

**PARIBHADRA KSHARASUTRA IN THE SUCCESSFUL TREATMENT  
OF FISTULA-IN-ANO -A CASE STUDY****Dr. Priyanka Dayal<sup>1\*</sup> and Dr. Shivalingappa J. Arkeri<sup>2</sup>**

<sup>1</sup>PG Scholar Department of Shalyatantra Taranath Govt Ayurveda Medical College Bellari  
Karnataka India.

<sup>2</sup>Professor & HOD Department of Shalyatantra Taranath Govt Ayurveda Medical College  
Bellary Karnataka India.

Article Received on  
23 Jan. 2025,

Revised on 13 Feb. 2025,  
Accepted on 05 March 2025

DOI: 10.20959/wjpr20256-35841



**\*Corresponding Author**

**Dr. Priyanka Dayal**

PG Scholar Department of  
Shalyatantra Taranath Govt  
Ayurveda Medical College  
Bellari Karnataka India.

**ABSTRACT**

Fistula-in-Ano is a chronic condition involving an abnormal connection or tract between the anorectal canal and the perianal skin, often resulting in persistent pus discharge and discomfort. This condition can significantly impact the quality of life, and if left untreated, it can lead to complications like infections and abscesses. It can affect the quality of life and, if not treated properly, it may cause complications such as infection and abscess. Bhagandara is an age-old ayurvedic word which is now known as Fistula-in-Ano in modern medicine. This is a grave disease as explained in classics of Ayurveda especially Sushruta Samhita, where it has been mentioned under Ashta Mahagada due to its nature and difficulty to treat. Ksharsutra is a well-established Ayurvedic treatment for Fistula-in-Ano, offering a minimally invasive alternative to conventional surgery. Different plants are used to make ksharasutra, most commonly used are

apamarga ksharasutra, yava ksharasutra etc. here in this study paribhadra ksharasutra is being used for the treatment of bhagandara. Ksharsutra technique is threading of medicated thread, coated with herbal alkalis through the fistulous tract. This thread slowly perforates through the tract while ensuring both healing and drainage. Eventually, the fistula is removed without major surgery. With an increasing number of patients opting for a conservative, but effective treatment modality, it has gained popularity in India for the management of Fistula-in-Ano. In this the paribhadra kshara sutra are used for bhagandara. In the present study brought under consideration effect of Paribhadra Ksharasutra in the management of Bhagandara. This case

of Fistula in Ano was cured and no further complaints were found in the patient during follow up period.

**KEYWORDS:** Fistula in ano, bhagandara, paribhadra ksharasutra, Ayurvedic treatment.

## INTRODUCTION

Fistula-in-Ano, which is a persistent inflammatory condition characterized by a tubular structure with one opening in the anorectal canal and the other on the surface of the perineum or perianal skin progresses to a persistent discharge of pus through the tract.<sup>[1]</sup> Acharya Sushruta explains the same condition as Bhagandara. According to the Sushruta Samhita, Bhagandara is described as "Bhagagudabasti pradeshadaaranat cha bhagandara iti uchyante, abhinnaaha pidakaha, bhinnastu bhagandaraha," Which means abscesses (Pidakas) forming in the regions of the perineum, anus, and bladder area may suppurate, rupture, and create an external opening, leading to the condition known as Bhagandara.<sup>[2]</sup> Acharya Sushruta classified bhagandara into 5 different types based on Doshas, also called it "Mahagada" because of the serious nature which leads to a non-healing state.<sup>[3]</sup> Fistula in ano has a yearly prevalence of approximately 8.6 cases per 100,000 people with peak incidence seen among the fourth and fifth decades of life. fistulae are thought to arise from crypto-glandular processes resulting in perianal abscesses. These fistulae which is chronic pus-discharging opening in perianal region are very painful, discharge and easily infected, and so lead to negative effects on the quality of life of patients.<sup>[4]</sup> Some psychological Factors like Stress and Poor Diet along with a Few Other Physical Factors including a Prolonged Sitting, Inadequate Hygiene, an Obese body, Chronic Constipation Undergoing Repeated Irritation from Hair Around the Anus or Excessive Sweating etc can also contribute to Adding up for the risk of developing and progressing this condition.<sup>[5]</sup> Current surgical procedures such as fistulotomy and fistulectomy have extensive hospitalization periods, potential for recurrent infection, as well as incontinence. As a result, there is a growing interest in alternative treatments, Different treatment approach explained in ayurveda, that includes Shashtra Karma (surgical intervention), Kshara Karma (use of caustic agents), and Bheshaja Chikitsa (medicinal therapy).

