Journal of Ayurveda & Holistic Medicine

https://jahm.co.in

eISSN-2321-1563

Case Report

Integrated management of Anterior Horseshoe Fistula in Ano (*Pittaj Vidradhi* and *Parikshepi Bhagandara)*: A case report

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ABSTRACT:

Background: Horseshoe Fistula-in-Ano (HSFA) is a type of Fistula-in-Ano which occurs as a complication of deep postanal space abscess. HSFA presents with higher reoccurrence rate and affects 15% of patients suffering from Fistula in Ano. The protocols for HSFA have multiple risk, complications, including anal incontinence. *Ksharasutra (Medicated thread)* is a well-accepted procedure having faster recovery and reduced risks of complications. **Clinical Findings**: A 21-year-old female patient presented with complaints of severe pain and swelling in perianal region since past 3 days associated with fever and chills. On examination bilateral perianal swelling with prominent redness and tenderness over right buttock seen. Preoperatively it was observed that the contralateral side perineal spaces were involved anteriorly forming Horseshoe shaped abscess. **Intervention**: *Bhedana Karma* (incision and drainage) was done over perianal area, followed by partial fistulotomy along with *Ksharasutra* ligation (KSL) at 12 o'clock position to facilitate proper drainage. K.S was changed weekly with rail-road technique. Regular wound dressing and *Ayurvedic* medicines were advised. Complete healing of the tract was attained within 12 weeks without any reoccurrence or complications observed till date. (4 years) **Outcome:** The Fistula tracts healed completely with complete closure of wound within 12 weeks. **Conclusion**: This case of HSFA was successfully managed with *Bhedana Karma,* followed by partial fistulotomy and KS ligation, along with oral *Ayurvedic* medicines with complete healing of fistula tracts. In the follow up of 4 years no adverse effects, recurrence and anal incontinence were seen, showing the safety of this *Ayurvedic* integrative approach in the management of Anterior HSFA.

KEYWORDS: *Bhagandar* (fistula in ano), Case report, fistulotomy, Horseshoe fistula, *Ksharasutra*.

RECEIVED ON:
10-12-2025

REVISED ON:
01-01-2026

ACCEPTED ON:
07-01-2026

Access This Article Online:

Quick Response Code:

Website Link:

https://jahm.co.in

DOI Link:

https://doi.org/10.70066/jahm.v14i1.2457

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CITE THIS ARTICLE AS

Santosh Y M, Anu Chahar, Ujjwal Gupta, Akshay Kumar. Integrated management of Anterior Horseshoe Fistula in Ano (*Pittaj Vidradhi* and *Parikshepi Bhagandara)*: A case report. Journal of Ayurveda and Holistic Medicine (JAHM) 2026; 14(1):106-115.

1. INTRODUCTION

Horseshoe Fistula-in-Ano (HSFA) is a complex anal fistula that occurs as a result of a complicated abscess in the posterior cryptoglandular glands of the anal canal, which leads to infection and pus collection that spreads towards the deep anal spaces and eventually propagates between sphincters to cross towards the contralateral side in a U-shaped pattern. [1] About 8.6 peoples in one lakh develops Fistula-in-Ano, [2] out of which 15-20% are horseshoe type, which are difficult to diagnose, requiring aggressive and multiple surgical drainage. [3] The prevalence of Fistula-in-ano in females is 1.8 times less than that of males. [4] Various techniques are adopted for its management; however, the major drawback of such procedures is postoperative incontinence, high recurrence rate, loss of sphincter tone, keyhole deformity and prolonged healing time. [1, 5]

In *Ayurveda, Bhagandara* (Fistula-in-ano) is considered amongst one of the *Ashta Mahagada* (Eight dreadful diseases), which is difficult to manage. [6] *Acharya Vagbhata* has mentioned *Parikshepi Bhagandara* (ED-16.5 circular fistula around the anus), which occurs due to the vitiation of *Vata* (responsible for movement and cognition) and *Pitta* (responsible for regulating body temperature and metabolic activities) *Dosha* (regulatory functional factors of the body) getting situated in *Dushya* (bodily structure that gets vitiated) *Rakta* (blood), and *Mamsa* (muscle tissue) leading to the formation of circular fistula around the anal canal that can be correlated to HSFA. [7] So, this rare case study of Anterior Horseshoe abscess leading to HSFA, was treated keeping both modern and *Ayurvedic* perspective in mind, and the integrative treatment was done. In the present case *Bhedana Karma* (incision and drainage), followed by partial Fistulotomy & *Ksharasutra* (medicated thread) Ligation (KSL) was done and *Shaman Chikitsa* (palliative treatment) was used which, resulted in good outcomes as the wound healed in 12 weeks and no incontinence, recurrence was seen during 4 years of follow up.

