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CLINICAL EFFICACY OF '*KṢĀRASŪTRA KARMA*' AUGMENTED WITH PERI-OPERATIVE '*ŚODHANA KARMA*' IN THE MANAGEMENT OF *BHAGANDARA* (FISTULA-IN-ANO): A CASE INSIGHT

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ABSTRACT

Bhagandara (Fistula-in-Ano), one among the Aṣṭa Mahāgada described by Ācārya Suśruta, is a chronic anorectal disorder characterised by pain, pus discharge, and tract formation resulting from Vāta-Pitta vitiation with Kapha anubandha. A 44-year-old male presented with a single external opening at the 5 o'clock position and an internal opening at 6 o'clock, diagnosed as Bhagandara (low anal type) with a tract length of 2.7 cm. The patient was managed through an integrated Ayurvedic protocol combining Śodhana Chikitsā and Kṣārasūtra therapy. Snehapāna with Kalyānaka Ghṛita (30–150 ml for five days) was administered until attainment of samyak snigdha lakṣaṇas, followed by Sarvāṅga Abhyanga with Dhanvantari Taila and Bāṣpa Sveda during the viśrama kāla for three days. Virechana with Gandharvahastādi Taila (30 ml with 30 ml hot water and 250 ml warm milk) produced eight vegas, indicating effective purification. Subsequently, Kṣārasūtra Ligation as per the BHU protocol was performed using a medicated thread containing Snuhi Kṣīra, Apāmarga Kṣāra, and Haridrā Cūrṇa, possessing chedana, bhedana, śodhana, and ropana properties. The treatment produced progressive tract cutting and healing, with complete closure by the seventh sitting and marked reduction in pain (NRS 6 → 0) and discharge (NRS 7 → 0). The synchronised application of systemic Śodhana and local Kṣārasūtra therapy enhanced Doṣa śamana, Srotoshodhana, and tissue regeneration, resulting in effective healing without infection or recurrence. This case highlights the efficacy, safety, and cost-effectiveness of Kṣārasūtra therapy supported by Śodhana measures as a holistic, minimally invasive approach in the successful management of Bhagandara.

KEYWORDS: *Bhagandara, Fistula-in-Ano, Kṣārasūtra, Śodhana, Ayurveda, Para-surgical management*

INTRODUCTION

Bhagandara is a common disease affecting the anorectal region. Ācārya Suśruta, regarded as the *Father of Surgery*, has described this condition as one among the *Aṣṭa Mahāgada* (eight grave diseases) [1]. The disease initially manifests as a *piḍikā* (boil) around the *guda* (anus), which, upon rupture, develops into *Bhagandara*. Āyurveda, the "Science of Life," deals comprehensively with all aspects of health—aiming not only at the cure of diseases but also at the preservation of health in healthy individuals [2]. Among the severe disorders, *Bhagandara* is considered particularly distressing, hence included by Suśruta in the list of *Aṣṭa Mahāgada* [3], which comprises eight dreadful diseases—*Vātavyadhi, Prameha, Kuṣṭha, Arśa, Bhagandara, Aśmarī, Mūḍha Garbha,* and *Udara Roga.*

Ano-rectal disorders present with a wide range of clinical manifestations resulting from either structural abnormalities or functional disturbances. A *fistula-in-ano* is defined as an irregular, chronic tract lined by granulation tissue that extends from an internal opening in the anorectal lumen to the perineum or adjacent structures. Most anal fistulas develop secondary to infection of the anal glands, leading to abscess formation within the intersphincteric plane. From this point, the infection may spread in multiple directions—internally, externally, or remain as a blind tract.

