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A CASE REPORT ON APAMARGA KSHARASUTRA IN THE MANAGEMENT OF FISTULA-IN-ANO: A SUCCESSFUL CLINICAL OUTCOME

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ABSTRACT

Fistula-in-ano is a chronic anorectal condition characterized by an abnormal tract connecting the anal canal or rectum to the perianal skin. The disease is notorious for recurrence and postoperative complications, particularly in complex fistulas. Ksharasutra therapy, a time-tested Ayurvedic para-surgical technique, has demonstrated encouraging outcomes with minimal recurrence rates. This case report documents the successful management of fistula-in-ano using Apamarga Ksharasutra in a 33-year-old female patient. Complete healing was achieved within three weeks without any complications or recurrence during a six-month follow-up period, highlighting the efficacy and safety of this sphincter-preserving approach.

KEYWORDS: Apamarga Ksharasutra, Bhagandara, Fistula-in-Ano, Sushruta.

In Ayurvedic literature, fistula-in-ano is described under the disease entity *Bhagandara* and is classified as a surgical disorder. Classical texts advocate surgical excision or unroofing of the tract. Acharya Sushruta introduced Ksharasutra therapy as a safer and minimally invasive alternative, employing a medicated thread to gradually excise the fistulous tract while promoting healing. Contemporary studies have reported high success rates with minimal risk of sphincter damage or fecal incontinence.

CASE REPORT

Patient Presentation

A 33-year-old female patient reported to the Shalya Tantra outpatient department with complaints of a recurrent boil-like swelling in the perianal region, accompanied by pain, purulent discharge, and itching for the past 5–6 months. She had previously received conservative treatment from a local practitioner without satisfactory relief.

The patient's appetite was normal, and bowel and bladder habits were regular. There was no history of systemic illness, prior surgery, or relevant family history. Based on clinical evaluation, a diagnosis of *Bhagandara* (fistula-in-ano) was established.

Clinical Findings

On local examination in the lithotomy position, a single external opening was observed approximately 3–4 cm from the anal verge at the 7 o'clock position. Digital rectal examination revealed an internal opening at the corresponding 7 o'clock position near the dentate line. Probing confirmed the direction and extent of the fistulous tract.

General Examination

- General condition: Moderate
- Pulse: 88/min
- Blood pressure: 130/84 mmHg
- Respiratory rate: 16/min
- Temperature: 98.8°F
- Appetite: Normal
- Bowel habits: Normal

Investigations
Routine hematological investigations including complete blood count, clotting time, bleeding time, and random blood sugar were within normal limits. Serological tests for HIV I & II and HBsAg were non-reactive.

Treatment Timeline
After obtaining written informed consent, the patient was positioned in lithotomy posture. The operative area was prepared using standard antiseptic measures. Local anesthesia was administered with 5 ml of 2% lignocaine. A digital rectal examination using lignocaine jelly confirmed the internal opening. Probing was performed through the external opening, tracing the tract up to the internal opening.

The external opening was enlarged, and unhealthy granulation tissue was excised. Primary threading of the tract was carried out meticulously. Hemostasis was ensured, vital parameters remained stable, and the patient was shifted to the ward for postoperative care.

Follow-Up and Outcome
The patient was advised to maintain perianal hygiene and follow regular sitz baths. Weekly replacement of Apamarga Ksharasutra was performed using the railroad technique. The initial tract length was approximately 3–4 cm and was completely cut through within 21 days.

The patient experienced mild burning sensation for about one day following each thread change, which subsided with sitz baths. The average cutting rate was calculated as 1.43 cm per week. The wound healed satisfactorily, and no recurrence or complications were observed during a six-month follow-up period.

