

# Kshar Yoni and Management of Fistula-In-Ano with Ksharsutra: A Case Study

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## ABSTRACT

Fistula-in-ano is a chronic granulomatous condition associated with high recurrence rates and postoperative complications. In Ayurveda, it is described as Bhagandara, for which Ksharasutra therapy is considered an effective para-surgical intervention.

**Objective:** To evaluate the clinical efficacy of Ksharasutra therapy in the management of fistula-in-ano.

**Case Description:** A 33-year-old male patient presented with persistent perianal discharge and pain for 6 months. MRI revealed a transsphincteric fistulous tract. The patient underwent Ksharasutra application combined with partial fistulectomy under local anaesthesia.

**Results:** Complete healing of the fistula was achieved within 5 weeks. No complications were reported, and no recurrence was observed during the 6-month follow up period.

**Conclusion:** The therapeutic effect of Ksharasutra may be attributed to its mechanical ligation and chemical cauterization properties, which facilitate debridement and healing. This case highlights that Ksharasutra therapy is a safe, cost-effective, and minimally invasive alternative to conventional surgical procedures in the management of fistula-in-ano.

**Keywords:** Ksharasutra, Bhagandara, Fistula-in-ano, Ayurveda, Para-surgical procedure

## INTRODUCTION

Kshara is an important para-surgical procedure in Ayurveda, possessing properties of excision, incision and scraping. It is considered superior among surgical and para-surgical measures due to its ability to pacify all three doshas while effectively removing unhealthy tissue. Fistula-in-ano is a chronic inflammatory condition characterized by an abnormal tract connecting the anal canal to the perianal skin. In Ayurveda, it is described as Bhagandara by Acharya Sushruta, along with its classification and management. Ksharasutra therapy is widely used in the management of fistula-in-ano due to its simultaneous cutting and healing action, minimal invasiveness, and low recurrence rate.

**Kshar Yoni:** Kshara is classified into three types in Ayurveda: Vanaspatija (plant origin), Khanija (mineral origin), and Praniya (animal origin). These varieties differ in potency and therapeutic application. Among them, Apamarga Kshara is commonly used in the preparation of Ksharasutra due to its strong cauterizing and debridement properties.

**Samprapti:**

Nidana Sevana.

Pitta Pradhana Tridosha Prakopa.Attains Adhogati and afflicts Guda Pradesha.Twak.Rakta.Mamsa gets vitiated by the Dosha and leads to Guda Pidika.Continues Nidana Sevana leads to formation of tract in Guda Pradesha along with Puya Srava.**Bhagandara.****CASE REPORT****Patient Information**

Patient Name- XYZ

Age- 33 years

Gender- Male

Occupation- Business

**Chief complaints and duration**

Pus discharge from perianal region – since 6 months

Mild pain and discomfort while sitting

**H/o present illness:** The patient was apparently normal 6 months ago. He developed a boil in the perianal region, which gradually progressed to intermittent pus discharge associated with mild pain. Occasional bleeding was also reported. Therefore, for further treatment he came to OPD of Shalyatanra, GAMRC Shiroda.

**Past History**

H/O – hypothyroidism

On medication-Thyronorm 100mcg (1 tab.daily)

**General examination**

Pulse- 68/min

BP- 110/68 mm Hg

CVS- S1 S2 normal.

Respiratory System- Chest clears on both sides

Digestive System- Appetite normal, Bowel constipated

## INVESTIGATIONS

### MRI Findings:

There is T2 and STIR hyperintense trans sphincteric fistulous tract in midline posterior perianal region with internal mucosal opening into posterior wall of anal canal at 6 O'clock position, ~ 3.0cms above the anal verge.

Tract measures ~3.7mm in diameter and ~4.2cm in total length.



Figure: Pre-operative image showing external opening



Figure: Ksharasutra in situ during procedure



Figure: Healed wound with minimal scar

## TREATMENT

### Preparation of Ksharasutra

Ksharasutra was prepared using standard Ayurvedic methods. Surgical linen thread was coated with Snuhi Ksheera (*Euphorbia neriifolia*) for 11 coatings, followed by 7 coatings of Snuhi Ksheera combined with Apamarga Kshara (*Achyranthes aspera*), and finally 3 coatings of Snuhi Ksheera with Haridra (*Curcuma longa*) powder. Each coating was dried uniformly under sterile conditions. The final thread consisted of 21 coatings and possessed alkaline properties with a pH ranging from 9 to 11.

### Pre-operative Preparation

Local part preparation i.e. shaving and cleaning was done. Gandharva Haritaki Churna with lukewarm water was given to the patient at night before operative procedure. Injection of plain 2% xylocaine was given subcutaneously for sensitivity test.

### Operative procedure

Patient was placed in lithotomy position. After proper painting and drapping, local anaesthesia with 2% xylocaine was infiltrated at nearby opening and around anal verge. Reassessment of extension of tract was done by probing, Ksharasutra was introduced through the tract and partial fistulectomy was done. Complete haemostasis was achieved and dressing was done.

