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Management of Anterior Fistula in Ano (Bhangdara) with Apamarga Ksharasutra: A Case Study.

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ABSTRACT:

An anal fistula also called fistula-in-ano is a tract that develops between the inside of the anus and the outside skin around the anus. most anal fistulas are the result of an infection that starts in an anal gland, the infection causes an abscess develop around the anus that drains on its own or is drained surgically through the skin next to the anus. This drainage track remains open and connects the infected anal gland or the anal canal to a hole in the outside skin around the anus. Surgery is usually needed to treat an anal fistula. Sometimes nonsurgical treatments may be an option. presents challenges because to its recurrence, particularly in high-level and remote communications. In India, ksharasutra therapy, also known as medicated seton therapy is used to treat difficult anal fistulas with a high success rate (recurrence rate of 3.33%). in the present article detail description about A- 35 year male patient diagnosed with anterior fistula in ano at 1clock position treated well with Apamarga ksharasutra treatment is given.

KEYWORDS:

Apamarga Ksharasutra, Bhangandar, fistula in ano, Ayurved.

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INTRODUCTION:

A fistula-in-ano is an irregular, chronic, granulation tissue-lined channel that extends from the internal opening of the anorectal lumen to the perineum or other nearby structures [1]. The majority of anal fistulas are the consequence of an infection in the anal glands, which causes an abscess to form in the intersphincteric plane. From there, the sepsis can spread in all four directions, opening either internally or externally or blindly [2]. Fistulas are complex in nature and present treatment challenges due to the expansion of sepsis into deeper or numerous planes and a larger involvement of the sphincter musculature (> 30%) [3]. In the traditional Indian Medicine system of Ayurveda, anal fistula is described as bhagandara, a surgical disease to be treated either by **excision or laying open**. Sushruta (2 nd cent.BC), the ancient Indian surgeon, in addition, prescribed an alternative, safe, and minimally invasive treatment with the use of a medicated seton known as ksharasutra (kshara -caustic/alkali, sutra - thread; in Sanskrit) [4].

A ksharasutra is prepared by smearing oleoresins of Commiphora mukul(snuhi ksheera) powder of Curcuma longa(haridra) and the alkaline ash (kshara) obtained from Achyranthes aspera(apamarga) on a surgical linen thread no. 20. According to the conventional therapeutic mode, the ksharasutra is applied in the fistulous track from one end (opening) to the other using a probe and is changed weekly by the railroad technique. The drugs coated on the thread gradually dissolve and cause lysis of the unhealthy granulation tissue; the whole track is therefore laid open gradually by chemical fistulectomy as well as by mechanical pressure, with an average cutting and healing rate of 1cm per week [5]. Although the success rate of this conventional mode of ksharasutra therapy has been reported to be

as high as 96.5% with a low incidence of incontinence [6], the duration of treatment is 5 to 6 week in low level anal fistulas with patients requiring multiple hospital visits in long fistulas and other complex cases [7].

Case Report

In the present case study, a 35 year old male patient came to our hospital OPD of Shalya Tantra, department in Pa.Pu. Gurumauli Annasaheb More Ayurveda Medical College & Hospital, Malipargaon,tq. Majalgaon Dist.Beed. Maharashtra.431131 Ayurveda Hospital, with a chief complaints of pain and pus discharge from perianal region since last 3 months. perianal region approximately 5-6 cm away from anal verge. on digital per rectal examination & Probing also was done to confirm site of internal opening of bhagandara Internal opening at 1 o' clock position into the anal canal at dentate line Patient did not have previous H/O any medical and surgical illness with negative family history. Patient was diagnosed a case of anterior low levwl 1 clock position Bhagandara (Fistula-in-ano) on the basis of clinical presentation.

