

COMPREHENSIVE AYURVEDIC MANAGEMENT OF CHRONIC RECURRENT COMPLEX FISTULA-IN-ANO – A SINGLE CASE REPORT

Dr. S. V. Shailaja*¹, Dr. Chimakurthi Sesha Sai Kumar*²

*¹Professor and HOD, Department of PG Studies in Shalya Tantra, Sri Kalabyraveshwara Swamy Ayurvedic Medical College, Hospital and Research Centre.

*²PG Scholar, Department of PG Studies in Shalya Tantra, Sri Kalabyraveshwara Swamy Ayurvedic Medical College, Hospital and Research Centre.

Article Received on 24 Oct. 2025,
Article Revised on 14 Nov. 2025,
Article Published on 16 Nov. 2025,
<https://doi.org/10.5281/zenodo.17637703>

*Corresponding Author

Dr. S. V. Shailaja

Professor and HOD, Department of PG Studies in Shalya Tantra, Sri Kalabyraveshwara Swamy Ayurvedic Medical College, Hospital and Research Centre.



How to cite this Article: Dr. S.V. Shailaja*, Dr. Chimakurthi Sesha Sai Kumar*. (2025). Comprehensive Ayurvedic Management of Chronic Recurrent Complex Fistula-In-Ano – A Single Case Report. World Journal of Pharmaceutical Research, 14(22), 1250–1258. This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

Fistula-in-ano or Anal fistula, is a chronic abnormal communication track usually lined by granulation tissue to some degree, which runs outwards from the anorectal lumen (internal opening) to an external opening on the skin of the perineum or buttocks. It can be considered as *Bhagandara* in Ayurveda based on signs & symptoms. A male patient aged 40 years old complains of chronic recurrent fistula in ano Who was operated twice and was not successfully treated was admitted in our hospital. Patient was treated successfully in 1 month 28 days using *kshara sutra* and oral medications.

KEYWORDS: Fistula in ano, *Bhagandhara*, *Kshara sutra*.

INTRODUCTION

Acharya Susrutha has mentioned *Bhagandara* as one among *Asta Mahagada*^[1] due to its chronicity, difficulty in treating by conservative methods. *Acharya Sushruta* says “*Bhagagudabasti*

pradeshadaaranat cha bhagandara iti uchyante, abhinnaaha pidakaha, bhinnastu bhagandaraha”- *Pidakas* formed at *bhaga*, *guda* and *basti pradesha* undergoes suppuration, bursts open and makes an opening known as *Bhagandara*.^[2] It can be considered as *Bhagandara* in contemporary science. Most fistulae are thought to arise from crypto-glandular

infections with resultant perianal abscess. The symptoms generally affect one's quality of life from discomfort to infection due to drainage. The overall Prevalence of this disease is about 18.37 cases per 1,00,000 population per year^[3] and those in their third, fourth and fifth decades of life are most commonly affected. Fistulotomy, fistulectomy, seton therapy, endoanal flap therapy, gluing of fistula track, fistula clip closure are the procedures often adopted in contemporary science. Unfortunately all these techniques have one or other types of limitations and post-operative complications. *Kshara sutra* is mentioned by *acharya susruta* which gives complete relief and it is effective & minimally invasive.

CASE REPORT

Pradhana Vedana - A male patient aged 40 years came to our hospital with complains of pus discharge from perianal region associated with occasional itching in perianal region since 2 years.

Adhyatana Vedana Vrittanta – Patient was apparently normal 2 years ago. Gradually he started getting pain and swelling in perianal region which opened spontaneously with pus discharge with pus discharge. He consulted local physician for the same and took oral medications for which he got temporary relief. Pus discharge persisted after some days. He consulted local hospital and got diagnosed with fistula in ano and got operated for the same. But pus discharge persisted for few months. Again after 1 year he noticed increased pus discharge from perianal region and consulted another local hospital and got operated for the same. Patient noticed pus discharge after some days. As he did not get relief after 2 operations, patient came to our hospital after getting reference from his relatives for the treatment of the same.