Ksharsutra is a distinctive and well-established procedure in Ayurveda for managing Bhagandara (Fistula-in-Ano). It has changed the face of surgery in Indian medical system and provides complementary approach to standard surgical techniques.<sup>[6]</sup> The Kshara Sutra in the management of Bhagandara has become a preferred method because it is non-invasive, offers

low recurrence and allows to achieve complete cure. Kshara Sutra ligation, which offers a less invasive approach. Traditionally used in the treatment of Nadivrana (sinus wounds), Kshara Sutra is now also applied to the management of Bhagandara. The standard Ksharasutra used is apamarg ksharasutra which is prepared by 11 coatings of SnuhiKsheera then 7 coatings of SnuhiKsheera and ApamargaKshara and then again 3 coatings of SnuhiKsheera and HaridraChurna.<sup>[7]</sup>

### THE DIFFERENT KIND OF KSHARASUTRA USED

In this study paribhadra ksharasutra is used which is prepared in the same standard method. Paribhadra Kshara is an effective vitiated tissue exfoliant.

### Advantages of Ksharasutra Treatment

- Less Invasive: the invasiveness of Ksharasutra therapy is much lower than that of traditional surgery and thus reduces the risk of complications and postoperative pain.
- Targeted Action: It has action on the fistula tract while leaving adjacent structures intact.
- Complete Treatment: Ayurveda treats the root cause of the disorder resulting in overall health.
- Better Healing — The antioxidant and wound-healing properties of the herbal extracts in the Ksharasutra help to regenerate tissue.

### PARIBHADRA KSHARSUTRA LIGATION

#### Case History

A 66-year-old male patient with the chief complaint of pus discharge with mild pain at the left upper side of perianal region for last 1 year. Present History says Patient was apparently healthy 1 year before. Then he had developed a boil with intermittent discharge and pain in perianal region. Complained of mild pain and discomfort aggravated while sitting associated with continuous pus discharge in the last 1-2 months. He had taken analgesics for it, but didn't get any relief. Therefore, for further treatment he came to the OPD of Shalyatantra of Taranath govt Ayurvedic Medical College & Hospital, Bellary. No past history of HTN, DM or any other major illness.

Ayurvedic Assessment and Treatment Plan General examination and systemic examination were done, following a thorough assessment, the patient was diagnosed with Bhagandara (surgical disease) characterized by a fistula in Ano.

### Local Examination

The patient was placed in the lithotomy position for an expanded evaluation of the perineal area. On the right side, at the 1 o'clock position, we find two well-defined openings located adjacent to each other 4 cm and 5 cm away from anal verge respectively. Seropurulent discharge from the external orifice was noted. There was no dermatitis of the perianal skin or hemorrhoids or sentinel tags noted. On palpation around the external opening — indurations and tenderness were felt. The fistula tract was explored by probing. A tract of around 5 cm in length, bridging the external opening and internal opening. Internal opening of the fistula was demonstrated at 1 o'clock position via slit proctoscope examination, no other abnormality of anal canal noted. On the basis of detailed investigation, a diagnosis of fistula in ano (Bhagandara) was made. To evaluate the health status of the patient and rule out systemic disorders, regular investigations were conducted that include complete blood count (CBC), erythrocyte sedimentation rate (ESR), random blood sugar (RBS), CT, blood type (BT), human immunodeficiency virus (HIV) test and Hepatitis B surface antigen (HBsAg) test.

### MATERIAL AND METHODS

#### Pre-Operative Preparation

Part preparation of perianal region and around the fistula area for the procedure is done. The patient provided informed and written consent. 0.5 ml of intra muscular tetanus injection (T.T.) and 2% plain xylocaine sensitivity test dose subcutaneously injected. In the night preceding surgery, 5 grams of Avipattikar choorna was given with lukewarm water to assist in bowel preparation. Early morning on the day of operation Proctoglycerin enema was introduced.

#### Operative Procedure

On the operating table, the patient was placed in lithotomy position. The surgical area was properly prepared and draped, followed by infiltration of local anaesthesia with 2% xylocaine around the anal verge and external opening of the fistula tract. The extent of the tract was reassessed through probing. Partial fistulectomy done to create on one tract. The Paribhadra Ksharasutra was fed through the fistula tract using a probe, which was then inserted from the external opening and removed through the internal opening in the anal canal. The Ksharasutra was ligated securely. Ensuring Haemostasis completely achieved following the surgical site was cleaned and dressed. The patient stabilized and was taken to the post-operative ward.

#### Post-Operative Care

Post-operative vital signs were closely monitored. Medications prescribed were Triphala

guggulu (2 tablets TID), Gandhaka rasayana (1 tablet BD) and Avipattikar churna (1 tsp HS). Soft diet was advised, plenty of fluids to drink, and sitting in warm sitz baths twice daily.

