POST OPERATIVE WOUND HEALING WITH KSHAARASUTRA A NEW APPROACH IN HIGH ANAL FISTULA

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ABSTRACT: The article reports partial fistulotomy with Ksharasutra application. This integrated technique proved to be better than conventional Ksharasutra application.

INTRODUCTION

High anal fistulae, a ano-rectal disorder usually results a sequel to some variety of ano rectal abscess are ever challenging to surgeons, Fistulectomy with sphincteric division not only results in recurrence but also results in permanent incontinence causing maximum discomfort, absence from work and weakness, even kshaarasutra application in these case no doubt is a successful contribution of Ayurveda nut makes the patient keep off all his business for longer time with mild constant pain and discharge, but in this age patients want to get rid of it as early as possible with minimum discomfort, hence, there is always a scope for other easy alternative even with Ksharasutra to minimize the period of cutting the track with fast post operative wound healing without any recurrence and sphincteric fibre disturbance.

Keeping this in view a new methodology partial fistulotomy with Ksharasutra application was performed in 12 cases of high anal fistulae and was proved to be better than conventional Ksharasutra application and has the benefits of short post-operative stay, fast wound healing and recovery. This would be definitely an integrated approach developed and applied in a group of 12 patients some of whom have also had diabetes mellitus and irritable bowel syndrome.

MATERIAL AND METHODS

Between January 1993 and December 1993, this integrated procedure was adopted on a group of 12 patients at S.V Ayurvedic College Hospital, Tirupati. Out of them 5 had already undergone unsuccessful fistulectomy operations for once or more than that. There were 11 men and 1 woman with a ranging age group of 31 to 65 years (Table 1). Out of 12, 7 were with inter sphincteric fistulae includes a patient with multiple fistulae (Shataponaka bhagandara) 4 were trains sphincteric and one was suprasphincteric (Table No 5). As per susrutha, classification 1 was shataponaka type, 5 were Ustragreeva type, 4 were parisravi and remaining one is unmargi type (Table No 4). These total data were collected from the operation register and other clinical records.

Surgical technique: The essential steps of the operation procedure

1. After taking all asceptic preoperative precautions the patients were made to lie sown in lithotomy position and malleable probe was inserted through the external opening to find out internal opening. For this
goodsall’s rule was taken into criteria.

1. ‘Partial fistulotomy was done by just splitting the fibres up to the sphincteric bundle along the curvature of the track and then kshaara sutra was applied to the sphincteric bundle.

2. Wound was closed with gauge sling soaked with jatyaditailam and thus dressed with T bandage.

3. Measurement of the track was done with the initial length of the kshaarasutra used.

IV. Criteria for the selection of patients:

In this study a format and a detailed case sheet was made to examine all the systems of the patients to ascertain the diagnosis. The case sheet not only includes all the basic examinations but also certain specific examinations like proctoscopic and per rectal examination to assist the correct diagnosis.

a. Patients only with high anal variety (including shataponaka variety also) were selected.

b. Patients suffering with this disease more than 3 year history were only taken (which includes other associated disorders like IBS and diabetes mellitus were also considered (table No.7)

c. Cases were selected randomly in regarding with sex and the age.

V. Follow up:

was made daily after the surgery and the track was dressed with jatyaditaila soaked gauge sling and all the patients were advised daily sitz bath with triphala quadha in the mornings and evenings. Kshaarasutra was changed on every 5 day and thus measuring the Unit Cutting Time (UCT) = Total number of days/ initial length of the track (Table No 7)

VI. Post treatment follow up:

was done upto 1 year with a gap of 1 month to ascertain the healing recurrence and incontinence.
RESULTS AND OBSERVATIONS

1. Age and Sex:

   Table No I
   a. Patients only with high an
      al variety (including shataponaka
      variety also) were selected.
   b. Patients suffering with thi
      s disease more than 3 year history
      were only taken (which includes

II Occupation:

   Table No .2
   a. Patients only with high an
      al variety (including shataponaka
      variety also) were selected.
   b. Patients suffering with thi
      s disease more than 3 year history
      were only taken (which includes

Majority of them were having sedentary habits.

