

**TRADITIONAL AYURVEDIC APPROACH TO FISTULA-IN-ANO WITH SNUHIKSHAR
SUTRA: A CASE STUDY****Dr. Saurabh Singh^{*a}, Dr. Mrigank Shekhar^b, Dr. Tina Singhal^c**^aPG Scholar, Department of Shalya Tantra, Government Ayurvedic College, Varanasi 221002.^bLecturer Department of Shalya Tantra, Government Ayurvedic College, Varanasi 221002.^cLecturer, Department of Rachna Sharir, Government Ayurvedic College, Varanasi 221002.***Corresponding Author: Dr. Saurabh Singh**

PG Scholar, Department of Shalya Tantra, Government Ayurvedic College, Varanasi 221002.

DOI: <https://doi.org/10.5281/zenodo.18480299>**How to cite this Article:** Dr. Saurabh Singh^{*a}, Dr. Mrigank Shekhar^b, Dr. Tina Singhal^c. (2026). Traditional Ayurvedic Approach To Fistula-In-Ano With Snuhikshar Sutra: A Case Study. World Journal of Pharmaceutical and Medical Research, 12(2), 431-435.

This work is licensed under Creative Commons Attribution 4.0 International license.



Article Received on 05/01/2026

Article Revised on 25/01/2026

Article Published on 01/02/2026

ABSTRACT

Background: Fistula-in-ano is the most mischievous disease among all ano-rectal diseases that has become a challenging task and difficult to treat due to its recurrence rate. Sushruta has beautifully mentioned its types and etiopathology in nidansthan and its treatment in chikitsa sthan. **Objective:** To evaluate the efficacy of SnuhiKshar Sutra in managing intersphincteric fistula-in-ano. **Method:** A 49 years old male with a one-year history of perianal purulent discharge and discomfort was treated at Government Ayurvedic College Varanasi. The procedure involved track probing, sentinel tag excision and weekly SnuhiKshar Sutra replacement, supplemented by Triphalaguggulu, Haritakichurna, Jatyadi tail and antibiotics. **Results:** Complete track cutting and healing occurred in 26 days with minimal scarring and no recurrence at one month follow up. **Conclusion:** SnuhiKshar Sutra is a safe, effective and minimally invasive Ayurvedic treatment for bhagandara preserving anal sphincters and thus reducing complications.

KEYWORDS: Bhagandara, Fistula in ano, Kshar sutra, Snuhi, Ayurveda.**1. INTRODUCTION**

Fistula-in-ano is the most mischievous disease among all ano-rectal diseases that has become a challenging task and difficult to treat due to its recurrence rate.^[1] Sushruta has beautifully mentioned its types and etiopathology in nidansthan and its treatment in chikitsa sthan.^{[2][3]} Fistula in ano is an abnormal passage or a hollow tract that is lined by an unhealthy granulation tissue between the anus and the perianal skin. It has two openings; internal opening lies within the anorectal lumen with an external opening in the skin of the perineum.^[4] Majority of fistula in ano (90-95%) are due to infection of anal glands and rest are due to foreign bodies, tuberculosis, trauma etc.^[5] Utmost of the fistulas are the outcome of anorectal abscess but not all. It has been found that 12.5% of anorectal diseases are fistula in ano with a high prevalence rate in male as compared to female.^{[6][7]} Soiling of clothes and intermittent purulent discharge are the major symptoms of fistula in ano.

Acharya Sushruta and Vaghbhatta has considered Bhagandara in Mahagada (diseases which are difficult to cure).^{[8][9]} In Classical Ayurveda texts, Acharya Charak explained about the treatment of bhagandara. Virechana (clearance of bowel), Eshan karma (probing), Patana karma (lay open), Marga vishodhan (curettage of fistulous track), tail dahan (application of medicated oil for cauterization of track), Application of Kshar sutra and excision of track are sequentially described.^[10] This indicates that even in ancient times it was one of the challenging tasks to cure fistula in ano. Still today in present era treatment of fistula in ano is a surgical challenge. There are many modern surgical interventions to treat this notorious disease. Fistulotomy (lay open of a track), use of seton, fibrin glue, Anal fistula plug, Endorectal Advancement flaps, Anocutaneous Advancement flap, Fistulectomy, LIFT, VAAFT, LASER therapy are some of the advance techniques used to treat fistula in ano with variable successful rates.^{[11][12]} Some of these carry healing complications, incontinence and a high recurrence rate. Hence the management of

