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Case Report

Management of Chronic Complex Anal Fistula (*Bhagandara*) with Integrated Approach Using Fistulectomy, Fistulotomy and *Yava Kshara Sutra*: A Case Report

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ABSTRACT:

Background: Fistula-in-ano (*Bhagandara*), chronic ano-rectal condition usually characterized by constant discharge, recurrence and challenges of sphincter injury following conventional surgical practice. Integrated approach of modern surgical intervention along with Ayurveda *Kshara Sutra* therapy provides a patient centric sphincter saving approach with better wound healing and less recurrence. **Clinical presentation**: 34-year-old male presented with chief complaints of pain and purulent discharge from perianal region from last 6 months. Per rectal examination shows 2 external openings at 10 o'clock position in perianal region and secondary subscrotal opening at 11 o'clock position. Internal opening at 12 o'clock position. MRI fistulogram showed low anal inter-sphincteric fistula. **Intervention**: Comprehensive integrated treatment of fistulectomy with primary threading for the main tract and fistulotomy for the secondary tract followed by weekly *Yava Kshara Sutra* application was carried out. Postoperative internal Ayurvedic medicines and local wound management were carried out and patient was regularly followed up. **Outcomes**: There was progressive reduction in main complaints of pain and discharge. Fistulous tract healed completely (secondary intention) in 33 days. Postoperative complications and recurrence did not reported during entire follow up period. There was no impairment of sphincter function. Finally, any adverse effects related to intervention were not seen. **Conclusion**: Low anal inter-sphincteric fistula-in-ano was successfully treated with integrated approach of fistulectomy, fistulotomy with *Yava Kshara Sutra* coupled with supportive Ayurvedic management. Therapy provided successful healing, preservation of sphincter function and no side effects with recurrence free recovery noted in subsequent follow up period. Further well-designed clinical studies are required to validate these outcomes and to establish standardized integrative treatment protocols for management of *Bhagandara*.

KEYWORDS: *Bhagandara*, Case Report, Fistula-in-ano, Fistulectomy, Fistulotomy, *Yava Kshara Sutra*

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1. INTRODUCTION

Fistula-in-ano (*Bhagandara*) is abnormal communication between anal canal and perianal skin and presents as chronic abnormal inflammatory track, most commonly caused due to cryptoglandular infection. It commonly manifests as pain, perianal purulent discharge, recurring abscess formation and important discomfort which leads to impairment in quality of life. [1, 2] Incidence is 8.6 cases per 100,000 populations per year. [2] It is more prevalent in young and middle aged males. [1] Treatment of fistula-in-ano remains a surgical challenge because of high recurrence and deterioration of patients quality of life due to sphincter injury causing fecal incontinence, despite advent of newer treatment modalities. [3] Conventional surgical treatment options includes fistulotomy, fistulectomy, advancement flap, ligation of intersphincteric fistula tract (LIFT) and video assisted anal fistula treatment aim to eradicate fistulous tract with preservation of sphincter anatomy and function. [1] However, need for prolonged treatment in complex/recurrent fistulae causes considerable postoperative morbidity and delayed wound healing because of persistence of infection, thereby affecting continence. Hence, sphincter preserving techniques with minimal invasion are increasingly popular with growing demand in recent times. [3]

In Ayurveda contexts fistula-in-ano has been vividly explained as *Bhagandara*, which develops from a suppurative lesion in perianal region. [4] Acharya Sushruta has considered *Bhagandara* under *Ashta Mahagada* (8 major diseases) because of its chronicity and difficult prognosis. [5] *Kshara Sutra* therapy has been globally accepted for treatment of *Bhagandara* and *Nadivrana*. *Apamarga Kshara* is one of key ingredients for preparation of *Kshara Sutra*. However classical Ayurvedic texts also mention *Yava* (Hordeum vulgare) as *Kshara* yielding drug. Properties of *Yava Kshara* mentioned in different classics have found to have *lekhana* (scraping away) and *shodhana* (purifying) properties. *Apamarga Kshara Sutra* is currently most widely practiced in Ayurveda, but in classical text *Hindu Vagara* one of *Kshara dravya* mentioned in that text is *Yava*.