III Dietary Habits:

   Table No 3
   a. Patients only with high an
      al variety (including shataponaka
      variety also) were selected.
   b. Patients suffering with thi
IV Type of Fistulae

1. Susrutha’s Classification

Table No .4

- Patients only with high an al variety (including shataponaka variety also) were selected.
- Patients suffering with this disease more than 3 year history

Majority of them were ustagreeva type and was followed by parisravi type.

2. Modern classification

Table No 5

- Patients only with high an al variety (including shataponaka variety also) were selected.
- Patients suffering with this disease more than 3 year history

V. Signs and symptoms

Table No .6

- Patients only with high an al variety (including shataponaka variety also) were selected.
- Patients suffering with this disease more than 3 year history

-= mild; ++= moderate; +++ = severe Discharge was noticed in all most all the types of fistula followed by pain and burning sensation.

- Patients only with high an al variety (including shataponaka variety also) were selected.
- Patients suffering with this disease more than 3 year history were only taken (which includes
DISCUSSION AND SUMMARY

This new approach basing on the above data clearly shows that the age group in between 30-39 were majority victims and sedentary occupational habits are prone to get this disorder and no doubt this is more prevalent in non-vegetarians. (Table No 1 to 3).

This new approach fastly drains out the debris and allows ksharasutra to hold only sphincteric bundle without irritating the anoderm, thus relieving the pain as early as possible, this technique is less extensive of surgical procedure, in this the tissues deep to the fistulous track are not disturbed and allows conservation of tissues which is not only useful for fast healing but also helps in acquiring granulation tissue, this procedure

necessitates the sectioning of only superficial sphincteric musculature and never disturbs the deep half of the track thus safeguarding the sphincteric tone in total.

As the Ksharasutra holds only the smooth sphincteric musculature leaving anoderm and skin aside, naturally reduces UCT to minimum 3.6 thus proving easier in draining and better in healing (Table No 7).

As the Ksharasutra was prepared out of snuhiksheera is highly corrosive and mild post operative complications like bleeding, retension. Of urine, pain and burning sensation in few cases are quite negligible, because they can be easily encountered (Table No.7)
a. Patients only with high anal variety (including shataponaka variety also) were selected.

b. Patients suffering with this disease more than 3 year history were only taken (which includes other associated disorders like IBS and diabetes mellitus were also considered (table No.7)

c. Cases were selected randomly in regarding with sex and the age group was ranging in between 31 to 65 years.

| S. No | Age in Years | Males | Females | Total       |
|-------|--------------|-------|---------|-------------|
| 1. 2. 3. 4. | 30-39 40-49 50-59 60-69 | 4 4 1 2 | 1 --- | 5(41.66%) 4(33.33%) 1(08.33%) 2(16.66%) |
| Total | | 11(91.66%) | 1(08.33%) | |

| S. No | Males | Females | Total       |
|-------|-------|---------|-------------|
| 1. 2. 3. 4. 5. | Students Clerks Executives Businessmen Labour | 1 2 3 3 2 0 1 | 1 8.33% 25% 25% 3 25% 2 16.66% |
| Total | | | 11 |

| S. No | Males | Females | Total       |
|-------|-------|---------|-------------|
| 1. 2. 3. | Vegetarian | | 18.33% |

Table No 7
Master Chart

S.P= Shataponaka; UG= Ustragreva; PS= Parisravi; SKA = Shambukavartha; UNM= Unmargi;
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2. Better than conventional colleagues Dr. S. Dattatreya Rao, Asst. professor and Dr. Vijayender Reddy, S.V for their timely advice and cooperation.

3. Becomes safe, ambulatory and effective alternative treatment.

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