



A REVIEW ARTICLE ON DIFFERENT METHODS OF KSHARA SUTRA APPLICATION IN THE MANAGEMENT OF BHAGANDARA (~FISTULA IN ANO)

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ABSTRACT

A fistula in Ano is granulation tissue-lined channel that profoundly or superficially connects the rectum, anorectum or anal canal to the perianal skin. It typically happens in an anorectal abscess that was previously present and spontaneously burst. *Bhagandara* (~Fistula in ano) was included by *Acharya Sushruta* in *Ashta-Maharoga* (~Eight major disorders) and he talked about it extensively because of its ubiquity and therapeutic challenges. Over the past several years, many authors have suggested novel techniques in an attempt to reduce recurrence rates and raise success rates. Fistula-in-Ano remains a difficult surgical condition, nonetheless. To effectively handle this challenging condition and establish novel perspectives on Fistula-in-Ano, it is imperative to reexamine the ancient knowledge. Kashar Sutra therapy is an old and successful technique to cure *Bhagandara* (~Fistula in ano). In this article we will discuss different methods of applying the *Kashar Sutra*.

Keywords: Bhagandara, Kshara Sutra, Fistula in Ano

INTRODUCTION

Fistula in Ano, which affects the anorectal region, is referred to as *Bhagandara* in the *Ayurvedic* field. Although it is discussed in several classical texts, the first *Acharya* to recognize the importance of *Bhagandara* (or ~fistula in Ano) was *Acharya Sushruta*, the originator of Indian surgery (1500 to 1000 B.C.). The *Nidana* (~Cause), *Poorvaroopo*, *Roopa/Lakshana* (~Clinical Feature), *Samprapti* (~Pathogenesis), *Prakara* (~Types), *Upadrava* (~Complication), *Sadhya-Asadhyaata* (~Prognosis) and its *Chikitsa* (~Management) are all explained in depth by *Acharya Sushruta* for *Bhagandara* (~Fistula in Ano). Fistula in Ano is a most common anorectal disease that affects millions of people worldwide¹. Its prevalence is second highest after Haemorrhoids². It is a track lined by granulation tissue which connects perianal skin superficially to anal canal, anorectum or rectum deeply. It usually occurs in a pre-existing anorectal abscess which burst spontaneously. 90% of fistulas in Ano are cryptoglandular, while 10% are non-cryptoglandular (other causes)³. If we talk about the symptoms of fistula, then there is pain and recurrent pus discharge from the perianal region. Over the years, a number of techniques for managing fistulas have been developed, including fistulotomy, fistulectomy, fibrin glue, anal fistula plugs, VAAFT, Seton, LIFT, etc. However, no one has ever been able to fully eliminate the hazards and challenges of this condition. Managing fistula in Ano continues to present difficulties for most surgeons. The application of *Kshara Sutra* in the treatment of *Bhagandara* and *Nadivrana*(~Sinus) has been documented by the classical Indian surgeon *Acharya Sushruta*. The process of preparing the *Kshara Sutra* is described in detail by *Acharya Chakrapani*, however *Acharya Sushruta* does not mention it. Both simple and complex fistulas can currently be treated with *Kshara Sutra* therapy. Simple fistula can be treated well by simple *Kshara Sutra* method, but complex fistula can be cured by modified *Kshara Sutra* methods. In this article we will describe the different methods of *Kshara Sutra* application.

Different methods of *Kshara Sutra* application

In this article we will describe three methods of *Kshara Sutra*. Both simple and complex fistulas can currently be treated with *Kshara Sutra* therapy. When compared to traditional treatment procedures that necessitate hospitalization, general or regional anaesthesia and ongoing postoperative care, this method is relatively simple, cost-effective and has a low rate of complications. There are many surgical methods available for the treatment of fistula in Ano such as fistulotomy, fistulectomy, lift procedure, anal fistula plug (AFP) repair etc. but no method has a satisfactory result.

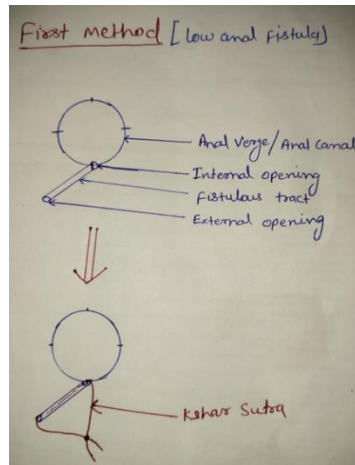
1. First method of *Kshara Sutra* application or Simple *Kshara Sutra* therapy

Indication-

1. Low anal fistula
2. Straight tract with length within 5 cm
3. PNS (pilonidal sinus)

Procedure

After painting and draping, local anaesthesia is given to the patient and then the fistulous tract is identified with the help of a probe. The probe is insert gradually from the external opening of the fistula to the internal opening. After that, fix the *Kshara Sutra* thread in the eye of the probe, then slowly pull the probe from internal opening at the anal verge, then applies a knot by tying the two ends of the sutra together and dressing with Betadine solution, apply a bandage, then shifts the patient in the ward. After the operation, the patient can feel pain and burning sensation, so we can use analgesics for these problems. The cut through of *Kshara Sutra* occurs in approximately 4-5 sittings depending on the length of the fistulous tract and the nature of *Kshara Sutra*. This is a very simple, effective method and the recurrence rate is also very low. In this method the patient can be discharged on the same day as the surgery.