In *Āyurveda*, it is clearly stated that certain clinical conditions necessitate surgical or para-surgical interventions for effective management and better prognosis.[4] *Ācārya Suśruta* has elaborated on various *Śastrakarma* (surgical procedures) and *Anuśastrakarma* (para-surgical procedures), which include *Agnikarma* (cauterisation), *Jalaukāvacharaṇa* (leech therapy), and *Kṣārakarma* (alkaline cauterisation). Among these, *Kṣāra* is regarded as one of the most important para-surgical modalities due to its versatile therapeutic actions—it can excise, incise, scrape, and simultaneously pacify all three *Doṣas*.

Application of *Kṣāra* in the form of ***Kṣārasūtra*** has gained wide acceptance in the management of anorectal disorders because

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of its simplicity, cost-effectiveness, and low recurrence rate. It has also been recognised by the World Health Organisation (WHO) as an effective treatment modality for the management of *fistula-in-ano*. The *Kṣārasūtra* exerts both mechanical and chemical effects, facilitating controlled cutting, *Śodhana* (cleansing), and *Ropaṇa* (healing) of the tract, thereby promoting faster recovery.

The earliest classical reference to *Kṣārasūtra* is found in the *Suśruta Saṃhitā* for the management of *Nāḍīvrana*. *Cakradatta* later described the use of a medicated thread coated with *Snuhi* and *Haridrā* powders for treating *Arśa* and *Bhagandara*. The standardised *Kṣārasūtra* technique, as practised today, has been re-established and refined by the Department of Śalya Tantra, Banaras Hindu University (BHU). The standard preparation involves **21 coatings**—the first **11 coatings** of *Snuhi Kṣīra*, followed by **7 coatings** of *Snuhi Kṣīra* mixed with *Apāmarga Kṣāra*, and the final **3 coatings** of *Snuhi Kṣīra* with *Haridrā Cūrṇa*.[5]

This standardised *Kṣārasūtra* has demonstrated notable efficacy in the treatment of *fistula-in-ano* owing to its cutting, curetting, antimicrobial, and wound-healing properties. Although the reported success rate of conventional *Kṣārasūtra* therapy is as high as 96.5%, with minimal incidence of incontinence, the duration of treatment remains relatively long, particularly in cases of high or complex fistulas requiring multiple hospital visits.[5]

In this context, an attempt is made to present a **single case study** of *fistula-in-ano* successfully managed with *Kṣārasūtra* therapy, demonstrating complete healing and a favourable clinical outcome.

PATIENT INFORMATION

A 44-year-old male patient, non-hypertensive and non-diabetic, presented to the Outpatient Department (OPD) of the ***Department of Śhalya Tantra*, SDM Institute of Ayurveda and Hospital, Bengaluru**, with the chief complaint of *pain and pus discharge from the perianal region* persisting for the past 1 year and 6 months. The discharge was intermittent, associated with mild discomfort, and occasionally soiled undergarments.

The patient also reported a history of occasional constipation, with hard stools and straining during defecation. There was no history of pain during micturition, bleeding per rectum, fever, or weight loss. The patient had previously consulted various local practitioners and had been prescribed multiple medications, including antibiotics and topical applications, which provided only temporary symptomatic relief.

There was no similar illness in the family, and no significant past medical or surgical history was noted. The psychosocial history did not reveal any relevant findings, and the patient's sleep, appetite, and daily activities were reported to be satisfactory. His personal habits were unremarkable, with no history of smoking, alcohol consumption, or any known allergies.

The patient's general condition at the time of presentation was stable, with normal vital parameters. He was well-oriented to time, place, and person, and appeared moderately nourished.

CLINICAL FINDINGS

General Examination

The patient was found to be conscious, cooperative, and well-oriented to time, place, and person. His built and nourishment were moderate, and all vital parameters were within physiological limits. The pulse rate was **78bpm**, blood pressure **114/88mmhg**, respiratory rate **18 Cycles/min**, and the patient was afebrile at the time of examination. Higher mental functions were intact. No evidence of pallor, icterus, cyanosis, clubbing, oedema, or lymphadenopathy was observed.

