

**A CASE REPORT APAMARG KSHARSUTRA FOR FISTULA- IN ANO: A SUCCESSFUL
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ABSTRACT

3a. Introduction: An anal fistula is an abnormal tract that connects the rectum or anal canal to the external perianal skin, often presenting with one or more external openings. In rare cases, the tract may communicate with more distant parts of the rectum. This condition poses a considerable clinical challenge, primarily due to its high rate of recurrence, particularly in complex or high-grade fistulas. In India, Ksharasutra therapy—a medicated seton technique rooted in Ayurvedic principles—is widely practised and has demonstrated a notably high success rate, with a reported recurrence of only 3.33%. **3b. Main Clinical:** A 33-year-old female patient presented to the Shalya Tantra OPD, with complaints of a boil-like swelling in the perianal region, associated with pain, purulent discharge, and itching for the past 5–6 months. The external opening was located approximately 3–4 cm from the anal verge at the 7 o'clock position. **3c. Findings and Diagnosis:** On digital rectal examination, an internal opening was palpated at the 7 o'clock position in alignment with the dentate line. **3d. Interventions:** The treatment involved an innovative sphincter-sparing technique, utilising an adapted Apamarg Ksharsutra therapy to enhance healing speed and minimise post-surgical discomfort. **3e. Outcome and Conclusions:** The fistula demonstrated complete healing within 3-weeks. The patient reported no complications, and no recurrence was observed during the 6-month follow-up period.

2. KEYWORDS: Apamarg Ksharasutra, Bhagandar, fistula in ano, Sushrut.**4. INTRODUCTION**

Fistulas are inherently complex and make treatment particularly difficult as a result of the spread of sepsis into deeper tissues or multiple planes, often involving 30% of the sphincter muscles.^[1] A fistula-in-ano refers to an abnormal, chronic abnormal passageway lined with granulation tissue that extends from an internal opening in the anorectal canal to reaching the perineum or nearby tissues. Ayurveda, India's ancient medical science, classifies anal fistula under a condition known as Bhagandara and is regarded as a surgical condition, managed either by excision or by unroofing the tract.^[2] The renowned surgeon of ancient India Acharya Sushrut (500 BC) also advocated an alternative, safer, and less invasive treatment involving a medicated thread known as Ksharasutra.^[3] This traditional Ksharasutra therapy has remarkably high success rate—reportedly up to 96.5%—with minimal risk of faecal incontinence.^[4]

5. CASE REPORT

5a. Symptoms of the patient- A 33-year-old female patient presented to the Shalya Tantra OPD, with complaints of a boil-like swelling in the perianal region, associated with pain, purulent discharge, and itching for the past 5–6 months. The patient had initially consulted a local doctor and taken some medication, but didn't experience significant relief. Subsequently, she visited shalya tantra opd seeking better treatment options. The appetite of the patient was good. The bowel and bladder habits were regular.

5b. The patient has no previous history of any medical or surgical conditions, and no relevant family history was reported. Following clinical evaluation, a diagnosis of Bhagandara (fistula-in-ano) was established.

6. Clinical Findings

On examination in the lithotomy position, The external opening was located approximately 3–4 cm from the anal verge at the 7 o'clock position. On digital rectal examination, an internal opening was palpated at the 7 o'clock position at the level of dentate line. Probing was undertaken to delineate the course of the fistulous tract and to accurately locate the internal opening.

6a. General Examination

- GC - Moderate
- Pulse - 88/min.
- BP - 130/84 mmhg
- RS - 16/min.
- Temp - 98.8 F
- Appetite - Normal
- Bowel – Normal

6b. Investigations

Complete blood count, CT, BT, RBS were normal and HIV I & II, and HBsAg were non-reactive.

7. Timeline

After taking written informed consent, the patient was taken in lithotomy position. The area was then cleansed using Savlon, spirit, and Betadine solution, ensuring proper antiseptic and aseptic preparation. The operative site was draped and local anaesthesia was given using 5 ml of 2% Xylocaine. Under local anaesthesia, a digital

rectal examination (DRE) was performed with 2% lignocaine jelly, revealing a palpable pit at the 7 o'clock position. Probing was done from the external opening at the 7 o'clock position that passed through the tract and emerged radially from the internal opening. The external opening was duly enlarged and the granulation tissue was thoroughly excised. Subsequently, primary threading of the fistulous tract was precisely executed. Haemostasis was achieved and all vitals were within the normal limits. The patient was then shifted to the Shalya ward for further observation and care.

