



CASE STUDY OF ESHAN KARMA WITH KSHAR SUTRA LIGATION IN BHAGANDAR WITH INFANT FEEDING TUBE

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ABSTRACT

Ayurveda promises a disease free, happy and long life. Among the eight branches of Ayurveda, each branch consists of enormous knowledge from basic concepts up to critical health care strategies. Shalyatantra, a prime branch in Astanga Ayurveda, is rich in many aspects of modern surgical concepts. This branch has immense potential to belt the solution of many challenging and unresolved complicated surgical ailments. Acharya Sushruta was pioneer in the field of surgery. Ayurvedic approaches especially Kshara sutra stands better than modern therapeutic options in terms of safety, easy, low cost and devoid of post-operative complications. Eshan karma has been mentioned throughout the classical literature for Bhagandar. Normally Eshan Karma [probing] is done with copper metal probe. We here are trying to invent a more cost effective and innovative method for Eshan Karma with Kshar Sutra ligation in Bhagandar.

A case report of Eshan Karma with Kshar Sutra ligation in Bhagandar with the help of infant feeding tube has been presented here

Material and Method

In this study infant feeding tube no. 6 with guide wire was used for Eshan karma and Kshar Sutra ligation.

Treatment Plan

The Bhagandar [fistula-in-ano] was ligated with Kshar Sutra with the help of infant feeding tube no. 6 and guide wire under spinal anaesthesia.

Introduction

Sushruta explained the role of surgical excision and use of ksharsutra for the management of anal fistula for the first time in 500 BC. Ksharsutra therapy for the management of fistula-in-ano is being practised in India with high success rate (re-currence of 3.33% only) [1]. Ksharsutra therapy showed least recurrence (5.88%) [2]. Surgical treatment of anal fistula requires hospitalization, regional or general anaesthesia, and regular post-operative care and is associated with a significant risk of recurrence (0.7–26.5%). It is associated with high risk of impaired continence (5–40%) [3]. In most of the centre method of inserting, the ksharsutra is by using a metallic probe. This not only is a painful procedure but is more prone to cause an iatrogenic fistulous tract and impaired continence and sometimes requires general anaesthesia. These disadvantages lead to low compliance and low acceptability by many patients.

Presenting concerns

46 year old male, private employee, 62 kg weight, a case of Fistula-in-ano presented with complaints of pus discharge, pain and burning sensation during defecation. There was no history of diabetes, hypertension or any cardiac event.

Clinical findings

A thin built patient with good general condition. His BP was 130/80 mmof Hg, pulse 76 per min., regular, On digital rectal examination, internal opening of fistula was seen. External opening was at 7'o clock. Pus discharge was seen from external opening.

Diagnostic focus and assessment

He was subjected for routine assessment. His haemogram, kidney function test, liver function test, ECG, urine routine exam and culture, X-ray chest were done. All tests were within normal limits and he was allowed to undergo the surgery.

Operative Technique/Surgical Procedure

Although the gold standard technique to insert the ksharsutrais through an external opening by

using a metallic probe to negotiate the fistulous tract as well as to find out the internal opening, we can use an infant feeding tube (no. 5 or 6) for inserting the ksharasutra. The patient is kept in a left lateral position in a private environment with

a good source of light. Copious amount of 2% xylocaine jelly is applied over the external opening as well as over the entire infant feeding tube. A guide wire is inserted through the proximal tip of infant feeding tube which provides stiffness to the feeding tube. The distal tip is now inserted in the external opening. The infant feeding tube is pushed passively and negotiated through the fistulous tract. The internal opening is finally located, and the tube is taken out through it using the index finger. Once the distal end of the infant feeding tube comes out through the internal opening, the ksharasutra is tied at the proximal end (towards the internal opening) and then pulled through the other end (Fig. 2). Finally, both ends of the ksharasutra are tied and the infant feeding tube removed and guide wire is removed.

Benefit of Using an Infant Feeding Tube Instead of a Metallic Probe

1. Patient having minimal pain.
2. An infant feeding tube is more malleable than a probe, making it very easy to negotiate through the anal canal with the index finger.
3. Can be performed without anaesthesia.
4. Easy availability of the infant feeding tube from a medicine shop even at the community level.
5. No chance of making a false/iatrogenic tract.
6. No tissue reaction with an infant feeding tube.
7. Patient acceptability is much better than that with a metallic probe.

Demerits

1. Cannot be reused for the next patient.

Discussion

Worldwide, the conventional treatment for fistula-in-ano is complete excision of the fistulous tract. But in India, since 500 BC as per reference of Sushruta Samhita, an ancient Indian surgical

Eur. Chem. Bull. 2023, 12 (Special Issue8),237-241 239

text, ksharsutra treatment for fistula-in-ano is being practised [2]. In ksharasutra treatment, the chance of having anal continence is almost nil [4] as compared to conventional surgery. The rate of recurrence of disease in ksharsutra therapy is 3.33% [1] as compared to conventional surgery where it is reported to be up to 26.5%. Because of this beauty, ICMR and CCIM are taking lots of efforts to propagate this ksharsutra technique, but the main hurdle is its global acceptability. The ksharsutra practice is limited to very few centres in India because metallic probes and ksharsutra are not available in every part of this country. There is no uniformity and standardization in probe design. There is always fear of complication because of doubtful sterilization of metallic probes. The present metallic probe, though malleable, is quite hard and not user-friendly, so there remains the possibility of iatrogenic injury to inner structures, false tract formation, and possibility of slippage and contamination of ksharsutra during the procedure [5]. The gold standard method to insert the ksharsutra through the external opening of the fistula-in-ano is by using a metallic probe. Joining as a surgical consultant at our institute at its very inception, I found it indeed difficult to find a metallic probe to treat fistula-in-ano with an ever increasing patient load. It came up to me to devise this new technique using an infant feeding tube to treat fistula-in-ano as per the discussed procedure above. It is an ideal method to insert the ksharsutra in a new hospital, in the lack of a metallic probe, and mostly for geriatric patients having comorbidities. No systemic side effects are encountered with this method, although local irritation, burning sensation, mild pain, itching, and slight indurations are observed, which rarely need medication. Post-operative damage and scarring are minimal. This method of inserting the ksharsutra with the help of an infant feeding tube is most appropriate for healing fistulous tracts. It offers an effective, ambulatory, and safe alternative in patients with fistula-in-ano. To overcome all the limitations related to metallic probes, I have invented the idea to use an infant feeding tube instead of a metallic probe, which is disposable, non-traumatic, acceptable, and easily available everywhere. The use of infant feeding tubes is truly more acceptable, less painful, and time conserving and will be useful in the globalization of the ksharsutra procedure for the ablation of fistula-in-ano [5].

Conclusion

Ksharsutra insertion with the help of an infant feeding tube instead of a metallic probe for the treatment of fistula-in-ano is safe, less painful, and more acceptable, and has no chance of developing an iatrogenic fistulous tract. This novel technique using an infant feeding tube helped us to avoid the use of a metallic probe and involved minimal tissue handling, thus increasing patient acceptability. It has helped to make the treatment of fistula-in-ano using ksharsutra a day care procedure, reducing the overall burden to our healthcare system.

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