

APAMARGA KSHARASUTRA THERAPY IN FISTULA-IN-ANO (BHAGANDARA): CASE STUDY WITH INTEGRATED REVIEW

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ABSTRACT

Background: Fistula-in-ano (*Bhagandara*) is a chronic and often recurrent anorectal disorder. Conventional surgery often risks recurrence and incontinence. *Ksharasutra* therapy—described in classical Ayurveda—employs a medicated seton for controlled cutting and healing. **Case presentation:** A 36-year-old male with low trans-sphincteric fistula was treated with *Apamarga* (*Achyranthes aspera*) *Ksharasutra*. The tract healed within 3 weeks, with no recurrence at 1 year follow-up. **Review integration:** This report also summarizes the fundamentals, preparation, indications, peri-operative care, outcomes, advantages, and limitations of *Apamarga Ksharasutra* therapy, integrating classical principles with modern evidence. **Conclusion:** *Apamarga Ksharasutra* offers a safe, sphincter-preserving, evidence-supported option for selected cases of fistula-in-ano.

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INTRODUCTION

Bhagandara (fistula-in-ano) is classified by *Sushruta* as one of the *Ashtamahagadas*^[1] (difficult-to-cure diseases). Modern surgery, though effective in simple cases, carries risks of recurrence (10–30%) and incontinence, especially in high or complex fistulas.^[2,3]

Ksharasutra therapy, standardized in modern Ayurvedic surgical practice, employs a medicated seton coated with *Snuhi* latex, *Apamarga kshara*, and *Haridra*. Its actions—*Chedana* (excision), *Bhedana* (incision), *Lekhana* (scraping), and *ksharana* (chemical cauterization)—enable gradual cutting with simultaneous healing. This article presents a

single successful case alongside a review of fundamentals, preparation, indications, peri-operative care, outcomes, and limitations.

CASE PRESENTATION

Patient

36-year-old male, farmer.

History

Recurrent perianal discharge for 7 months.

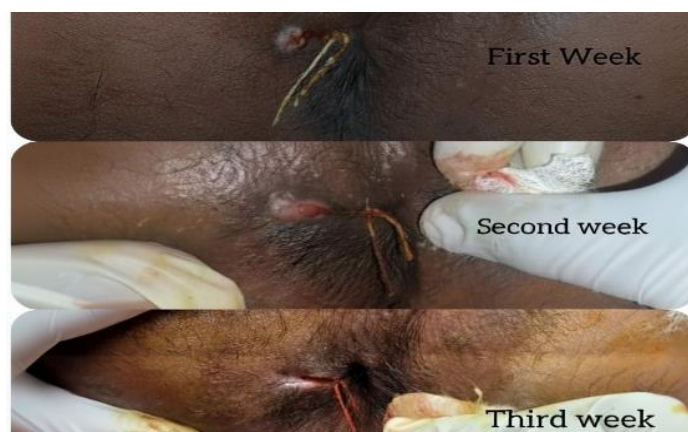
Examination

External opening at 9 o'clock, 3 cm from anal verge; internal opening at 9 o'clock above dentate line.

Diagnosis

Low trans-sphincteric fistula-in-ano (*Bhagandara*).

Intervention: Under local anesthesia, the tract was probed, and *Apamarga Ksharasutra* was threaded and tied with moderate tension. Weekly changes were performed.



Outcome

Complete tract division and epithelialization by week 3; no recurrence at 1 year follow-up. Continence preserved.

Fundamentals of *Ksharasutra* Therapy

Principle

Medicated thread ensures continuous delivery of alkaline agents, promoting gradual tract cutting, debridement, and healing by secondary intention.

Mechanism

Simultaneous cutting and fibrosis reduce recurrence and protect sphincter function.

Preparation of *Apamarga Ksharasutra*^[4]

Thread

Surgical linen (No. 20).

Coatings

- *1–11: *Snuhi* latex alone
- *12–18: *Snuhi* latex + *Apamarga kshara*.
- *19–21: *Snuhi* latex + *Haridra* powder.(finishing).

Sterilization

Ksharasutra cabinate with UV radiation.

Quality checks

Uniform thickness, tensile strength, strong alkalinity with PH above 11.

Indications and Contraindications

Indications

- * Low intersphincteric and trans-sphincteric fistulas.
- * Selected recurrent low tracts.
- * Patients unfit for major surgery or preferring outpatient care.

Contraindications

- * Acute abscess (drain first).
- * Crohn's disease, malignancy, radiation-induced fistulas.
- * High anterior tracts in females (continence risk).
- * Poor follow-up compliance.

Technique

1. Identify internal and external openings.
2. Pass malleable probe through tract.
3. Rail-road Ksharasutra along tract and tie externally.
4. Weekly thread replacement until tract heals.
5. Unit Cutting Time: ~1 cm/week.

Peri-operative Care**Pre-op**

High-fiber diet, bowel regulation, consent.

Post-op

Sitz baths, NSAIDs, antibiotics if indicated, soft stools, weekly reviews.

Patient education

Expected discharge, pain management, importance of compliance.

Outcomes and Evidence**Healing**

~90–96% in large Indian series.^[5,6]

Recurrence

4–10% (occasionally higher if follow-up prolonged or case selection poor).^[7]

Continence

Largely preserved in low trans-sphincteric fistulas.

Comparative outcomes: Comparable to fistulotomy (90–99% success) but safer for sphincter; similar or better than LIFT (60–76% success) and advancement flap (60–70%).

Advantages and Limitations**Advantages**

- * Sphincter-preserving.
- * Simultaneous cutting and healing.
- * Low cost, can be done under local anesthesia.
- * Effective in recurrent tracts.

Limitations

- * Requires weekly visits.
- * Pain and discharge during therapy.
- * Less suitable for high/complex tracts.
- * Needs strict standardization of preparation.

CONCLUSION

This case demonstrates the successful application of Apamarga Ksharasutra therapy in a low trans-sphincteric fistula, with complete healing and no recurrence at 1 year followup. Integrated review evidence confirms its role as a safe, cost-effective, and sphincter-preserving treatment when applied with proper case selection, standardized preparation, and diligent follow-up.

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