### Post-operative Management

The patient was advised for regular hot sitz bath from the next day and dressing with Jatyadi Taila. Patient was admitted in the Hospital for 3 days.

### Oral medications

Tab. Augmentin 625mg -BD

Tab. Diclanol -BD

Cap. Vibact -BD

Tab. Verafin- BD

Kaamdudha Vati - 2 tablets TID

Tapyadi Loha – 2 tablets TID

Gandharva Haritaki Churna-2gm at bed time with warm water.

### **Follow up and Results:**

Antiseptic cleaning with Panchawalkal Kwath and dressing with Jatyadi Taila was done daily. Old Ksharasutra was changed on weekly interval by putting new Ksharasutra in the fistulous tract ,till complete cut through and healing of fistulous tract was achieved. The length of Ksharasutra was observed to assess the progress of cutting as well as healing on every change. There was little pus discharge seen after the first sitting of Ksharasutra which reduced gradually. Cut through of the tract was done within 3 weeks. Total 5 weeks required for complete healing of the fistulous tract with minimal scar mark. On examination sphincter tone of anus was found to be normal and anal mucosa was healthy. The patient was able to resume normal daily activities. The patient was followed for the next 6 months and no recurrence reported till date.

## **DISCUSSION**

### **Samprapti Ghataka:**

Dosha – Tridoshaja with Pitta Pradhana and Vata leading to movement

Dushya – Rasa,Rakta,Mamsa,Twak

Srotas: Rasavaha, Raktavaha,Purishvaha

Srotodushti: Sanga and Vimarga Gamana

Agni: Mandagni

Udbhava sthana: Pakwashaya

Adhishthana: Guda

Vyadhi marga: Bahya roga marga

Vyadhi swabhava: Chirakari

Fistula-in- ano is a chronic anorectal disorder known for its recurrent nature and associated morbidity. In Ayurveda, it is described as Bhagandara, which is considered difficult to manage due to its chronicity and involvement of deeper tissues.

According to Ayurveda principles, pathogenesis (Samprapti) of Bhagandara involves vitiation of Tridosha, predominantly Vata and Pitta, along with Rakta and Mamsa Dhatu. These vitiated factors localize in the Guda region, leading to the formation of Pidika(abscess). On suppuration and rupture, a fistulous tract is formed, which results in persistent discharge and non-healing nature of the disease.

Ksharasutra therapy is considered the most simple, safest and effective treatment for the management of Bhagandara. The success rate of Ksharasutra therapy in curing Bhagandara is more with less complications and almost negligible recurrence. The action of Ksharasutra is by simultaneous cutting and healing of the Fistulous tract and free drainage of pus from the tract. The high alkaline nature of Ksharasutra inhibits the growth of microorganisms within the fistulous tract, thereby maintaining a sterile environment. Snuhi Ksheera enhances penetration and binding of the drug. Apamarga Kshara possesses multiple therapeutic actions, such as incision,

excision, debridement, scraping and dissolution of necrotic tissue. Its Ksharana (corrosive) property enables effective chemical cauterization, facilitating gradual sloughing of unhealthy tissue and promoting healthy granulation. Haridra present in the Ksharasutra promotes wound healing due to its well-established anti-inflammatory, antimicrobial, antiviral, antifungal properties. The presence of curcumin, its active principle, provides potent anti-inflammatory and analgesic effects, thereby reducing local inflammation, pain and accelerating wound healing.

In classical texts, Jatyadi Taila is indicated in Bhagandara and Dushta Vrana due to its Shodhana (cleaning) and Ropana (healing) properties. It reduces inflammation and facilitates smooth passage of faeces thus preventing the chance of infection.

In comparison to conventional surgical procedures such as fistulotomy and fistulectomy, Ksharasutra therapy offers several advantages, including minimal invasiveness, reduced risk of recurrence, and preservation of anal sphincter integrity. This reduces the chances of complications such as faecal incontinence and anal stricture.

In the present case, the patient showed progressive improvement with weekly Ksharasutra changes. Gradual cutting of the tract with simultaneous healing was observed, and complete resolution was achieved within two sittings. There were no complications or recurrence noted during the follow-up period, and the patient was able to resume normal daily activities.

Thus, this case demonstrates that Ksharasutra therapy is a safe, effective, and reliable treatment modality in the management of fistula-in-ano, with the added benefits of minimal complications and early recovery.

## CONCLUSION

Ksharasutra therapy proved to be an treatment approach in the management of fistula-in-ano. The procedure enables gradual excision of the tract along with simultaneous healing, leading to early recovery with minimal discomfort and negligible scarring. It also reduces the chances of recurrence and complications when compared to conventional surgical methods. The findings of this case support the clinical utility of Ksharasutra therapy; however, further studies on larger populations are recommended to validate these results.

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