Surgical history

1. Fistulotomy on 2023
2. Fistulotomy on 2024

Vayaktika vritttanta

Ahara – Vegetarian, 3 times a day

Nidra – 6-8 hours a day

Mutra – 4-5 times / day, 0-1 / Night

Mala – Regular, formed stools, 1/day

Vyasana – Nil

General examination

GC – Fair

Built – Well built

Nourishment – Well nourished

Temperature – 97⁰F

BP – 110/80 mm of Hg

Pulse rate – 78 bpm

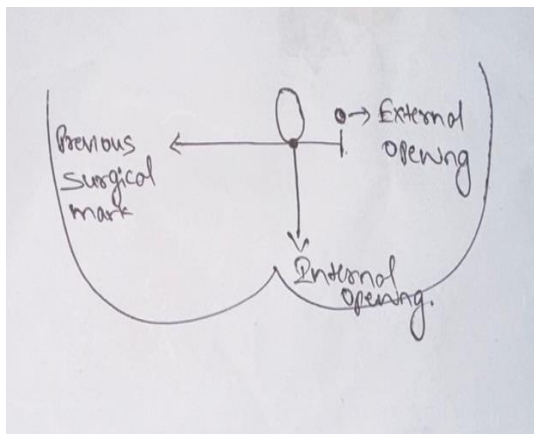
RR – 12 Cycles / min

Local Examination**On Inspection**

External opening at 3'o clock

Pus discharge – Present

Bleeding – Absent

**On Palpation**

Tenderness – Present

Internal opening at 6'o clock

Proctoscopic examination – No abnormal pathology seen

Investigations

Hb - 13.3 g/dl

TC - 13120 cells/cumm

FBS - 94 mg/dl

PPBS - 106 mg/dl

CT – 4 min 30 sec

BT – 2 min 40 sec

HIV – 1 & 2 – Negative

HBSAG – Negative

URINE ROUTINE – Normal study

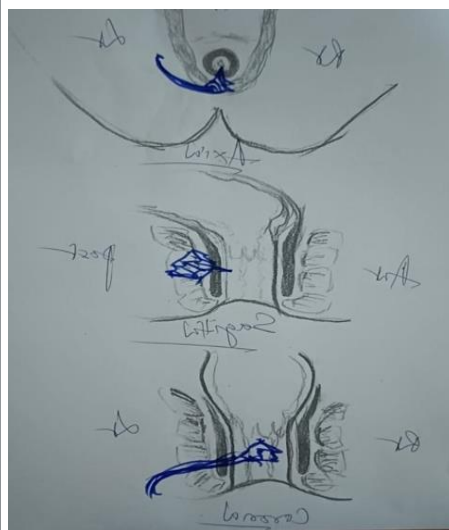
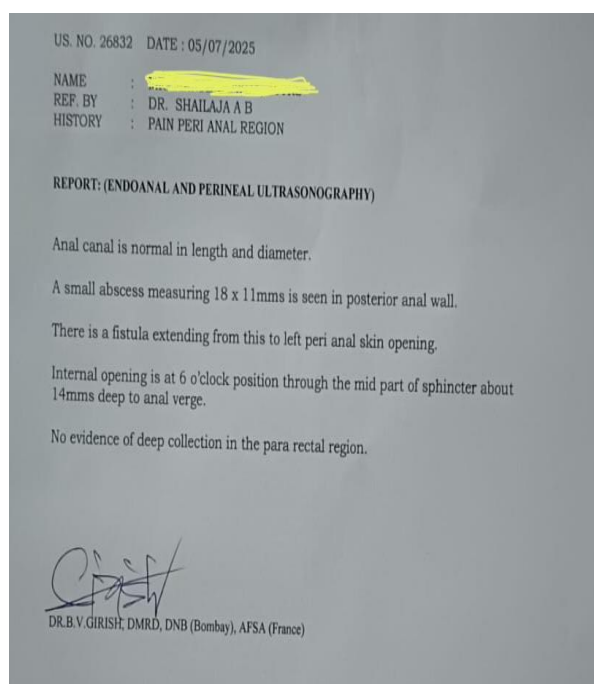
ECG – WNL

CHEST X-RAY – Normal study

TRANS RECTAL SCAN

Impression

A small abscess measuring 18 x 11 mms is seen in posterior anal wall. There is a fistula extending from this to left peri anal skin opening. Internal opening is at 6 o'clock position through the mid part of sphincter about 14 mm deep to anal verge.



