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Unit Cutting time of different types of *Ksharsutra* in *Bhagandara* – A review article.

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ABSTRACT:-

Kshar is considered superior to all surgical and para surgical measures because it performs the action of *chhedan*, bhedhan and lekhan. Ksharasutra is considered a gold standard and a unique effective parasurgical remedy for the Bhagandar with a high success rate and the minimal chance of recurrance. Ksharsutra is a herbal medicated thread which exerts mechanical as well as chemical action to perform the work of curetting, draining and cleaning of the fistula tract. Despite being a successeful therapy, Apamarga Ksharsutra certain drawbacks like pain, burning sensation and itching at the point due to corrosive nature of kshar. To overcome these challenges, several other ksharsutra have been prepared by different researchers using various medicines having binding properties on thread and which are less irritant and carries vranshodhaka and vranropaka properties. In Shusrut samhita 18 different types of kshar are mentioned which are used to

treat different conditions, either orally (paneey kshar) or locally (Pratisaraneey *kshar*). Shushrut has described numerous medicines(kshar) in ksharpakavidhi adhyaya which can be used for the medication of ksharsutra. A deep review published research papers Bhagandara treated with different types of ksharsutra was taken and analysis was done to find out the UCT of each type of ksharsutra. Aim and objective- To study the Unit Cutting Time of different types of ksharsutra used in Bhagandara. **Observation-** Various research articles on different type of kharsutra in Bhagandara where observed for its UCT. **Keywords-** *Ksharsutra*, Unit Cutting Time, Bhagandara.

INTRODUCTION- Anorectal diseases are more common type of discomfort in which *Bhangandara* is one of the frequently occurring ailment. *Bhagandara* is categorised under *Ashtamahagada* which is difficult to treat. There are numerous treatment modalities available for management of

fistula in ano, but the question is of recurrence and bowel incontinence. There prevailing successful therapies described by Acharya Sushruta to cure the Bhagandara, amongst them kshrsutra therapy is considered as a gold standard therapy. Ksharsutra is the successful therapy according to the outcome of numerous reaserch papers published and Ayurveda clinician's opinion. Acharya Sushrut, the Father of Indian Surgery has given indication of Nadi ksharsutra in Vrana Bhagandar¹. In Bhrihattravi the use of ksharsutra was mentioned but exact method of prepartion of ksharsutra does not occur anywere. In 11th century, Acharya Chakrapani Datta first gave a detail description of method preparation of ksharsutra and indications in Arsh and Bhagandara². The present form of Ksharasutra was initiated by Dr. P.S Shankaran and eventually established by Prof. P.J Deshpande through many researches development at Banaras Hindu

University. Amongst all ksharsutra, Apamarg ksharsutra is considered as standard ksharsutra. But still there are some problems faced during the *Apamarg* ksharsutra therepy like local itching, irritation, prolonged duration. To overcome these disadvantages it was important to make the treatment extensively popular and respectable. Therefore numerous different ksharsutra were tried by several research scholars to find out its effectiveness in the treatment of Bhagandara.

Method and Methodology- The present work is a review study on a Unit Cutting Time of different types of ksharsutra used for the management of Bhagandara. Hence study material is collected regarding ksharsutra for Bhagandara from various papaers published in National and International journals, websites, DHARA, PUBMED etc. and analysed them to observe UCT of each ksharsutra.

Following table shows various ksharsutras and their UCT.

Sr no	Kshar/Ksheer sutra name	Article	Author	UCT(days/cm)
1	Palasha ksharsutra	Comparative clinical study of palashakshar sutra and Apamarga ksharsutra in the management of fistula in anoA review article ³	Dr.Parmar Gaurav.	10.2228
2	Yavakshara coated sutra	Preparation of different types of kshara sutra ⁴	Manju Rani.	6.48
3	Papaya ksharsutra	Efficacy of ksharsutra made from Papaya and Snuhi latex in the treatment of fistula in ano ⁵	S.Dattatreya Rao.	4.017
4	Snuhi ksharsutra	Efficacy of <i>ksharsutra</i> made from Papaya and <i>Snuhi</i> latex in the treatment of fistula in ano ⁶	S,Dattatreya Rao.	4.72