2. CASE REPORT

A 21 year old female patient presented in our *Shalyatantra* (Surgery) OPD with complaints of severe painful swelling in the perianal region from the past 3 days. She also complained of burning sensation and bleeding during defecation since past one week also she was having history of hemorrhoids with on and off episodes of bleeding during defecation which was noted few months ago. Patient had a history of enteric fever 10 days back, for which she had taken antibiotic therapy for seven days. Gradually, she developed constipation and pain during defecation with Fissure in Ano. Before visiting to our OPD for consultation the patient had taken over the counter analgesic for perianal pain bud hadn't got relieve in her symptoms. No history of Diabetes Mellitus, Hypertension, Thyroid dysfunction, Metabolic disorders, Tuberculosis or any immunocompromised disorders was noted, also she doesn't had a previous surgical history. No relevant family history was recorded, and her menstrual cycle was regular.

a. Clinical findings

The *Ayurvedic* examination of the patient revealed her *Prakruti* (Normalcy) to be *Vata Pittaj* and the *Dosha* in *Vyadhi Awastha* (Disease stage) to be *Pitta Pradhan Tridosha* (pitta dominant three regulatory functional factors of the body), which vitiated *Twak* (skin), *Rakta* and *Mamsa* as *Dushya.* On admission vitals were noted with systemic and local examination (Table 1) and routine blood examination, USG was advised, which is shown in Table 2

Table 1: Vitals, Systemic & Local Examination

Examination	
Vitals	
Blood pressure	130/80 mm of Hg
Pulse Rate	134 beats per minute (tachycardia)
Temperature	103^{o} F
Respiratory Rate	22 per minute

Systemic Examination	
CNS*	Well oriented w.r.t time, place & person
CVS*, RS* and per abdomen	No abnormality
Local examination	
Perianal region	Inspection: Oedema over the bilateral Perianal region (Right side > Left side) and a Fissure in Ano at the 12 o'clock position. (Figure 1) Palpation: Severe tenderness in perianal region. DRE was not done due to severe pain.

CNS: Central nervous system, CVS: Cardiovascular system: RS: Respiratory system

b. Diagnostic assessment

Considering all the complaints, examination and investigations, the patient was clinically diagnosed with Right sided Ischiorectal abscess with left perineal abscess as per modern science. Whereas as per *Ayurveda* the patient was diagnosed with *Pittaj Vidradhi* (*Pitta* dominant abscess) as the examination and complaints of patients mimics the symptoms of *Pittaj Vidradhi* like *Pakwaudumbar* (lesion resembling a ripe fruit of fig)*, Kshiprautthan* (sudden onset) and *Paka* (suppuration) associated with *Jwara* (pyrexia), *Daha* (burning sensation). [8]

Table 2: Investigations

Investigations			
Hb	10.7 gm%	**Blood urea**	28 mg/dL
WBC	17000 cells/cu mm	**Serum Creatinine**	0.8 mg/dL
Neutrophil	53%	**RBS**	98 mg/dL
Lymphocyte	41%	**HbsAg**	Negative
Eosinophil	05%	**HIV I and II**	Negative
Monocytes	01%	**USG (Perineal region)**	Pus collection (around 170 cc volume) in bilateral ischio rectal fossa from 1 o'clock position to 9 o'clock (7.8*7.0*6.0 cm)
ESR	18 mm/1st hour		

Table 3: Differential Diagnosis

Hidradenitis Suppurativa (HS)	No lesions in the perineal region with recurring nodules, Scarring and formation of sinus tracts, so the final diagnosis of HS* was excluded.
Right sided Ischiorectal abscess with left perineal abscess	No openings were present with severe tenderness, oedema with signs of acute inflammation.
Ant* HSFA*	During the operation on palpation the pus started to drain from Fissure in ano at 12'o clock position so Final diagnosis was established as Ant* HSFA*.