Systemic Examination

On **cardiovascular system (CVS)** examination, S_1 and S_2 heart sounds were audible with no added sounds or murmurs. **Respiratory system (RS)** examination revealed normal *bronchovesicular* breath sounds bilaterally, with no adventitious sounds. The **gastrointestinal system (GIT)** examination showed normal bowel sounds; the abdomen was soft, non-tender, and without any palpable organomegaly. The **urogenital system (UGS)** examination showed normal bladder function and no detectable abnormalities. On **central nervous system (CNS)** examination, higher mental functions, motor and sensory responses, and reflexes were found to be intact.

Local Examination

On **specific local examination**, inspection of the perianal region revealed an external opening at the 5 o'clock position, showing evidence of purulent discharge. There was no active bleeding, no visible mass per rectum, and no fissure noted in the anal verge or surrounding area. The perianal skin appeared mildly inflamed without induration or excoriation.

On **digital rectal examination (DRE)**, the anal canal was found to be non-tender, and the sphincter tone was within normal limits. There was no bleeding on per rectal examination, and a palpable button-like induration was appreciated at the 6 o'clock position internally.

On gentle **probing**, the external opening at the 5 o'clock position was found to communicate internally at the 6 o'clock position, confirming the presence of a single, low anal fistulous tract. The length of the tract was approximately **2.7 cm**.

LABORATORY INVESTIGATIONS

Routine haematological and biochemical investigations were carried out and found to be within normal limits. Bleeding Time **(BT)** was **1 minute 50 seconds**, and Clotting Time **(CT)** was **5 minutes 30 seconds**, both within the physiological range. No abnormal findings were observed in other laboratory parameters.

DIAGNOSTIC ASSESSMENT

The case was diagnosed as ***Bhagandara***, one among the *Aṣṭa Mahāgada* described by *Ācārya Suśruta*, based on the presence of a single external opening at the 5 o'clock position, an internal opening at 6 o'clock, purulent discharge, and a tract length of approximately 2.7 cm. The manifestation of the disease was

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compared to **Fistula-in-Ano** (Low Anal Type) in modern clinical understanding. All routine haematological and biochemical parameters were within normal limits.

NIDĀNA (Etiological Factors)
The patient had a history of occasional constipation and straining during defecation, indicating *Vāta prakopa* and *Apāna Vāta duṣṭi* as primary contributory factors. Irregular dietary habits, consumption of *guru* (heavy) and *snigdha* (unctuous) food articles, and incomplete evacuation may have resulted in *srotorodha* and *māṃsa-meda duṣṭi*, predisposing the patient to *Bhagandara*. The probable causative factors identified in this case include *vega dharaṇa* (suppression of natural urges), *ajīrṇa* (indigestion), *Vāta-Kapha pradhāna nidāna,* such as sedentary lifestyle and irregular bowel habits, and a possible *pūrvarūpa* of *parikartikā* or a minor abscess leading to tract formation. These factors collectively appear to have contributed to the *samprāpti* (pathogenesis) of *Bhagandara* in this patient.

PŪRVĀRŪPA (Prodromal Symptoms)
The patient presented with *kandu* (itching), sopha (localised swelling), *mṛdu vedanā* (mild pain), and *srāva* (discharge) in the perianal region, indicative of the *pūrvārūpa* stage of *Bhagandara*.

RŪPA (Signs and Symptoms)
The patient exhibited *vedanā* (pain), *pūya srāva* (pus discharge) from the perianal region, *kandu* (itching), and occasional *mala sanga* (constipation). On examination, an external opening was observed at the 5 o'clock position with a tract extending internally to the 6 o'clock position, approximately 2.7 cm in length — features consistent with *Bhagandara*.

