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PRATISARNIYA KSHAR KARMA IN THE MANAGEMENT OF LOW ANAL FISTULA-A CASE STUDY

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ABSTRACT

Fistula-in-ano implies a chronic granulating track connecting two epithelial lined surface. anal canal and over skin surface. The anal fistula is a track with an external opening in the skin of perianal region and internal opening in the modified skin or mucosa of anal canal or rectum. This disease is a challenge in many instances when it comes to satisfactory treatment. Various treatment modalities has been advocated and practiced with different outcomes. None of the available treatment can be considered as a gold standard modality. So there has been always need for satisfactory treatment in terms of low recurrence and minimal morbidity.

In Ayurveda we found a disease named Bhagandara can be correlate with Anal Fistula. Treatments options described in Ayurveda include Shastra Karma, Kshara Karma and Agni Karma etc., these can be used alone or in combinations as per various clinical situations. In this case of low anal fistula, without involvement of any anal sphincters the fistulotomy along with application of Pratisaraniya Kshara was performed. Kshara is having benefits like Chedana, Bhedana, Lekhana, Sodhana and Ropana properties with early hemostasis, total eradication of infection by chemical debridement of fistulous tract so that reduces the chance of recurrence and enhances the wound healing and also decrease the duration of treatment as well as recurrence. In the present work we have tried to study the Pratisaraneeya Kshara after fistulotomy with decrease duration of treatment without recurrence.

KEYWORDS: Bhagandara, Kshar karma

INTRODUCTION

The true prevalence of Fistula-in-ano is unknown. The incidence of a Fistula-in-ano developing from an anal abscess ranges from 26-38%.[1]One study conducted by Sainio p. [2] showed that the prevalence rate of Fistula-in-ano is 8.6 cases per 100,000 populations. The prevalence in men is 12.3 cases per 100,000 populations and in women is 5.6 cases per 100,000 population. The male-to-female ratio is 1.8:1. The mean age of patients is 38.3 years.

The development of Bhagandara is proceeded with formation of a Pidika that is known as Bhagandara Pidika[3] in Guda Pradesha. If proper treatment of Bhagandara Pidika is not employed, this will result in development of Bhagandara. It is characterized by single or multiple opening around Guda Pradesha (perianal area) with various types of discharge associated with severe pain.

The anal fistula is a chronic communication between anal canal/rectum and perineal skin in most instances. This communication is lined by granulation tissues. Anal fistula composed of a tract which is made of

fibrous tissue in which granulation tissue is present. Granulation tissue is usually unhealthy. Prevalence of this disease is common in general population. Though this disease is not life threatening it produces inconveniences in routine life. It causes discomfort and pain that creates problem in day to day activities. As the wound is located in anal region, which is more prone to infection and persistent pus discharge, irritates the person The modern surgical management of Fistula-in-ano includes Fistulotomy, Fistulectomy, Seton placing, [4] Ligation of Intersphinteric Fistula Tract (LIFT), [5,6] Fibrin Glues, Advancement Flaps[7]and Expanded adipose derived Stem Cells (ASCs), [8,9]etc. Ksharasutra therapy is still a standard technique for management of Bhagandara employed by Ayurveda surgeons. In the case of subcutaneous low anal fistula, without involvement of any anal sphincters the fistulotomy along application of PratisaraneeyaKshara may having some benefits like early hemostasis, total eradication of infection by chemical debridement of fistulous tract so that reduces the chance of recurrence and enhances the wound healing.

In Ayurveda surgical practice for the treatment of fistula in Ano Kshara sutra therapy is the gold standard technique because of having low treatment cost and minimal recurrence rate. In spite of being a very good technique it also having some negative points as sometime treatment duration becomes so prolong, pain during thread changing, bridging of external opening stop drainage that may require widening surgically often, so that patient get irritated. If we use the marvelous actions like Chedana, Bhedana, Lekhana, Sodhana and Ropana properties of Kshara in the form of PratisarneeyaKshara in low anal fistula just after fistulotomy that may decrease the duration of treatment as well as recurrence.

CASE STUDY

Types of study

Observational single case design

Study centre

Govt. Ayurvedic college and hospital Raipur (C.G.).

A male patient of 26 yrs age approached to Shalya Tantra OPD. He has complained of small swelling with pus discharge in the anal region for last 3 month. Swelling decreases in size after pus discharge and reappeared again after few days. There was no history of DM, HTN, Tuberculosis or any other major disease. After history taking, physical examination and local examination the diagnosis was confirmed as Bhagandara i.e. Fistula in ano (Low anal) at 1 o‟clock position. On Probing -Complete straight fistulous track (external opening - 3 cm away from anal verge at the level of 1 o' clock position. Int. opening- 1.5 cm deep from anal verge at the level of 12 'o' clock position) found. The all routine investigations were performed and no specific etiology was found, so patient posted for surgical procedure. All aseptic measure were employed during procedure.

