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# The Role of Ksharasutra in the Management of Fistula-In-Ano: A Case Study

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**ABSTRACT**
Fistula-in-ano is a challenging anorectal disorder with a high rate of recurrence in conventional surgical approaches. Ksharasutra, an Ayurvedic parasurgical technique described in the classical texts, offers a promising alternative for the effective management of this condition. The therapy ensures both excision and healing of the fistulous tract with minimal complications and low recurrence. This article presents a detailed case study demonstrating the successful application of Ksharasutra in a patient with anal fistula.
**Keywords:** Ksharasutra, Fistula-in-ano, Bhagandara, Ayurveda, Apamarga Kshara, Shodhana, Ropana

## I. INTRODUCTION

Fistula-in-ano, or Bhagandara in Ayurveda, is characterized by an abnormal tract connecting the anal canal to the perianal skin. It often results from an untreated or improperly managed perianal abscess. Modern surgical techniques like fistulotomy or fistulectomy, although effective, are often associated with recurrence, anal incontinence, or slow wound healing.

In contrast, Ksharasutra therapy, as described by Acharya Sushruta, provides a minimally invasive, cost-effective, and highly efficacious approach. Ksharasutra is a medicated thread smeared with herbal drugs that cuts through the fistulous tract while promoting simultaneous healing. This dual action—Chedana (excision), Bhedana (incision), Lekhana (scraping), Shodhana (cleansing), and Ropana (healing)—makes it a comprehensive treatment modality.

Case Presentation
Patient Information
Name: Mrs. Suman Kondiram Yadav, 58 yr
Occupation: Housewife
Gender: Female
Chief Complaint: Seropurulent discharge from the perianal region and pain during defecation for the last 8 days.

History of Present Illness
The patient reported intermittent discharge with pain near the anal region, worsening on sitting and passing stools.

Clinical Examination
A small external opening noted at right anterior perianal region at the 6 o'clock position (posteriorly), ~1 cm away from the anal verge.lenghth of fistula measures 3.4 cm &diamter measures 6 cm.
Internal opening confirmed at the posterior midline using probing under local anesthesia.
No signs of acute abscess or systemic infection.
Diagnosed as a Sub -Sphincteric Inter Sphincteric Anal Fistula.

Investigations
Hematological profile: Within normal limits.
USG : Subsphincteric Fistula is noted extending from internal opening in the rt. Anterior perianal region.It communicates with the posterior wall of the anal canal at 6'O clock position.1 cm away from the anal verge. The length of fistula measures 3.4 cm.outer to outer diameter measures 6 cm.echogenous blood/ pus is noted in the lumen.

Management Plan: Ksharasutra Therapy
Preparation of Ksharasutra
Following CCRAS SOP, Ksharasutra was prepared with:
11 coatings of Snuhi (Euphorbia nerifolia) latex
7 coatings of Apamarga Kshara (Achyranthes aspera) + Snuhi latex

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3 final coatings of Haridra (Curcuma longa) powder
Procedure
Under local infiltration anesthesia, the fistulous tract was probed.
The Ksharasutra was passed using a malleable probe and tied with the "Railroad technique".
The thread was changed weekly for a total of 6 sittings.
Follow-up and Outcome

Images during ksharsutra procedure
Unit Cutting Time (UCT): Approximately 1 cm/week
Total healing time: 6 weeks
The patient experienced minimal pain, and no secondary infection occurred.
At 6-month follow-up: No recurrence, no anal incontinence, and complete healing was observed.

## II. DISCUSSION

Fistula-in-ano poses a significant treatment challenge due to its recurrent nature. The Ksharasutra technique achieves simultaneous excision and healing through chemical cauterization. The alkaline properties of Apamarga Kshara, along with the antimicrobial and wound healing properties of Haridra, provide a synergistic effect.

The advantages of Ksharasutra include:
Minimal risk of recurrence
Preservation of the anal sphincter
No hospitalization required
Easy outpatient follow-up

Affordable and accessible even in rural settings Ksharsutra acts on the principle of controlled chemical cauterization. It maintains asepsis, debrides the infected tract, and allows for granulation tissue to form as the tract is cut and healed.

## III. CONCLUSION

Ksharasutra therapy is a safe, effective, and evidence-based Ayurvedic parasurgical intervention for fistula-in-ano. The presented case highlights the technique's efficacy in a recurrent fistula with successful healing and no recurrence. It should be considered a primary option in the management of simple and low anal fistulas, especially in recurrent cases.

Conflict of Interest
None declared.
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