HS: Hidradenitis Suppurativa, Ant: Anterior, HSFA: Horseshoe Fistula-in-Ano

c. Intervention

The treatment was planned considering the *Dosha* involvement and stage of disease, as per *Ayurveda,* as well as Modern science. The treatment planned was explained to the patient and informed consent, along with high-risk consent, was taken from the patient and her family members. The indicated treatment for *Pakwa Vidradhi* i.e., *Bhedana karma*, [9] was planned under Subarachnoid block. (Figure 1a) In preoperative care, pre anaesthetic evaluation (PAE), physician fitness, part preparation, IV cannulation, IV Fluids, and antibiotic coverage before OT was done. Standard SOP was followed during the operative procedure, in which after achieving anaesthesia, painting and draping were done, followed by incision & drainage of abscess from the left and

right perianal region. (Figure 1b) After proper drainage on palpation, the pus started to drain from the fissure in ano at 12 o'clock position. So, to facilitate further drainage after performing partial fistulotomy at incision sites, *Ksharsutra* Ligation (KSL) was done from 9 o'clock to 12 O'clock position another KSL was done from 3 o'clock to 12 o'clock position. (Figure 1c) Final diagnosis of Anterior Horseshoe Fistula/ *Parisheepi Bhagandar* was made with a tract extending from 3 O'clock to 9 O'Clock position anteriorly. In postoperative care IV antibiotics, analgesics and antacids were advised twice a day for 5 days. Ayurvedic Oral medicines, Capsule Grab 1 capsule 3 times a day (A/F, Green Remedies pharmacy, Batch No: GRB033), *Asanadi Kashaya* 4 tablespoon 3 times a day (A/F, SDM pharmacy, Batch No: ASK024), *Avipattikar Churna* (25 gram, KLE pharmacy, Batch No: I-KLE-2122) + *Godanti Bhasm* (25 gram, SDM pharmacy, Batch No: GOB010) ½ tablespoon 2 times a day (A/F) with lukewarm water were prescribed from POD1. For local wound care Sitz bath with Pentabark *Kashaya* (KLE pharmacy, Batch No: I-KLE-2021) was started from POD1, and *Yashtimadhu Taila* (10ml, SDM pharmacy, Batch No: 09) *Matra Basti* (form of unctuous enema) along with *Jatyadi Taila* (KLE pharmacy, Batch No: I-KLE-2101) for dressing was started from POD5.

d. Timeline (Table 4)

Table 4: Timeline

Interventions/Clinical event	Date	Medicines	Duration	Remarks
Purva Karma				
Patient visited OPD with pain & swelling in perianal region	17/12/21 @ 10:00 am	N/A	N/A	Provisional diagnosis Right sided Ischio rectal abscess with left perineal abscess. USG perianal region was advised.
Routine surgical profile was done followed by admission in IPD and PAE	17/12/21 @ 03:00 pm	Inj Xylocaine 2% 0.2cc S/C (testdose) Inj TT 0.5ml IM Inj Diclofenac 75mg IM (SOS)	Single dose	USG findings: pus collection (around 170 cc volume) in bilateral ischio rectal fossa. Preoperative procedures completed. Plan for OT under SAB on 18/12/21 @ 9:30 am
Pradhan karma				
I&D for abscess + Partial Fistulotomy f/b KS ligation done under SAB (18/12/21 @ 9:30 am)	18/12/21	Inj Odicef SB 1.5 gm in 100ml N.S IV (18/12/21 @ 7:30 am, GALPH laboratories, Batch No: OSDI21020A) Inj Pantop 40mg IV (18/12/21 @ 7:30 am, Aristo pharmaceuticals pvt Ltd, Batch No: DEVENTURE321-730)	Single dose	Final diagnosis: Anterior horseshoe Fistula-in-Ano extending from 3 O'clock to 9 O'Clock position with INT opening at 12' o clock
Paschat karma				
Postoperative care, Watch for soakage, Anal pack removal next morning (19/12/21 @8:00 am)	18/12/21 @ 10:30 am to 22/1/21	IV* fluids: NS 1 Pint, RL 1 Pint, DNS 1 Pint (POD 0) Inj Odicef SB 1.5 gm in 100ml N.S IV* BID* Inj Metrogyl 100ml IV* TID* Inj Pantop 40mg IV BID -Injection Tramadol 50 mg IV* (SoS)- in case of severe pain (PROBIOTEC	5 days	To support wound healing, control infection and provide analgesia

