



CLINICAL STUDY OF SAPTAPARNA KSHARA SUTRA IN THE MANAGEMENT OF BHAGANDARA (FISTULA-IN-ANO): A SINGLE CASE STUDY

Dr. Aihole Yogesh Ravasaheb¹, Dr. M.R.Hunagundi² M.S (Ayu)

¹PG Scholar Department of PG Studies In Shalya Tantra, Rajiv Gandhi Education Society's Ayurvedic Medical College, Hospital & PG Research Centre, Ron, Karnataka.

²Professor, Department of PG Studies in Shalya Tantra, Rajiv Gandhi Education Society's Ayurvedic Medical College, Hospital & PG Research Centre, Ron, Karnataka.

ABSTRACT

Bhagandara (Fistula-in-Ano) is a chronic, painful, and recurrent condition of the anorectal region, which is described in Ayurvedic literature as one of the Ashta Mahagadas (eight grave disorders) by Acharya Sushruta. It is characterized by the formation of an abnormal tract between the anal canal and perianal skin, often associated with pain, pus discharge, swelling, and itching. In modern medical science, its management typically involves fistulectomy or fistulotomy, which can have complications such as damage to the anal sphincter, incontinence, delayed wound healing, and high recurrence rates. Ayurveda offers a unique approach to the management of Bhagandara through Kshara Sutra therapy, a para-surgical technique involving a medicated thread prepared with herbal alkalis and latex, which is passed through the fistulous tract. This method ensures continuous chemical cauterization, drainage, and healing of the tract while preserving sphincter integrity and minimizing recurrence. Traditionally, Apamarga Kshara Sutra has been the standard and widely studied option, validated by the Indian Council of Medical Research (ICMR). However, the search for alternative herbs has brought attention to Saptaparna (*Alstonia scholaris*), a potent medicinal plant known for its antimicrobial, anti-inflammatory, and wound-healing properties. With predominant Kashaya-Tikta rasa, Laghu-Ruksha guna, and Kapha-Pitta hara actions, Saptaparna holds promise as a viable alternative in Kshara Sutra preparation. This study aims to evaluate the effectiveness of Saptaparna Kshara Sutra in the management of Bhagandara and to explore its therapeutic potential as an alternative to the conventional Apamarga Kshara Sutra.

INTRODUCTION

Bhagandara, commonly correlated with fistula-in-ano in modern medicine, is a chronic and recurrent anorectal disorder characterized by the development of a tract between the anal canal and the perianal skin. It is extensively described in Ayurvedic texts and classified by Acharya Sushruta as one of the Ashta Mahagadas eight obstinate and complicated diseases due to its difficult prognosis, recurrence, and complications involving the anal sphincter. The clinical presentation typically includes pain, purulent discharge, itching, and occasional swelling, which severely affect the patient's quality of life.

In modern surgical practice, management options such as fistulectomy and fistulotomy, although effective, may carry risks including delayed healing, sphincter damage, incontinence, and recurrence. As a safer and sphincter-sparing alternative, Ayurveda advocates Kshara Sutra therapy a time-tested para-surgical procedure involving the application of a specially prepared medicated thread (Kshara Sutra) through the fistulous tract. This thread facilitates gradual and controlled chemical cauterization, drainage, debridement, and simultaneous healing of the tract.

Traditionally, Apamarga (*Achyranthes aspera*) Kshara Sutra is the standard formulation and has been validated by institutions such as ICMR. However, ongoing research encourages the exploration of alternative herbal sources for Kshara

preparation. Saptaparna (*Alstonia scholaris*), known for its Kashaya-Tikta Rasa, Ropana (wound-healing), Shodhana (cleansing), and Krimighna (antimicrobial) properties, is emerging as a potential candidate. It may offer additional therapeutic benefits in wound management and healing. This study aims to evaluate the clinical utility of Saptaparna Kshara Sutra in the effective management.

CASE REPORT

Patient Information

A 32-year-old male patient, working as a farmer, presented to the Shalya Tantra OPD with complaints of intermittent pus discharge from the perianal region for the past five months, accompanied by pain during defecation and occasional itching around the anal area. The symptoms began insidiously, initially with mild discomfort during bowel movements, which gradually progressed to the appearance of a small swelling near the anus. This swelling spontaneously ruptured after a few days, leading to the discharge of pus. The discharge was foul-smelling, moderate in quantity, and occurred intermittently, especially after defecation. The patient also reported a dragging type of pain during and after bowel evacuation, which was temporarily relieved by warm sitz baths. Itching around the external opening was also noted, particularly during nighttime and after prolonged sitting or physical work. There was no history of fever, bleeding per rectum, or significant weight loss.



The patient had no known history of diabetes mellitus, tuberculosis, or previous anorectal surgery. Six months prior, he had undergone incision and drainage for a perianal abscess at a local clinic, after which symptoms of discharge began. Hence has approach our opd for further management.

Medical History

No history of diabetes, tuberculosis, or prior fistula surgery. Underwent I&D for perianal abscess 6 months ago.

Clinical Findings

On local examination, an external opening was observed at the 5 o'clock position approximately 2 cm from the anal verge. Digital rectal examination revealed induration suggestive of an internal opening, which was later confirmed via gentle probing and fistulography.

Intervention

- Treatment: Application of Saptaparna Kshara Sutra.