SAMPRĀPTI (Pathogenesis)
In this case, due to the indulgence in *mithyā āhāra-vihāra,* such as irregular dietary habits and suppression of natural urges, *vāta doṣa* underwent *prakopa* and vitiated *pitta* and *kapha doṣas*, leading to localised *saṅga* and *srotorodha* in the *guda pradeśa*. The aggravated *doṣas* accumulated in the *guda māṃsa dhātu*, producing *śotha* and *pidikā* formation (*bhagandara pidikā avasthā*). Upon suppuration, the *pidikā* ruptured, forming a tract with persistent *pūya srāva* (discharge) and *vedanā* (pain), manifesting as *Bhagandara*. The chronicity and intermittent infection indicate the involvement of *vāta-pitta doṣa pradhāna tridoṣaja samprāpti*, with *māṃsa dhātu* and *raktavaha srotas* as the principal sites of affliction.

SAMPRĀPTI GHĀTAKA (Elements Involved in Pathogenesis)
In this case, the predominant *doṣas* involved were *Vāta* and *Pitta*, with a *tridoṣaja* influence observed throughout the disease course. The *doṣyas* mainly affected were *Māṃsa dhātu* and *Rakta dhātu*, indicating deeper tissue involvement and suppuration. The principal *srotas* implicated were *Raktavaha* and *Māṃsavaha srotas*, exhibiting *srotoduṣṭi* in the form of *sañchaya*, *saṅga*, and *srotorodha*. The *udbhava sthāna* (origin site) of pathology is *Pakwāśaya*, whereas the *sthāna saṃśraya* (site of localisation) is *Guda pradeśa*. The disease manifests through the *bahya mārga* (external pathway) and presents as *Bhagandara* (*Fistula-in-Ano – Low Anal Type*), reflecting a chronic and localised *vāta-pitta pradhāna tridoṣaja* condition.

THERAPEUTIC INTERVENTION
The management of the present case was planned in accordance with the principles of *Bhagandara Chikitsā* as described in *Āyurvedic Shalyatantra*, focusing on *śodhana* and *kṣārasūtra karma* to achieve *chedana*, *bhedana*, *śodhana*, and *ropana* of the tract with minimal recurrence. The patient initially underwent **primary threading** using **No. 20 Barbour's** surgical thread on 18/09/2025, followed by the thread change with the same plain Barbour's surgical thread on 20/09/2025. Subsequently, the patient was re-admitted on 11/10/2025 for comprehensive *śodhana chikitsā*.
Purvakarma was initiated with *snehapāna* using *Kalyanaka Ghrita* for five consecutive days (30ml, 60ml, 90ml, 120ml, 150ml) simultaneously from (11/10/2025–15/10/2025) until attainment of *samyak snigdha lakṣaṇas*, followed by *sarvāṅga abhyanga* with *Dhanwantara Taila* and *bāṣpa sveda* during *viśrama kāla* for three days (16/10/2025–18/10/2025). On 19/10/2025, *virechana karma* was performed using *Gandharvahastādi taila* (30 ml with 30 ml of hot water) followed by 250 ml of warm milk, which produced eight [8] ***vegas***, indicating *samyaka virechana lakṣaṇa*.
After adequate *śodhana*, *kṣārasūtra ligation* was performed as *pradhāna karma* on 11/10/2025 using a standardised medicated thread prepared according to the *Banaras Hindu University (BHU) protocol*—comprising 11 coatings of *Snuhi kṣīra*, 7 coatings of *Snuhi kṣīra* and *Apāmarga kṣāra*, and 3 coatings of *Snuhi kṣīra* and *Haridrā cūrṇa*. The thread was changed every alternate day under aseptic conditions, with progressive reduction in tract length as follows: **11/10/2025 – 2.50 cm**, **13/10/2025 – 2.10 cm**, **15/10/2025 – 1.70 cm**, **17/10/2025 – 1.30 cm**, **19/10/2025 – 0.75 cm**, **21/10/2025 – 0.30 cm**, and **23/10/2025 – 0.15 cm**, at which stage the residual tract was excised.