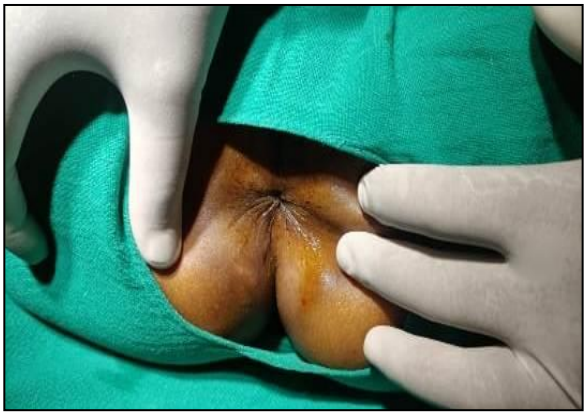


Figure 1: Before Operation.

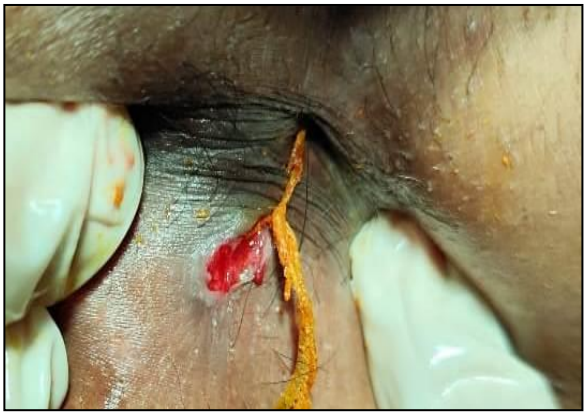
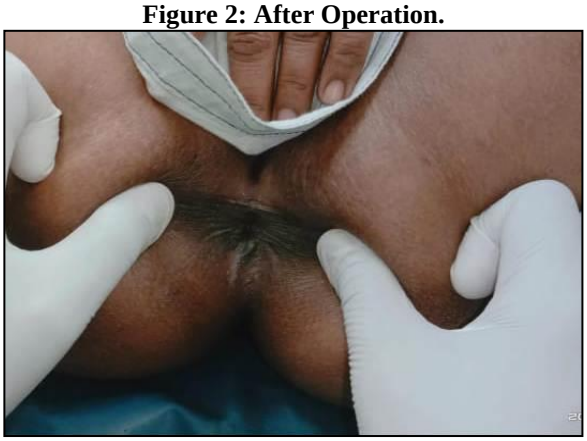


Figure 2: After Operation.

Figaure 3. After 15 Days.



Figaure No.4 After fully healing minimal scarmark.

RESULT AND DISCUSSION
Ksharasutra therapy has proven to be highly effective in the management of anorectal disorders, particularly fistula-in-ano. Apamarga Ksharasutra is prepared using *Snuhi Ksheera*, *Apamarga Kshara*, and *Haridra* powder. *Snuhi Ksheera* exhibits cleansing and healing actions due to its pharmacological properties, aiding in infection control and tissue regeneration.

Apamarga Kshara possesses classical attributes such as excision, incision, scraping, and tridosha-pacifying effects. Its corrosive action facilitates controlled chemical cauterization of unhealthy tissue. *Haridra* contributes potent antibacterial, anti-inflammatory, and wound-healing effects, enhancing the overall therapeutic efficacy.

The combined chemical and mechanical action of Apamarga Ksharasutra enables gradual cutting of the tract while simultaneously promoting healing, thereby reducing recurrence rates and preserving sphincter function. Growing recognition by national and

international health bodies further supports its clinical relevance.

CONCLUSION

Apamarga Ksharasutra therapy is a minimally invasive, cost-effective, and safe procedure for the management of fistula-in-ano when performed by trained practitioners. It effectively eradicates the fistulous tract while preserving sphincter integrity, resulting in excellent healing outcomes and improved patient quality of life.

Key Message

Apamarga Ksharasutra is a safe and effective Ayurvedic modality that significantly reduces symptoms and recurrence in patients with fistula-in-ano.

Patient Consent

Written informed consent was obtained from the patient for publication of clinical details and images. Confidentiality has been strictly maintained.

Data Availability Statement

All clinical data are securely stored in electronic format by the authors. De-identified data may be made available upon reasonable request under appropriate circumstances.

Financial Support and Sponsorship

Nil.

Conflicts of Interest

None declared.

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