Chikitsa

Procedure – *Kshara sutra* ligation under SA

Pre-operative

Procedure explained to patient

Informed consent taken

Part preparation done

Physician fitness for surgery taken

Inj TT – 0.5 ml – IM given

Operative

1. Retrograde Probing done from internal opening at 6'o clock to most dominant position at 6'o clock followed by *kshara sutra* ligation done.



2. Probing done from most dominant position at 6'o clock to external opening at 3'o clock followed by *kshara sutra* ligation done.

3. Probing done from external opening at 3'o clock to internal opening at 6'o clock followed by *kshara sutra* ligation done.



Post-Operative

IV Fluids & Injections –

IVF – DNS, RL & NS – 100ML/HR X 1 Day

Inj Taxim 1 gm IV BD (ATD) X 3 Days

Inj Metrogyl 500mg IV BD X 3 Days

Inj Pan 40 IV BD X 3 Days

Inj Paracetamol 1 gm IV BD X 3 Days

Oral medications

1. Tab *Triphala Guggulu* 2-0-2 After food x 1 Month 28 Days
2. Tab *Gandhaka Rasayana* 1-1-1 After food x 1 Month 28 Days
3. Tab *Anuloma DS* 0-0-1 After food x 1 Month 28 Days

Local

Kshara sutra – 1,2,3 Change once a week

Dressing with *Jatyadi Taila*

Sitz bath with Warm Water – twice a day

OBSERVATIONS

Length of Track 1 – 3.5 cms

Length of Track 2 – 3 cms

Length of Track 3 – 3.5 cms

Length of Track	1	2	3
14/8/25	Primary threading done to all 3 tracks		
21/8/25	3.5 cm	3 cm	3.5 cm
28/8/25	3 cm	2.5 cm	3 cm
4/9/25	2.5 cm	2 cm	2.5 cm
11/9/25	2 cm	1.5 cm	2 cm
18/9/25	1.5 cm	1 cm	1.5 cm
25/9/25	1 cm	0.5 cm	1 cm
2/9/25	0.5 cm	Complete cutting	0.5 cm
5/9/25	Complete cutting of track	Opened track	Complete cutting of track
11/9/25	Completely healed	Completely healed	Completely healed



Day 1



Day 10



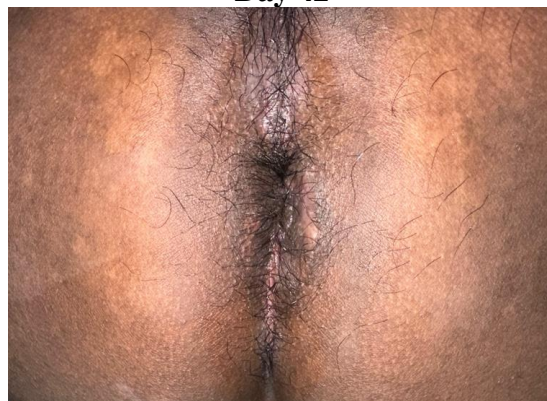
Day 20



Day 42



Day 51



Day 58

UCT for all the tracks = 14

Pus discharge got completely reduced after complete cutting of the track

All the tracks got healed by the end of 58 days

Follow up done on 8/11/25 with the following **Trans rectal scan** report

Impression – There is no obvious fistula or collection in peri anal region

SIDDHI DIAGNOSTICS
GIRISH SCAN CENTRE

Dr GIRISH B V
Interventional Radiologist, KMC No. 32459
MBBS, DMRD, DNB (MUMBAI), AFSA (FRANCE)

US. NO. 28648 DATE : 04/11/2025

NAME : [REDACTED]
REF. BY : DR. SHAILAJA A J
HISTORY : PAIN

REPORT: (ENDOANAL AND PERINEAL ULTRASONOGRAPHY)

Anal canal is normal in length and diameter.