1. Patient name – ABC
2. Age- 35year
3. Gender – male
4. Occupation- private job.
5. Date of admission-5/1/26
6. Date of discharge-7/1/26

❖ General Examination

- ❖ GC - Moderate
- ❖ Pulse - 86/min
- ❖ BP - 140/84 mmhg
- ❖ RS - 16/min
- ❖ Temp - 98.8 F
- ❖ Appetite - Normal
- ❖ Bowel – Normal

Investigations done

- Complete blood count(CBC)-normal
- CT, BT, -normal.
- Random blood sugar -normal
- HIV I & II, -NEGATIVE

- HBsAg were non-reactive.
- Usg report-Subcutaneous low fistula in ano.
- Physicin fitness taken-fit for surgery.

Surgical Treatment given

Pre-operative procedure

- Perianal part preparation done.
- Proctolysis Enema given at before night of operation-bowel will be emptied.
- Written consent from patient.
- NBM-Patient.
- Xylocaine 2% test dose done. injection tetanus toxoid (TT) -IM given.

Operative procedures

Under low spinal anesthesia (saddle block),all aseptic precaution will be done,part painted with betadine liquid and savlon,track identified and probing done anal

dilatation also done,some part of external opening was excisedwith cautery then apamarga *Ksharasutra* has inserted to fistula track with probe, then ligate the thread,then anal pack with jatyadi taila and yasthimadhu taila keeping, then Sterile pad and ‘T’ bandage were applied and the patients were shifted to the ward in conscious condition.

Postoperative procedures

Patients were kept in head low position and nil by mouth for about 6 hours after surgery. Appropriate antibiotics and analgesics were given for 3 consecutive postoperative days. Patients were advised to start warm water sitz bath with betadine liquid and MGSO4 solution per day for 15 min. from the next day of operation.

Fig 1: Apamrga Kshar Sutra application in Fistula in Ano



FOLLOW UP

Patient was discharged after 3 days and advice for change ksharasutra after every 7 days till cutting of the whole tract. Sitz bath and dressing with jatyadi tail was advised and allowed the patient for his routine work. After 5 setting tract was cut and heal spontaneously.

Table follow ups

week	Length of fistula(size in cm)	medications	Procedures/notes
1 st week	4.3 cm	Stop all antibiotics analgesica and anti inflammatory	Apamarga ksharasutra changed
2 nd week	3 cm	Ayurveda medicines prescribed	Ksharasutra changed Tab.zerodol sp sos
3 rd week	2 cm	Ayurveda medicines prescribed	Ksharasutra changed Wound was healthy Tab.zerodol sp sos
4 th week	1 cm	Ayurveda medicines prescribed	Ksharasutra changed,wound become healed
5 th week	Track completely healed		Dressing done

Observation

When patient was come to our ayurveda hospital opd in shalya tantra for changing the ksharasutra the following observation was done-1) In 1st and 2nd setting the ksharasutra was in situ condition, the fistula track and wound was in healthy and good condition small pus and oozing was there, while changing the ksharasutra patient feels moderate burning type of pain, and subsides after taken sitz bath. 2) In 3rd and 4th setting time the fistula track become healthy, there is no pus and oozing or any discharge, 3) In 5th setting the fistula track was opened and dressing done with betadine.

Over all on observation of this study when Kshara sutra was changed every week that time it causes burning pain in ano only for one day and it subsides after sitz bath, After the cutting of whole fistulas track patient were observed 15 days and one month followed up. The track was initially 5-6 cm long, and it was cut in 5 - 6 settings. Unit cutting length of track was 1.33 cm per week. No sign and symptoms of recurrence were observed.

