Contraindication of ‘Ksharasootra’ in the Management of Fistula in Ano

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ABSTRACT

The condition of complicated, recurrent and high anal fistula, although not a major surgical task; but always remains a nagging issue not only to the patients but to the surgeon as well. The present method of Kshaar Sootra treatment in anal fistula has been found efficacious and have been accepted by many countries in world. All cases which look like fistula in ano may not be fistula in ano. Therefore, it is essential to investigated all cases of recurrent, complicated and difficult fistula by new gazetis (i.e. CT scan, MRI, fistulogram, USG, etc.) There are certain conditions which can be regarded as definite contra indication for KSHAAR SOOTRA therapy. There are conditions where the patient is having a true simple fistula but he/she is also suffering from other systemic diseases, which either interfere in the healing process of the wound or present a potential risk of life for the patient.

Keywords: Kshaar Sootra, fistulectomy, fistula-in-ano.

Introduction

As we all know the application of KSHAAR SOOTRA in a patient of fistula in ano is a simple process. It may be difficult also if the surgeon is not conversant with the pros and cons of the procedure.

It is true that KSHAAR SOOTRA can be applied in all types of fistula; but at the same time it is also important to know the conditions where KSHAAR SOOTRA should not be applied. All cases which look like fistula In ano may not be fistula in ano. Therefore, it is essential to investigated all cases of recurrent, complicated and difficult fistula by new gazetis (i.e. CT scan, MRI, fistulogram, USG, etc.)

There are certain conditions which can be regarded as definite contra indication for KSHAAR SOOTRA therapy. There are conditions where the patient is having a true simple fistula but he/she is also suffering from other systemic diseases, which either interfere in the healing process of the wound or present a potential risk of life for the patient.
There is two part of contra indicated conditions.

1) Definite contraindicated conditions
2) Associated contraindicated conditions

1. **Definite contraindicated conditions**

   Following conditions are definite contra indicated conditions for KSHAAR SOOTRA therapy.

   1. Osteomylitis
   2. Tuberculosis
   3. Ulcerative colitis
   4. Appendicitis
   5. Malignancies
   a. Pelvic bones
   b. Femur
   6. Crohn’s disease
   a) Intestinal
   7. Heart disease
   b) Pelvic
   8. Veneral diseases
   a) RVF
   b) LVF
   9. H.I.V.

These are the conditions in which the systemic disease carrying “Potential risk of life”, so it is better to not applying KSHAAR SOOTRA in such cases.

The treatment of the other debilitating diseases is of prime concern rather than the treatment of fistula.

2. **Associated contraindicated conditions** –
   a) Systemic
   b) Local

   a) **Systemic conditions**

   These are the conditions in which KSHHAR SOOTRA can be applied cautiously but the treatment for the systemic conditions should also be instituted.

   - Tuberculosis (pulmonary)
   - D.M.
   - H.T.
   - I.H.D.
   - Amoebiasis (chronic)
   - B.P.H.
   - Anaemia
   - Uraemia
   - U.T.I.
   - Naturopathic conditions (e.g. paraplegia, etc.)

   These are the conditions which adversely influence the healing process of the body.

   Here, KSHAAR SOOTRA should be applying after obtaining proper control of these diseases.

   In H.T. and I.H.D., KSHAAR SOOTRA should be applied cautiously under the influence of some analgesic drug so that the pain experienced by the patient during application of KSHAAR SOOTRA is minimal.

   b) **Local conditions**

   In this group, patients having local lesions of the anorectal canal with Fistula in ano.

   - Haemorrhoids
   - Fissure in ano
   - Anal polyp
   - Anal wart

   KSHAAR SOOTRA may be applied in such a local conditions but it should be remembered that if the piles and fistula are situated at the same clock position there is a potential danger for a profuse haemorrhage, when the KSHAAR SOOTRA cuts through the Haemorrhoidal vessel. Therefore it is always wise to remove the pile mass first in such case.

   Another common condition, which is often associated with fistula, is fissure in ano. It should be understood that KSHAAR SOOTRA itself by virtue of its cutting action, will cause a fissure at the anal verge in due course of time. Therefore the presence of a fissure in ano is not a contraindication for KSHAAR SOOTRA application, only utmost gentleness is required.

   The other local lesions of the ano-rectal canal like anal polyp, anal wart, etc. should be treated and removed before the application of KSHAAR SOOTRA into a fistulous tract.

**Conclusion**

In this way, it is now clear that the majority of patient of fistula in ano, rather all the patient of true fistula are the subjects for treatment by KSHAAR SOOTRA with due regard is paid to the associated local and systemic conditions.
Therefore it is very important to select the cases after thorough examination not only of the fistula but of the patient as a whole. Only those cases which apparently look like fistula but turn out to be connected with a different pathology elsewhere, should be debarred from KSHAAR SOOTRA applications. KSHAAR SOOTRA is a matter of gentleness, assurance and soft handling.

References