



Original Article

Perception of Kshar Sutra Therapy among Medical Interns in Treatment of Piles and Fistula

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ABSTRACT

Large population around the world is suffering from the anorectal disorders especially by piles, fistula and diverse group of pathologic conditions. These conditions are the cause of significant patient discomfort and disability. These anorectal problems have a major effect on overall quality of life of the patient. Piles is a term that refers to the normal circumferentially located submucosal vascular beds above and below the anal canal with symptoms of hemorrhoidal disease are bleeding, thrombosis, prolapse and possible rectal pain may be present and caused by the increased anal pressure prolonged such as during pregnancy or with severe constipation. Fistula is an abnormal connection or channel like structure, between the surface of the anal canal and the exterior perianal skin. Patients are confused in searching of treatment options while Ayurveda since ancient time emphasizes the preventive and curative aspects of about all the disease with minimum side effects and complications as Sushrut explained piles and fistula treatment by ksharsutra therapy. Ksharsutra is a medicated thread prepared by using plant based ingredients. Here we focused on the Perception of Kshar Sutra Therapy among Medical Interns also known as future doctors in Treatment of Piles and Fistula.

Keywords: Medical Interns, Medical Science, Ayurveda, Surgery, Kshar Sutra, Piles, Fistula.

INTRODUCTION

There are several anorectal disorders facing by large number of population with diverse group of pathologic conditions. These conditions are the cause of significant patient discomfort and disability^[1]. Not only developing countries, developed countries also facing the same problem as hemorrhoids alone account for almost 2 million

ambulatory care visits each year in the United States. These anorectal problems have a major effect on overall quality of life of the patient^[2]. There are two major anorectal problem generally occurs in large number of population are piles and fistula which need to be treated to improve quality of life.

Piles are also called as Hemorrhoids and Babaseer in Hindi, is a term that refers to the normal circumferentially located submucosal vascular beds above and below the anal canal. To symptoms of hemorrhoidal disease are bleeding, thrombosis, prolapse and possible rectal pain may be present and caused by the increased anal pressure prolonged such as during pregnancy or with severe constipation. It can also occur with diarrhea, aging, or due to hereditary factors. There are no accurate estimates about the disease but some estimates range from prevalence in the United States being as high as 80% to estimates that over 50% of the population will have developed hemorrhoidal disease by the time they are 50 years of age. Both men and women are equally affected^[3-7].

Fistula is also known as the fistula-in-ano or Bhagandara in Hindi. It is an abnormal connection or channel like structure, between the surface of the anal canal and the exterior perianal skin. It is defined as an abnormal communication between any two epithelial-lined surfaces, specifically being a communication with the rectum or anal canal and the perianal skin. In chronic state, these two entities are similar disease processes along a continual timeline. The cause of fistula is any obstruction of an anal crypt at the dentate line in the anal canal^[8]. The anal gland emptying into that crypt then becomes infected and, depending on the exact location of the infection, a perianal or perirectal abscess arises. These problems are increasing when there is no spontaneous drainage and opening to the anal crypt does not heal completely and becomes the internal opening of a fistulous tract that drains through the external opening on the anus or buttock where the abscess originally drained. The incidence of fistula formation ranges from 25% to 50%. Patients of all ages can be affected by this disease with the peak incidence being around 20 to 40 years old. Men are more commonly affected than women. There are several symptoms of fistula including pain, swelling and other general signs of an infection,

including fever, especially in ischiorectal and supralelevator abscesses^[9].

If we talk about the treatment of both the piles and fistula, there are several treatment options are present in Allopath as well as in Ayurveda also. In age of technology and Allopath, clinicians claim the treatment of piles and fistula by medicines in beginning of disease and final surgery option in acute conditions. But in both cases of medicine and surgery, there are many side effects of drugs and post surgical complications have been seen^[10]. Ayurveda since ancient time emphasizes the preventive and curative aspects of about all the disease with minimum side effects and complications. Father of surgery 'Sushrut' explained piles and fistula treatment by ksharsutra therapy. For treatment of common anorectal disorders Ksharsutra therapy is widely used. Till today it is working to prove stability of divine Ayurveda with replacing modern surgeries as the best alternative^[11].

Ksharsutra is a medicated thread prepared by using plant based ingredients. The Standard Kshara Sutra is prepared by 11 coatings of Snuhi latex (*Euphorbia nerifolia*), 7 coatings of Snuhi latex and Apamarga Kshara (*Achyranthes aspera*) and last 3 coatings of Snuhi latex and Haridra Churna (*Curcuma longum*). The pH of Apamarga Kshara Sutra is 9.72. The thread when applied by an expert helps in cutting, draining and healing. Many studies have been reported with confirmation that the drugs used in the preparation of Ksharsutra along with the mechanical pressure of tying the thread heal anorectal disorders gradually. Advantage of Ksharsutra therapy Ksharsutra treatment is a minimally invasive surgical procedure and can be performed without anesthesia, no cut - no stitch, less pain - less bleeding, no incontinence (loss of control on motion), no daily dressing required, no hospitalization require, no bed rest and can resume routine work within few hours and the presence of the thread does not bother them^[12].

