ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 12| Issue: 1| January2026|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

MANAGEMENT OF BHAGANDARA W.S.R. TO COMPLEX FISTULA-IN-ANO BY IFTAK TECHNIQUE- A CASE STUDY

Dr. Akash Bhoi[1], Dr, Tapan Kumar Nayak [2]
[1]*MS Scholar, Dept. of Shalya Tantra, G.A.M. Puri,*
[2]*Lecturer, Dept. of Shalya Tantra, G.A.M. Puri.*

ABSTRACT
In Ayurveda, Maharshi Sushruta has describe the term Ashta Mahagada i,e there is a group of 8 diseases which is difficult to cure. Bhagandara is included in Ashta Mahagada by Maharshi Sushruta. Due to the vitiation of doshas, there is formation of Pidaka or Abscess in the perianal region which is the premonitory condition and if the Pidaka or Abscess left untreated results in formation of Bhagandara or Fistula-in-Ano. An Anal Fistula is a common benign anorectal disease which can be of simple or complex type which can be treated without affecting the normal functioning of the Anal sphincters. In complex Fistula-in-Ano, it is difficult for a surgeon to treat because in this case there is more chances of Anal incontinence occurs. IFTAK (Interception of Fistulous Tract and Application of Ksharasutra) is a novel advanced ksharasutra technique which is more convenient to patient by minimizing the duration of treatment, mild post procedural pain and minimum scar marks. In this present study, a 52yr old Male patient consulted in the Shalya OPD of Gopabandhu Ayurveda Mahavidyalaya and Hospital, Puri, Odisha complaining of pain and pus discharge through perianal region for the past 1 year. This case is managed by IFTAK procedure.

INTRODUCTION
Fistula-in-Ano is a chronic abnormal communication, usually lined by granulation tissues which has an external opening in the perianal skin and an internal opening in the anal canal or rectum. The main cause of Fistula-in-Ano is the stasis and secondary infections of the Anal gland which leads to abscess formation from the anal gland in the inter-sphincteric region, from where the internal opening traverse through the internal sphincter to open into the anal canal and the abscess usually tracks down and opens in the perianal skin externally resulting in Fistula-in-Ano. While the age of onset of Fistula-in-Ano varies, it is usually seen in patients between 3rd & 4th decades of life. It is commonly seen in Men. In Ayurveda, it may be compared with *Bhagandara*. The vitiation of all the *Tridoshas* i,e *Vata*, *Pitta* & *Kapha* leads to disease *Bhagandara*. According to Maharshi Sushruta, depending upon the vitiation of *Doshas*, *Bhagandara* is classified into 5 types i,e vitiation of *Vata* leads to *Sataponaka*, vitiation of *Pitta* leads to *Ustragreeva*, vitiation of *Kapha* leads to *Parisrabi*, vitiation of all the *Tridoshas* leads to *Sambukavarta* and by *Agantuja karana* leads to *Unmargi*. According to Acharya Vaghbhatta, along with these 5 types, another 3 types are described. They are by the vitiation of *Vata -Pitta* leads to *Parikshepi*, vitiation of *Pitta-Kapha* leads to *Arsha Bhagandara*, vitiation of *Kapha-Vata* leads to *Ruju*. Ayurveda suggests many preventive and curative measures for treatment of *Bhagandara*. Ayurveda stands with the positive results of IFTAK Technique with *Kshara Sutra* therapy because it has lesser complications like reoccurrence & incontinence.

Preparation of *Ksharasutra*
The ingredients of *Ksharasutra* are Barbour thread no. 20, *Snuhi ksheera*, *Apamarga Churna* & *Haridra* powder. At first sterilization of thread done by Autoclave, then the linen Barbour thread no. 20 was put on the hanger. The first 11 coating are done with *Snuhi ksheera*, next 7 coating were done with *Snuhi ksheera* and *Apamarga Churna*. Then next 3 coating were done with *Snuhi ksheera* and *Haridra* powder. Then the hangers stored in the *Ksharasutra* cabinet for drying and sterilizing after each coating. The *ksharasutra* having a total no. of 21 coatings and was stored in an air tight glass tube.

CASE HISTORY
A 52 years old Male patient attended the OPD of Shalya tantra, Gopabandhu Ayurveda Mahavidyalaya, Puri with a complaint of pain and pus discharge in perianal region with itching and intermittent bleeding and swelling in the anteriorly left side of anal canal for the past 1 year. He had no such family history, medical history or any disease condition like Diabetes or Hypertension.

History of Present Illness
The patient was well before 1 year, but 1 year ago he noticed that a mild swelling present anteriorly left side of anal canal with small amount of pus seen with stool. So, he consulted a allopathic doctor who give some antibiotics, NSAIDs & ointment for local application. After taking those medications, there is no change in patient condition. For better treatment, he then came to Shalya OPD of Gopabandhu Ayurveda Mahavidyalaya, Puri where doctor confirmed that it is a case of Fistula-in-Ano.

