WJPMR, 2026, 12(1), 418-421

Case Report

Impact Factor: 6.842

WORLD JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.wjpmr.com

ISSN (O): 2455-3301

ISSN (P): 3051-2557

Coden USA: WJPMBB

MANAGEMENT OF PERIANAL ABSCESS BY APPLICATION OF KSHARSUTRA - CASE REPORT

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DOI: https://doi.org/10.5281/zenodo.18091975

How to cite this Article: Dr. Vibhav Dwivedi[1]*, Prof. (Dr) Suman Yadav[2], Dr. Ashutosh Kumar Yadav[3] (2026). MANAGEMENT OF PERIANAL ABSCESS BY APPLICATION OF KSHARSUTRA - CASE REPORT. World Journal of Pharmaceutical and Medical Research, 12(1), 418–421.

Article Received on 04/12/2025 **Article Revised on 24/12/2025** **Article Published on 01/01/2026**

ABSTRACT

Bhaga is the region around the anus which extends up to the genitalia. Therefore, the pidaka (abscess) which develops in this region and leads to bhagandara (fistulae), is known as "bhagandara pidaka". In Ayurveda we can corelate bhagandara pidka as anorectal abscess. Anorectal abscesses most often originate from nonspecific cryptoglandular infections, though they can also arise from a range of inflammatory(chron disease, tuberculosis etc) or traumatic causes(anal fissure, haemorrhoidectomy etc). Generally, an infection starts from the mid-anal canal at the level of the anal crypts or anal columns of morgagni and progresses downward toward the anal verge. When Obstruction of the anal gland ducts causes stagnation of secretions, encouraging bacterial proliferation and resulting in abscess formation. Anal abscess leads to formation of fistula-in-ano.

KEYWORDS: bhagandar pidka, bhagandar, ksharsutra, anorectal abscess, fistula-in-ano, anal fistula, etiology, pathogenesis, diagnosis, anoscopy, proctoscopy, treatment, fistulotomy.

INTRODUCTION

Bhaga is the region around the anus which extends up to the genitalia. Therefore, the pidaka (abscess) which develops in this region and leads to bhagandara (fistulae), is known as "bhagandara pidaka". A disease or sinus that tears or damages the area around genitalia, urinary bladder and anus is known as bhagandara. Often it results after bursting of bhagandara pidaka or an abscess in this region. The sinus may discharge flatus, faeces, urine, seminal fluid, menstural fluid or even worms at time.[1] Perianal abscesses typically result from infection of the anal glands located at the level of dentate line and are attributed to obstruction of the draining duct from fecal debris; this is often referred to as a cryptoglandular abscess. Obstruction of the anal gland ducts leads to stasis, bacterial overgrowth, and ultimately abscesses that develop in the intersphincteric space.[2] A majority of abscesses are of nonspecific cryptoglandular origin but may also be due to a variety of processes, which are primarily inflammatory or traumatic.[3] The average age of affected individuals is around 38.3 years.[4] Perianal abscesses and fistula-in-ano often indicate acute and chronic conditions of the same disease process, originating from infection same concept is also mentioned in Ayurvedic texts.[5] The prevalence rate is approximately 8.6 cases per 100,000 populations, with males being four times more affected than females. According to data 26-38% of anal abscesses develop into fistula-in-ano.[6] Ayurvedic classics describe Bhagandara, a condition similar to fistula-in-ano. It proceeds with formation of a Pidika that is known as Bhagandara Pidika in the Guda Pradesha. If proper treatment of Bhagandara Pidika is not employed, it may result in development of Bhagandara.[7] According to Acharya Sushruta, Bhagandara is one of the eight diseases difficult to cure.[8] Modern surgical management includes fistulotomy, fistulectomy and seton placement. However, Ksharsutra therapy has gained popularity as a para-surgical procedure. This treatment involves coating a thread with herbal drugs and caustic materials obtained from ash. The kshar applied on the thread are anti inflammatory, anti-slough agents and in addition,have chemical curetting properties.[9] Ksharsutra therapy has revolutionized fistula-in-ano treatment.

2. MATERIAL AND METHODS

Ksharsutra is a medicated thread used in Ayurvedic surgery to treat conditions like fistulas and sinuses. This thread is prepared by coating a surgical linen thread with active ingredients derived from plants. The Ksharsutra therapy has a long history in Ayurveda, dating back to Sushruta's description of its use in managing sinus diseases. The preparation of Ksharsutra has undergone significant development over time. Initially, Chakrapani described a method where latex of Euphorbia neriifolia and turmeric powder were applied to the thread. However, this method did not include the use of caustic material (kshar), which is a key component of Ksharsutra. To rectify this, researchers at the Department of Shalya Tantra, Banaras Hindu University, added kshar obtained from Achyranthes aspera to the preparation. The modern preparation of Ksharsutra involves coating a surgical linen thread with a mixture of plant-based ingredients, including caustic material, latex of Euphorbia neriifolia, and resin of Commiphora mukul. The thread is then used to cut, curette, drain, and heal fistulous tracts. Ksharsutra therapy has been popularized by several researchers, including Dr. PS Shankaran, Prof. PJ Deshpande, Prof. KR Sharma, and others. The use of Ksharsutra has shown promising results in treating fistulas and sinuses, and its minimal surgical nature makes it an attractive option for patients. Further research and development are ongoing to refine the preparation and application of Ksharsutra.[10]