DISCUSSION:

Ksharasutra in ano-rectal disorders has shown miraculous results. The ingredients of apamarga kshara sutra are Snuhi ksheera, Apamarga Kshara and Haridra Powder. Snuhi ksheera having shodhana as well as Ropana properties along with Katu, Tikta Rasa & Ushna Virya thus improve process of healing. Its cures infection and inflammation Apamarga Kshara has properties of Kshara i.e. Chhedana (excision), Bhedana (incision), Lekhana (scrapping) and Tridoshaghna (alleviating all Dosha). Apamarga Ksharasootra cauterize the tissue of mass indirectly by its Ksharana Guna (Corrosive properties) Haridra powder has the properties like Rakta Shodhana (blood purifying), Twaka Doshahara, Shothahara (anti-inflammatory), Vatahara (allivate vata), Vishaghna (antimicrobial) and it is useful in

Vrana Ropana (wound healing). The action of turmeric powder provides the effect of bactericidal action with healing properties. Apamarga Kshar Sutra is having the ability to perform chemical and mechanical cutting action with simultaneous healing effects on fistulous track. Recently **ICMR WHO, CSIR** proposed a plan or the setup of kshar sootra centres that will exclusively work on ano and rectal diseases on the national basis. Ksharasutra has got validation in the modern books also and is a successful proven method for treating fistula in ano and other ano rectal disorders.

CONCLUSION:

1. According to maharshi susruta -mentioned in his susruta samhita the importance of Para-surgical procedures and its importance, which are Agni Karma, Kshara Karma, Raktamokshana, Jalaukavacharana and Siravedha. The sole purpose of describing Para-surgical procedures was to provide effective treatment modality in the diseases, that cannot be cured by medication and or where surgery was not possible to treat that very condition or there may be great chance of recurrence. Advantages of using these Para-surgical procedures are numerous; ranging from these are easy to perform, less chances of recurrence of disease, least or minimal chances of post-operative hemorrhage or other complications, non-invasive, cost-effective, less painful and can be done on day-care basis.

2. According to modern science Surgery is usually needed to treat an anal fistula. Sometimes parasurgical treatments may be an option, presents challenges because to its recurrence, particularly in high-level and remote communications. In India, ksharasutra therapy, also known as medicated seton therapy is used to treat difficult anal fistulas with a high success rate (recurrence rate of 3.33%). in the present article detail description about A- 35 year

male patient diagnosed with anterior fistula in ano at 1 o'clock position treated well with Apamarga ksharasutra treatment is given.

3. Ksharasutra therapy is a very affordable, risk-free procedure when carried out by a qualified surgeon. Ksharasutra is a very successful minimally invasive surgical method for the treatment of fistula-in-ano, or Bhagandara. This is a simple and effective treatment that saves the anal sphincter muscle of the anal canal.

4. Ksharasutra helps cutting the fistulas track, curetting, scrapping, draining and healing of the fistulous track. It destroys and removes unhealthy tissue and promotes healing of the fistulous track due to its caustic action, controls infection by the microbicidal action. Separation of debris and cleaning the wound. Facilitate in drainage of pus in fistulous tract and help in healing. Cutting through the tissues and laying the track open.

5. Ksharasutra helps in debridement and prevent bacterial infection. It is very cost effective, ambulatory. minimum tissue loss, minimal recurrence rate, minimal hospital stay, minimal bleeding. Cost-effective and Minimal recurrence rate. Systemic diseases are also undergoing this procedure. No surgical complications like incontinence, stenosis and stricture

6. Comparative Studies and Scientific Validation Recent clinical trials and meta-analyses comparing Ksharasutra therapy with modern surgical interventions have highlighted its advantages: Lower Recurrence Rate: Unlike conventional methods, which report recurrence rates of up to 30%, Ksharasutra therapy has shown rates as low as 3–5%.

7. Minimal Incontinence Risk: The preservation of sphincteric function ensures better post-treatment quality of life. Cost-Effectiveness: As a minimally invasive outpatient procedure, it reduces

hospitalization and surgical costs. Studies published in various Ayurvedic and modern journals validate the efficacy of Ksharasutra in fistula management, making it an integrative approach to proctology. Ksharasutra therapy, with its unique blend of mechanical and chemical action, serves as an effective, minimally invasive, and recurrence-free treatment for fistula-in-ano. Its incorporation into modern proctology can bridge the gap between traditional wisdom and contemporary medical advancements, offering a holistic approach to anorectal disorders. So, we conclude that in case of fistula in Ano Ksharasutra ligation is best option.

