

## STUDY OF PARTIAL FISTULECTOMY ALONG WITH KSHARSUTRA IN FISTULA IN ANO

Sunita R Khatri

Published online: January, 2017

© International Ayurvedic Medical Journal, India 2017

### ABSTRACT

*Bhagandara* (fistula in ano) is one of the *Aushtamahagada vyadhi* described by *Acharya Sushruta* which is difficult regarding its management. Fistula in ano is considered second to haemorrhoids among all ano rectal abnormalities and is prevalent all over the world. Prevalence of Fistula in ano is 8.6 cases per 1 Lac population. The disease is still a challenge to the medical world. *Acharya Sushruta* has mentioned *Chedana Karma* (surgical excision) for the management of *Bhagandara*. He has also mentioned the application of *Ksharasutra* in *Nadi Vrana* (Sinus) *Chikista*.

In present clinical study, effect of partial Fistulectomy along with standard *Ksharasutra* application is evaluated. Total 60 patients were included in the study which were divided into two groups i.e. control and trial group, each containing 30 patients. Control group patients were treated with standard *Ksharasutra* while in trial group Partial Fistulectomy along with Standard *Ksharasutra* application was done. Results were assessed using assessment criteria - pain, discharge, track length and unit cutting time. Significant improvement was seen in clinical features in trial group.

**Key words:** Fistula in ano, Partial Fistulectomy, *Ksharasutra*.

### INTRODUCTION

Ano-rectal disorders are progressively increasing in society. In the present era of fast food, there is change or irregularity in diet and diet timings and also sedentary life style.

In addition to this one is always under tremendous mental stress. All these causes disturb in digestive system which results into many diseases in which ano-rectal disorder constitute an important group. Among the list of ano-rectal disorders Fistula-in-ano, Fissure-in ano and Haemorrhoids are commonly seen. Ancient and modern physicians have equally considered these conditions as difficult to cure<sup>1</sup>.

The medical knowledge has advanced to a great deal in all spheres of the science today, but the disease Fistula in ano still seems to be a challenge to the medial science, as the available medicinal treatment is only palliative and not a curative measure, where as the surgical approach

---

**Sunita R. Khatri<sup>1</sup>, Vandana Yeragi<sup>2</sup>,  
Kailas M. Chopade<sup>3</sup>**

<sup>1</sup>Lecturer, Shalyatantra Dept., M.S. Ayurved College, Gondia, Maharashtra, India

<sup>2</sup>Lecturer, Kriya Sharir, Lbs Ayurved College, Haryana, India

<sup>3</sup>Lecturer S.K.R Pandav Ayurved College, Nagpur, Maharashtra, India

**Email:** sunitarkhatri9@gmail.com

---

to the problem is not increasing the courage because of its untoward post-operative complications.

*Bhagandara* seems to be an entity, which was very clearly known to the ancient Ayurvedic authorities, which simulates the clinical picture of Fistula in ano. It is one of the *Aushtamahagada Vyadhi* described by *Acharya Sushruta* which is difficult regarding its management<sup>2</sup>. It is characterized by single or multiple openings with purulent discharge in perianal region.

*Acharya Sushruta* considered it as *Chhedya Vyadhi*<sup>3</sup> that means treated by *Chedana Karma* (surgical excision)<sup>4</sup>. *Acharya* has also mentioned the application of *Ksharasutra* in *Nadi Vrana* (sinus) *Chikist*<sup>5</sup>. The *Ksharasutra* therapy is practiced and used more than four decades with great success and practically with almost negligible recurrence in the management of *Bhagandara*.

In present clinical study, effect of Partial Fistulectomy along with *Standard Ksharasutra* application is evaluated. Total 60 patients were included in the study which was divided into two groups i.e. Control and Trial group, each containing 30 patients. Control group patients were treated with *Standard Ksharasutra* while in trial group; combined effect of Partial Fistulectomy along with *Standard Ksharasutra* application was evaluated. Suitable anaesthesia was given for Partial Fistulectomy and primary insertion of *Ksharasutra*. In both the groups, *Ksharasutra* was changed weekly. Duration of study was eight weeks. All patients were assessed on the basis of clinical findings and assessment criteria (pain, discharge, track length and unit cutting time) included in study. Significant improvement with early recovery was noted in trial group.

#### **Aims and objectives**

- To evaluate effect of Partial Fistulectomy along with *Standard Ksharasutra* in Fistula in ano.
- To reduce the duration of the treatment with *Ksharasutra* therapy in Fistula in ano.

#### **Material and method**

Patients attending O.P.D. and I.P.D. of Shalyatantra Dept. Govt. Ayurved Hospital, Nagpur, provided material for the study. Total 60 patients of Fistula in ano were selected randomly, irrespective of their age, religion, race, occupation etc. fulfilling the criteria of selection and as per the ethical guideline with informed consent of each and every patient. Patients were divided into two groups, each containing 30 patients.

Control Group – Treated with *Standard Ksharasutra*

Trial Group – Treated with Partial Fistulectomy along with *Standard Ksharasutra*.

Spinal anaesthesia was given in all cases for partial Fistulectomy and primary insertion of *Ksharasutra*. All patients were given suitable analgesics and antibiotics for 3 days postoperatively.

#### **Plan of work**

##### **Inclusion criteria:**

- Patients having low and high anal fistula.
- Single track Fistula having track length up to 10 cm.

##### **Exclusion Criteria:**

- High rectal Fistula in ano.
- Fistula in ano having track length more than 10 cm.
- Secondary fistula due to Crohn's disease, Tuberculosis, Carcinoma of Rectum and anal canal and Ulcerative colitis<sup>6</sup>.
- Patient having any major illness like Hypertension, Diabetes mellitus, severe anaemia and immune compromised patients.
- Patient with rectal prolapse and anal polyps.