Uniqueness present case lies in, meticulous clinical documentation, successful blending of conventional surgeries with Ayurvedic *Kshara Sutra* therapy using *yava kshara* which can be alternative to *apamarga* resulting in improve wound healing, maintain sphincter function, no adverse effects and achieving recurrence free recovery within 33 days.

2. CASE REPORT

Patient Information: A 34 year old male patient presented to Shalya Tantra outpatient department of a tertiary Ayurveda teaching hospital presented with pain and discharge of pus from the perianal region from last 6 months duration. Pain was intermittent, increased during especially defecation. There was associated pain during sitting also. Discharge was persistent with foul smelling which resulted in local irritation which leads to difficulty in maintaining perianal hygiene as well as hampered quality of life. There was no history of fever, acute abscess formation or bleeding per rectum as of now. There were no specific past medical illness of diabetes mellitus, hypertension, tuberculosis, inflammatory bowel disease or any other chronic systemic illness. Patients family history noncontributory to current presentation. In patients social history, patent denied any history of smoking, alcohol or any drug or substance abuse. Psychosocially, chronicity of symptoms hampered his routine daily activities and put him through distress which prompted patient to have a definitive and permanent treatment. Previously patient was managed conservatively with oral antibiotics and analgesics (conventional) before presenting to our hospital but only received temporary symptomatic relief. Pain and discharge continued despite of treatment. There was no previous history of any surgical intervention for fistula-in-ano. Considering recurrent nature of symptoms and poor response to previous treatment, patient chose integrated Ayurvedic

treatment intervention. Detailed timeline of clinical events is presented in table 1.

Table 1. Timeline of Clinical Events

Duration	Event / Feature
6 months prior	Patient noticed mild discomfort and intermittent pain near anal region
3–4 months prior	Occasional pus discharge from perianal area, self-managed with home remedies
2 months prior	Increased frequency of pain and pus, discomfort during defecation
1 month prior	Formation of small external swelling near perianal area
2 weeks prior	Persistent discharge, mild bleeding and discomfort prompting medical consultation
Presentation (27-07-2025)	Presented to our OPD with persistent pain, pus discharge and confirmed diagnosis of fistula in ano

Clinical Findings

General Examination: Patient was conscious, co-operative and well oriented to time, place and person. Vital were within normal range at time of examination with blood pressure og 120/70 mmHg with Pulse rate of 68/min. Pallor, icterus, cyanosis, clubbing, lymphadenopathy or pedal edema were absent. Systemic examination revealed no abnormal findings. He was moderately built and nourished and was actively involved in routine occupational activities at the time of presentation.

Local examination: On local inspection of perianal region patient in lithotomy position, 2 external openings were noted in perianal region (10 o'clock) approximately 6-7 cm away from anal verge and secondary opening was present in subscrotal region (11 o'clock), on overlying skin mild induration was present with purulent discharge. On palpatory examination a thickened cord like tract was palpable from perianal to subscrotal region posteriorly of approximately 7 cm with Local rise of temperature, tenderness was noted. On gentle pressure there was discharge of a purulent content from external opening. On Digital Rectal Examination internal opening was noted at 12 o'clock position without any evidence of sphincter spasm or induration. Sphincter tone was normal on examination and continence was preserved as of now.

Ayurvedic assessment revealed Vata–*Pitta* dominant *prakriti* (constitution), *Vata–kapha dushti or vikruti*, *madhyama* (moderate) *bala (strength)*, *satva (mental strength)*, *ahara shakti* (digestive capacity) along with *vyayama shakti (physical work strength)*. *Ashtavidha Pariksha* (8 fold examination) revealed a *Vata-Kapha* dominant *nadi* (pulse), *nirama jivha* (uncoated tongue) hard and unsatisfactory bowel evacuation.