		pharmacy, Batch No: TP-04)) -Injection Diclofenac 75mg IM* (SOS)- in mild to moderate pain. (Themis pharmacy, Batch No: PN135) Tab Lyser D 1 BID* (5 days) (POD 1)		
Patient stable with pain at operated site and Ayurvedic oral medicines started.	19/12/21 to 26/02/22	Cap. Grab 1 TID (A/F)* *Asanadi Kashaya* 4 tsf TID (A/F)* *Avipattikar choorna (25gm)* + *Godanti Bhasma (25 gm)* ½ tsp BID (A/F)*	(10 weeks)	
Wound care	19/12/21 to 22/12/21	Sitz bath with Pentabark *Kashaya*. Wound cleaning and syringing with Betadine + Hydrogen peroxide f/b wash with Normal saline and wound packing with Betadine and soframycin soaked ribbon gauze.	4 days	
	23/12/21 to 10/03/22	Wound cleaning with Pentabark K*ashaya* and dressing with J*atyadi Taila* *Matrabasti* with Y*ashtimadhu Taila* 10 ml – daily		
Ksharasutra changing with the railroad technique	25/12/21	First KS* changed	1st time	
	01/01/22 to19/02/22 (2nd to 9th week)	2nd to 9th KS* changed	8 times	
Wound completely healed	11/03/22	-	-	No recurrence & continence maintained

IV: Intravenous, IM: Intramuscular, BID: Two times daily, TID: Three times daily, A/F: After food, KS: *Ksharasutra*

Note: Total number of *Ksharasutra* changes done – 9 times

e. Follow up and outcome

The patient was discharged on POD 7 (25/12/21) with stable vitals and a healthy wound. Oral medicines Capsule Grab, *Asanadi Kashaya*, *Avipattikar Churna* (25 gram) + *Godanti Bhasm* (25 gram) started from POD1 were continued till postoperative 10th week. For the local wound care, the patient was advised to come for dressing every day with Jatyadi Taila after having a sitz bath at home with Pentabark *Kashaya* for the first 2 weeks. From the 3rd week, the patient was asked to come for *Ksharasutra* changing and dressing once a week, but daily dressing with *Jatyadi Taila* was advised to be done at home or by a local practitioner. The *Ksharasutra* was changed 9 times during the complete course of treatment via railroad technique, and the wound took 12 weeks to heal completely with no adverse reactions seen during the entire course of treatment. (Figure 2c) After complete healing of a wound, the patient was followed up once a month for the first 6 months, then the follow up was done once a year to check the recurrence or incontinence, but no such complaints or complications were seen during the entire follow up period. (Table 5)

Table 5: Follow up and Outcome

Wound parameters		Weeks												
		Baseline (after OT)	1st 25/12/21	2nd	3rd	4th (Figure 2a)	5th	6th	7th	8th	9th	10th	11th (Figure 2b)	12th
Ksharasutra changing	Tract 1 (3 to 12'o clock)	KS ligation done (18/12/21)	+	+	+	+	+	+	+	+	+	KS* removal done	-	-
	Tract 2 (9 to 12'o clock)		+	+	+	+	+	+	+	+	+		-	-
Tract length (l) × Wound breadth (b) = l×b	Tract 1	8×7 cm	8×6.8 cm	7×6.2 cm	6×5.5cm	5×4.8 cm	4×4 cm	3×3.4 cm	2×2.8 cm	1.5×2 cm	1×1 cm	1×1 cm	0.5×0.5 cm	Healed
	Tract 2	9×10 cm	9×9.6 cm	8×9 cm	7×8.5 cm	6×8 cm	5×7.2 cm	4×6 cm	3×4.7 cm	2×3.8 cm	1×2.5 cm	1×1.5 cm	0.5×0.5 cm	Healed
Discharge		Purulent (Pus)	Purulent (Pus)	Serous	Serous	-	-	-	-	-	-	Mild bleeding	-	-
Floor		Healthy tissue	PGT*	PGT*	PGT*	PGT*	RGT*	RGT*	RGT*	RGT*	RGT*	RGT*	-	Wound closed
Odour		Foul smell	Foul smell	Foul smell	-	-	-	-	-	-	-	-	-	-
VAS*		9/10	7/10	7/10	5/10	5/10	5/10	3/10	1/10	1/10	1/10	6/10	1/10	-
VDS*		10/10	8/10	7/10	5/10	4/10	4/10	3/10	1/10	1/10	1/10	6/10	1/10	-

