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Case Study on Effect of *Aragvadhadi Ksharsutra* in Management of Fistula-in-Ano

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Abstract

Fistula-in-ano is a chronic and recurring anorectal disorder. In *Ayurveda*, it is referred as *Bhagandara*, one of the *AshtaMahagada*[1]. In bhagandara, Apamarga Ksharsutra is traditionally used for its effective cauterizing and healing properties[7], patients often experience discomfort, pain, and irritation. The present study explores the use of ***Aragvadhadi Ksharsutra***, a formulation made from *Aragvadha*, *Haridra*, *Aguru*, *Madhu*, and *Ghrita*, as a less irritating, more patient-friendly alternative in the treatment of fistula-in-ano.[10]

1.INTRODUCTION

The term *fistula* is derived from Latin, meaning a pipe or reed, indicating a pathological tract between two epithelial-lined surfaces. Fistula-in-ano typically presents as a chronic track that communicates the anal canal with the perianal skin[12]. In Ayurveda, this condition is classified under *Bhagandara*, one of the *Ashta Mahagada*. *Acharya Sushruta* advocated the use of *Ksharsutra* for *Nadi Vrana* and *Bhagandara*.[3,4]

While *Apamarga Ksharsutra* has proven therapeutic efficacy, its irritant nature can hinder patient compliance. *Aragvadhadi Ksharsutra*, enriched with soothing and healing herbs, offers a promising alternative for managing fistula-in-ano[10].

Allopathic science and traditional management of *bhagandara* (fistula in ano) use plain black silk thread or *Apamarga ksharsutra* as cutting and healing purpose. But during treatment patient experienced discomfort, Pain & burning sensation post procedure. To overcome this issue, we are using *Aragvadhadi Ksharsutra* which is painless during treatment and post procedure.

3. CASE REPORT

A 43-year-old male presented with recurrent perianal discharge, mild fever, and a palpable track.

There was no history suggestive of diabetes mellitus, hypertension, or any chronic systemic disorder. The patient also denied any known drug or food allergies. Prior to seeking Ayurvedic care, the patient

had undergone conventional management, including courses of antibiotics which provided only short-term relief with repeated recurrence of symptoms. Due to the chronic and relapsing nature of the condition, the patient opted for Ayurvedic treatment with the expectation of sustained relief and reduced chances of recurrence.

Clinical Findings

Local Examination: Examination of the perianal area revealed a distinct external opening with minimal seropurulent discharge. The surrounding skin showed induration and features suggestive of a chronic inflammatory process. On gentle palpation, a tract-like structure was appreciable beneath the skin, associated with mild tenderness.

Systemic Examination: General examination did not reveal any signs of systemic infection such as fever or malaise.

Laboratory Investigations: Routine hematological and biochemical parameters were found to be within normal physiological limits.

Diagnostic Assessment

Patient presenting with:

- *Pidaka* (boil) near the anus
- *Ruk* (pain), *Jwara* (fever), *Kandu* (itching), *Daha* (burning), and *Shopha* (swelling)
- persistent discharge
- External opening with purulent discharge
- Confirmed internal opening via probing.

Based on the clinical presentation the condition was diagnosed as *Bhagandar* (fistula-in-ano) in accordance with Ayurvedic principles.[3,4] *Aragvadhadi Ksharsutra* was applied after proper preoperative preparation.

4. THERAPEUTIC INTERVENTION

The management plan involved the application of *Aragwadhadi Ksharsutra*, a medicated thread therapy specifically indicated for *Bhagandar*. The Ksharsutra was carefully introduced into the fistulous tract using a standardized threading technique. Periodic replacement of the thread was carried out at fixed intervals to facilitate gradual excision and simultaneous healing of the tract.

Supportive care included maintenance of local hygiene and regular *sitz baths* to promote cleanliness and healing of the affected area. In addition, appropriate *Shamana* medications were administered internally to aid in controlling infection, reducing inflammation, and enhancing tissue repair. The treatment was continued until complete resolution of the tract was achieved.