fistula in ano has become a complex surgical problem. Acharya Sushruta has described various incisions in the management of bhagandara. Para surgical measures like Raktamokshana (bloodletting), Agnikarma and use of Ksharkarma has also been mentioned. Kshar can be used as ksharvartee, ksharpichu and ksharsutra.^[13] In presenttime parasurgical measures like ksharsutra is no less than a boon for the surgeons to treat fistula in anosuccesfully. Kshar sutra is a plant based medicated thread made with a coating of a Snuhi latex, kshar and Haridra(turmeric) powder. Barbour's Linen thread 20 No. is used in preparation of a kshar sutra with a total 21 coatings. Kshar sutra therapy brings a great revolution in the treatment of fistula in ano. It is very cost effective, minimal invasive technique with a very low recurrence rate.^{[14][15]} This can be performed as a day care procedure, with no need of hospitalization. This therapy has gained a worldwide popularity in recent years with a lesser complication as well as recurrence. Gradually the cut, curetting and healing of the fistulous track is due to the combined effect of Snuhi latex, Apamargakshar and Haridra. This medicated thread is alkaline in nature and because of its caustic action it removes the unhealthy granulation tissue and promotes healing of the fistulous track. Kshar sutra destroys the infected tissue i.e. infected anal gland and hence demolish the root cause of fistula in ano. In this Single Case study use of Snuhi Kshar sutra was specially chosen for treatment of fistula in ano. It has given a remarkable result and was found effective with a minimal scar mark, less tissue damage and with minimal complications in a time bound period.

2. MATERIAL AND METHODS

2.1 Patient information

A 49-year-old male patient has a complaint of intermittent purulent discharge from a boil present in the perianal region for one year. He also complained of mild pain and discomfort on sitting position. He had no history of hypertension, diabetes and any major systemic illness with no any previous surgical history. He took oral antibiotics and analgesics but did not get any significant relief. So, with all these, complains and symptoms, he came to OPD of Shalya tantra Govt. Ayurvedic College, Varanasi for better management.

2.2 Clinical Examination

A. Local Examination

On examination perianal skin was normal. A small sentinel tag present at 12'o clock position and an external opening was present at 11'o clock position approximately 1.5 cm away from the anal verge. Digital rectal examination was done with 2% xylocaine jelly. Sphincter tone was normal. An internal pit was felt at 12'o clock position with tenderness and mild induration. On proctoscopic examination no any other pathology found in the Anal canal. 5 ml Hydrogen peroxide was pushed into the external opening to confirm internal opening at 12'o clock position.

B. General Examination

General Condition- fair
Blood Pressure-128/82 mm of Hg
Pulse Rate-74/min
Respiratory Rate-14/min
Systemic examination-No any deformity

C. Laboratory investigations

Haemoglobin-13.6 gm/dl
Total leucocytes count-6500 cells/mm³
Platelet count-165000 laccells/mm³
Plasma glucose random -105 mg/dl
Bleeding Time-2.00 min
Clotting Rate-4.30 min
HBsAg -Non reactive
Anti HCV-Non reactive
HIV 1 &2- Non reactive

2.3 Intervention

After taking written informed consent about the operative procedure. Patient was advised to follow the preoperative instructions. Part preparation was done one day before the surgery. Inj Tetanus Toxoid and xylocaine plain was given for sensitivity test. Enema is given to the patient in early morning to clear the stool from anal canal. Patient was placed on lithotomy position and perianal area was cleaned with savlon, spirit and betadiene solution respectively and then draped with sterile cutsheet. Under local Anaesthesia, sentinel tag present at midline anterior of anal verge was excised. A malleable probe was passed from external opening to internal opening and Barbour's thread no. 20 was loosely tied along the track. Antiseptic dressing was applied with Jatyadi tail.

Patient is advised to do Hot sitz bath twice a day from the next day of surgery. Some other Oral medications were given to the patient. Triphalaguggulu 250mg twice daily, Haritakichurna 4gm bedtime after meal and Matra Basti of Jatyadi tail was prescribed. Tab Amoxyclav 625 mg twice daily was given for 5 days along with the Ayurvedic oral medications.

Diet: Patient was advised to take light, soft and easy digestible diet.

Activity: Strenuous exercises and prolonged sitting of the patient is avoided during the treatment period.

2.4 Ethical Considerations

The procedure was Conducted following ethical guidelines with informed consent from patient. The study adhered to the principles of the declaration of Helsinki.

3. RESULT

Patient was discharged from hospital on 2nd day of the surgery and was asked to visit the hospital after every 7th day for replacement of kshar sutra. On the post-operative 7th day Barbour's thread was replaced by Snuhikshar sutra. And kshar sutra is replaced by a new one after

every 1 week till final cut through of fistulous track and it is changed in a rail-road technique. The length of an old kshar sutra is measured between the cut ends to know the unit cutting time of track. Patient got mild relief in the pus discharge and he gradually got relief from this complain. In the initial days of treatment patient also felt slight discomfort and pain at anal verge by kshar sutra but later got relieved. After 3 sittings the track was totally cut

and cured and took approximately 26 days for the complete healing of the wound from the day of surgery. The healing process was quite good enough leaving a very less scar mark with almost zero complications. There was no recurrence after the treatment and the patient was completely cured within one month hence the result was satisfactory.