Diagnostic Assessment

Diagnostic Testing: General physical examinations were conducted and single discharging sinus was located in posterior midline region of anal region. Tissue was firm as well as tender on palpation but no other swellings, lumps, erythema or external lesions were noted other than index area. Laboratory investigations (complete blood count, liver and kidney profiles) were conducted and obtained and all findings were within normal ranges, except WBC 11,200/mm³ (mild leukocytosis), mildly increased ESR and CRP. MRI of pelvis was carried out in order to map out fistula tract. Imaging studies in this patient revealed a low posterior anal fistula with single internal opening at anal canal without any secondary tracts or abscesses. Patient reported questionnaires confirmed pain during defecation as well subjective intermittent seropurulent discharge.

Challenges in diagnosis: There were many challenges in diagnosis because of limited access to advanced imaging like

MRI at our centre, needed referral to tertiary care centre. The financial cost involved in the imaging required was moderate challenge for patient. Moreover patients cultural and personal preference played role in diagnosis as patient preferred Ayurveda based management over the conventional surgical treatment. Thus diagnosis and treatment plan assessment was done accordingly.

Final Diagnosis: Clinical, laboratory and imaging findings conclusive of *Bhagandara* (Anal Fistula) was made. Differential diagnosis were considered outlines in table 2 with their reason for eclusion.

Table 2. Differential Diagnosis excluded

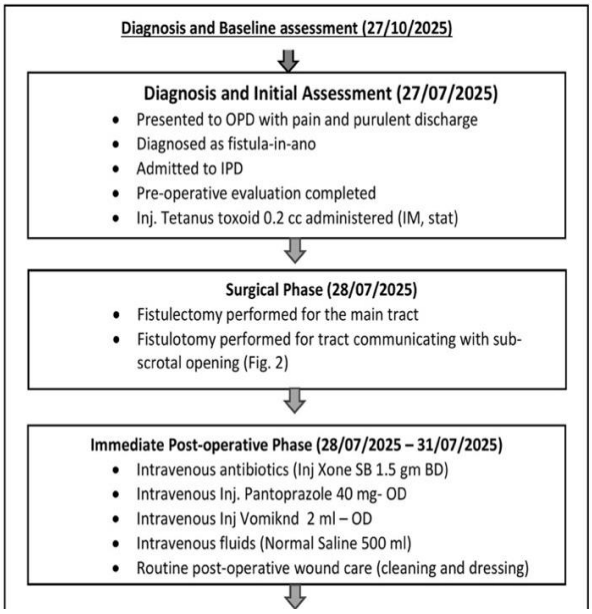
S. No	Condition	Key Features Considered	Reason for Exclusion
1	Perianal Abscess	Localized swelling, tenderness, fluctuance	No fluctuant swelling or acute abscess present
2	Pilonidal Sinus	Midline sacrococcygeal sinus, hair debris	Location different; no hair or debris observed
3	Fissure-in-ano	Painful defecation, linear tear at anal verge	Single tract with discharge, not a linear tear
4	Crohn's Disease Fistula	Chronic diarrhea, multiple fistulous tracts	No systemic GI symptoms; labs normal
5	Tubercular Fistula	History of TB, systemic signs (fever, night sweats)	No TB history or supportive investigations

Prognosis: Considering patient was presented with low, single tract fistula with good clinical condition, overall prognosis will be good with proper management recurrence may occur in fistula in-ano patients but with application of *Yava Kshara Sutra* with integrated Ayurveda treatment protocol which treat local pathology along with system involvement, reduce obliteration of tract and specific targeted treatment will help with early recovery as well as complete remission without any further complication with follow up.