REFERENCES:

1. Ambikadutta shastri- SushrutaSamhita, Ayurveda TatvaSandipika, hindi commentary, chaukhamba Sanskrit sansthan, sutra sthan chapter 11:45.
2. Ambikadutta shastri-SushrutaSamhita, Ayurveda TatvaSandipika, hindi commentary, chaukhamba Sanskrit sansthan, nidansthan chapter 4:317.
3. Ambika dutta shastri-SushrutaSamhita, Ayurveda TatvaSandipika, hindi commentary, chaukhamba Sanskrit sansthan, nidansthan chapter 4:316.
4. Tripathi B. Astanga Hridayam, with Nirmala Hindi commentary. Delhi: Chaukhambha Sanskrit Sansthan; Uttar Sthan 28/5, p.1092.
5. Dr. Manoranjan Sahu. A manual on fistula in ano and ksharasutra therapy, published by NCR, Dept. of Shalyatantra, IMS, BHU, first edition, 2015.

6. Somen Das, A Concise Textbook of Surgery, 9th ed. by Dr. S.Das Kolkata,2016 chap.-11p-165.
7. Vaidya Yadavji Trikamji Acharya, Sushruta Samhita, Nidan Sthan, Chaukhamba Publications, published 2020.
8. A textbook of ayurvedic surgery vol.2, Dr. Ashish Parikh, chapter 14. P. Hemantha Kumar, Kshara Karma Therapy in Anorectal diseases, RGUHS Journal of AYUSH Sciences, 2011; 1(1): 7-11. (ISSN – 2249-2194)
9. Anal Fistula and Kshar Sutra Treatment Dr. S. N. Pathak-A classic reference on the para-surgical management of the fistulous tract.
10. Fistula in ano(bhangadara)principles and managements by dr.vivek choubey and dr.chaya baghel publication year 2023.
11. Despande P.J, Pathak S.N, The Treatment of Fistula in Ano with Kshara Sutra Treatment.
12. Giri RV. Standardization and evaluation of guggulubased kshar sutra in the management of fistula in ano [PhD thesis]. Varanasi: Dept. of Shalya Tantra, IMS, BHU; 2003.
13. Williams NS, Bulstrode CJK, O'Connell PR, editors. Bailey & Love's short practice of surgery. 25th Ed. London: Hodder Arnold; 2008. p.1262
14. Deshpandey PJ, Sharma KR. Treatment of fistula in anorectal region: Review and follow up of 200 cases. Am J Proctol. 1973;24:49-60.
15. Parks AG, Gordon PH, Hardcastle JD. A classification of fistula in ano. Br J Surg. 1976;63:1-12.
16. Gupta, P. J. Ksharasutra therapy in the management of fistula-in-ano: A clinical study. Journal of Ayurveda and Integrative Medicine, 2008; 2(4): 145-149.
17. Dwivedi, A. K., & Dwivedi, S. A clinical evaluation of Apamarga Ksharasutra in the management of Bhagandara. AYU Journal, 2010; 31(1): 82-87.
18. Patwardhan, K. Ayurveda in the management of anorectal diseases. International Journal of Ayurveda Research, 2014; 6(3): 198-204.
19. Garg, P. Comparative study of Ksharasutra therapy and fistulectomy in the management of complex anal fistula. World Journal of Surgery, 2015; 39(8): 2065-2070.
20. Singh, A., & Verma, S. K. Role of Ksharasutra therapy in reducing recurrence of anal fistulas. Indian Journal of Surgery, 2017; 79(5): 439-444.
21. Sharma, R., & Kumar, N. A systematic review of Ksharasutra in the management of fistula-in-ano. Journal of Ayurveda and Integrative Medicine, 2019; 10(2): 123-131.

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