Table No. 1: Treatment Chart for *Shodhana Karma*

Date	Procedure	Medicine / Dose	Duration / Observation	Remarks
11/10/2025	*Snehapāna* (Day 1)	*Kalyānaka Ghṛita* – 30 ml	Taken early morning on an empty stomach	No nausea or aversion observed
12/10/2025	*Snehapāna* (Day 2)	*Kalyānaka Ghṛita* – 60 ml	—	Proper digestion and lightness felt
13/10/2025	*Snehapāna* (Day 3)	*Kalyānaka Ghṛita* – 90 ml	—	Mild oleation signs appeared
14/10/2025	*Snehapāna* (Day 4)	*Kalyānaka Ghṛita* – 120 ml	—	*Samyak Snigdha Lakṣaṇas* approaching

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15/10/2025	*Snehapāna* (Day 5)	*Kalyānaka Ghṛita* – 150 ml	—	*Samyak Snigdha Lakṣaṇas* attained
16–18/10/2025	*Sarvāṅga Abhyanga* & *Bāṣpa Sveda*	*Dhanvantari Taila* (external)	3 days (*Viśrama Kāla*)	Improved circulation; stiffness relieved
19/10/2025	*Virechana Karma*	*Gandharvahastādi Taila* 30 ml + 30 ml hot water + 250 ml milk	Single-day procedure	8 *Vegas* achieved; complete *Pitta śodhana*

Table No. 2: Procedural intervention of *Kshara Sutra Bandhana*

Date	Procedure	Tract Length	Remarks
11/10/2025	First Kṣārasūtra Ligation	2.50 cm	Pus discharge present; tract cleaned and ligated
13/10/2025	2nd Kṣārasūtra Ligation	2.10 cm	Discharge reduced; mild induration
15/10/2025	3rd Kṣārasūtra Ligation	1.70 cm	Healthy granulation tissue observed
17/10/2025	4th Kṣārasūtra Ligation	1.30 cm	Tract narrowing noted
19/10/2025	5th Kṣārasūtra Ligation	0.75 cm	Minimal discharge; good healing
21/10/2025	6th Kṣārasūtra Ligation	0.30 cm	Almost complete healing
23/10/2025	Final Sitting – Excision	0.15 cm	Residual tract excised; wound clean and healthy

OUTCOMES

Following the intervention, notable improvement was observed in all presenting complaints. *Pūya srāva* (pus discharge), *vedanā* (pain), and *kandu* (itching) gradually subsided, with pain reducing from an NRS score of 6/10 to 0/10 by the end of therapy. The fistulous tract showed progressive healing, reducing from **2.50 cm on 11/10/2025** to **0.15 cm on 23/10/2025**, at which point complete excision was performed. The wound healed with healthy granulation and epithelialization, without infection, discharge, or recurrence. The overall outcome indicated effective *śodhana* and *ropana* of the tract, highlighting the efficacy of *kṣārasūtra therapy* in the successful management of *Bhagandara (Fistula-in-Ano – Low Anal Type)*.

Table No. 3: Representation of Numerical Rating Scale

Date	NRS Pain (0–10)	NRS Discharge (0–10)	Remarks
11/10/2025	6	7	Baseline — moderate pain, purulent discharge present
13/10/2025	4	5	Pain and discharge reduced
15/10/2025	3	3	Healthy granulation noted
17/10/2025	2	2	Continued improvement
19/10/2025	1	1	Minimal discharge; good healing
21/10/2025	1	0	Near complete healing; discharge ceased
23/10/2025	0	0	Tract excised; symptom-free at final assessment

Notes: NRS (Numerical Rating Scale): Symptom intensity was assessed using a 0–10 scale-**0:** No symptom, **1–3:** Mild, **4–6:** Moderate, **7–9:** Severe, **10:** Worst possible.

Pain and discharge were graded at each sitting based on patient feedback and clinical observation, showing a steady decline with progressive healing.