Therapeutic Intervention: The patient was treated with a comprehensive combination of procedural, pharmacologic and supportive therapies in integrated approach. Firstly main tract was managed with fistulectomy and tract associated with sub-scrotal opening with fistulotomy, which was followed by threading of *Yava Kshara Sutra* through the fistula tract by Rail-Road method. *Yava Kshara Sutra* procedure was performed according to standard operating procedure (SOP) which adhered to broad stages and principles mentioned in classics. In brief, after cleaning and draping the site in aseptic manner as well as achieving local anaesthesia, tract was probed, *sutra* which was coated with *Apamarga Kshara* and *Haridra paste* was threaded through tract and both ends were tied. Both ends of *Yava Kshara Sutra* were tightened at weekly intervals until tract had been completely cut through. Slight modifications were made in tension given to *Yava Kshara Sutra* and frequency of sessions based on extent of patients distress, pain or discomfort as well as course of tract incision healing in comparison to general trajectory. Sitz baths and topical application of *Haridra* paste constituted supportive modalities. Procedure was accompanied by oral administration of Ayurveda medications that facilitate *dosha* balance, control inflammation as well as promote wound healing. These included *Triphala Guggulu* and *Triphala Churna*. Complete healing of wound was noted on 30-08-2025 (33rd day). Medications were continued till 30-08-2025, till wound had completely healed. Detail therapeutic intervention was presented in Fig. 1 and Table 3.

***Ksharasutra* SOP**: *Yava Ksharasutra* was prepared as per Standard Operating Procedure described in Ayurvedic Pharmacopoeia of India using *Snuhi* (*Euphorbia neriifolia* L.) latex, *Yava Kshara* (*Hordeum vulgare* L.) and *Haridra* (*Curcuma longa* L.) *churna* under strict aseptic precautions,

local anesthesia, *Ksharasutra* was applied by gently probing fistulous tract and ligating it to ensure complete contact with tract. Thread was changed once weekly until complete healing was gain. Safety was ensured by maintaining sterile technique and minimal tissue manipulation with no bleeding, infection or procedure related complications noted.



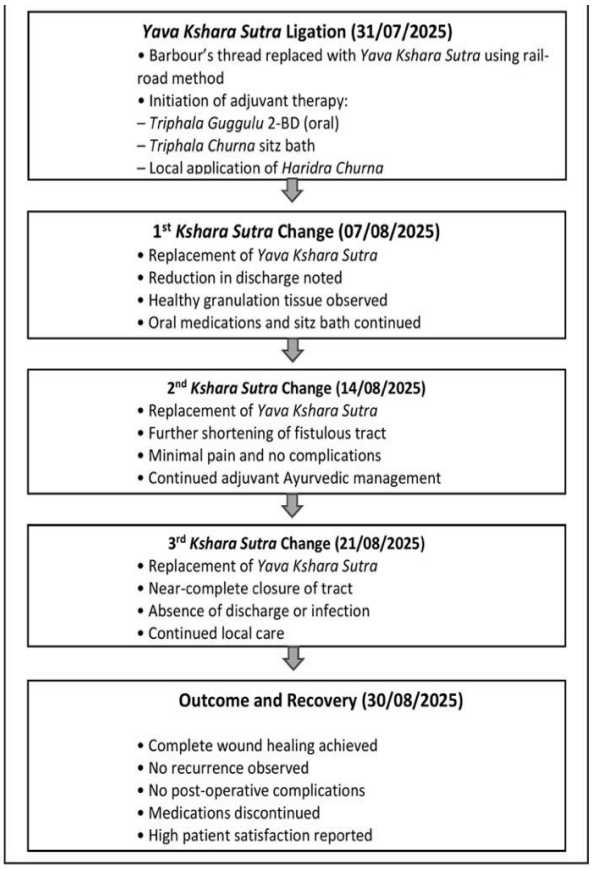


Figure 1: Flowchart depicting the chronological clinical course, integrated surgical and Ayurvedic interventions, and follow-up outcomes