Interventions

In this study Fistulotomy is done under local anaesthesia followed by Apamarga tikshna kshar paste (Ph-11) applied.

The patient was taken in the lithotomy position and the perianal area painted with the antiseptic solution (10% Povodine iodine). The sterile drape sheets were placed

over operative area. The operative site was anesthetized with the infiltration of inj. 2% Xylocaine with adrenaline solution. After achieving appropriate anaesthesia, malleable copper probe was introduced from external opening and emerge at internal opening. The complete fistulous tract was laid open, over the prob with the scalpel and a shallow wound was created. The wound was cleaned with Triphala Kasaya. Then the Apamarga Teekshna Pratisarneeya Kshara was applied on the flour and edge of wound. Care was taken to avoid blowout of Kshara over the margin of wound, which may cause burning of unwanted tissue. After application of Kshara we wait up to 3 minutes for Jambophala Varna appear on the wound. Acharya Sushruta stated that after application of Kshara appearance of Jambophala Varna is the sign of Samyaka (proper) Kshara Dagdha. So we waited for three minutes after that the wound became Jamboo Phala. After that the Kshara was washed with the cotton swab dipped in Nimbu Swarasa (lemon juice). Again the wound toileting was done with the Triphala Kasaya. The wound was packed with gauze pieces soaked in antiseptic solution before securing complete hemostasis. A tight T-bandage was applied to complete the procedure. Patient is advised for antiseptic dressing daily and hot sitz bath twice daily

RESULT AND DISCUSSION

1. During intra operative period whole procedure was performed in local anesthesia so no pain was felt in the patient. After two hours of completion of procedure single dose of analgesic was given for control of pain. No further pain killer was advised to patient. It shows that due to Kshara applications the margin of fistulotomy wound were burn so that reduces the pain sensation. This may also due to the neutralization of Kshara with Nimbu Swarasa.

2. In this case the bleeding during procedure was minimal i.e. bleeding stops immediately after the application of Kshara. The probable mode of action of Kshara it coagulates the vessels as well as cauterizes the surrounding tissue, so that reduces the bleeding.

3. After the application Kshara it was noted that the pus discharge during post-operative period was less than other conventional Kshara-sutra therapy. That reason behind reduction in pus discharge may be, due to in fistulotomy we explore the complete tract so there were no available site for the further collection as well as with the Teekshna and Sookshma Kshara penetrates in the other secondary tract and cauterizes them. So here Kshara worked not only on the primary tract but also the small secondary tract too and reduces the chance of recurrence. The patient was followed up up to four month after complete healing of tract and no recurrence was noted.

4. The reason behind absence of recurrence was that due to complete destroying of the primary focus by chemical cauterization of fistula as well as the draining of other secondary tract. In the post-operative period of fistulotomy wound there were no bridging was noted. Bridging of the fistulotomy wound margin is the most initial cause of recurrence but after Kshara application the wound margins are burned and even after approximation these dose. Wound was completely healed after 35 days.

CONCLUSION

The present case shows very hopeful results of Kshara application on the fistulotomy wound as it is safe, cost effective, very good hemostatic and successful treatment of low anal fistula in ano with very less recurrence. However it must be noted that the fistula should be low anal and patient regularly followed. To make firm the above theory the study should be carried out in large sample size.

REFERENCES

1. Vasilevsky CA, Gordon PH. Benign Anorectal: Abscess and Fistula. In: Wolff BG, Fleshman JW, Beck DE, Pemberton JH, Wexner SD, eds. The ASCRS Textbook of Colon and Rectal Surgery. New York, NY: Springer; 2007: Chapter 13.

2. Sainio P. Fistula-in-ano in a defined population incidence and epidemiological aspects. Ann ChirGynacol., 1984; 73(4): 219-24.

3. Vijayarakshita & Srikanthadutta in Madhava Nidan, Madhavakara in with "Vidyotini" Hindi Commentary, Chaukhambha Sanskrit Sansthan, Varanasi, 18th edn, (1989).

4. Bailey &Love‟s Short Practice of Surgery, edited by Norman S. Williams, Christopher J.K. Bulstrode , P. Ronan O‟Connell, Hodder Arnold publication, 25th Edition, Anus and Anal Canal, Fistula-in-ano, p-1264.

5. Rojanasakul A LIFT Procedure, a simplified technique for Fistula-in-ano, tech coloproctol, 2009 september, 13(3): 237-40. E publication 2009 july 28.

