



A Management Of Paediatric Fistula In Ano (Bhagandara) With Ksharsutra Application - Case Study

¹Dr Ashish Ambule

²Dr Nandkishor Borse

¹PG Scholar Shalyatantra Department, Tilak Ayurved Mahavidyalaya, Pune

²Professor and HOD Of Shalyatantra Department, Tilak Ayurved Mahavidyalaya, Pune

Abstract-

Introduction:

Fistula-in-ano in the paediatric age group is relatively rare compared to adults but poses significant management challenges due to delicate anatomy and the need for minimally invasive approaches. Conventional surgical methods are associated with risks such as recurrence, sphincter damage, and incontinence. Ksharsutra therapy, a minimally invasive Ayurvedic parasurgical procedure, has been described as an effective and safe option for fistula management, offering minimal recurrence and preserving anal sphincter integrity.

Methods:

This prospective clinical study was conducted on paediatric patient age 9 month diagnosed with fistula-in-ano. Diagnosis was based on clinical examination and Transrectal Usg.

Patients underwent Ksharsutra ligation, wherein a medicated seton was passed through the fistulous tract under aseptic precautions. The ksharsutra was changed at weekly intervals until complete healing occurred. Parameters assessed included duration of healing, pain

score, recurrence rate, and complications. Results:

Complete healing of the fistulous tract was achieved in patient, with an average healing time.

Discussion:

Ksharsutra therapy proved to be a minimally invasive, cost-effective, and sphincter-preserving method for managing paediatric fistula-in-ano. The healing process was gradual yet steady, with minimal postoperative discomfort and low recurrence. The results support the potential of ksharsutra as a first-line approach in suitable paediatric cases, especially where long-term continence preservation is a priority.

Conclusion:

Ksharsutra application offers an effective, safe, and economical alternative for managing paediatric fistula-in-ano, with minimal complications and preservation of anal sphincter function. Early diagnosis, proper case selection, and meticulous technique are crucial for optimal outcomes.

Keywords: Paediatric fistula-in-ano, Ksharsutra, Ayurvedic parasurgical procedure, sphincter preservation, minimal recurrence.

Introduction-

1) बहिरन्तर्मुखश्चापि शिशोर्यस्य भगन्दरः।
तस्याहितं विरेकाग्निशस्त्रक्षारावचारणम्
यद्यन्मूदं च तीक्ष्णं च तत्तत्तस्यावचारयेत् ॥

(सु. ची. ८/२७)

2) भावितं रजनी चूर्णैः स्नुहीक्षीरे पुनः पुनः॥
बन्धनात्सुदृढं सूत्रं भिनत्त्यर्शो भगन्दरम्।
(चक्रदत्त अर्श चिकित्सा ५/१४८)

In Ayurveda it is mentioned that certain clinical conditions require surgical intervention for better cure.

Charaka mainly a Kayachikitsa treatise also stated that the diseases like Gulma, Arsha, Bhagandara, Ashmari may require surgical intervention.

Sushruta has discussed in the detail about various Shashtra karma along with Anushastra karma which includes Agnikarma, Jalaukavcharana and Ksharakarma.

Kshara is considered as one of the most important Parasurgical procedures as it can produce excision, incision, scrapping and can pacify all three Doshas.

Kshara application in the form of Ksharasutra, in anorectal diseases has become more popular due to its easy approach and low rate of recurrence. Ksharasutra induces both mechanical and chemical cutting and healing.

Direct reference of Ksharasutra is found in Sushruta for treatment of Nadvirana. Chakradatta has referred to a medicated thread coated with Snuhi and Haridra powder in treatment of Arsha and Bhagandara. The standard Ksharasutra is prepared by 11 coatings of Snuhi Ksheera then 7 coatings of Snuhi Ksheera and Apamarga Kshara and then again 3 coatings of Snuhi, Ksheera and Haridra Churna.

This Kshara Sutra is used in treatment of fistula-in-ano due to its cutting, curetting, and healing effect as well as it controls the infection.

Ayurvedic view of Bhagandara and KsharaSutra

शस्त्रानुशस्त्रेभ्यः क्षारः प्रधानतमः

छेद्यभेद्यलेख्यकरणात्त्रिदोषघ्नत्वाद्विशेषक्रियावचारणाच्च ॥

(सु. सू. ११/३)

Acharya Sushruta described Fistula in Ano under the heading Bhagandara along with its symptoms, types, and its management. The disease which creates Darana (tear) like Yoni in the area of pelvis, rectum & urinary bladder is called as Bhagandara and when these are not opened it's called as Bhagandara Pidaka. An abnormal passage between a hollow or tubular organ (Bhaga, Guda, or Basti) and the body surface or between two hollow or tubular organs is called fistula. Kshara destroys the vitiated tissue and make them fall off. It is the most important among Shashtra and Anushastra because it does functions like excision, cutting and scrapping, also mitigates all the three Doshas. Acharya Sushruta described that Nadvirana (sinus) should be cut open by Kshara Sutra and, he said the same procedure should be adopted for Bhagandara.