2. Second method of Kshara Sutra application or IFTAK technique⁴

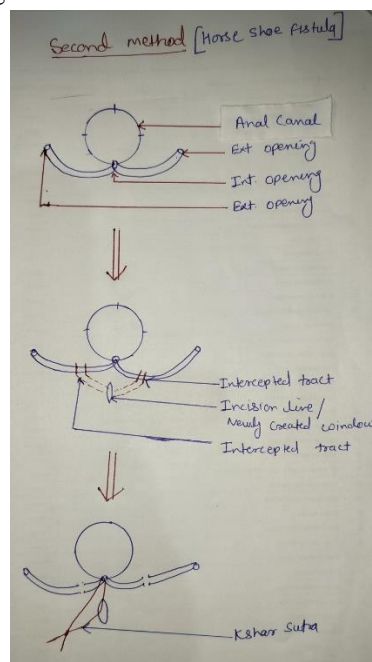
Indication-

1. Horseshoes fistula
2. Multiple tract fistula
3. Long curve fistula tract

Procedure⁵

After painting and draping, local/Spinal anaesthesia is given to the patient, then all fistulous tracts are identified with the help of probe. The probe is inserted gradually from the external opening of the fistula to the internal opening and then tries to identify that all tracts have the same internal opening. In modified

Kshara Sutra therapy, a single incision is made at the level of the inter sphincteric plane in the midline posterior or anterior, depending on the internal opening of the fistulous tract⁶. All fistulous tracts are then intercepted through this newly created wound with the help of a probe. Using a curette, every fistulous tract is scraped clean. Next, the conventional *Apamarga kshara sutra* is applied from the newly formed wound to the internal orifice of the fistulous tract or the infected anal gland. After then, the *Kshara Sutra* is changed once in a week till completely cut off of the fistulous tract. Usually, a tract is completely cut off in four or five sittings⁷.



3. Third method of Kshara Sutra application or LLFTK (Ligation of long fistulous tract with the help of Kshara Sutra)

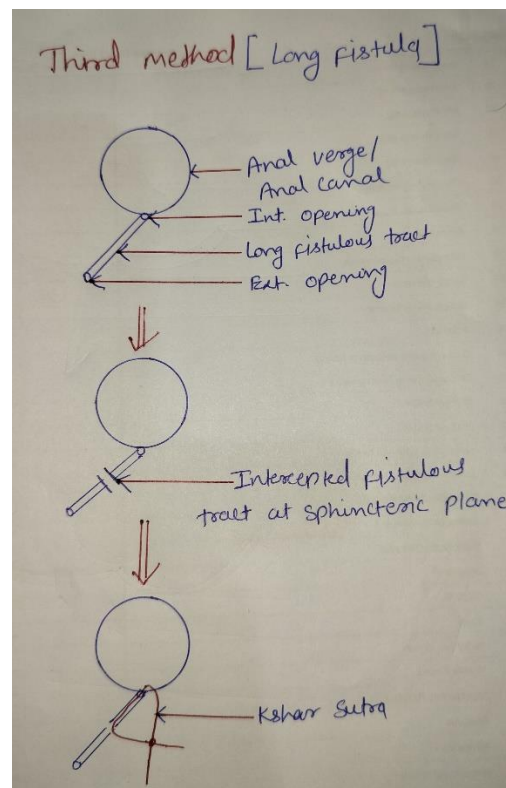
Indication

1. Long fistulous tract
2. Straight fistulous tract and
3. Single tract

Procedure

After painting and draping, local anaesthesia is given to the patient and then all fistulous tracts are identified with the help of a probe. The probe is inserted gradually from the external opening of the fistula to the internal opening. Make an incision at the level of the inter sphincteric plane and identify the fistulous tract. The tract is tied with Barbour linen thread and

then completely cut off with the help of a knife. The distal tract is scraped with the help of a scoop and then Kshara Sutra is applied in the medial tract. with the help of a probe. The probe is inserted gradually from the newly created wound to the internal opening. After that, fix the Kshara Sutra thread in the eye of the probe and slowly pull the probe from internal opening at the anal verge and applies a knot by tying the two ends of the sutra together and dressing with Betadine solution, then apply a bandage and shifts the patient in the ward. After that, the Kshara Sutra is changed once in a week till completely cut off of the fistulous tract. Usually, a tract is completely cut off in four or five sittings.



DISCUSSION

Acharya Sushruta described five kinds of fistulas⁸. Simple fistulas can be treated by any surgical or non-surgical technique, such as laser therapy, fistulotomy or fistulectomy; however, complicated fistulas, such as the multiple tract fistula, are more difficult to cure. Traditional Kshara Sutra therapy, which is mentioned in Ayurveda, is a simple, effective and con-

ventional treatment for fistula in Ano. Apamarga Kshara Sutra is mostly used to cure anorectal disease. Different types of fistulous tracts are found in Bhagandara, so according to that we can use Kshara Sutra in a modified way. All methods cannot be used in all fistulous tracts, we should use the appropriate technique according to the length or external opening of the fistulous tract.

CONCLUSION

There are many surgical techniques available to cure fistula, but *Kshara Sutra* therapy is the simplest and most effective technique, so we have decided that we will apply *Kshara Sutra* according to the nature of the fistula. We can cure simple fistula by any method, but it is most difficult to cure complex fistula, so we should practice modified *Kshara Sutra* therapy to reduce the complications of fistula in Ano (high recurrence rate, incontinence, sphincter damage etc.).

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