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Case Study Non- Surgical Management of Low Anal Fistula in an Infant with Udumbara Ksheerasutra– A Case Study

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Abstract

Background: A long-standing condition, fistula in ano (Bhagandara) has been documented in infants as young as six months old. Surgery is the most common method of therapy for ano stula, however there are other options. The goal of this study was to find a non-surgical treatment for a child with a low anal stula who was ten months old.

Materials & Methods: The Ksharasutra (Ayurvedic Seton) was employed in this case study as a modified version of the well-known Ksheerasutra (Ayurvedic Seton). After a first probe, Seton was injected into the stulous tract in an aseptic manner (Eshana Karma). At the end of the fifth week, the tract had been fully cut, with healthy tissues forming in its place, and the Seton had been replaced four times (one each week). The technique was safe, non-irritating, and well-tolerated by the youngster throughout the length of treatment.

Keywords: In ano, Infants, Non-surgical management, Ayurvedic Seton Udumbara Ksheerasutra

Introduction

anal canal and the perineonum is known as a stula-in-ano. Perianal infections are the most common cause, and a congenital abnormality is very unusual [1]. Nevertheless, the pathophysiology of ano-stula is yet unknown [2]. Adults are considered to be more likely than children to get the disease than the reverse. In babies, diminished immunity and changes in bowel habits during weaning are to blame. [3] Boys are more likely to be afflicted than girls, with 96 percent of cases occurring in newborns less than one year of age [4]. Fistula is likened to a disease in Ayurveda.

Though often thought of as an incurable illness [5], some new research suggests that bhagandhara in babies is a temporary and self-limiting sickness [2].

There are a variety of ways to handle a problem.

stula, However, despite instances of post-operative recurrence, surgery is universally approved and has shown to be effective. Using the techniques of the Ksharasutra in order to better manage considered one of the most effective approaches to date. '

As a non-surgical method with minimal risk of recurrence, Ksharasutra application for stula has been more popular over the last decade or so. Alkaline characteristics may induce acute burning sensation, discomfort and inflammation around the stula despite its benefits.

Ksharasutra application in newborns is a lengthy process since they are deemed Sukumara (fragile, unable to bear pain). Nonsurgical, non-invasive, and affordable to the poor people are some of the goals of this project.

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Bhagandhara advocated by Acharya Sushruta [6] remains

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A non-alkaline medication was used to make a less painful version of Seton for the youngster. Udumbara (*Ficus glomerata* Roxb.) milk was employed for this purpose.

Ksharasutra's effectiveness in adults has been thoroughly shown in several research [7]. Kshara and Ksheerasutra, on the other hand, have not been tested on newborns. Udumbara Ksheerasutra has been shown to be an effective treatment for newborns with a stula, and this research is the first of its type to focus on this.

Method of Preparing of Ksheerasutra:

Cuts were made to the Udumbara tree using a sharp knife in the early morning, and the latex that oozes from the branches was collected in a sterile container. A 0.91mm-thick layer of Udumbara Ksheera was applied to a surgical linen thread size 11 with a no.20 coating. It was kept in a Cabinet to prevent contamination and sterilisation of the Sutra.

Case History:

In the OPD of Mahatma Gandhi Ayurved College, Hospital & Hospital, Wardha, a ten-month-old newborn was brought in for treatment of pus discharge, itching, and bleeding around the anal area over the last three months. Also, the mother stated that her kid regularly touched the anal region and cried.

All of the child's vital signs were confirmed to be normal after a general assessment. With regular bowel movements, the child's appetite was judged to be adequate. A referral to Shalya Tantra's OPD was made when the child's condition worsened.

A 7 o'clock external hole with averted margins and pus discharge was discovered during a rectal examination. A digital inspection was used to feel it out. An internal hole one inch

Treatment:

above the anal margin was found in a short tract of about 3.2 centimetres in length.

The youngster was given a mild laxative (Avipattikara Choorna – 2 g with honey) the night before the treatment. The youngster was softly probed (Eshana Karma) with a typical pliable probe from the exterior entrance that was pulled out via the internal opening the next day under aseptic precaution. Ksheerasutra has already been linked to the probe's eye. Patients are instructed to take internal drugs once the Seton (about 7.5cms long) is wrapped gently around the patient's neck. There was no use of a local anaesthetic.