PGT*: Pale granulation tissue, RGT*: Red granulation tissue, KS*: *Ksharasutra,* VAS*: Visual analogue scale, VDS*: Verbal descriptive scale

f. Adherence and compliance

The patient adhered to the follow up as advised. She self-reported that she has been taking all the oral medicines, also she was directly observed to be visiting for timely *Ksharasutra* changing every week on the advised dates. After the initial treatment wound progressed towards healing with cutting of fistula tract and no complications like incontinence was noted. The wound healed completely in 12 weeks with no adverse effect during and after the treatment but during follow up period, 3 months post wound healing patient presented with complaints of stretching type of pain and discomfort while sitting over wound scar area. She was advised to gently massage it with *Jatyadi Taila.* After continuous application for 1 month her scar tissue softened, and discomfort was relieved which satisfied the patient.

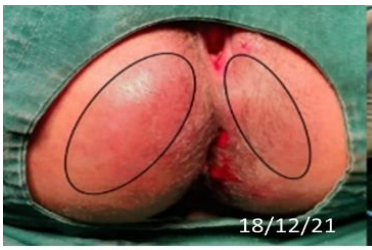


Figure 1a: Preoperative condition

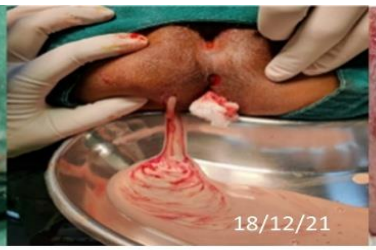


Figure 1b: I&D of Abscess

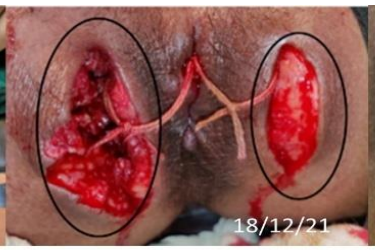


Figure 1c: Fistulotomy + KSL

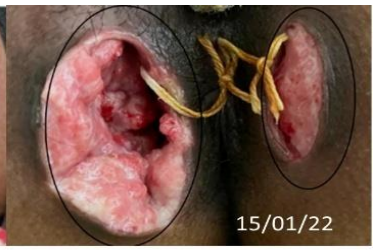


Figure 2a: Follow up 4th week

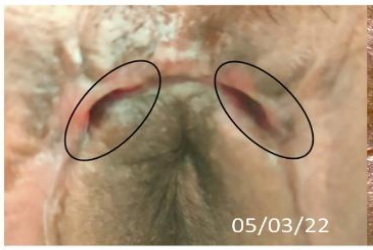


Figure 2b: Follow up 11th week

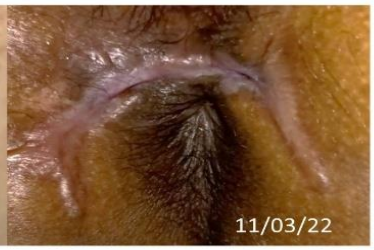
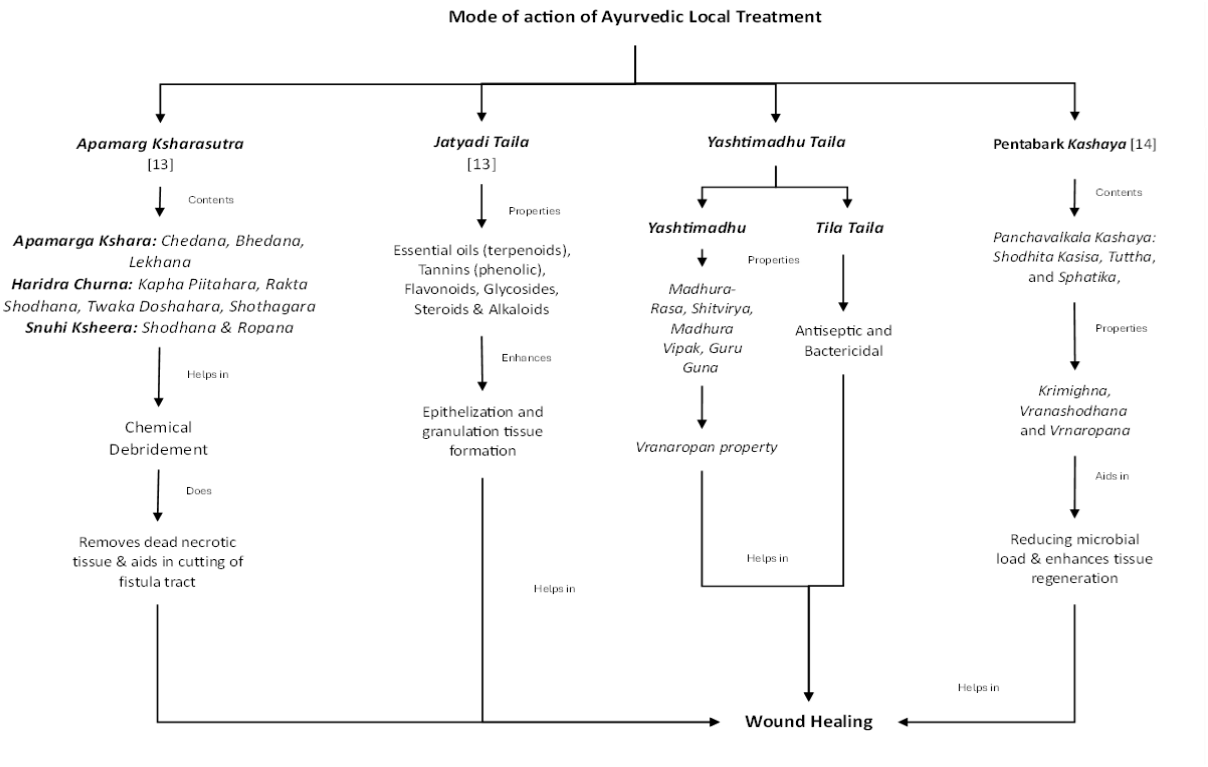