### Lifestyle Recommendations

**Hygiene:** The patient instructed to keep the perineum clean by gently washing it with soap and warm water. Help ensure they go regularly (enhance good bowel movements) to prevent them from having to strain.

**Diet:** Recommend a balanced diet rich in fibre to promote healthy digestion and prevent constipation. Adequate hydration to maintain bowel regularity.

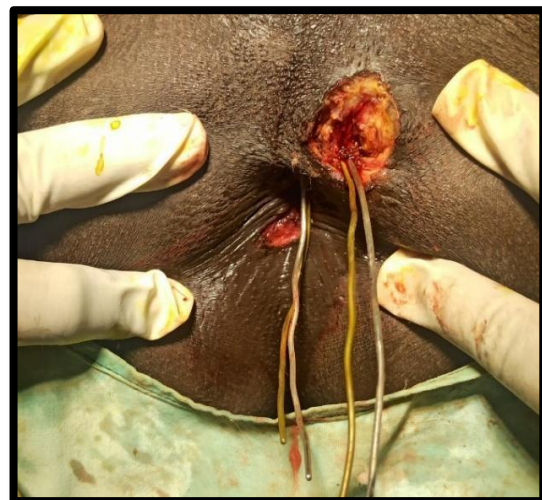
**Sitz Baths:** Advise the patient to take warm sitz baths to soothe the area and promote healing.

**Avoid Straining:** Instruct the patient to avoid straining during bowel movements, as it can put pressure on the fistula site.

### Figures

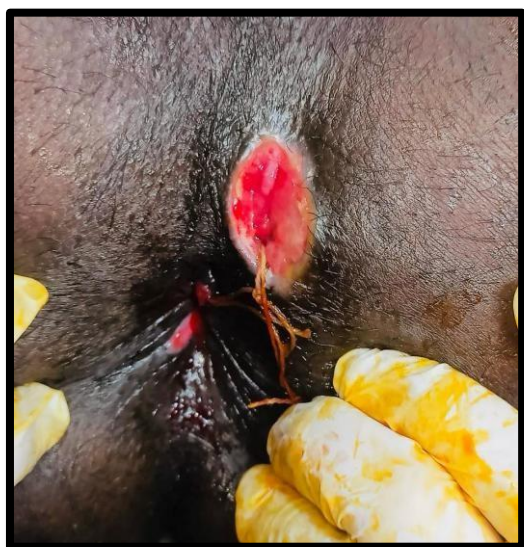


DAY 1



DAY 3





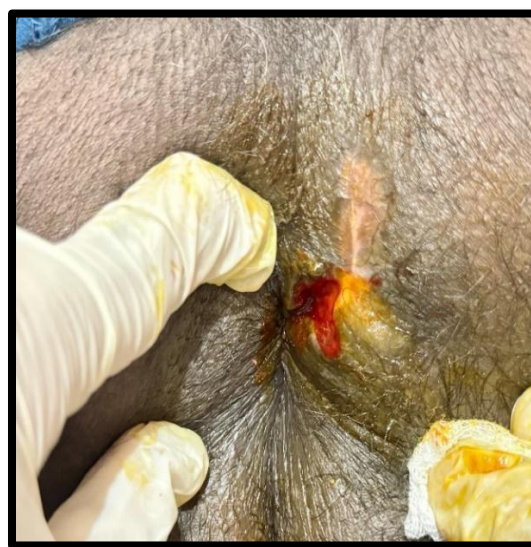
2nd WEEK



4TH WEEK



6<sup>TH</sup> WEEK



7<sup>TH</sup> WEEK



8<sup>th</sup> WEEK

### Follow-Up and Outcomes

Weekly follow-ups were recommended for the Ksharsutra changing. The Ksharsutra was replaced once after its initial placement. During the first week, pus discharge was abundant but gradually reduced and completely ceased after 4<sup>th</sup> weeks. Pain was moderate initially but progressively alleviated. Track was spontaneously cut 7<sup>th</sup> week after the initial Ksharsutra placement, and completely healed within a week after spontaneous cut. The patient was advised to apply Jatyadi Taila for another 2 weeks. By the 8<sup>th</sup> week, the fistulous tract was fully healed with minimal scarring. The treatment process was smooth, the patient had no complication during and after surgery and symptom free. The patient was completely cured without having a recurrence after 2-month follow-up.

### DISCUSSION

Among various treatment modalities of fistula in ano, Paribhadra Ksharasutra therapy is proved to be more efficacious as its success rates are higher with fewer recurrence than conventional surgical techniques. It is an outpatient procedure that is cost-effective and has a lower complication profile, thereby making it desirable. In contrast, conventional surgical modalities require admission, anaesthesia and significant post-operative attention with relevant risks of recurrence and continence issues. Despite the various benefits of Ksharasutra therapy, it may show temporary discomfort and pain at the time of changing thread which requires exposure to multiple visits, and long treatment time which depends on multiple factors like size of track, associated comorbidity etc. (in this case almost 2 months).