Table 3: Timeline of Therapeutic Intervention

Date	Clinical Course	Intervention
27-07-2025	Presented to OPD with pain and pus discharge, diagnosed with fistula in ano	Admitted to IPD for surgical intervention, pre-operative procedures performed- Inj TT 0.2cc I/M (Stat) (A0112325)
28-07-2025	Fistulectomy performed for main tract, fistulotomy performed for tract connected to sub-scrotal opening (Fig. 2)	Post-operative care (28-31 July), Inj Pan 40 mg- IV, OD, (Auraya Healthcare – AQL0100), Inj Xone SB 1.5gm - IV, BD (25461443), Inj. Vomikind 2 mg – IV, OD (Mankind Pharma – E51X212), IV fluid (Normal Saline- 500ml- OD)
31-07-2025	Barbors thread replaced with *Yava Kshara Sutra* by Rail-Road method	Tab. Triphala Guggulu- 2 tb. BD with warm water (Baidyanath – N22429003), Triphala Churna for sitz bath (Dabur – AL05712), f/b application of Haridra churna
07-08-2025 to 23-08-2025	*Kshara Sutra* changed weekly	Oral medications and sitz bath continued
30-08-2025	Complete healing of the wound observed	Medications stopped

Follow Ups and Outcomes: A detailed clinician assessed, patient reported and wound status wise follow up outlined in table 4 and figure 2.

Table 4: Follow-up Visits and Clinical Outcomes

Visit Date	Follow-up No.	Clinical Findings	Clinician-Assessed Outcomes	Wound Status	Patient Perspective	Adverse Events
28-07-2025	1	Post fistulectomy and fistulotomy, mild edema, serosanguinous discharge	Pain reduced slightly, tract healing initiated, VAS 8	Wound clean, mild oozing	Mild discomfort during defecation	None
31-07-2025	2	Barbors thread replaced with *Yava Kshara Sutra*	Pain further reduced, no signs of infection, VAS 5	Wound clean, minimal discharge	Slight tension at site, tolerable	None
07-08-2025	3	1st *Kshara Sutra* changed weekly	Tract gradually shortening, inflammation reduced, VAS 2	Healing progressing	Comfortable, pain minimal	None
14-08-2025	4	2nd *Kshara Sutra* weekly change continues	Clinically tract shortening, surrounding tissue healthy, VAS 2	Wound contracting	Mild itching, no pain	None
21-08-2025	5	3rd *Kshara Sutra* changed, almost complete cutting	Tract almost healed, no discharge, VAS 0	Wound clean, granulating	Satisfied with progress	None
30-08-2025	6	Final evaluation	Complete healing observed. no discharge, VAS 0	Wound completely healed	Pain-free, able to perform routine activities	None

Figure 2: Showing masked pictures of: Preoperative presentation (A), post-operative status after fistulectomy and fistulotomy with threading (B) and complete healing after integrated management with *Yava Kshara Sutra* (C)

Adherence, Tolerance and Adverse Effects: Level of adherence to integrated treatment was characterized as good. This was ensured through direct observation of therapy administration as inpatient at hospital stay as well as during weekly outpatient visits for *Kshara Sutra* tightening and patient reported medication logs. Integrated therapy was also well tolerated. Mild discomfort at *Kshara Sutra* site was noted after tightening in transient manner. There were no therapy related adverse or unanticipated events for duration of treatment course. There were minor local reactions, mainly a very mild soreness, during course of the therapy application. These self-resolved without any additional intervention.

3. DISCUSSION

Bhagandara (anal fistula) is one of most common and challenging disease to cure without recurrence often demanding surgery. Conventional procedures includes fistulectomy and fistulotomy gives cure but may result in longer healing time or incontinence. [3] Here integrated approach comprising fistulectomy, fistulotomy with *Yava Kshara Sutra* therapy and use of oral Ayurvedic medications