Figure 2c: Complete wound Healing

4. DISCUSSION

The anterior HSFA are much rarer than posterior HSFA with higher associated risk of reoccurrence, [10] continence impairment, also there is a less published data on prevention of the associated risk with anterior HSFA. Here in the present case, we highlight the integration of *Ayurveda* treatment procedures which helped in successful management of the case and prevented the risk of recurrence and continence impairment which are usually associated with anterior HSFA. The patient presented with anterior horseshoe abscess which pertains to the classical example of *Pittaja Vidradhi* leading to *Parikshepi Bhagandara*, where vitiated *Pitta Dosha* deteriorates the *Mamsa Dhatu* (major structural components of the body) which putrefies locally, creating *Puya* (pus) and then spreads to the surrounding tissue by *Vimargagamitva* (diversion to the flow of the contents to the improper channels) of the pus and gets reflected on the *Twak* (skin) *Dhatu* with changes in the local skin area. As the spreading pus in the same anatomical plane doesn't find any outlet to drain it converges to the contralateral side. Due to *Dosa Dushya Sammurcchana* (amalgamation of *Dosha* & *Dushya*), the resided pus escaped through the fissure in ano creating an internal opening which resulted in the formation of *Bhagandara* (Fistula-in-ano disorder). The case was managed with the invasive procedure of I&D, with partial fistulotomy followed by indicated treatment for *Nadivrana* (fistulous disorder) that is *Ksharasutra* ligation [11] to the internal opening at 12 o' clock position to facilitate proper drainage whereas the postsurgical management of wound was aimed to provide healthy environment to the wound to attain growth of healthy granulation tissue. (Flow diagram 1) The integration of *Ayurvedic* oral medicines was intended to provide a complete wound care, by enhancing the wound healing components and promoting healthy granulation tissue formation. The oral *Ayurvedic* medicines helped in restoration of the affected local *Doshas* like *Pitta, Kapha* (responsible for regulating body fluids and keeping the body constituents cohesive) and *Dushyas* like *Twak, Mamsa* and *Rakta* which reduced the local events like further pus formation or putrefaction of the tissues during wound healing. *Ayurvedic* oral medicines which were advised to the patients primarily focused on the restoration of *Mamsa Dhatu* whereas it also improved local as well as systemic *Rakta Dhatu* by pacifying the inflammatory biomarkers in the blood stream and hence

