



KUTAJA KSHARA SUTRA IN THE MANAGEMENT OF BHAGANDARA (FISTULA-IN-ANO): A CASE REPORT

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ABSTRACT

The term Kshara is derived from the Sanskrit roots Ksharana (to dissolve or disintegrate) and Kshanana (to destroy). In Ayurveda, Kshara refers to an alkaline substance possessing caustic, corrosive, and penetrating properties. Kshara Kalpana plays an important role in the branch of Shalya Tantra due to its wide therapeutic applications, especially in the management of anorectal disorders. Among the various para-surgical procedures described by Sushruta, Kshara Sutra therapy is widely practiced for the treatment of Bhagandara (fistula-in-ano). Although Apamarga Kshara Sutra is commonly used in clinical practice, the potential of other medicinal plants for Kshara preparation requires further exploration. Kutaja (*Holarrhena antidysenterica*), known for its antimicrobial, anti-inflammatory, and wound-healing properties, is one such drug mentioned in classical texts for Kshara preparation. The present case report highlights the application of Kutaja Kshara Sutra in the management of Bhagandara. The therapy facilitates gradual cutting and simultaneous healing of the fistulous tract, thereby reducing the chances of recurrence. The case demonstrates the effectiveness of Kutaja Kshara Sutra as a safe and promising para-surgical approach in the treatment of fistula-in-ano.

INTRODUCTION

Bhagandara is a chronic anorectal disorder described in classical Ayurvedic literature and is comparable to fistula-in-ano in modern medicine. It is characterized by the formation of an abnormal tract between the anal canal and the perianal skin, often presenting with pain, swelling, and persistent discharge. Due to its recurrent nature and difficulty in management, Bhagandara has been considered one of the Ashta Mahagada (eight major diseases) in Ayurveda.

Among the various treatment modalities mentioned in Ayurvedic texts, Kshara therapy occupies a significant place in Shalya Tantra. Kshara possesses properties such as Chedana (excision), Bhedana (incision), and Lekhana (scraping), enabling it to remove unhealthy tissue and promote healing. Because of these actions, Kshara is considered highly effective even in conditions where conventional surgical procedures may not be feasible.

Kshara Sutra is a medicated thread prepared by coating surgical linen with alkaline substances, herbal drugs, and binding agents. It acts by gradually cutting the tract while promoting simultaneous healing and healthy granulation tissue formation. In classical texts, Sushruta described several plants suitable for the preparation of Kshara, among which Kutaja (*Holarrhena antidysenterica*) is prominently mentioned. Kutaja is known for its therapeutic properties such as antimicrobial activity, wound-healing potential, and Tridosha Shamana action.

Considering these properties, the present case report aims to evaluate the role of Kutaja Kshara Sutra in the management of Bhagandara.

CASE REPORT

A 42-year-old male patient, Hindu by religion, visited the Shalya Tantra ARC OPD of Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, presenting with complaints of Pimple like swelling in the left perianal region since 15 days associated with pus discharge and pain.

HISTORY OF PRESENT ILLNESS

The patient is a 41-year-old male, not a known case of diabetes mellitus or hypertension. The patient was apparently healthy two years ago. During the past two years, he developed recurrent pimple-like swellings in the right perianal region and underwent surgical intervention- fistulectomy four times. At present, he presented with complaints of a painful pimple-like swelling on the left side of the perianal region for the past two weeks. As the symptoms persisted, he reported to the Shalya Tantra ARC OPD at SDM Hospital, Hassan, for further evaluation and management.

HISTORY OF PAST ILLNESS

There is no past history of any allergies, diabetes mellitus, hypertension, tuberculosis, or other any systemic disorders.

MEDICAL HISTORY

Nothing relevant.

SURGICAL HISTORY

Underwent Fistulectomy 2 times in span of 2 years

PERSONAL HISTORY

Diet - Mixed



Appetite - Good
Bowel - Hard stools
Micturition - Regular
Sleep - Sound

GENERAL EXAMINATION

General Condition: Fair
Nutritional Status: Well nourished
Pallor: Absent
Icterus: Absent
Cyanosis: Absent
Clubbing: Absent
Lymphadenopathy: Absent
Oedema: Absent

VITALS

BP: 140/80 mmHg
Temperature: Afebrile (97.3°F)
Pulse: 79 bpm, regular
Respiratory Rate: 20beats/min

SYSTEMIC EXAMINATION

Central Nervous System: The patient was conscious, alert, and oriented to time, place, and person. No neurological deficits were noted.

Cardiovascular System: S1 and S2 were heard clearly with no audible murmurs.

Respiratory System: Bilateral equal air entry was present with normal vesicular breath sounds.

Per Abdomen: Abdomen was soft with no evidence of organomegaly. Tenderness was noted in the right iliac and hypogastric regions.

PER RECTAL EXAMINATION

Inspection: Post op healed scar present at 7 o'clock, external opening present at 10 o'clock 1cm away from anal verge

Digital Rectal Examination: Normal anal sphincter tonicity, internal opening pit felt at 1 o'clock.

Proctoscopy: Anal papillae at 3 o'clock.

INVESTIGATIONS

Routine hematological investigations, random blood sugar, HIV, VDRL, and Hepatitis-B surface antigen tests were conducted prior to treatment to assess fitness. All reports were within normal limits.