5. CLINICAL PROCEDURE

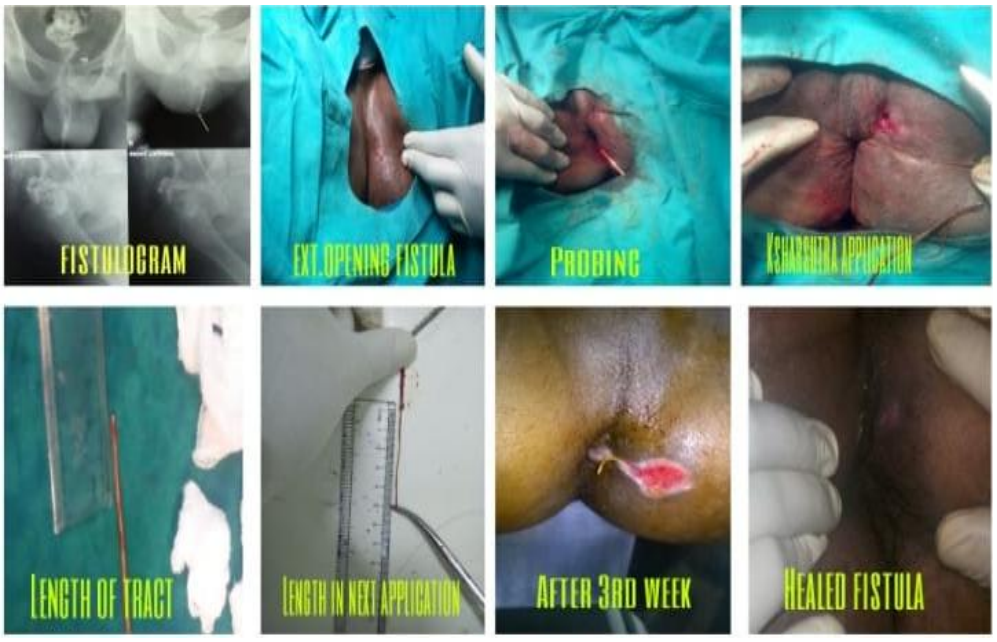
Poorva Karma (Preoperative Preparation):

- Written informed consent
- Xylocaine sensitivity test
- Laxatives
- Perianal part preparation

Pradhana Karma (Main Procedure):

Under spinal anesthesia, the patient was placed in lithotomy position. The external opening was probed, and the track was followed with guidance of a finger in the rectum until the probe emerged through the internal opening. The *Aragvadhadi Ksharsutra* was then placed in the tract and secured.

Ksharsutra was changed every 7th day till complete cutting and healing of tract.[7]



6. OBSERVATIONS & RESULTS

1. **Unit Cutting Time (UCT):** UCT was used to measure the time taken to cut and heal 1 cm of fistulous tract.
2. In this case, UCT was observed to be **6.2 days/cm**, which is favorable compared to Apamarga-based formulations.[8]
3. No significant pain, burning, or irritation was reported.
4. Complete healing observed without recurrence during 6-month follow-up.

7. DISCUSSION

The *Aragvadhadi Ksharsutra* demonstrated potent anti-inflammatory, antimicrobial, and wound-healing effects due to the synergy of its ingredients. Unlike *Apamarga Ksharsutra*, this formulation provided **reduced postoperative discomfort**, making it ideal for sensitive patients and reducing drop-out rate during treatment.[10]

8. CONCLUSION

Aragvadhadi Ksharsutra is an effective and less irritating alternative to traditional *Apamarga Ksharsutra*. It provides better patient compliance, satisfactory healing rate, and minimal discomfort, making it a **clinically viable approach** in managing fistula-in-ano.

Despite the encouraging outcome of this case, further research is necessary to establish stronger clinical evidence:

- Larger sample size studies are needed to validate the efficacy and safety of *Aragvadhadi Kshar Sutra* therapy.
- Assessment of patient quality of life and cost-effectiveness in broader populations should be included.

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