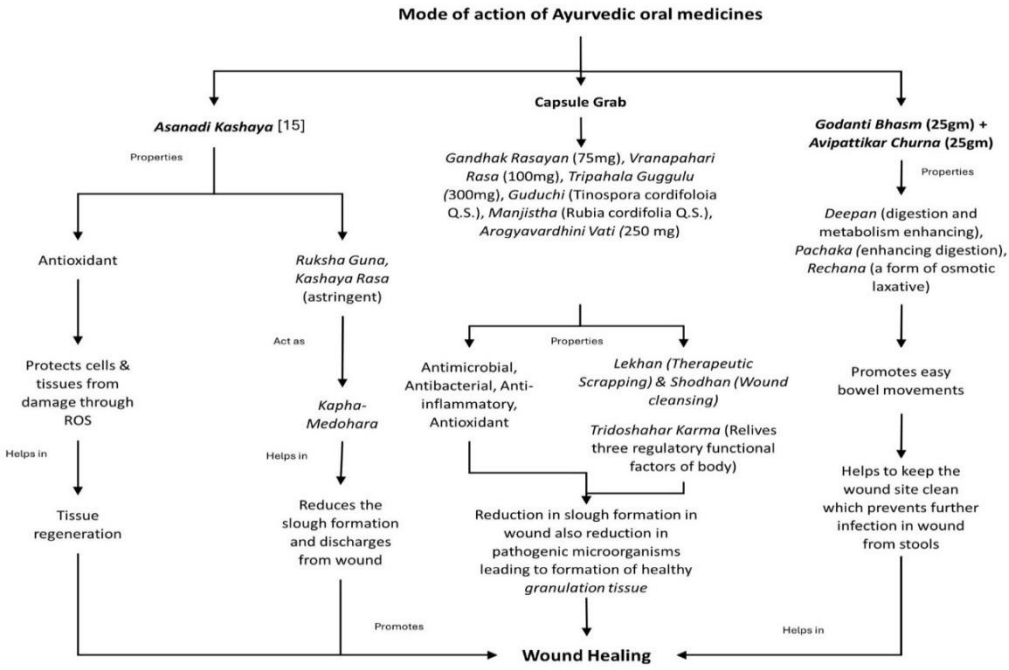
promoted reduced nociceptive activity. It also balanced the *Pitta-Kapha Doshas* which reduces the additive secretion or any discharge from the wound cavity. The holistic approach of the medication also supported in the better digestion process and facilitated the proper bowel movements without any straining while defecation which aids in clinically improved pain & anti-inflammatory management. The modern medicines prescribed were aimed to follow a operative protocol by providing antibiotic coverage and analgesia to control the localized or systemic infection and pain control in post-operative care. (Flow diagram 2)



Flow diagram 1: Mode of action of Ayurvedic Local Treatment

5. CONCLUSION

In the present case patient presented with complaints of severe painful swelling in perianal region from the past 3 days, which further led to the formation of HSFA. The case was successfully managed with *Bhedana Karma* followed by partial fistulotomy and KS ligation, where the integration of *Ayurveda* procedures like *Ksharasutra* ligation and oral *Ayurvedic* medicines not only helped in complete healing of the tracts, but also prevented recurrence and anal incontinence which are the major risk associated with anterior HSFA. During the follow up the *Ksharasutra* was changed 9 times, and the follow up was continued after complete wound closure (12 weeks) as once a month for the first 6 months, followed by once a year, where no adverse reactions were seen during and after the treatment. It was noted that after complete healing of wound patient experienced stretching type of pain and discomfort at wound scar site while sitting which is possibly due to the fibrosed tissue irritating the surrounding healthy tissue. Hence, in present case the integration of *Ksharasutra* indicated for *Nadivrana* (Fistula disorder) along with other *Ayurvedic* medicines provided significant results in the management of Ant HSFA with no recurrence seen after 4 years of follow up.



Flow diagram 2: Mode of action of Ayurvedic Oral Medicines

Abbreviations Used:

HSFA: Horseshoe Fistula-in-ano, KSL: *Ksharasutra* ligation, A/F: After food, IV: Intravenous, IM: Intramuscular, PGT: Pale granulation tissue, RGT: Red granulation tissue, KS: *Ksharasutra,* VAS: Visual analogue scale, VDS: Verbal descriptive scale

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient perspective - The patient was overall satisfied with the treatment and recovery of her condition.

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Approval of final manuscript: All authors

Acknowledgement

The authors acknowledge their deep gratitude and appreciation to Dr. Suhas Kumar Shetty, Principal of KAHER's Shri BMK Ayurveda Mahavidyalaya for their invaluable support.

Declaration of Generative AI

The authors declare this manuscript was written without the use of generative artificial intelligence tools. All the content, including text generation, data analysis and references was developed and reviewed by the author without assistance from AI technologies.

Conflict of Interest – The authors declare no conflicts of interest.

Source of Support – The authors declare no source of support.

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