Fig. 1: Pre operative.



Fig. 2: Post operative.



Fig. 3: Application of Ksharsutra.



Fig. 4: After cut through.



Fig. 5: Follow up after 1 month.

4. DISCUSSION

Fistula in ano is a challenging and complex disease among Ano rectal diseases. This impact the quality of life. Recent modern modalities for treatment of fistula in

ano carries a significant pain, more tissue damage, high recurrence rate and damage to anal sphincter muscles which lead to incontinence.^{[16][17]} Treating fistula in ano requires a comprehensive approach. Kshar sutra

treatment is a traditional Ayurvedic therapy which cures fistula in ano in a remarkable manner. In a present time, this is attractive opinion and choice of treatment for patients as compared to conventional methods. The Snuhikshar sutra's components—Snuhi latex, Apamargakshar, and Haridra—provide caustic, anti-inflammatory, and antimicrobial effects, enabling simultaneous excision, curetting, and healing.^[18]

The active ingredients of kshar sutra like Snuhi latex: facilitates tissue debridement due to its caustic nature.^[19]

Haridra: has an anti-inflammatory and wound healing properties.^[20]

ApamargaKshar: has a property of chhedan (excision), bhedana (incision) and lekhan (scrapping) which helps in cutting, curetting of fistulous track.^[21]

The mechanical pressure applied by tied kshar sutra helps in gradual cutting of the fistulous track. It maintains and preserves the normal anatomy and functions of the anal canal and do not disturb the surrounding tissues.

Adjuvant Treatment: Along with the kshar sutra therapy patient was advised some other oral medications. Triphalaguggulu has anti-inflammatory, anti-microbial and analgesic qualities and will help to encounter the inflammation and pain.^[22] For purgation, Haritakichurna is given to patient.^[23] Matra basti of Jatyaditail.^[24] helps in wound healing of track without undergoing any fibrosis and also had an anti-inflammatory action. Amoxicillin and potassium clavunate are effective against a wide range of gram positive and gram-negative bacteria and will help to overcome the postoperative infections.^[25] There are also some complications of kshar sutra like burning sensation, itching and patient may experience mild pain during changing of kshar sutra.^[26] Due to faulty techniques, it may lead to a formation of a scar mark. Proper technique minimized scarring, and sphincter preservation reduced incontinence risk compared to conventional methods.^[27] The single case design limits generalizability but the results align with prior studies reporting low recurrence rates with Ksharsutra.^[28] Larger multicentre trials are needed to validate efficacy across diverse fistula types and patient populations.

5. CONCLUSION

Hence, from this case study it can be concluded that kshar sutra therapy is simple, safe, successful and low risk modality for fistula in ano. Effective draining of fistulous track and promoting faster healing of wound are impressive features of this remedy. Integrity of the anal sphincters is also maintained and thus there is a less risk of incontinence. Further research with larger cohort is recommended to establish its broader application.

6. ACKNOWLEDGEMENT

The Author expresses gratitude to the patient for consenting to this study and the staff at Government Ayurvedic College, Varanasi for their support.

7. Conflicts of interest

The Authors declare no conflicts of interest.

8. Funding

This study received no specific funding.