History of Past Illness
No such history found.

Family History
No relevant family history.
Treatment History
1.Tab Linezolid 1 tab BD A/F
2.Tab Zerodol-P 1 tab BD A/F
3.Oint T-bact for L/A
4.Syp Gudlax-plus 30 ml at bed time

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Surgical History
- No history of any surgery found.

Personal History
- Marital status: Married
- Diet: Mixed
- Appetite: Poor
- Bowel: Constipated
- Sleep: Sound
- Addictions: Nil
- Micturition: 6-8/day

General Examinations
- BP-130/87 mm/hg
- PR-78/min
- RR-13/min
- Temp.-98.4F
- Weight-61 kg
- Height-158 cm
- Pallor/Icterus- Absent

Investigations
- Hb % - 14.5 gm%
- BT- 1 min 22 sec
- CT- 3 min 56 sec
- Total WBC- 9000 Cells/CMM

Differential count
- Neutrophil- 62%
- Lymphocytes- 28%
- Eosinophils-06%
- Monocytes- 03%
- Basophil- 01%
- ESR- 30 mm/hour
- RBS- 128 mg/dl
- HIV- Negative
- HBSAG- Negative

Diagnosis
On the basis of above clinical examinations, patient was diagnosed with *Bhagandara* (Fistula-in-Ano). The patient has 3 external openings in the left side of the gluteal region & Internal opening at 6 o'clock position.

Pre-Operative Procedure
At first, it is mandatory to obtain written informed consent of patient and attendant for the procedure as well as for the publication of this case in the Journal. The patient was taken 2 tsp of *Panchasakara Churna* at bed time before night. Before surgery, a proctoclysis enema was given in the early morning. To know the allergic reactions, a sensitivity test for xylocaine intra-dermal injections were given. Then T.T 0.5 cc IM injections was administered. The patient was positioned in Lithotomy position.

Operative Procedure
After diagnosis of Fistula-in-Ano with multiple openings, it was decided for IFTAK Technique
At first Injection Xylocaine 2% was diluted with distilled water and injected at the external opening towards the internal opening. Then copper probe was lubricated with Xylocaine gel and inserted through the external opening towards the internal opening to access the Fistulous tract. A small vertical incision is done at the post perianal region at the 6 o' clock position, where a window is made approx. 1 cm away from the anal verge and interception of Fistulous tract was done. Then probing will be done in all the 3 external openings to the window and normal saline was pushed from the external opening and it came out from the intercepted area to confirm the accuracy of IFTAK Technique. Then by the help of probe, *ksharasutra* was ligated from the intercepted area to the anal canal. Then curette all the 3 openings to remove granulation tissues.

Post-Operative Procedure
The operated area was cleaned with betadine solution with hot water. The wound was packed with betadine ointment coated gauze piece and applied T-bandage. The patient was advised to do sitz bath in Luke warm water twice daily for 15 minutes.
Patient was advised to take diets like green vegetables, fruits and avoid spicy and oily food, non veg food, junk foods and alcohol. To avoid constipation, *Panchasakara Churna* 2 tsp with Luke warm water at bed time was prescribed.

Subsequent change of *Ksharasutra*
The *Ksharasutra* was changed in every 7 days until the complete cut through of the track.

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RESULT



(Fig.1- Before Procedure)



(Fig.2- IFTAK Tech. with Ksharasutra ligation)



(Fig.3- After 15 days)



(Fig.4- After 1 month)

DISCUSSION

Fistula-in-Ano was one of the most common ailments that affect the human beings due to their irregular & unhealthy life style as well as food habits. Intermittent pus discharge affects patient social & professional life and to feel embarrassed. To give best treatment option to the patient of Fistula-in-Ano, it is beneficial to fast wound healing. IFTAK is an advanced Technique which minimizing the duration of treatment, mild post procedural pain & minimum scar marks.

- *Snuhi ksheera* has properties of *Teekshna Rechana*, *Sodhana* & *Ropana*. The *Sodhana* properties cure inflammation as well as infections whereas *Ropana* helps in healing of the wound.
- *Apamarga kshara* have the properties of *Vrana Sodhana*, *Ropana*, *Vedana Sthapaka* & *Sothahara*. It helps in cauterization of unhealthy granulation tissue.
- *Haridra* has the properties of *Lekhana*, *Sodhana*, *Ropana*, *Vedana Sthapaka* & *Sothahara* which works as an Antibacterial agent.
- After post procedure, *Jatyadi Ghrita* was applied which helps in wound healing & also have antimicrobial properties.

CONCLUSION

In comparison to other surgical methods, IFTAK Technique is a safe, minimally invasive treatment. IFTAK Technique leads to better healing of the Fistulous tract and reduces chances of further reoccurrence. It also has less expensive & less time taking effective technique to cure Complex Fistula-in-*Ano*.

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