

A CLINICAL STUDY ON COMPREHENSIVE AYURVEDIC APPROACH TO BHAGANDAR AND ANAL INCONTINENCE: EXPLORING KSHARASUTRA AND BEYOND

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Abstract

Fistula-in-Ano is a chronic inflammatory condition characterized by a tubular tract having one opening in the anorectal canal and the other on the perineum or perianal skin. The presence of an external opening with chronic pus discharge in the perianal region is a key diagnostic feature indicating a fistulous tract. Factors such as prolonged sitting, unhygienic practices, obesity, and repeated irritation from hair may increase the risk of its occurrence. In Ayurveda, fistula-in-ano is correlated with *Bhagandara*. *Acharya Sushruta* has described five types of *Bhagandara* and advocated *Shastra Karma* (surgical intervention), *Kshara Karma* (caustic alkali cauterization), and *Bheshaja Chikitsa* (medicinal management) as treatment modalities.¹ This paper reports a case of a 33-year-old male patient diagnosed with fistula-in-ano in the Shalya OPD. The patient was treated with the *Ksharasutra* procedure, which is considered an ideal treatment for *Bhagandara* as it simultaneously cuts and cures the unhealthy tissue within the fistulous tract, promoting healing.

Keywords: *Bhagandara*, *Ksharasutra*, Fistula-in-Ano, Ayurveda.

INTRODUCTION

A fistula-in-ano is an abnormal tubular tract that connects the anal canal/rectum with the perianal skin. It is usually the result of a previous anorectal abscess that failed to heal completely.⁶ Its Symptoms include Persistent or recurrent pus or blood-stained discharge near the anus, Pain and swelling in the perianal region (worse during defecation), Itching, irritation, or discomfort around the anus, Formation of a small opening near the anus, Recurrent abscess formation. Surgery is the mainstay of treatment, as fistula rarely heals on its own.^{7,8,9} Common surgical options include: Fistulotomy – The fistulous tract is laid open and allowed to heal from the base, Fistulectomy – Complete surgical excision of the fistulous tract, Seton Placement – A thread is placed in the tract to allow slow cutting and healing, useful for complex/high fistulas, LIFT Procedure (Ligation of Intersphincteric Fistula Tract) – A sphincter-saving surgery. *Ksharasutra* Therapy (Ayurvedic approach) – Medicated seton applied for cutting, curetting, and healing of the tract with minimal recurrence. In Ayurveda, it is mentioned that certain clinical conditions require surgical intervention for effective cure. Although *Charaka Samhita* is primarily a *Kayachikitsa* treatise, it also acknowledges that diseases such as *Gulma*, *Arsha*, *Bhagandara*, and *Ashmari* may necessitate surgical management.² *Acharya Sushruta*, known as the father of surgery, has elaborated on various *Shastra Karma* (surgical procedures) along with *Anu-Shastra Karma*, which includes *Agnikarma*, *Jalaukavacharana*, and *Kshara Karma*.³ Among these, *Kshara Karma* is considered one of the most important para-surgical procedures due to its properties of excision, incision, and cauterization.⁴ The application of *Kshara Sutra* in anorectal disorders has gained popularity because of its simplicity, effectiveness, and low recurrence rate. *Ksharasutra* works through both mechanical and chemical actions, simultaneously cutting, curetting, and healing the fistulous tract.

The earliest references to *Ksharasutra* are found in *Sushruta Samhita* for the management of *Nadivrana*, while *Chakradatta* has mentioned medicated thread coated with *Snuhi* and *Haridra* powders for the treatment of *Arsha* and *Bhagandara*.

In modern practice, the standardized *Ksharasutras* were re-established by the Department of Shalya Tantra, Banaras Hindu University (BHU). The classical preparation involves:

- 11 coatings of *Snuhi Ksheera*
- 7 coatings of *Snuhi Ksheera* mixed with *Apamarga Kshara*
- 3 coatings of *Snuhi Ksheera* and *Haridra Churna*

In the present case, a modified *Ksharasutra* was used, prepared with:

- 11 coatings of *Arka Ksheera*
- 7 coatings of *Arka Ksheera* mixed with *Palasha Kshara*
- 3 coatings of *Arka Ksheera* and *Haridra Churna*

This formulation was selected for its combined cutting, curetting, and healing effects, along with its property of infection control, making it highly suitable for the treatment of *Bhagandara* (Fistula-in-Ano).⁵

CASE REPORT

A 33-year-old male patient came to OPD Dept of Shalya Tantra, Pt. Khushilal Sharma Ayurvedic College and Hospital, Bhopal (OPD no.-20250050164) dated 30 June 2025 with a complaint of pain during defecation, pus discharge from anal canal, fecal incontinence since 30 days, bleeding per rectum since two days. The patient reported no significant family or past medical history. On the basis of clinical examination, he was diagnosed with a case of fistula-in-ano and subsequently admitted to the inpatient department (IPD) for further management.

