

SUSHRUTOKTA SHATAPONAK CHIKITSA SIDHDHANT : A REVIEW

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Introduction : A fistula-in-ano is a disease of anal region. It is a very obnoxious condition from the view point of patient and a constant source of anxiety and social stigma for the sufferer. Treatment of fistula-in-ano remains challenging¹. Amongst these, multiple fistula in ano is very tedious and irritating as a disease to patient and hard to treat for doctors. In various studies it has cleared that multiple fistula in ano is hard to treat and has higher recurrent rate. In Sushruta Samhita multiple fistula in ano is described as a *Shataponak*. *Shataponak Chikitsa* is wisely described in Sushrut Samhita with possible treatment modes and its merits and demerits². Current study discusses about applicability and suitability of Sushrutokta *Shataponak Chikitsa* in current era.

Aim :

To access importance of Sushrutokta *Shataponak Chikitsa* as per current era.

Objective :

To access applicability and suitability of Sushrutokta *Shataponak Chikitsa* for management of multiple fistula in ano in current era

Material :

Sushruta Samhita with commentary of Ambikadatta Shastri
Research papers published in view of management of fistula in ano and Multiple Fistula in ano

Methodology

This is a fundamental study

Selection of topic →

Literature review

Critical reading of Sutra and published articles →

Interpretation of results of different treatment →

Assessment of desired meaning

Discussion →

Summery

Conclusion →

Discussion

an abnormal hollow tract or cavity that is lined with granulation tissue and that connects a primary opening inside the anal canal to a secondary opening in the perianal skin; secondary tracts may be multiple and can extend from the same primary opening. Most fistulas are thought to arise as a result of crypto glandular infection with resultant peri-rectal abscess. The abscess represents the acute inflammatory event, whereas the fistula is representative of the chronic process. Symptoms generally affect quality of life significantly, and they range from minor discomfort and drainage with resultant hygienic problems to sepsis.³ *Shataponak* is one of the types of fistula in ano described by Sushruta⁴. Sushruta elaborated that in the management of multiple fistula in ano i.e. *Shataponak* surgical wound should be done in interlinking fistulous tracts only. After healing of these wound remaining

fistulous tract should be treated like *Nadi Vrana*. Whereas multiple tracts associated with each others can be removed externally at a time forming single wound. At the same time surgeon should not make single wound if multiple tracts are not communicating with each other. Still if someone does this mistake it may spread the wound and can tear anal canal which results in incontinence of urine and stool. And may vitiate *Vata* resulting in flatulence and severe anal pain. Hence wound should not be widened in case of *Shataponak Bhagandar*⁵.

In current era, there are many varieties of available treatments for management of multiple fistula in ano. Out of those, complete fistulectomy - lay open techniques, *Ksharasutra* treatment, and Partial fistulectomy with *Ksharasutra* treatment are used at most.

Complete Fistulectomy:

The classical "lay open" technique for management of fistula in ano practiced currently,⁶ involves laying open the fistula tract in entirety. Nevertheless, there are several modifications of this procedure.⁷

Advantages : This process is single step, Complete tract is excised under vision

Disadvantages : For fistulae that traverse longer distances of sphincter, such as high trans-sphincteric or more proximal, fistulotomy conveys high rates of postoperative incontinence and alternative surgical treatments are necessary. Longer hospital stay, Recurrence rate is higher, Infection rate is higher, More soiling of cloths, Limitation in daily routine work.⁸

Ksharasutra

As *Ksharasutra* is a multistage procedure,⁹ patients need to come hospital every week, hence, the duration of treatment in the *Ksharasutra* group was

significantly longer than fistulotomy group. Despite this the number of days, "off work" was less in case of *Ksharasutra* because the pain was less and there was no open wound in contrast to fistulotomy. Hence, patients following *Ksharasutra* procedure were able to join their work from the next day of the procedure and it didn't affect their normal activities.

Previous study concluded that treatment of fistula-in-ano by *Ksharasutra* is simple, easy, and safe. The chances of recurrence and anal incontinence are very low and most importantly, the cost of the treatment is very low. As it is an "ambulatory treatment" patient can join in their work very early.

Partial fistulectomy with Ksharasutra ligation.

This management includes all advantages for both groups regarding reducing time required for treatment. Also recurrence rate is lowered. Fistulous tract is removed up to maximum under vision with sparing of sphincter. Hence incontinence rate is also lowered. It helps in continuous drain and healing of wound.

With partial fistulectomy distal branches of fistulous tract are removed during surgery. Thus converting multiple fistula in ano in single or double fistulous tract which are ultimately treated with *Ksharasutra*.

Also sample of fistulous tract is available for histopathology examination.

Though treatment time is reduced but patient needs multiple visit for changing of *Ksharasutra*. It has disadvantages of open fistulectomy like soiling of cloths. Despite of these disadvantages intensity of these symptoms are less.

The modified procedure minimizes hospital stay, minimum sphincter injury,

maintain integrity of sphincter, few recurrence rate (2%) and cost effective.¹¹

Another study states that In complex anal fistula, Ksharsutra assisted by partial fistulectomy is very useful because of its very less complication of recurrence (7.5%), incontinence (00%) and ugly scarring (14.5%).¹²

Above mentioned method of partial fistulectomy with Ksharsutra ligation is the same method which was elaborated by Sushruta in management of Shataponak Bhagandara. This method has edge over

other treatment. Hence it can be said that applicability and suitability of Sushrutokta *Shataponak* Chikitsa for management of multiple fistula in ano in current era stands true.

Conclusion : Sushrutokta *Shataponak* Chikitsa is important in current era. It is best suited and applicable treatment in management of multiple fistula in ano. This treatment has less complication of recurrence, incontinence and less time needed for management.



Partial fistulectomy with Ksharsutra ligation in multiple fistula in ano

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