pg. 2

5	Kumara haridya ksharsutra	Comparative clinical study to assess efficacy of <i>Kumari Haridra ksharsutra</i> and <i>Apamarga ksharsutra</i> in management of <i>Bhagandara</i> w.s.r. to fistula in ano ⁷	Dwivedi Amarprakash.	16.67
6	Nimbaksharsutra	A pilot study: role of <i>Nimba</i> ksharsutra in the management of <i>Bhagandara</i> (fistula in ano) ⁸	Alok Kumar And Ekta Dogra.	7.29
7	Apamarg kshara sutra.	Effect of ksharsutra applicatin in the management of Bhagandara (fistula in ano) ⁹	Raj Kishor Sah.	5.38
8	Papaya ksheer based sphatika ksharsutra	A clinical study to evaluate the efficacy of Papaya ksheera based Sphatika ksharasutra in Bhagandara w.s.r. to fistula in ano ¹⁰	Dr Amulya H.	10.77
9	Tilanala ksharsutra	A comparative clinical study of Snuhi ksheer sutra, Tilanala kshara sutra and Apamarg kshar sutra in Bhagandara (fistula in ano) ¹¹	Supreeth Joyal Lobo.	9.76
10	Udumbara ksheersutra	Management of pilonidal sinus with <i>Udumbara ksheersutra</i> – a case study ¹²	Dr Rashmi Bharti.	10.44
11	Guggulu based ksharsutra	Efficacy of Guggulu and Shallaki based ksharsutra with Triphala guggulu orally in the management of Bhagandara w.s.r to fistula in ano: a open labelled randomized comparative clinical study. 13	Aditya Nema,Sanjay Kumar Gupta.	8.94
12	Shallaki based ksharsutra	Efficacy of Guggulu and Shallaki based ksharsutra with Triphala guggulu orally in the management of Bhagandara w.s.r to fistula in ano: a open labelled randomized comparative clinical study. 13	Aditya Nema, Sanjay Kumar Gupta.	8.43
13	Papazya tankan ksharsutraa	Clinical evalution of efficacy of Papaya – <i>Tankan kshar sutra</i> in management of <i>Bhagandara</i> w.s.r fistula in ano. ¹⁴	Ashwin Kumar Jaiswal.	8.6

14	Arkakshir based ksharsutra	Study the effect of partial fistulectomy with <i>Arkashir</i> based <i>ksharsutra</i> ligation in treatment of <i>bhagandra</i> (fistula in ano-a pilot study) ¹⁵	Yogesh Badwe Pooja Moje.	7.68
15	Guggulu based chitraka ksharsutra	A comparative study on the efficacy of <i>Guggulu</i> based <i>Chitraka ksharasutra</i> and <i>Apamarga ksharstutra</i> in the management of <i>bhagandara</i> 16	Dr. Aparna Arali.	11.47
16	Nyagrodha ksheer sutra	Comparative study of Nyagrodha ksheer sutra and Snuhi ksheer sutra in the management of Bhagandara (fistul in ano) ¹⁷	Dr. Dhananjay.	17.67
17	Snuhi haridra ksharasutra	Comparative clinical study of ksharsutra in Bhagandara w.s.r to fistula in ano. 18		8.85
18	Vibhitaki ksharsutra	A comparative clinical study on the effect of <i>Vibhitaki</i> <i>ksharsutra</i> and <i>Apamarga</i> <i>ksharsutra</i> in the management of <i>Bhagandara</i> (fistula in ano) ¹⁹	Dr.Aakash Kembhavi.	7.5
19	Vasa ksharrsutra	Vasa ksharsutra in the management of Bhagandara(fistula in ano) –a case report ²⁰	Prof.P.Hemantha Kumar.	2.67
20	Ashwatha ksheer sutra	Comparative study of Aswatha ksheer sutra and Udumber ksheer sutra in the managementbof Bhagandara (fistula in ano) ²¹	Dr. Monika S. Meshram.	17.67
21	Guggulu based ksharasutra	Comparative clinical study of <i>Guggulu</i> based <i>ksharasutra</i> in <i>Bhagandara</i> (fistula in ano) with or without partial fistulectomy ²²	Dr.Tukaram Sambhaji Dudhamal.s	8.85

Following table shows UCT of Apamarg ksharsutr as per different studies:

Sr	Article name	Author name	UCT(days/cm)
no.			
1	A comparative clinical study of Snuhi	Supreeth Joyal	8.82
	ksheera sutra, Tilanala ksharsutra and	Lobo	
	Apamarga ksharsutra in Bhagandara		
2	A clinical comparative study on the efficacy	Balendra Singh	7.1
	of Apamarg ksharsutra and Seton therapy in		