CASE REPORT

Age - 9 month male child

Gender- male child

Date of admission - 28/10/2024

Date of recovery - 3/11/2024

Chief complaints and duration:

Patient parents complaint of pus discharge from the right side of perianal region in the last 4 months.

H/o present illness:

Patient was apparently normal before 4 months. Then he had developed boil with intermittent discharge in perianal region since last 4 months. He had taken medicine for it, but didn't get any relief. Therefore, for further treatment he came to OPD of Shalyatantra, Seth Tarachand Ramnath Charitable Ayurvedic Hospital rasta peth Pune.

Family history:

No H/O HTN, DM or any other major illness

General examination:

G.C - Moderate Afebrile

CVS - S1 S2 Normal.

Pulse - 110/min

BP - 110/60 mm Hg

RS - Chest clears on both sides.

Digestive System

Appetite – normal

Bowel - constipated

Uro-genital System – NAD

Local examination

In lithotomy position of patient, the findings observed were: patient had No hairy perineal region with a small opening in right side of perianal region at 1' O clock position seropurulent pus discharge through that opening, tenderness on touch with indurations was felt around external opening.

After complete examination the diagnosis was confirmed as Fisula in Ano at 3' O clock position i.e., Bhagandara. In this patient perianal skin was normal with no Dermatitis.



Fig 1- Ksharsutra application at paediatric fistula-in-ano



Ksharsutra application

*Pre-operative preparation

Local part preparation i.e., shaving was not done as patient didn't allow because of 9 months age, patient was taken to recovery room and injection plain xylocaine 2% was given subcutaneously for sensitivity test.

*Operative procedure

Patient was taken in lithotomy position on operation theatre General Anaesthesia given. After proper painting and draping, local anesthesia with 2% xylocaine was infiltrated nearby opening and around anal verge.

Reassessment of extension of tract was done by probing. Probe was removed through anal opening via internal opening after feeding of Ksharasutra and Ksharasutra ligated appropriately. Complete hemostasis was maintained and T bandaging was done.

*Postoperative procedure

Ayurvedic medicines and sitz bath was given. Patient was admitted to the Hospital for 7 days till next Ksharasutra was changed.

Follow-up

Patient was discharged from hospital after 1st Ksharasutra change and then asked for changing Ksharasutra every 7th day till cutting of the tract. Warm Water sitz bath and Jatyadi Taila local application was Done during this period.

After 1

Sitting the tract was totally cut and healing was achieved simultaneously. Jatyadi Taila application on Scar mark was advised.

DISCUSSION

Acharya Sushruta described the treatment of fistula in Ano as Bheshaj, Ksarakarma, Agnikarma and Shastra Karma. In modern medicine treatment like fistulotomy, Fistulectomy, seton ligation are indicated. These Treatments have more recurrence rate and post- Operative complications like hemorrhage, pain, Delayed healing etc. In comparison to Modern Treatment Ksharasutra ligation is better due to its Minimal complications and less recurrence.

Even fecal Incontinence and anal stricture are not seen in this Case. The application of Ksharasutra is having anti- Inflammatory and anti-microbial property and due to Its alkaline property helps in cutting and healing. Cutting mainly occurs due to local action of Kshara, Snuhi and the mechanical pressure of Ksharasutra Knot. Haridra powder having antiseptic action helps in Healing of the tract.

CONCLUSION

The incidence of fistula in ano is increasing now a day due to improper job style where a person sits for long time on hard surfaces. The management of anorectal diseases need a complete knowledge of anorectalanatomy and pathophysiology. Also, it needs to be diagnosed early so that appropriate treatment can be given without delay. Ksharasutra helps in removal of debridement and prevent from bacterial infections. Ksharasutra at a time provides both cutting and healing so we can use it in any type of fistula tract. So, we conclude that in fistula in ano Ksharasutra treatment is a better option due minimum complication and patient can resume normal activities earlier.

REFERENCES

- 1) Vaidya Yadavji Trikamji Acharya, Sushruta Samhita, Nidan Sthan, Chaukhamba Publications, published 2020, Page no.213.
- 2) Vaidya Yadavji Trikamji Acharya, Sushruta Samhita, Chikitsa Sthan, Chaukhamba Publications, published 2020, Page no.213.
- 3) Kaviraj Ambika Dutta Shastri, Sushruta Samhita, Nidan Sthan, Chaukhamba Sanskrit Samsthan, Published 2019, Page no.155.
- 4) Kaviraj Ambika Dutta Shastri, Susruta Samhita, Chikitsa Sthan, Chaukhamba Sanskrit Samsthan, Published 2019, Page no.156.
- 5) Jyotik, Dr & Subhash, Omkar & Jyotik, Omkar. (2024). Review Article Ashta vidhashastra karma – Fundamentals of Surgery. Bioscene. 21. 383-391.
- 6) Jyotik, Omkar. (2024). Application of Ksharsutra: A case study. INTERNATIONAL JOURNAL OF RESEARCH AND ANALYTICAL REVIEWS. 11. 311-315.