6. En.wikipedia.org/wiki/LIFT technique.dt-30 january 2019 20:34

7. Bailey & Love‟s Short Practice of Surgery, edited by Norman S. Williams, Christopher J.K. Bulstrode , P. Ronan O‟Connell, Hodder Arnold publication, 25th Edition, Anus and Anal Canal, Fistula-in-ano, p-1264.

8. KeeHo Song, New technique for treating an anal fistula, journal of the Korean society of Coloproctology, J Korean soccoloproctol., 2012; 28(1): 7-12.

9. http;//dx.doi.org/10.3393/jksc.2012.28.1.7

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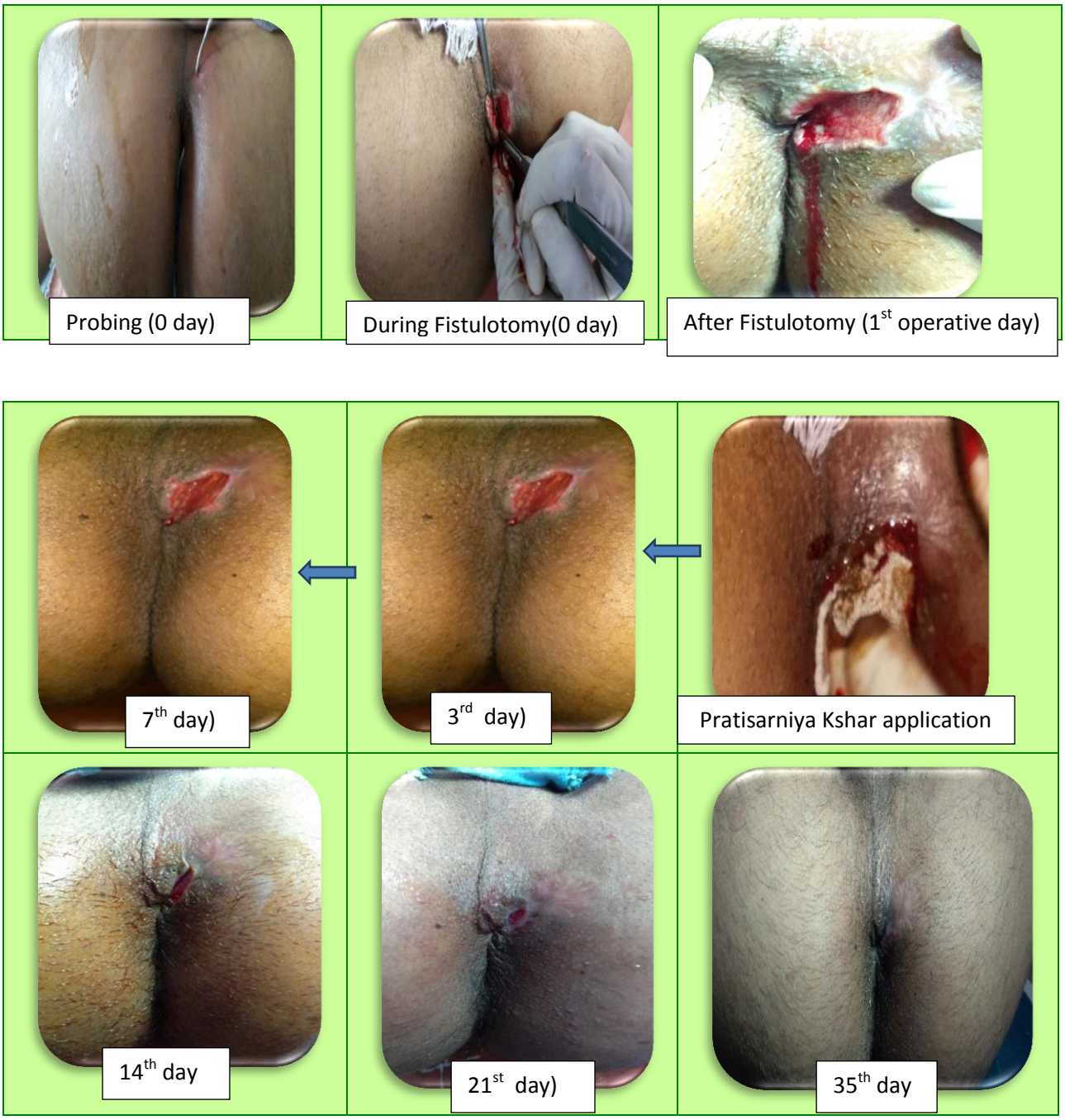
Probing (0 day)
During Fistulotomy(0 day)
After Fistulotomy (1st operative day)
Pratisarniya Kshar application
3rd day)
7th day)
14th day
21st day)
35th day