DISCHARGE INSTRUCTIONS AND MEDICATIONS

Review after 7 days, Tab *Triphala Guggulu* 1TID before meals, *Mahatiktaka Kwatha* 15ml TID with 15ml of hot water before food, Tab *Gandhaka Rasayana* 1 TID after meals, *Jatyadi Taila* for application over the operative site.

DISCUSSION

Bhagandara, one among the *Aṣṭa Mahāgada* described by *Ācārya* Suśruta, corresponds to fistula-in-ano and involves vitiation of *Vāta* and *Pitta* with *Kapha anubandha*, leading to *māṃsa* and *rakta duṣṭi* and chronic tract formation. In the present case, simultaneous administration of purification (*Śodhana*) therapies and *Kṣārasūtra* ligation produced a synergistic effect, accelerating tract healing and tissue regeneration. *Snehapāna* with *Kalyānaka Ghṛita*, endowed with *Tridoṣahara*, *Medhya*, and *Vātānulomana* properties, performed effective *Abhyantara Snehana*, softened the srotas, pacified *Vāta* and *Pitta*, and prepared the body for *Śodhana*. *Sarvāṅga Abhyanga* with *Dhanvantari Taila*, possessing *Vāta-Kapha hara*, *Snehana*, and *Brṃhaṇa* qualities, improved peripheral circulation and reduced local inflammation, while subsequent *Bāṣpa Sveda* facilitated *Āma* and *Doṣa saṅcaya* elimination through *Srotoshodhana*. *Virechana* with *Gandharvahastādi Taila* (administered with hot water and milk) effectively expelled *Pitta* and *Āma* from the *Pakwāśaya*, restoring *Agni* and systemic balance. Concurrently, *Kṣārasūtra* therapy standardised as per the BHU protocol—prepared with *Snuhi Kṣīra*, *Apāmarga Kṣāra*, and *Haridrā*—exhibited *Chedana*, *Bhedana*, *Śodhana*, and *Ropaṇa* properties, enabling controlled cutting, cleansing, and healing of the tract. The

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combined approach of internal purification and localised para-surgical intervention corrected *Doṣa duṣṭi*, removed *Srotorodha*, and promoted progressive tract reduction with healthy granulation, resulting in complete healing without infection or recurrence. This highlights the efficacy of *Kṣārasūtra* as a safe, cost-effective, and tridoṣa-pacifying therapy in the successful management of *Bhagandara (Fistula-in-Ano – Low Anal Type)*.

CONCLUSION

The present case demonstrates that an integrated approach combining *Śodhana* therapies and *Kṣārasūtra* ligation offers an effective and minimally invasive management for *Bhagandara (Fistula-in-Ano – Low Anal Type)*. Systemic purification through *Snehapāna*, *Abhyanga–Sveda*, and *Virechana* enhanced the local action of *Kṣārasūtra*, facilitating complete tract healing with minimal discomfort and no recurrence. This case reaffirms the efficacy of classical Ayurvedic principles and *Kṣārasūtra* therapy as a safe, economical, and sustainable treatment modality for anorectal disorders.

PATIENT'S PERSPECTIVE

The patient expressed a high level of satisfaction with the overall treatment outcome and expressed gratitude towards the Ayurvedic system of medicine for providing a safe and effective cure. He reported significant relief from pain and discharge, along with a sense of improved well-being and confidence. The patient also conveyed appreciation and trust in the treating physician and resident team for their dedicated care and support throughout the course of therapy.

DECLARATION OF PATIENT CONSENT

Authors certify that they have obtained a patient consent form, where the patient has given their consent for reporting the case along with the images and other clinical information in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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ANNEXURES

13/10/2025 (**Figure 1:** 2nd Kṣārasūtra Ligation)

17/10/2025 (**Figure 2:** 4th Kṣārasūtra Ligation)

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21/10/2025 (**Figure 3:** 6th Kṣārasūtra Ligation)

23/10/2025 (**Figure 4:** Excision of the track on the final day)