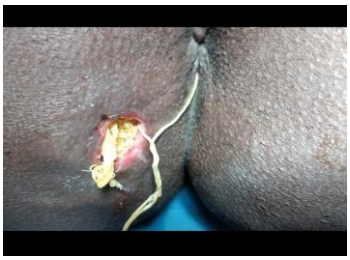
Presenting complaints and medical history

A 29-year-old male patient presented to the surgical outpatient department of a Government PG Ayurved college and hospital, Varanasi, Uttar Pradesh, with complaints of intense pain and swilling in right gluteal region after that he applied ointment Sumag locally by effect of this ointment that was bust out in right side of Perianal region at 7 ‘o’ clock position after that intermittent purulent discharge from the perianal region started, accompanied by mild discomfort, itching and difficulty sitting. These symptoms had persisted for approximately 3 to 4 days. The patient, who had no history of hypertension or diabetes, reported that previous consultations with various healthcare providers had yielded unsatisfactory results. He sought further evaluation and management for his symptoms.

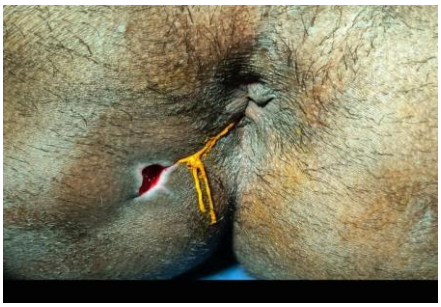
Clinical findings- Upon physical examination, the perianal skin appeared red and inflamed, with one external openings identified at approximately 7 ‘o'clock positions, 4 to 5 cm from the anal verge. A digital rectal examination revealed normal sphincter tone. Pit(primary opening) was palpated at 6 o'clock position, with tenderness noted at the same 6 o'clock position, below the dentate line. Rest of the digital rectal examination was within the normal limits. All laboratory tests yielded results within normal limits.

Treatment- After obtaining informed consent, patient was placed in lithotomy position. Under spinal anaesthesia, a cruciate incision was made at opening of abscess then all the pus was trickled out from that opening after that all the pus pocket was destroyed then probing was done to assess the fistulous tract. The internal opening were found connected to external opening found at 7'o' clock position. The path of tract clearly shows that it is curvilinear fistula in ano. When normal saline solution pushed from external opening at 7‘o' clock position complete fluid come out from internal opening at 6'o' clock position afterthat. Metallic malleable probe was introduced through external from 7'o' clock and taken out from internal opening and Ksharsutra was placed in the tract. Then antiseptic dressing and packing done with jatyadi taila. Patient was advised for regular hot sitz bath from the next day and dressing with Jatyadi taila. Patient was prescribed with Tab Arogyavardhani vati 250mg BD after food which was discontinued after 4 weeks, Tab Triphlala Guggulu 500mg BD after food, Triphala churna 5 gm HS after food with luke warm water, Jatyadi taila for local application and 5ml Jatyadi taila advised to push in anal canal at bed time through out the treatment. patient was advised to fiber rich diet and adequate hydration.

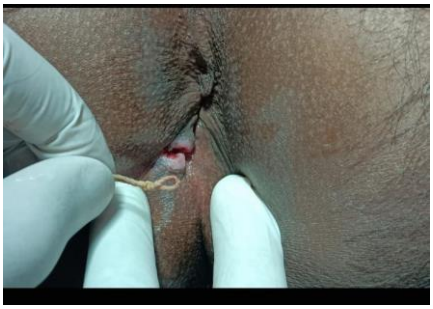
Result and Follow up-The patient was advised to follow up weekly for Ksharsutra changes. The initial ksharsutra was replaced after one week. During the first week, pus discharge was prominent from the external opening, but gradually decreased and ceased after two weeks. Pain was moderate initially, then subsided. Discharge from the external openings diminished within 6-7 days. Self-cut-through of the ksharsutra occurred after twelve weeks. followed by complete healing within 10 days. The patient was advised to continue applying Jatyadi taila. Throughout the treatment and follow-up period, no complications arose, and the patient experienced complete resolution of symptoms. After four months of monitoring, no signs of recurrence were observed, confirming the full recovery of patient



OPERATIVE DAY



KSHARSUTRA



CUT THROUGH

AFTER COMPLETE HEALING

DISCUSSION

Ksharasutra therapy is a highly effective treatment for anal abscess, boasting a high success rate and minimal recurrence. This day-care procedure is cost-effective, minimally invasive, and results in fewer complications. The patient experienced complete healing within two and half months, with no recurrence observed during the four-month follow-up. The treatment regimen included Tablet Arogyavardhani Vati and Tab. Triphalaguggulu to manage inflammation, pain, and prevent infection. Triphala guggulu's antimicrobial properties may aid in preventing infection and promoting wound healing.[11] Tablet Arogyavardhani vati is useful for individuals suffering from indigestion and irregular bowel movements. It brings about the promotion of the digestive power of the body and acts as a tonic for liver.[12] Ayurvedic principles suggest Triphala's Anulomana action regulates Apana Vata, facilitating easy bowel evacuation.[13] Local and per rectal application of Jatyaditaila enhanced protein, hydroxyproline, and hexosamine content in granulation tissue, promoting rapid healing.[14]

CONCLUSION

Ksharasutra therapy is a highly effective treatment for uncomplicated anal abscess which in turn converted into fistula-in-ano cases, requiring minimal surgical intervention and infrastructure.

FUTURE RECOMMENDATIONS

The introduction of advanced technique like IFTAK has expanded its scope to treat complex cases with reduced recurrence rates.[15] Further comparative studies with larger sample sizes are necessary to fully assess the efficacy of this technique.

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