8. Follow-up and outcomes

The patient was advised to maintain proper bowel habits and local hygiene, including regular sitz baths with warm water. Throughout the treatment, the wound remained in good condition. Kshar Sutra therapy was commenced, with the thread being replaced weekly using the Rail-Road technique until the fistulous tract was fully divided. Initially, the tract measured approximately 3–4 cm in length and was entirely severed within 21 days. The Kshar Sutra replacement procedure caused a burning sensation in the anal region that lasted for about one day and subsided after sitz bath. Following the complete division of the tract, the patient was monitored weekly for three months. The average rate of tract division was 1.43 cm per week. No signs or symptoms of recurrence were noted during the follow-up period.



Figure 1: Before Operation.



Figure 2: After Operation.



Figure 3: After 15 Days.



Figure No. 4: After fully healing minimal scarmark.

9. RESULT AND DISCUSSION

Ksharasutra therapy has shown exceptional effectiveness in the management of anorectal disorders. The Apamarga Ksharasutra is prepared using Snuhi Ksheera, Apamarga Kshara, and Haridra powder. Snuhi Ksheera possesses both cleansing (Shodhana) and healing (Ropana) properties, supported by its Katu and Tikta Rasa and Ushna Virya, that contributed in accelerating the wound healing and aided in reducing the infection and inflammation.^[5] Apamarga Kshara embodies the classical qualities traditionally ascribed to Kshara—namely Chhedana (excision), Bhedana (incision), Lekhana (scraping), and Tridoshaghna (balancing of all three Doshas). When used in Ksharasutra, it exerts a cauterising effect on pathological tissue through its corrosive action (Ksharana Guna).^[6] Haridra (turmeric) powder contributes antibacterial, anti-inflammatory, and wound-healing properties, enhancing the overall therapeutic efficacy of the formulation.^[7] Turmeric is known for its Rakta Shodhana (blood purification), Twaka Doshahara (alleviation of skin disorders), Shothahara (anti-inflammatory), Vatahara (alleviation of Vata), and Vishaghna (antimicrobial) properties. It is also beneficial in Vrana Ropana (wound healing). Turmeric powder exhibits potent bactericidal action and has wound-healing properties too.^[8] Apamarga Ksharasutra exhibits both chemical and mechanical cutting actions, whilst concurrently promoting healing within the fistulous tract. Recently, organisations such as the ICMR, WHO, and CSIR have proposed the establishment of Ksharasutra Centres across the country, dedicated to the treatment of ano-rectal disorders. Ksharasutra therapy has gained recognition in contemporary medical literature as a validated and effective approach for managing fistula-in-ano and other ano-rectal conditions.^[9]

10. CONCLUSION

Ksharasutra therapy is a cost-effective and low-risk procedure when carried out by a skilled practitioner. It provides minimal invasive surgical approach for the management of fistula-in-ano (Bhagandara). This technique is not only straightforward and effective but also preserves sphincter integrity, thereby enhancing patient outcomes and overall quality of life.

11. Key Message

Apamarga Ksharasutra is an effective and safe Ayurvedic treatment that helps reduce the symptoms and recurrence of fistula-in-ano.

12. Patient's consent

The author's certify that they have obtained all necessary patient consent forms. In these forms, the patient(s) have consented to the publication of their images and clinical information in the journal. The patients understand that their names and initials will not be published and that every effort will be made to protect their identity.

13. Author's contribution

S.Y.: Conceptualization, Design, Definition of intellectual content, Literature search, Clinical studies, Experimental studies, Data acquisition Guarantor. A.Y. : Data analysis, Manuscript preparation Manuscript review., S.S. Manuscript editing.

14. Data availability statement

All the data collected; including recordings measurements are stored in electronic formats, as necessary. To maintain confidentiality, personal identifier is removed and data is stored with author. Author can provide access to data under suitable circumstance.

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16. Conflicts of interest: There is no conflicts of interest.

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