Assessment Parameters

| Parameter | Baseline | End of Treatment | Remarks |
|-------------|----------|------------------|------------------------|
| Pain | Grade 3 | Grade 0 | Relieved completely |
| Discharge | Grade 3 | Grade 0 | Absent by 4th week |
| Itching | Grade 2 | Grade 0 | Relieved |
| Swelling | Grade 2 | Grade 0 | Subside by 2nd week |
| Granulation | Poor | Healthy | Complete tract healing |

DISCUSSION

Fistula-in-ano, described in Ayurveda as Bhagandara, is a chronic inflammatory condition characterized by an abnormal tract between the anal canal and perianal skin. It is notorious for its recurrent nature and potential complications, such as sphincter damage and incontinence, following conventional surgical interventions like fistulotomy or seton placement. Kshara Sutra therapy, as advocated in Sushruta Samhita, offers a minimally invasive, sphincter-sparing alternative with proven efficacy in tract healing and recurrence prevention. In this case, Saptaparna (*Alstonia scholaris*) Kshara Sutra was selected over the commonly used Apamarga due to its abundant local availability, cost-effectiveness, and therapeutic potential. Saptaparna possesses Kashaya (astringent) and Tikta (bitter) rasa, Laghu and Ruksha guna, Ushna veerya, and Katu vipaka, conferring Lekhana (scraping), Shodhana (cleansing), and Ropana (healing) actions. These properties facilitate gradual debridement of unhealthy tissue, promote granulation, and aid in tract closure. Modern pharmacological studies support its antimicrobial, anti-inflammatory, and wound-healing effects, making it relevant in infection control and tissue repair. Weekly Kshara Sutra changes ensured progressive tract cutting, adequate drainage of pus, and prevention of premature closure, thereby reducing recurrence risk. Controlled chemical cauterization minimized collateral tissue injury and preserved anal sphincter function, contributing to patient comfort and rapid recovery. The absence of adverse effects or complications in this case further supports the safety of Saptaparna Kshara Sutra.

Procedure:

- Fistulous tract was cleaned with normal saline
 - Thread coated with Saptaparna Kshara, Snuhi latex, and Haridra applied through the tract.
 - Weekly thread change for controlled chemical cauterization
 - Supportive medication: Triphala churna 5 g HS, Jatyadi taila pichu per rectal insertion .
- Duration of treatment: 28 days
 - Follow-up: Bi-weekly for 2 months.

Result

- Tract Cutting Time: 28 days
- Pain Relief: Noted by 2nd week
- Discharge Stopped: By 4th week
- Itching/Swelling: Resolved by 2nd week
- Healing: Healthy granulation tissue observed; no induration or fibrosis
- Follow-Up Outcome: No recurrence till 60 days post-treatment.

CONCLUSION

The present case demonstrates that Saptaparna (*Alstonia scholaris*) Kshara Sutra is an effective, safe, and economical therapeutic option for the management of fistula-in-ano. Its Kashaya-Tikta rasa, Lekhana, Shodhana, and Ropana properties facilitated efficient tract debridement, infection control, and promotion of healthy granulation, leading to complete healing without adverse effects. The weekly thread replacement allowed controlled tract cutting with minimal discomfort and preserved sphincter integrity. Being locally available and easy to process, Saptaparna offers a sustainable alternative to the conventionally used Apamarga, particularly in resource-limited settings. Although this is a single-case observation, the encouraging outcome warrants further clinical studies on a larger population to validate its efficacy and establish standard protocols for its use in Kshara Sutra therapy.

REFERENCES

- Sushruta. *Sushruta Samhita, Chikitsa Sthana, Chapter 17, Verse 29-33. In: Shastri Ambikadatta, editor. Ayurveda Tatva Sandipika Hindi Commentary. Varanasi: Chaukhamba Sanskrit Sansthan; 2014. p. 110-115.*
- Dwivedi V, Dwivedi P. *Fistula-in-ano: An overview of clinical presentation and management in Ayurveda. AYU. 2012;33(3):332-339.*
- Deshpande PJ, Sharma KR. *A clinical and experimental study of the Kshara Sutra in the management of fistula-in-ano. Journal of Research in Ayurveda and Siddha. 1979;1(2):97-110.*



4. Shukla VK, Sahu M, Singh V, Pandey M, Tripathi SK. Kshara Sutra therapy in fistula-in-ano: An experience of 157 cases. *ANZ J Surg.* 2005;75(12):1061-1063.
5. Kirtikar KR, Basu BD. *Indian Medicinal Plants.* Vol. 3. 2nd ed. Dehradun: International Book Distributors; 1999. p. 1649-1651.
6. Singh S, Singh M, Khare PB, Rawat AKS. Pharmacognostical evaluation of *Alstonia scholaris* R. Br. stem bark. *Pharmacognosy Journal.* 2010;2(9):43-47.
7. Kumar S, Kumar V, Prakash OM. Pharmacological activities of *Alstonia scholaris* Linn. R. Br. (Apocynaceae): A review. *Asian Pacific Journal of Tropical Medicine.* 2011;4(10):785-791.
8. Gupta SK, Sharma AK, Mathur BB. Role of indigenous drugs in the treatment of fistula-in-ano. *Journal of Research in Indian Medicine.* 1976;11(2):67-74.