There is mild soft tissue thickening in lower posterior anal wall and peri anal region – post operative changes.

There is no open fistula or collection at present.

There is no obvious fistula or collection in the peri anal region.

There is no intersphincteric collection at the time of scan.

No evidence of deep collection in the para rectal region.

DR. B.V. GIRISH, DMRD, DNB (Bombay), AFSA (France)

DISCUSSION

Kshara sutra chosen here is *Chitraka kshara sutra*.

Reason for keeping 3 *kshara* sutras

1. Even though external opening is at 3'o clock and internal opening is at 6'o clock, the fistula is spreading downwards at 6'o clock as most dominant position. Retrograde probing done from internal opening at 6'o clock to most dominant position at 6'o clock followed by *kshara sutra* ligation done – failure to do so results in recurrence of fistula
2. Probing done from external opening at 3'o clock to internal opening at 6'o clock followed by *kshara sutra* ligation done
3. Probing done from external opening at most dominant position which we have taken out the probe to external opening at 3'o clock followed by *kshara sutra* ligation done

Acharya Susrutha describes about *Shastra Karma*^[4], *Varti Prayoga*^[5] and *Kshara Sutra* for the management of *Bhagandara*. *Kshara Sutra* is effective and minimal invasive technique, hence *Kshara Sutra* treatment is taken for management of *Bhagandara*.

Triphala guggulu^[6] does *vatanulomana*, does *ama pachana* and is indicated in *Bhagandara* *Gandhaka Rasayana*^[7] helps in healing of the wound and acts as *Rasayana*

CONCLUSION

Bhagandara is one among the *Ashtamahagada* characterized by *Daarana* of *Basti-Guda pradesha* and manifesting lakshanas like *Vedana*, *Kandu* and *Puyasrava*. Fistula in ano has become the most common disease in present days because of lifestyle and nature of work. The incidence is common in 3rd, 4th and 5th decades of life. The effect of *Kshara Sutra* is known by its alkaline characteristics & tension of tying which causes cutting. Hence this case shows the effectiveness of management of complex recurrent fistula in ano with help of *kshara sutra*.

REFERENCES

1. Sushruta: Sushruta Samhita with commentary of Dalhana, edited by Vaidya Jadavji Trikamji Acharya, Chowkhamba Surabharati Prakashan, Varanasi, reprint 2021, Sutra Sthana, 33rd Chapter, Verse 4, 144.

2. Sushruta: Sushruta Samhita with commentary of Dalhana, edited by Vaidya Jadavji Trikamji Acharya, Chowkhamba Surabharati Prakashan, Varanasi, reprint 2021, Nidana Sthana, 4th Chapter, Verse 3, 280.
3. Sarveazad A, Bahardoust M, Shamseddin J, Yousefifard M. Prevalence of anal fistulas: a systematic review and meta-analysis. *Gastroenterol Hepatol Bed Bench*, 2022 Winter; 15(1): 1-8. PMID: 35611255; PMCID: PMC9123633.
4. Sushruta: Sushruta Samhita with commentary of Dalhana, edited by Vaidya Jadavji Trikamji Acharya, Chowkhamba Surabharati Prakashan, Varanasi, reprint 2021, Chikitsa Sthana, 7th Chapter, Verse 6-27, 439-440.
5. Sushruta: Sushruta Samhita with commentary of Dalhana, edited by Vaidya Jadavji Trikamji Acharya, Chowkhamba Surabharati Prakashan, Varanasi, reprint 2021, Chikitsa Sthana, 7th Chapter, Verse 6-27, 440.
6. Pandit Sharangadharacharya: Sharangadhara Samhita with commentary of Adamalla's Deepika and Kashirama's Gudarth Deepika, edited by Pandit Parashurama Shastri, Choukhambha Orientalia, Varanasi, reprint 2016, Madhyama Khanda, 7th chapter, Verse 82-83, 204.
7. Sadananda Sharma: Rasa Tarangani with commentery of Kashinathashastri, motilalbanarasidass, 11th edition, 8th chapter, Verse 81-86.