	the management of <i>Bhagandara</i> w.s.r to fistula in ano		
3	Comparative clinical study of <i>Palasha</i> ksharsutra and Apamarga ksharsutra in the management of fistula in ano	Parmar Gaurav	9.27
4	A comparative study of <i>Nimba ksharsutra</i> and <i>Apamarga ksharsutra</i> in the management of <i>Bhagandara</i>	Goswami A.K	7.84
5	Comparative clinical study to assess efficacy of <i>Kumari Haridra ksharsutra</i> and <i>Apamarg ksharsutra</i> in management of <i>Bhagandara</i> w.s.r to fistula in ano	Dwivedi Amarprakash Bhoir	15.75
6	Effect of <i>ksharsutra</i> application in the management of <i>Bhagandara</i> (fistula in ano)-A case report	Bijendra Shah	5.26
7	Clinical study of <i>Snuhi ksharsutra</i> and its role in the management of <i>Bhagandara</i> (fistula in ano)	Dr .Kumari Nidhi Shree Bibhuti	9
8	A comparative study on the efficacy of Guggulu based Chitraka ksharasutra and Apamarga ksharstutra in the management of Bhagandara	Dr.Shivalingappa J.Arakeri	10.95
9	Comparative clinical study of <i>ksharsutra</i> in <i>Bhagandara</i> w.s.r to fistula in ano.	Dr. Amar P. Dwivedi	8.19
10	A clinical study to evaluate the efficacy of <i>Kadali ,Aragvadh and Palash ksharsutra</i> in the management of vataj ,pittaj and kaphaj <i>Bhagandara</i>	Dr. Alok Kumar And Prof.Hemantha Kumar	12.6
11	A comparative clinical study on the effect of Tankan ksharsutra and Apamarg ksharasutra in the management of Bhagandara (fistula in ano)	Dr.B.S.Savadi	4.96
12	A comparative clinical study on the effect of Vibhitaki ksharsutra and Apamarga ksharsutra in the management of Bhagandara (fistula in ano)	Dr. Akash Kembhavi	4.96
13	A clinical study to evaluate the efficacy of Papaya ksheer based Sphatika ksharasutra in Bhangandara w.s.r to fistula in ano	Dr.Amulya H.	13.56

Discussion:-

Unit Cutting Time (UCT) is an important parameter to assess the efficacy of

Ksharsutra therapy in patients with Fistula in ano. There are lot many research papers published in various

journals to evaluate the efficacy of different types of *Ksharsutra* besides standard *Apamarga Ksharsutra*. After a deep review of all the research articles mentioned above, it was observed that every study shows different UCT with different *ksharsutra*. Even the UCT of standard *Apamarga Ksharsutra* in different studies shows different values of UCT. This variation may result due to the following factors.

Age: As per the study Unit Cutting Time varies between young and old patients because the young patient has good immunity and regeneration capacity so they heal faster.

Gender: As female patients have less capacity to bear pain so thread tightening is not done properly.

Type of Fistula: As per the type of fistula like sub-cutaneous, sub-mucous, ischiorectal etc. the involvement of tissues is different. So there may be variations in cutting and healing time.

Track of fistula: Cutting time is largely dependent on track length, the longer the track length higher the cutting time.

PH: Every *ksharsutra* has a different PH value which exerts different effects.

Properties of *kshara* **used in** *Ksharsutra: Ksharsutras* made of different types of *kshar* posseses different properties of chedan, bhedan, lekhan etc. that's why there is a variation in Unit Cutting Time.

Ksharsutra ligation procedure: Loosely tied ksharsutra requires more time to cut and heal the tract, on the other hand tightely knotted ksharsutra cuts and heals earlier

History of previous surgery for fistula in ano: Some patients have higher UCT due to fibrosed fistulous track present from previous surgery.

Co-morbidity: Co-morbidities have a huge impact on wound healing and Unit Cutting Time, especially specific fistulas due to another diseases, Diabetes, immuno-compramised patients etc.

Supportive treatment: Antibiotics and anti-inflammatory drugs in addition to protein supplements have a faster healing rate and cutting time.

Hygroscopicity of *kshar* : *Ksharsutra* if not presevered appropriately, loses its efficacy due to its hygroscopic nature which ultimately affects Unit Cutting Time.

Alteration in duration of change of ksharsutra: Ksharsutra should be changed weekly till the healing of tract. Sometimes patients get delayed or lost follow up due to various reseasons, This may also result in delayed UCT.

Postoperative care: Non obeying of proper post operative medications, precautions and instructions may result in delaying of UCT.

Tightening ksharsutra knot: Ksharsutra sometimes not knotted tightely in every setting due to presence discharge,local pain, infection etc.which may result in ulteration of UCT. In this review, it is observed that, Vasa ksharsutra has less UCT. Nyagrodha ksheer sutra and Ashwatha ksheer sutra has more UCT.

CONCLUSION:-

In this study concluded that *Ksharsutra* therapy is a choice of treatment for the management of *Bhagandara*. Every ksharsutra has different UCT with different effect.becouse of age, gender, type of fistula, PH, etc.

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pg. 6

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pg. 9