and supportive measures was adopted. (Table 3, Fig. 2) Efficacy of *Kshara Sutra* in stage wise cutting as well as complete healing of fistulous tracts without hampering sphincter function has been demonstrated earlier. [6,7] Ayurveda oral formulations including *Triphala Churna* and *Triphala Guggulu* have also been reported to provide similar benefits, they encourage wound healing, alleviate inflammation, subsides *tridosha* and aids in procedural management of fistula. [8] Anal fistula is often complicated to manage especially when there are multiple tracts or several external openings present. Here we integrated fistulectomy [9] to eradicate main tract and fistulotomy to manage tract connected to sub-scrotal opening. (Table 3, Fig. 2) Fistulectomy excised whole length of main tract, while fistulotomy opened up tract from sub-scrotal opening to main tract thereby allowing it to drain completely and allowed debridement without compromising sphincter function or risking incontinence. [10] *Ksharasutra*, [11] medicated thread mentioned in Ayurveda promotes healing, induces fibrosis and prevents recurrence when used alone especially in cases of fistula passing through sphincter, circumferential tracts, long, fibrosed, ramified, horseshoe shaped tracts crossing trans muscular spaces and complex fistulae. Here we placed *Ksharasutra*, post-fistulotomy/fistulectomy to eliminate residual tract. *Yava Kshara* (alkali prepared from barley), exhibit properties of *kshara*, it has *tikshna* (sharp), *ushna* (hot), *laghu* (light), *ruksha* (dry) properties and exhibit *vidarana* (breaking), *chedana* (cutting) and *dahana* (cauterizing) actions, due to *lavana rasa* predominance, it exhibit strong corrosive and alkaline properties as of fire thus it cuts, scraps, cauterizes and clean the fistulous tract by destroying infected tissues thereby allowing healthy healing. (Table 3 and 4) [12,13,14] *Yava* was selected to overcome limitation of seasonal availability of *Apamarga*. Mechanism of action of *Yava Kshara Sutra* [14] takes into account both mechanical and chemical nature of its action. Medicated thread causes slow and sustained mechanical cutting of tract while alkaline coating on it exerts its proteolytic, antiseptic and tissue debriding properties in respective region. This results in controlled necrosis of tract epithelium which followed by induction of healthy granulation tissue, all together helps in complete healing of fistula-in-ano with minimal recurrence, reduced post-operative pain as well as improved cost-effectiveness compared to conventional open surgery. [15] Oral Ayurvedic medications *Triphala Guggulu* and Triphala Churna slitz bath provided anti-inflammatory, antioxidant, digestive stimulant actions thereby supporting wound healing, helps in systemic cleansing. [8,16] While supportive measures of topical application of *Haridra* paste helped in local tissue regeneration and mitigating infection risk. This integrated management led to complete wound healing within 33 days (Table 4 and fig.2, 3) without any side effects and was well tolerated.

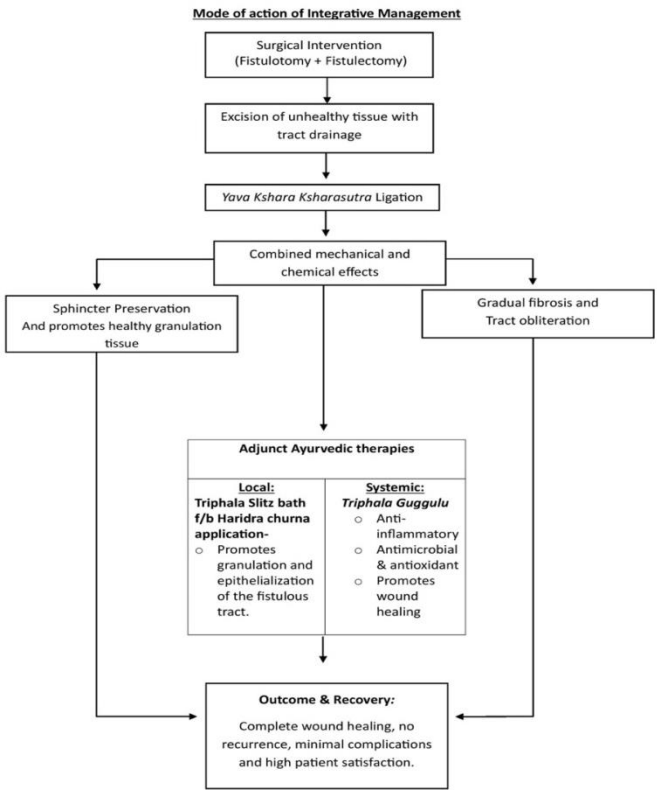


Figure 3: Schematic representation of the integrative action of surgical and Ayurvedic interventions resulting in

controlled fibrosis, effective wound healing, and preservation of sphincter function