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History of present illness

The patient exhibited normalcy a 6 months ago. Gradually he began to experience pain during defecation, bleeding per rectum during defecation, constipation. After which he was admitted in Bombay hospital where he was operated with laser sphincterotomy, laser haemorrhoidectomy, laser excision of sentinel tags with mucopexy and anal dilatation. After this surgery patient had a left over infected wound with fecal incontinence. On examination a wound was present at anal region 11 o'clock position to 3 o'clock position, faecal discharge from the scar, an opening of fistulous tract was also seen at 11 o'clock position and patient was experiencing tremendous amount of pain around anal region with no control over faeces.

Past history

The patient reported no significant family or past medical history. There was no recorded history of Diabetes Mellitus or hypertension.

Surgical history

The patient was admitted in Bombay hospital where he was operated for fissure in ano with laser sphincterotomy, laser haemorrhoidectomy, laser excision of sentinel tags with mucopexy and anal dilatation.

Personal habits

Ashtavidhapariksha-

Nadi : Vatapradhankaphaj Nadi

Mala : Constipated.

Mutra: four to five times in day, one time in night

Jihva: coated, yellowish

Shabda: normal

Sparsha: normal

Drika: Normal

Akrati: Medium

Dashvidhapariksha –

Prakriti- Vataj Vikriti

Sara-Meda Sara purush

Samhanana –madhyam

Pramana-madhyam

Satmya- Shadarasatmya

Satva-Pravarasatva

Aharashakti-madhyam

Vyayamashakti-madhyam

Vaya -madhyam

Vitals of the patient

Blood pressure-120/80 mm Hg

Pulse rate – 75/min

Temperature – afebrile

Respiration rate – 16/min

Clinical Finding

The case was documented on June 30, 2025, in the outpatient department of *Shalya Tantra* at our hospital for further management. Blood pressure was recorded at 120/80 mmHg, and the pulse was 75 beats per minute. The patient's tongue exhibited a coated appearance. MRI perineum suggested a

wide fistulous tract in anterior right perineal region involving the external sphincter of lower anal canal region at 11 o'clock position and communicates with the anus at the level of dentate line at 11 o'clock position through sphincterotomy defect in the internal sphincter. Atrophic external sphincter with severe thinning at 12-2 o'clock position of mid anal canal. It suggested postoperative fistulous tract.

Diagnosis

On the basis of sign and symptoms Fistula-in-ano clinically correlated with *Bhagandar*.

Treatment plan (*Ksharasutra* ligation in fistula-in-ano)

Consent taken

An informed consent was taken from the patient before treatment.

Investigations:

Hb- 14.0gm/dl

BT- 2.00 min

CT- 4.20 min

RBS- 95.1 mg/dl

HIV- non reactive

HbsAg- non reactive

MATERIALS AND METHODS

Material: Gloves, Sterile gauze piece, Cotton pad, Spirit, Betadine solution, Gauze holding forceps, Tooth forceps, Mosquito artery forceps, Probes, Xylocaine 2%, Surgical blade (10 no.), BP handles (3 no.), Botroclot, Mars silk (3-0).

Methods

Pre-operative procedure: -

- Injection Tetanus Toxoid 0.5 cc IM was given.
- Informed written consent was taken.
- Xylocaine 2% sensitivity (0.03 ml/SC) test was done.
- CBC, CT, BT, HBs Ag, HIV, Blood sugar, etc routine blood investigation is done before the procedure.
- Local part preparation i.e., shaving was not done as patient didn't allow due to some ritual believe. 5gm *Panchasakar Churna* with Luke warm water was given to the patient at night before operation.
- Proctoglycerin enema was given at early morning on day of operation.

Operative procedure:

- Painting was done with Betadine solution & spirit then draping with eye towel.
- Patient was taken in lithotomy position.
- Anesthesia was given with Infiltration of 3-5 ml of 2% Xylocaine injection in surrounding anal region.
- Reassessment of extension of tract was done by probing. Probe was removed through anal opening via internal opening after feeding of *Ksharasutra* and *Ksharasutra* ligated appropriately.
- Complete hemostasis was maintained and T bandaging was done.

Postoperative procedure

Ayurvedic medicines and sitz bath was given. Patient was admitted to the Hospital for 7 days till next *Ksharasutra* was changed.