##### **Criteria of assessment**

###### **1) Pain**

This criterion was assessed on the basis of NRS scale system. This is the internationally accepted criteria for the assessment of pain. During the assessment of pain criteria, initial pain score was assumed as 10 in initial setting of *Ksharasutra* insertion in all patients.

On successive setting of *Ksharasutra* change procedure on 7<sup>th</sup> day, the pain score in numeric was noted by asking the patient. Pain score before and after treatment was compared and statistical analysis was drawn.

## 2) Discharge

Discharge from fistulous track was noted by observing the soakage on the cotton pad applied on the external opening of track and gradation were given according to the findings. Cotton pads of size 8'' x 10'' (20.3 cm x 25.4 cm) were used for measuring the quantity of discharge.

Grade	Explanation
0	No sign of any discharge
1	Occasional appearance of discharge and patient use single cotton pad in 24 hrs.
2	Frequent appearance of discharge and patient use 2-3 cotton pads in 24 hrs.
3	Increased frequency of discharge and patient use more than 3 cotton pads in 24 hrs.

## 3) Track length

In *Ksharasutra* Therapy, cutting and healing of the track takes place simultaneously. Here U.C.T. is useful to assess the healing status of the wound.

### Observation and Results

Sr. No	Symptoms	Groups	Symptom Score			Percentage Relief
			B T	AT	DIFF.	
1.	Pain	A	190	130	60	31.57895%
		B	185	85	100	54.05405%
2.	Discharge	A	65	11	54	83.07692%
		B	62	8	54	87.09677%
3.	Track Length	A	88	20	68	77.27273%
		B	92	8	84	91.30435%

### Mean Unit Cutting Time (Days/cm) in 2 Groups

	Group-A	Group-B
Mean	12.82	11.41
Median	13.1	11.42
SD	1.53	1.08
Range	10-15.33	9.64-13.33

From above observation group B has better unit cutting time.

## DISCUSSION

Clinical research is the most fruitful line of approach for the methods of diagnosis and treatment. It is the heart of the research work. In

Track length of each case at each successive setting of *Ksharasutra* change was measured in cm by measuring scale.

Comparison of track length before and after treatment was done to evaluate the effect of therapy.

### Unit cutting time (U.C.T.)

**U.C.T. = Total no. of days required to cut through the track**

### Initial length- final length of track

U.C.T. indicates the average time in days taken to cut through one cm of fistulous track. Unit of unit cutting time (U.C.T.) is Days/cm. Here the cutting time not only indicates the cutting rate of the track but also it covers healing status. The mean U.C.T. is a comparative parameter to assess the efficacy of the *Ksharasutra* which was used during study.

**Duration of therapy:** Total duration of therapy was 8 weeks. In which follow up of the patients for *Ksharasutra* change and assessment of clinical parameters was taken at every 7<sup>th</sup> day.

present clinical trial an attempt was made to evaluate and to put forth the efficacy of Partial Fistulectomy along with Standard *Ksharasutra* application in Fistula in ano. Since long ago *Ksharasutra* is being used in management of *Bhagandara*. Considering the duration and pain associated with *Ksharasutra Chikitsa*, its global acceptance has become difficult. *Acharya Sushruta* has also recommended *Chhedana Karma* for management *Bhagandara*.

Thus, in present study both *Chhedana Karma* (Partial Fistulectomy) and *Ksharakarma* were used combinely, in order to reduce the pain as well as duration of treatment. Significant

improvement was seen in clinical features, in patients underwent for Partial Fistulectomy along with Standard *Ksharasutra* insertion.

## CONCLUSION

Considering all above facts study concludes that, Partial Fistulectomy along with *Ksharasutra* insertion in Fistula in ano plays vital role in reducing pain, discharge and the most important duration of treatment as unit cutting time was found better in trial group.

## REFERENCES

1. Sushruta Samhita – Kaviraj Dr. Ambikadatta Shastri, Nidana-Sthana Adhyaya 4- Bhagandara Nidan, Shloka No. 14, Page No. 319.
2. Sushruta Samhita – Kaviraj Dr. Ambikadatta Shastri, Sutrasthana Adhyaya 33- Awaraniya, Shloka No. 4, Page No. 163.
3. Sushruta Samhita – Kaviraj Dr. Ambikadatta Shastri, Sutrasthana Adhyaya 25- Ashtavidha Shastrakarmiya Adhyaya, Shloka No. 3-4, Page No. 134.
4. Sushruta Samhita – Kaviraj Dr. Ambikadatta Shastri, Sutrasthana Adhyaya 5- Agropaharaniya, Shloka No. 5, Page No. 22.
5. Sushruta Samhita – Kaviraj Dr. Ambikadatta Shastri, Chikitsa-Sthana Adhyaya 17- Visarpanadistanaroga Chikitsa Adhyaya, Shloka No. 30-33, Page No. 101.
6. SRB's Manual of Surgery – Sriram Bhat M, Third Edition 2009, Chapter No. 25- Rectum and Anal Canal, Page no. 915

How to cite this URL: Sunita R Khatri Et Al: Study Of Partial Fistulectomy Along With Ksharsutra In Fistula In Ano. International Ayurvedic Medical Journal {online} 2017 {cited December- January, 2107} Available from: [http://www.iamj.in/posts/images/upload/134\\_137.pdf](http://www.iamj.in/posts/images/upload/134_137.pdf)