Integration of modern surgical modalities with *Ksharasutra* ligation and adjunctive Ayurvedic therapies archived fast recovery, minimized post-operative pain as well as most importantly prevented recurrence without any adverse effect. Weekly based follow ups and regular monitoring ensured adherence and early detection for any complications (Table 4). This comprehensive integrative treatment highlighted how procedural precision with systemic Ayurvedic support can complement each other in complex fistula management.

Strengths of current case includes blending of surgery and Ayurveda modalities, individualized planning for multiple tracts, regular follow up post-surgery, well documentation of patient satisfaction and thoroughly informed nature cure lifestyle counselling. No recurrence and side effects with preservation of sphincter is major strength of current strength. Limitations of this case study are single patient design and limited long term follow up from the day of surgery which can influence its generalizability apart from lack of standardization of *ksharasutra* thread and lack of reproducibility of the same phytochemical contents from batch to batch which could have confounded results.

Future directions for this treatment arms are controlled studying this integrated method in larger population for improved reproducibility of outcomes, studying and optimizing *Ksharasutra* treatment protocol in complex fistula apart from standardizing batches of *Ksharasutra* by analytical pharmacognostic (phytochemical standardization) and pharmacological (animal and human trials) methods in order to assess control on inter and intra batch quality and chemical consistency.

Overall, integration of fistulectomy, fistulotomy with *Yava Kshara Sutra* with adjuvant Ayurveda therapy can be a safe, effective and acceptable option to a patient for complete healing of complex anal fistula with minimum recurrence and/or complications.

4. CONCLUSION

This patient had a longstanding anal fistula of several months duration and presented with persistent pain and pus discharge. Management comprised comprehensive integrated approach based on complementary modalities of fistulectomy of main tract, fistulotomy of sub-scrotal tract, *Yava Kshara Sutra* therapy, oral Ayurvedic medication *Triphala Guggulu* and supportive therapy comprising sitz baths with *Triphala Churna* and local application of *Haridra* paste,. Full programmed treatment achieved complete healing after a course of 33 days. Weekly follow-up was maintained in order to adjust *Kshara Sutra*, without side effects. During the 33 day course of treatment patient exhibited progressive reduction of pain as well as discharge, gradual healing of fistula tract and complete closure of wound. During treatment period patient experienced little in the way of inconvenience in particular, no secondary infection, abscess formation or sphincter dysfunction were observed. These outcomes suggest that integrative approach combining modern surgical techniques with Ayurvedic therapy and supportive measures can safely and effectively resolve chronic complex fistula-in-ano, resulting in complete healing, minimisation of recurrence along with minimal inconvenience for patient.

Abbreviation Used:

OPD – Outpatient Department

OD – Once a Day

BD- Twice a day

IPD – Inpatient Department

Inj. – Injection

TT – Tetanus Toxoid

PAN– Pantoprazole

XONE SB – Ceftriaxone and Sulbactam

IV – Intravenous

NS – Normal Saline

cm- Centi-meter

mmHg- Mili-Meter of Mercury

Kshara Sutra – Medicinally coated thread used in Ayurvedic management of fistula-in-ano

VAS – Visual Analog Scale

SOP – Standard Operating Procedure

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 - Once this treatment started, patient started feeling quite well. Main pain had disappeared gradually and also pus started reducing. He felt weekly changing of thread and medicines quite bearable. There was perfect healing at end. The patient was happy with the outcome of treatment. There were no complications and his recovery was smooth and comfortable.

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Consent to Publish Final Manuscript: All authors

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