• The youngster would scream as the anaesthetic substance was injected and become uncooperative during the surgery if this method was utilised.

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• The following drugs were given to the child's internal organs.

- 7-day supply of tablet Triphala Guggulu – 12 BD (250mg) with honey 12 BD (125mg) of Balachathurbhadra tablets, powdered and taken orally for 15 days

Avipattikara Choorna–1g Hs with Honey–7days for 1g Hs

Adjuvant treatments included:

Once a day for seven days, Jatyadi Taila is utilised for Matra Basti (a Medicated enema).

Ten-minute sitz baths in hot water for seven days a week

On the first day, the parents were taught how to administer Basti (enema) and Sitzs bath and requested

Observation & Results:

to do it every day for seven days at home.

It took four weeks to go through the child's file and replace the Seton with a new one. During the fifth visit, the tract was entirely cut and healed, with good brous tissue development (Fig. 1). They all took place outside of the hospital. For the purpose of gauging the effectiveness of the cutting, thread length was measured and documented weekly.

The following are the results of calculating the cutting rate per week (CRW):The length of the stula divided by the number of treatment days is the CRW.In the current investigation, the CRW was 0.8cms per week. By the end of one week, there were no evidence of inflammation or irritation in the baby after the Seton was placed.According to this formula, the tract's unit cutting time (UCT) was determined.

d/cm = number of days required to cut through = total number of days Track length at the start in centimetres

In this investigation, the UCT was 8.75 days/cm.

Discussion:

Although the cause of astula-in-ano is unknown, its hallmarks include male predominance, the onset of symptoms at less than 12 months of age, and the very low incidence of complicated avulsions.

distinguishes this condition from that of adults [1,8]. The cause for π stula in ano in present case may be secondary to a perianal abscess.

Conventional surgery and Ayurvedic Seton have been found no different in treatment of π stula in ano*9+. However treatment of π stula with Ayurvedic Seton is said to have lesser recurrences and incontinence rates, though healing time is longer [10].

Ksharasutra is a scientifically validated and standardized treatment in the management of Bhagandara [11]. The mode of action of it is attributed to its Chedana (Cutting), Bhedana (Splitting), Lekhana (Scraping), Shodhana (Purifying), Ropana (Healing) and Tridoshaghna (Pacifying all three bodily humors) property. The cutting and healing of the π stulous tract is not only a mechanical effect of Ksharasutra but it is also due to anti-inflammatory and other chemical properties of the drugs used in it [12].

In the present context Udumbara Ksheera was used to prepare Sutra which is said to be having properties like Shothahara (anti-inflammatory), Vedana Sthapana (analgesic) and Vrana Ropana (wound healing)[13]. Even though Ksheerasutra is a non-alkaline Seton the cutting & healing of π stulous tract which occurred simultaneously can be attributed to the medicinal property possessed by the Udumbara Ksheera and mechanical pressure exerted by the Sutra. Anti-inflammatory action of Triphala Guggulu might have helped resolving the pus discharge. Jatyadi Taila Matra Basti and Avipattikara Choorna regularized the bowel habits of the child. Balachathurbhadra Vati was used to bring about immunomodulatory effects and prevent fever. Follow up was conducted at an interval of 1 month for 2 successive months, no history of recurrences was noted.

Conclusion:

The present reports highlights the benefits of Ksheerasutra application in a 10 month old infant. The response of child was closely monitored as infants are unable to express their discomfort or pain. Complete cutting & healing of π stulous tract occurred by 5th week

without any complications. There was also simultaneous healing of the tract. The procedure throughout its course was safe without causing any significant discomfort to the child. The subsequent follow up for 2 months period revealed no recurrence of

stula. Hence it can be concluded that the application of Ksheerasutra in Bhagndhara of children is beneficial and may be recommended in clinical practice.

Although a bigger sample size and randomised controlled research study would be useful in supporting the Ksheerasutra application in the treatment of stula in-ano of youngsters.

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Figure 1: Week wise images showing application of Ksheerasutra and healing of fistulous tract by 5th week

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