India is birth place of Ayurveda and its practices. Usefulness of Ayurveda in about all the medical

complications attracts the scientists, clinicians and practitioners from around the world. Indian government focusing on Ayurveda practices by making an individual ministry of AYUSH for promotion of the traditional methods and pathy in cure of not only common diseases but also for chronic diseases. Ministry of AYUSH promoting Ayurvedic medical colleges by many schemes and in Allopathic medical colleges also several workshops and conferences are organized to promote the Ayurvedic treatments. In India, there are more allopathic medical colleges in comparison to the Ayurvedic medical colleges. More doctors are completing their medical degree as MBBS in comparison to BAMS degree. In case of MBBS there is compulsory internship training to the medical students to complete their MBBS to do their individual medical practices^[13,14]. These medical students are known as the medical interns or future doctors because they have completed their course work and doing their practices under the guidance and supervision of experienced practitioners. So the medical interns play an important role in medical colleges and treatment of the diseases. Beside allopathic procedures medical interns should know about other treatment options also for their future individual practices. In this study we focused on the Perception of Kshar Sutra Therapy among Medical Interns in Treatment of Piles and Fistula.

MATERIALS AND METHODS

Study Area: The study was carried out in the different Medical Colleges of Lucknow City of Uttar Pradesh, India.

Subject: This included 200 students who are pursuing their internship training from the medical colleges for fulfillment of MBBS degree. There were 100 girls and 100 boys.

Inclusion criteria: Medical interns should be of MBBS course.

Exclusion criteria: Should have cleared all the examinations of MBBS.

Method of Data Collection: Using the retrospective method, 200 questionnaires were

distributed to students and were properly answered. The questionnaire included questions about Demographic Characteristic, Perception about anorectal disorders, Perception about piles, Treatment option for piles, Perception about fistula, Treatment option for fistula, Where to treat piles & fistula, Perception about ksharsutra, Use of ksharsutra therapy, Tendency to learn about Ayurveda. Each question had 2-5 options and students were asked to select the option which they felt was the best. The questionnaires were collected immediately after completion to minimize interpersonal communication amongst the subjects and to prevent the influence of friends on individual responses. The informed consent of the student was also obtained.

Statistically Analysis

The results were tabulated, analyzed and percentage calculated.

RESULTS

Demographic Characteristic

Out of the 200 students there were 100 girls and 100 boys in the age group of 19-24 years, 69% (138) were from English medium schools and rest 31% (62) from non English schools.

Perception about anorectal disorders

Out of 200 medical interns 86.5% (173) medical interns found most interested and excellent in sufficient perception and knowledge about the anorectal disorders, 10% (20) were medium in knowledge and perception about the anorectal disorders while 3.5% (7) were not aware about the anorectal disorder.

Perception about piles

Out of 200 medical interns 40% (80) medical interns found most interested and excellent in sufficient perception and knowledge about the piles, 33% (66) were medium in knowledge and perception about the piles while 27% (54) were not aware about the piles with very weak knowledge and perception.

Treatment option for piles

Out of 200 medical interns 80% (160) medical interns answered about surgery as preference for piles treatment, 13.5% (27) medical interns answered medicine preference and 6.5 (13) medical interns did not know about the piles treatment.

Perception about fistula

Out of 200 medical interns 35% (70) medical interns found most interested and excellent in sufficient perception and knowledge about the fistula, 40% (80) were medium in knowledge and perception about the fistula while 25% (50) were not aware about the fistula with very weak knowledge and perception.

Treatment option for fistula

Out of 200 medical interns 72% (144) medical interns answered about surgery as preference for fistula treatment, 20% (40) medical interns answered medicine preference and remaining 8% (16) medical interns did not know about the fistula treatment.

Where to treat piles & fistula

Out of 200 medical interns 53% (106) medical interns answered about to treatment of piles and fistula patients in emergency, 33.5% (67) medical interns answered about to treatment of piles and fistula patients in OPD by follow up, 9% (18) medical interns answered about to treatment of piles and fistula patients as to be decided according to the condition after check up while remaining 4.5% (9) medical interns have no idea about where to treat the piles and fistula patients.

Perception about ksharsutra

Out of 200 medical interns 13% (26) medical interns found most interested with sufficient perception and knowledge about the ksharsutra, 27% (54) were medium in knowledge and perception about the ksharsutra while remaining 60% (120) were not aware about the ksharsutra with very weak knowledge and perception.

Use of ksharsutra therapy

Out of 200 medical interns 7% (14) medical interns knew use of ksharsutra in both piles and fistula disease, 12% (24) knew that ksharsutra is

used for treatment of piles only, 21% (42) knew that ksharsutra is used for treatment of fistula only, while remaining 60% (120) medical interns did not know about use of ksharsutra.

Tendency to learn about Ayurveda

Out of 200 medical interns 83.5% (167) medical interns showed interest in Ayurveda learning while remaining 16.5% (33) medical intern had no interest in ayurveda.

DISCUSSION

Susruta has recommended kharsutra therapy as the most effective treatment for the anorectal disorders especially in treatment of Piles and Fistula^[5]. Several studies also showed importance of ksharsutra therapy in treatment of anorectal disorders^[11-14], but there was no such type of study found in literature search about perception among medical interns. With respect to importance and use of ksharsutra therapy since ancient time in India and with satisfactory proof by studies there is very less percentage of perception among the medical intern as 13% only^[4-7] in same way percentage of perception about piles and fistula among medical interns showed only 40% and 35% respectively, it is very less percentage with regards to the incidents of pile and fistula^[1,2]. Only satisfactory answers were found from the tendency of learning Ayurveda part of questionnaire as 83.5%.

CONCLUSION

Literature survey showed the importance of ksharsutra therapy in treatment of anorectal disorders and importance of medical interns in disease treatment and management in health care system. Results of our study showed very low perception of ksharsutra therapy in anorectal disorder treatment among medical interns, so here it is recommended that the medical students during MBBS should be taught about usefulness of traditional therapies as well as the specific useful therapies by organizing courses, live workshops, conferences, symposium etc. It is also necessary to save divine therapy known as

Ayurveda which still plays an important role in Indian health care system.

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