Oral medications

- Hot sitz bath with *sphatika Bhasma*
- Matrabasti – Jatayadi tail and C & D with WH-5 gel
- Tab *Saptvinshatiguggulu 2*BD*
- Tab *Arogyavardhinivati 1*BD*
- Tab *Gandhak Rasayan 1*BDBhagandara*
- Tab *Enzorax forte 1*BD*
- *Changerighrit 1 tsf* BD*
- *Lax powder 5gms* HS* with lukewarm water

Post-Operative Care and Follow-Up

During hospitalization, the patient was advised a light diet consisting of *Khichdi* and *Daliya* to support digestion and promote healing. He was encouraged to gradually resume normal day-to-day activities. The patient was discharged after the first *Ksharasutra* change and instructed to undergo subsequent *Ksharasutra* changes at 7-day intervals until complete cutting of the tract was achieved. As part of local care, warm water sitz baths were advised regularly, followed by local application of *WH-5 gel* and *Jatyadi Taila* to promote wound healing and reduce infection risk. The patient was allowed to continue his routine job after discharge. After six sittings, the fistulous tract was completely cut, with simultaneous healing observed. For post-healing care, *JatyadiTaila* application was continued over the scar mark to ensure proper tissue repair and minimize scar formation.



Before ksharasutra



During probing and ligation of ksharasutra



During ksharasutra change

Aftertreatment

DISCUSSION

Acharya Sushruta described the management of *Bhagandara* (Fistula-in-Ano) through four modalities: *Bheshaja* (conservative measures), *Kshara Karma*, *Agni Karma*, and *Shastra Karma*. In modern surgical practice, procedures such as fistulotomy, fistulectomy, and seton ligation are commonly performed. However, these methods are often associated with a higher recurrence rate and postoperative complications including hemorrhage, pain, delayed healing, and, in some cases, anal stricture or fecal incontinence.

In comparison, *Ksharasutra* therapy offers a safer and more effective approach, with minimal complications and a significantly lower recurrence rate. The therapy works through a combination of mechanical pressure exerted by the thread knot and the chemical action of *Kshara* and adjunct herbs.

- *Kshara*: Provides caustic action, promoting excision, incision, and healing of the tract.
- *Snuhi/Arka Ksheera*: Acts as a binding and facilitating agent, enhancing penetration of *Kshara*.
- *Haridra* (Turmeric) powder: Exhibits antiseptic and wound-healing properties, reducing the risk of infection.

These properties collectively make *Ksharasutra* both therapeutic and preventive, by cutting through the fistulous tract while simultaneously promoting healing and reducing infection.

Conclusion

The incidence of *Fistula-in-Ano* is rising in present times, largely due to lifestyle factors such as prolonged sitting on hard surfaces, sedentary habits, and poor perianal hygiene. Effective management of anorectal diseases requires not only surgical expertise but also an understanding of Ayurvedic principles. *Ksharasutra* therapy, as described in Ayurveda, proves to be an ideal modality for the management of *Bhagandara*. It ensures cutting, curetting, healing, and infection control in a single procedure, with minimal complications and low recurrence compared to modern surgical techniques. This case demonstrates that integration of classical Ayurvedic knowledge with clinical practice can provide safe, effective, and holistic management for *fistula-in-ano* (*Bhagandara*).

REFERENCES

1. Vaidya Yadavji Trikamji Acharya, *Sushruta Samhita*, Nidan Sthan, Chaukhamba Publications, published 2020, Page no.213
2. Vaidya Yadavji Trikamji Acharya, *Sushruta Samhita*, Chikitsa Sthan, Chaukhamba Publications, published 2020, Page no.213
3. Kaviraj Ambika Dutta Shastri, *Sushruta Samhita*, Nidan Sthan, Chaukhamba Sanskrit Samsthan, Published 2019, Page no.155.
4. Kaviraj Ambika Dutta Shastri, *Sushruta Samhita*, Chikitsa Sthan, Chaukhamba Sanskrit Samsthan, Published 2019, Page no.156.
5. *Sushruta Samhita* of MaharsiShusrut by Kaviraj Ambikadutta Shastri, edited with Ayurveda Tattva Sandipika, published by Chaukhambha Sanskrit Samsthan,

- Varanasi, reprint 2012, Vol.-I, Nidansthana11/3, pg. no.-350.
6. Manipal Manual of Surgery edited by K RajgopalShenoy, published by CBS Publishers & Distributors Pvt Ltd, Delhi, edition 4th, reprint-2014, pg. no.-214- 215.
 7. Sabiston textbook of surgery: The biological Basis of Modern Surgical Practice, by Beauchamp, Evers, Mattox, published by Elsevier saunders, reprint-2014, 19th edition Vol.-II, pg. no-1258.
 8. A practical guide to Operative surgery by Somen Das, reprint-2014, 6th edition, pg.no. -33.
 9. Schwartz's principles of surgery, editor in chief F. Charles Brunicardi, 10th edition, pg. no.-486.