Paribhadra Ksharasutra is a specific formulation, which is highly alkaline in nature with pH 14. Paribhadra is easily available enriched with alkaloids and flavonoids, including Erythraline, Erythramine, Hypaphorine, Erysodine, and Erysovine. These compounds contribute to its analgesic, antimicrobial, and anti-inflammatory properties. Additionally, Paribhadra Ksharasutra contains flavonoids like Erythrinin, Orientin, Vitexin, and Isovitexin, known for their antioxidant and anti-inflammatory effects. Which leads to early healing Pain and burning sensation while changing the thread is more due to its high alkaline nature which subsides within half an hour or less. Also the healing time is less with signs of hypergranulation, or inflammation which makes it better ksharsutra comparing other.

In this case study, the two external fistulous opening was located 4 cm and 5 cm away from the anal verge at the 1 o'clock position. Partial fistulectomy was done to join two openings into one

for ease of patient. Unlike traditional Ksharasutra, healing time and pain was decreased significantly for Paribhadra Ksharasutra. The patient recovered and healed completely in 2 months without recurrence. Followup done for consecutive four months and Oral doses of 500 mg Triphala guggulu<sup>[15]</sup> and gandhaka rasayana<sup>[16]</sup> capsules were given to the participants for their anti-inflammatory, analgesic, and antimicrobial activity to control inflammation, pain which might lead to infection. Avipathikar choorna which can be used to promote digestion by Stimulating the secretion of digestive enzymes, it acts as a laxative that helps to regularize bowel function.

## CONCLUSION

In conclusion, the use of Paribhadra Ksharasutra in treating Fistula-in-Ano offers a highly effective, minimally invasive alternative to conventional surgery. The case study demonstrates that this Ayurvedic approach, with its antimicrobial and healing properties, can significantly reduce healing time and discomfort. The patient experienced complete recovery within two months, with no recurrence, highlighting the therapy's potential for long-term success. Paribhadra Ksharasutra not only provides a less painful treatment option but also emphasizes Ayurveda's holistic approach to treating chronic conditions like Bhagandara.

Paribhadra Ksharasutra with Ligature method for Fistula in Ano gives a high scientific efficacy with low invasive methods compared with the standard surgical treatment. This case study therefore shows how an Ayurvedic approach facilitates reduction in healing time and pain, which has intrinsic antimicrobial and topical healing properties. The rapid response with sustained recovery at two months without recurrence shows the long-term potential of the therapy. Paribhadra Ksharasutra offers a relatively painless alternative and emphasizes principles of Ayurveda that always treatment of chronic conditions like Bhagandara.

## REFERENCES

1. Bailey & Love's Short Practice of Surgery Edited by Norman S. Williams, Christopher J.K. Bulstrode, P. Ronan O'connell, Hodder Arnold publications UK, Twenty Fifth edition, 2008; 1262.
2. Acharya Sushruta, Sushruta Samhita; Dalhana, Nibandhasangraha commentary; Edited by Jadavji Trikamji Acharya and Naarayan Ram Acharya; Chowkhambha Surabhaarati Prakaashana, Varanasi, 1st edition; Re print, 2008; Nidaanastana 4/3, 280.
3. Acharya Sushruta, Sushruta Samhita; Dalhana, Nibandhasangraha commentary; Edited by Jadavji Trikamji Acharya and Naarayan Ram Acharya; Chowkhambha Surabhaarati



- Prakaashana, Varanasi, 1st edition; Re print, 2008; Sutrasthana 33/4, 144.
4. Sainio P. Fistula-in-ano in a defined population. Incidence and epidemiological aspects. *Ann Chir Gynaecol*, 1984; 73(4): 219-24. [[PubMed](#)]
  5. Emile SH. Recurrent anal fistulas: When, why, and how to manage? *World J Clin Cases*, May 6, 2020; 8(9): 1586-1591. doi: 10.12998/wjcc. v8.i9.1586. PMID: 32432136; PMCID: PMC7211523.3. Ghani F, Khan KH, Shahzad M, Ahmad K. Effectiveness of seton in anal fistula. *J Surg Pakistan*, 2019; 24(1): 8-12. Doi:10.21699/jsp.24.1.3.
  6. Nibandhasangraha commentary by Dalhana on sushruta Samhita of Maharshi Sushruta Chikitsasthana, Chapter 17, Varanasi: Chowkhambha Orientalia, 2002.
  7. Sri jagdishwar prasad Tripathi commentary on cakra-dutta of chakrapani arsha chikitsa Varanasi: chowkhambha Sanskrit series office, 2008; 91.