

Ksharsutra Therapy

Ayurvedic treatment for anal fistulas

For anal fistulas, the ayurvedic "ksharsutra procedure" has gained worldwide recognition in recent years. This is a technique in which the anal fistulas are not surgically split, but an alkaline medical thread is inserted into the anal canal. This thread, which is additionally enriched with healing herbs, then leads to spontaneous healing of the fistula tract. The threads are pulled through the fistula and remain there. The herbs cause spontaneous healing from within and the thread automatically moves to the fistula opening on the skin. The procedure can be performed as a day surgery, i.e. on an outpatient basis. The dreaded fecal incontinence is ruled out with this method. This ayurvedic procedure can also be used successfully in the case of **pilonidal sinuses** (coccyx fistulas).

What is ksharsutra?

Kasharsutra is a medicinal linen thread enriched with many herbs in several layers. The thread is 25 cm long, coated 11 times with euphorbia noriifolia, coated 7 times with acyramtjes aspera, 3 times with curcuma longa. Other herbs are kadli, palas, nimb, guggulu. This thread has a pH of 9.5 and is sterilized with UV radiation. It is sealed in glass tubes and packed in silica gel to prevent moisture ingress.

How does ksharsutra work?

Several scientific studies have proven that this herbal thread slowly opens and heals the fistula tract. The herbs prevent infections in the fistula tract. The caustic effect dissolves scar tissue in the fistula tract and the inflamed anal glands. Herbs such as Haridra (Curcuma longa), Guggulu (Commiphora mukul) support rapid healing.

How long will the treatment take?

The duration of treatment depends on the status of the fistula disease (simple or complicated fistula) and the patient's condition. The duration of treatment depends on the length of the fistula tract, ksharsutra heals about 1 cm of the fistula tract in one week. That means e.g. if a fistula tract is about 4 cm long, the treatment takes about 4 weeks.

Sometimes the treatment takes longer:

- if the fistula has been operated multiple times
- when multiple fistulas present
- it is a complicated complex fistula
- patients with diabetes, tuberculosis etc

Can any fistula be treated with ksharsutra?

Simple and complicated fistulas can be treated very successfully with this method. Patients with Crohn's disease, diabetes, cancer diseases need probed treatments.

What investigations are necessary?

Ksharsutra is a minimally invasive surgical method. Routine laboratory tests and sometimes special tests such as MRI, sigmoidoscopy, CT and sphincter manometry can be necessary.

What preparation is required prior to the treatment ?

An enema 2 hours before the treatment is sufficient.

Surgical procedure:

The operation is performed in the lithotomy position. In local anesthesia in combination with short anesthesia (twilight sleep), this procedure is painless. The herbal thread is pulled through the fistula canal and tied off. This thread heals an approx. 1 cm of the fistula canal. It has to be replaced with a new thread every 1-2 weeks. This process must be repeated until the entire fistula tract has healed. On average, about 3 sessions are required. The operation is performed as a day surgery. An overnight stay is not necessary but it recommended for a follow up on the next day.

Aftercare and care at home:

A sitz bath for 5 - 10 minutes with lukewarm water without an antiseptic solution (approx. 40 degrees) should be carried out daily. The fistula opening should be gently squeezed twice a day to drain secretions, the wound should then be smeared with healing ointment. Drug intake (Triphala Guggulu, Septilin) promote the healing process.

Benefits of the ksharsutra treatment:

- Minimally invasive procedure without incision
- No inpatient stay
- Able to work from the next day of treatment
- Hardly any pain postoperatively
- No risk of sphincter injury**
- Success rate 93 – 97%
- Recurrence very rare (3-7%)

What should be paid attention to during the treatment:

- Daily fluid intake of 1 - 2 liters
- Regular sitz baths with warm water
- Local wound treatment with a healing ointment and local bandage
- Use cushions when sitting
- Food should be easily digestible, not spicy and acidic

Recommendations:

- Rice, Wheat, Mung Beans, Ghee, Yoghurt, Fruits, Vegetables

Not recommendable:

- potato, eggplant, fast food, dry foods, alcohol
- Do not strain too hard when having a bowel movement and do not spend more than 2 – 3 minutes on the toilet
- Sporting activities (e.g. horseback riding, cycling), prolonged sitting, strenuous physical work and too much sex should be avoided

The success rate of different fistula treatments*

treatment type	recurrence	incontinence
fistulotomy/fistulectomy	1-21 %	10-50 %
advance flap	37-57%	12 – 23 %
fibrin glue	early 30-40% long term 70-100%	0 %
fistula plug	22-56 %	0 %
seton	5-18%	30 %
ksharsutra	0-3 %	0-2 %

* *The success, complications and failure of the treatment depend on the severity of the disease and the type of the treatment. The information is a summary of national and international publications regarding fistula treatments*

publications

- I. Colon and rectal surgery – by Marvin und Cormann, 5 th Ed., Lippincott Williams & Wilkins
- II. Fibrin glue treatment of complex anal fistulas has low success rate. Diseases of the colon and rectum, Loungnarath R, Dietz DW, Mutch MG, Birnbaum EH, Kodner IJ, and Fleshman JW 2004; 47:432-6
- III. Anal Fistula Plug: Initial Experience and Outcomes. Safar B, Jobanputra S, Sands D, Weiss E, Noguerras J, Wexner S, DCR: February 2009, 52.248-252
- IV. Who is at risk for developing chronic anal fistula or recurrent anal sepsis after initial perianal abscess? Hamadani AB, Haigh PI, Liu IA, Abbas M., DCR February 2009, 52.217-221
- V. Review of Anorectal Fistula and Abscess. Mantyh C. Core Subjects 2004.
- VI. Principles and Practice of Surgery for the Colon, Rectum and Anus. Gordon PH, Nivatvongs S., Quality Medical Publishing 1999 241-283.
- VII. The treatment of anal fistula: ACPGIB position statement. Colorectal disease, Williams JG, Farrands PA, Williams AB, Tylor BA, Lunniss PJ, Sagar PM, et al. 2007; 9 Suppl 4:18-50.
- VIII. A novel material in seton treatment of fistula-in-ano. Gurer A, Ozlem N, Gokakin AK, Ozdogan M, Kulacoglu H, and Aydin R American journal of surgery 2007; 193: 794-6.
- IX. A classification of fistula-in-ano. Parks AG, Gordon PH, and Hardcastle JD. The British journal of surgery 1976; 63:1-12.
- X. Anal Fistula / Abscess – The American Society of Colon and Rectal Surgeons, Bradley Champagne, MD, Assistant Professor of Surgery Case Medical Center, Cleveland, Ohio