advised. Every seventh day the *Ksharasutra* was replaced with a new one. After four sittings the tract was cut through and followed till it completely healed. During the dressing period piece of *Ksharasutra* was plucked through the external opening of the tract (Fig-5). Every week it was strictly followed. After complete healing again follow up was done for three months (Fig-6). The two cases done with these procedures did not recur.

#### Images of window-technique:



**Figure-1:**Distance of external opening is demonstrated with a needle



**Figure-2:**Creating a window



**Figure 3:**Probe is passed through the window created and taking out via anus



**Figure-4:**After the initial application of *Ksharasutra*



**Figure-5:**Follow up and subsequent change



**Figure-6:**After the complete cure

**Discussion:**

Management of anal fistula with newer techniques has been in trial since the implementation of *Ksharasutra* therapy. It was a revolutionary change in Ayurvedic surgery where an indigenous approach was in practice. The modern surgery was a challenge among proctologists because of its high rate of recurrence and more over problems like anal incontinence. But after the introduction of *Ksharasutra* therapy the chance of recurrence is reduced to almost zero. Though it has been an unchallenged way of approach in the management of anal fistula; long duration of time is needed to complete the course of the treatment. Many kinds of alternative and modified approaches have been treated, but everyone has limitation. Without compromising the eradication of crypto glands with *Ksharasutra* was a failure. The therapy cauterizes chemically the source of infection of anal fistula (crypto glands) and more over the present challenge of long time consumption for the whole track management with *Ksharasutra* can be successfully solved. Thus it is more acceptable technique now a days in *Ksharasutra* practitioners.

Adjuvant drugs- Externally Jathyadhi Grutham. Orally Gugguluthikthakam Kashayam, Gandhaka Rasayanam, Guggulu Panchapala Choornam were given. Sitz bath in Triphalakhwath. Jathyadi ghrutham. Since it contains vranasodhan drugs like *jathipathram*, *nimbapatram*, *yashtimadhu*, *daruharidra*, *kutaki*, *manjishta* and *copper sulphate etc.*-it not only does the sodhana but also it acts as ropana and maintains an antibiotic homeostasis. Oral medicines

*Gugguluthikthaka kashayam*, *Guggulu panchapala churnam* are indicated in *Ashtangahrudaya* for *Bhagandara* and they are being traditionally used and acts like herbal antibiotics.<sup>[5]</sup> *Gandhaka rasayanam* having wound healing effect and found effective. No any allopathic antibiotics were given to both case in the study during the treatment. Sitz bath in Triphala kwath twice daily for 15 minutes except on the day after thread change was useful to clear the discharge, smeared faecal matter in the thread and more over it could prevent the E Coli infection. Warm triphala kwath added with a spoonful of common salt acts as an analgesic and anti-inflammatory locally.

**Key Teaching Points:**

The modified method of *Ksharasutra* therapy in the management of anal fistula is found effective in terms of its non-recurrence.

The beauty of the technique is saving time compared to conventional method. Modified technique can reduce treatment period remarkably.

During follow up period the internal area of anus is thoroughly checked for its complete healing by gentle message with JathyadhiGrutham.

**Conclusion:**

The well accepted *Ksharasutra* therapy in managing anal fistula is unchallenged; hence not compromised. Exact cause of the disease is targeted with this modified approach and could minimize the long term therapy duration. But it may not be applicable if more number of internal

openings or patients having ulcerative colitis where exact site of primary source of crypto glandular infection could not be located. Other co morbidities such as Chrons disease, HIV, VDRL or Carcinoma rectum also could be excluded to consider this technique

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