DIAGNOSIS

Bhagandara/Recurrent Fistula in ano with external opening at 10 o'clock

TREATMENT METHOD

Procedure - *ksharasutra* application for Bhagandara

Purva Karma

- The patient was positioned in lithotomy posture.
- The perianal region was cleansed with Betadine solution and draped.
- All required instruments, including the Ksharasutra set, were prepared.

Pradhana Karma

- External opening of the fistulous tract was identified at the 1 o'clock position.
- A malleable probe was gently introduced through the external opening and negotiated along the fistulous tract.
- The probe was guided carefully until it reached the internal opening in the anal canal at 10 o'clock.
- After confirmation of the tract, a plain surgical linen thread (primary thread) was passed through the tract using the probe and tied externally. This was done to maintain the patency of the tract and allow proper drainage.
- After two days, the primary thread was replaced with Kutaja Kshara Sutra under aseptic precautions. The medicated thread was placed in the tract and tied externally.

Paschat Karma

- Yashtimadhu Taila Pichu was applied locally at the operative site.
- The patient was advised to take sitz baths with Triphala Kashaya twice daily to maintain local hygiene and promote healing.

Follow-up

- The patient was reviewed weekly, and the Kshara Sutra was changed at each visit until the fistulous tract was completely cut through.
- During every follow-up visit, clinical symptoms and the length of the fistulous tract were assessed to monitor the progress of healing.

Oral Medications

1. Tab. Nimbadi Guggulu – 2 tablets twice daily (2–0–2) after food.
2. Aragwadadi Kashaya – 15 ml twice daily (B.D).
3. Tab. Anuloma DS – 2 tablets before food.

FIGURE 1 : EXTERNAL OPENING AT 1 O'CLOCK



FIGURE :2 PROBING DONE FROM EXTERNAL OPENING 1 O'CLOCK TO
INTERNAL OPENING 1 O'CLOCK



FIGURE :3 PRIMARY THREADING DONE FROM EXTERNAL OPENING 1 O'CLOCK TO INTERNAL OPENING 1 O'CLOCK



FIGURE :4- KSHARA SUTRA TIED FROM EXTERNAL OPENING 1 O'CLOCK TO INTERNAL OPENING 1 O'CLOCK



FIGURE :4 KSHARA SUTRA CUT THROUGH STATUS IN 2ND WEEK



RESULT

The patient with recurrent Bhagandara (fistula-in-ano) was managed using Kutaja Kshara Sutra therapy. Significant symptomatic relief was observed with reduction in pain, discharge, and local inflammation within the initial follow-up. The fistulous tract showed progressive cutting with simultaneous healing, and complete cut-through was achieved in 2 weeks. No recurrence, incontinence, or other complications were noted during follow-up.

DISCUSSION

Bhagandara is a chronic and recurrent anorectal disorder with a high tendency for recurrence after conventional surgical management. Kshara Sutra therapy offers a minimally invasive para-surgical approach that ensures controlled chemical cauterization, mechanical cutting, and simultaneous healing of the tract.

In the present case, Kutaja (Holarrhena antidysenterica) was used for Kshara Sutra preparation. Its Krimighna, Shothahara, and Vrana Ropana properties contribute to antimicrobial action, reduction of inflammation, and enhanced wound healing.

The early complete cut-through in 2 weeks suggests a faster unit cutting rate, likely due to effective Kshara activity combined with Kutaja's potent biological actions. The absence of complications and recurrence indicates good tissue response and effective tract management.

This case highlights Kutaja Kshara Sutra as a rapid, safe, and effective para-surgical option in recurrent fistula-in-ano.

CRITERIA FOR ASSESSMENT

1. ASSESSMENT CRITERIA:

1. U.C.T. = $\frac{\text{Total No. of days taken for cut through}}{\text{Initial length of track in cms.}}$ days/cm
2. Pain :
3. Burning sensation :
4. Srava (discharge) : :
5. Granulation tissue :
6. Size of the wound :

1. Unit Cutting Time (UCT)

$\frac{\text{TOTAL NO. OF DAYS TAKEN FOR CUT THROUGH}}{\text{INITIAL LENGTH OF TRACK IN CMS}}$



2. Grading

a) Pain (VAS SCALE)

Grade 0 - No pain (0)

Grade 1 - Mild (1-3)

Grade 2 - Moderate (4-6)

Grade 3 - Severe (7-10)

b) Burning sensation

Burning sensation was assessed using a modified categorical form of the Visual Analog Scale (VAS).

0	No Burning sensation .
1-3	mild Burning sensation but easily tolerable.
4-6	moderate Burning sensation causing discomfort .
7-10	Profuse Burning sensation interfering with daily activities.

c) Srava/discharge

Assessed by measuring the discharge by a gauze of (3× 3).

0	No discharge.
1	mild discharge – single gauze is sufficient per day.
2	moderate discharge – 2 to 3 gauze are necessary per day.
3	Profuse discharge – more than three gauze are necessary per day.

d) Granulation Tissue

Healing of the wound is measured by inspection of the fissured surface.It is graded according to the surgeon assessment skills.

Grade 0 - Healthy

Grade 1 - Moderate

Grade 2 - Hypergranulation

Grade 3 - Granulation absent

e) Size of the wound

Wound size following Kshara Sutra therapy was assessed at each follow-up visit using a sterile measuring scale.

Grade 0 - Healed

Grade 1 - 0.5-1cm

Grade 2 - 1-2 cm

Grade 3 - 2-3c

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