9. REFERENCES

1. Sherkhane R, Meena P, Hanifa N, Mahanta VD, Gupta SK. IFTAK technique: An advanced Ksharsutra technique for management of fistula in ano. *J Ayurveda Integr Med.*, Jan-Mar., 2021; 12(1): 161-164. doi: 10.1016/j.jaim.2020.06.005. Epub 2020 Aug 13. PMID: 32800397; PMCID: PMC8039351.
2. Murthy KRS, *Susruta Samhita*, NidanaSthan, chapter 4, ChaukhambaOrientalia, reprint, 2017; 490.
3. Murthy KRS, *Susruta Samhita*, Chikitsa Sthan, chapter 8, ChaukhambaOrientalia, reprint, 2017; 95.
4. Bailey and Love's Short Practice of Surgery, Norman S. Williams, et al. chapter 74, CRC Press 28th edition, 2: 1436.
5. Sharma Y. Role of kshar sutra in the management of bhagandara (fistula-in-ano). *Anc Sci Life.*, 2011; 30(3): 83-6.
6. Deshpande PJ, Sharma KR, Singh R. Management of fistula-in-ano with kshar sutra: A clinical study. *J Ayurveda Integr Med.*, 2017; 8(3): 162-7.
7. Abcarian H. Anorectal infection: Abscess-fistula. *Clin Colon Rectal Surg*, 2011; 24(1): 14-21.
8. Sushruta. *Sushruta Samhita*, Dalhanacharya and commentary of shree Gayadasacharya by Vaidya jadvjitrikamji Acharya, Chaukhambasurbharati Prakashan, Varanasi: reprint, 2008; 144.
9. Murthy KRS, *Susruta Samhita*, sutraSthan, chapter 33, ChaukhambaOrientalia, reprint, 2017; 233.
10. Dr. R. K. Sharma and Vaidya Bhagwan Dash, *Agnivesha's Charaka Samhita (Based on Chakrapani Dutta's Ayurveda Dipika)*, Vol. III, Chapter-Treatment of Shvayathu, Chikitsasthana-12/8, Edition-Reprint 2012, Chaukhambha Sanskrit Series Office, Varanasi, 2012; 484.
11. Garg P. Comparison of various surgical techniques for fistula-in-ano: A prospective study. *Indian J Surg*, 2017; 79(5): 406-12.
12. Limura E, Giordano P. Modern management of anal fistula. *World J Gastroenterol*, 2015; 21(1): 12-20.
13. Sahu, M. (2015). *A manual on fistula in ano and kshara sutra therapy. published by NRC, Deptt. Of Shalya Tantra, IMS, BHU.*
14. Dudhamal TS, Gupta SK, Bhuyan C. Kshar sutra therapy in fistula-in-ano: A review. *Int J Ayurvedic Med.*, 2014; 5(2): 123-9.
15. Panigrahi HK, Rani R, Padhi MM. Clinical evaluation of kshar sutra therapy in the management

- of bhagandara (fistula-in-ano): A prospective study. *Anc Sci Life.*, 2013; 32(4): 247-50.
16. Garg P. Comparison of various surgical techniques for fistula-in-ano: A prospective study. *Indian J Surg*, 2017; 79(5): 406-12.
 17. Limura E, Giordano P. Modern management of anal fistula. *World J Gastroenterol*, 2015; 21(1): 12-20.
 18. Nema A, Gupta SK, Dudhamal TS, Bhuyan C. Wound healing activity of kshar sutra in fistula-in-ano. *Int J Pharm Biol Sci.*, 2012; 2(4): 178-83.
 19. Panigrahi HK, Rani R, Padhi MM. Clinical evaluation of kshar sutra therapy in the management of bhagandara (fistula-in-ano): A prospective study. *Anc Sci Life*, 2013; 32(4): 247-50.
 20. Shukla NK, Narang R, Nair NG, Radhakrishna S, Satyavati GV. Anti-inflammatory and antimicrobial activity of Haridra (*Curcuma longa*). *J Res Ayur Siddha*, 1987; 8(3-4): 115-20.
 21. Dwivedi AP. Role of kshar sutra in the management of fistula-in-ano. *J Res Ayur Siddha*, 2010; 31(2): 45-50.
 22. Deshpande PJ, Sharma KR, Singh R. Management of fistula-in-ano with kshar sutra: A clinical study. *J Ayurveda Integr Med.*, 2017; 8(3): 162-7.
 23. Dr. R. K. Sharma and Vaidya Bhagwan Dash, Agnivesha's Charaka Samhita (Based on Chakrapani Dutta's *Ayurveda Dipika*), Vol. III, Chapter-Treatment of Shvayathu, Chikitsasthana-12/8, Edition-Reprint 2012, Chaukhambha Sanskrit Series Office, Varanasi, 2012; 484.
 24. Shinde P, Waghmare S. Role of Jatyaditaila in the management of vrana (wound): A review. *J Ayurveda Integr Med.*, 2019; 10(2): 136-40.
 25. de Bree E, van Ruth S, van der Werff JF, Zoetmulder FA. Antibiotic prophylaxis in colorectal surgery. *Neth J Surg*, 2008; 60(6): 408-14.
 26. Rao SS, Singh RK, Sharma YK. Complications and limitations of kshar sutra therapy in fistula-in-ano. *J Ayurveda Integr Med.*, 2016; 7(4): 245-9.
 27. Jain RK, Jain S. Comparative study of kshar sutra versus fistulectomy in the management of fistula-in-ano. *Int J Ayurvedic Med.*, 2015; 6(3): 201-6.
 28. Dutta G, Bain J, Ray AK, Dey S, Das N, Das B. Comparing fistulectomy with kshar sutra in the management of fistula-in-ano: A randomized controlled trial. *J Complement Integr Med.*, 2020; 17(2): 20190053.