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 FISTULA IN ANO BY IFTK TECHNIQUE- A CASE STUDY

Dr. Riturekha Das[1], Dr. Tapan Kumar Nayak[2]
[1]*M.S. Scholar*
[2]*Lecturer*

ABSTRACT

Bhagandara(fistula-in-ano) is one among the Asthamahagada (8dreadful disorders).
Most fistula-in-ano are thoughtout to arise as a result of cryptoglandular infection with resultant perianal abscess.
Despite all the technological advances, successful management of complex fistula in ano is still a challenge due to recurrence and incontinence with longer treatment period. The present study evaluates the outcomes of a novel technique, interception of fistula tract with application of ksharasutra (IFTAK) in terms of success rate & degree of incontinence. The present study regarding interception of fistulous tract with application of ksharasutra (IFTAK) was done in the patient of usually horse shoe type fistula, supralevator fistula, transsphincteric fistula, extrasphincter fistula in ano which showed great potential in the management of fistula in ano by reducing the duration of treatment with minimal post operative scar. IFTAK procedure has taken less time as compared to conventional ksharasutra procedure and has led to successful outcome. Months of follow up reveals no recurrence.

INTRODUCTION

Fistula in ano may be defined as an abnormal chronic tract lined with granulation tissues that leads from the anorectal lumen to the perianal region. Most anal fistulas occours as sequela of infection of the anal glands, resulting in the formation of an abscess in the intersphincteric plane, from where the sepsis tract in all four directions and may either open at the exterior or external blindly internally. The ideal treatment for anal fistulas should aim at the eradication of the primary source of infection & promoting healing of the tract. Conventional surgical options like fistulotomy & fistulectomy have shown good results for simple, low anal fistulas in terms of success rate & functional outcome.

In the traditional Indian medicine system of ayurveda, anal fistula is described as bhagandara, a surgical disease to be treated either by excision or laying open. Maharsi sushrut, the ancient Indian surgeon, in addition, prescribed an alternative, safe and minimally invasive treatment with the use of a medicated seton known as ksharasutra. A ksharasutra is prepared by smearing oleoresins of Commiphora mukul, powder of curcuma longa and the alkaline ash obtained from Achyranthes aspera on a surgical linen thread no. 20. Ksharasutra is applied snugly in the fistulous track from one end to the other using a probe and is changed weekly. The drugs coated on the thread gradually dissolve and cause lysis of the unhealthy granulation tissues, the whole tract is therefore laid open gradually by chemical fistulectomy as well as by mechanical pressure with an average cutting and healing rate 1cm per week.

A novel technique named interception of fistula tract with application of ksharasutra(IFTAK) was devised, in which only a small , proximal part of fistulous tract is laid open and the whole fistula is treated in less time with minimal sphincter damage and a good success rate.

CASE SUMMARY

A 47 year male came to shalya tantra department, Gopabandhu ayurvedic mahavidyalaya , puri reported with the chief complaint of continuous blood mixed pus discharge with pain from perianal region for 6 months. On local examination a swelling present on right side of perianal region which burst spontaneously and leads to discharge. Due to discharge he was unable to perform her routine activities as it creats psychological disturbance and discomfort while sitting and walking.
His routine investigations were done and shown within the normal limits
,his surgery IFTAK was planned.

INVESTIGATIONS

P/R-A thick walled abscess of approx 5cc is noted on right upper side of perianal region. It reveled a tract opening was present at 11O'clock position at right upper perianal region.

General examinations:- BP-112/78mm Hg
PR-74/min
RR-19/min
SpO2-98%
Pain-present(+)
Pus-(+)(+)

METHODOLOGY

Under local anesthesia, ksharasutra mounted over the probe and passed through the interseption of track and the internal opening. Regular antiseptic dressing was done with Jatyadi taila with weekly thread change. The details procedure and observations are present below.

DURATIONS	OBSERVATIONS
• 1ST Week	----------pus discharge was present

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

- 2nd Week----------pus discharge present with smell wound
  debridement was done followed by thread change
- 3rd Week----------pus discharge was present, mild smell present.
- 4th Week----------pus discharge was present, slough was present,
  triphala varti was packed in tract for debridement
- 5th Week----------healthy granulation tissue with pus discharge
- 6th Week----------healthy granulation tissue with minimal pus
  discharge.
- 7th Week ----------minimal pus discharge was present with around
  1cm of fistulous tract cut through was done
  followed by regular antiseptic dressing.

Oral medication prescribed:- Tab Saptavinsati guggula, Sothahara tab & Jatyadi oil for local application. Patient was advised to take sitz bath regularly and take high fibre diet to avoid constipation.

RESULT

IFTAK was done and 7 sittings ksharasutra changed at weekly interval. Complete cut through was done after 49 days. Regular dressing was done by Jatyadi taila till complete healing. This case study showed effectiveness of interseption of fistulous tract with application of ksharasutra (IFTAK) in Bhagandara.

DISCUSSION

Patient had complaint of blood mixed pus discharge with pain at perianal region. He also has psychological disturbance and discomfort while walking, sitting or performing any other activities. On the basis of local examination , Here our primary objective was to minimize recurrence rate, fewer complaints and minimal duration during the procedure. In modern science, its treatment is less successful as each process caries significant risk of pain, healing complaints and incontinence. Although, ksharasutra has shown better results used by ayurvedic surgeon but still it is time taking and painful process and also this leaves a big scar mark. On the contrary, the IFTAK technique gives promising results which can be seen as there is negligible bloos loss during operative procedure with less recurrence rate. It is cost effective treatment, less time consuming, less hospital stay, shows good cosmetic results with minimum scar mark as compared to modern methods treatment and conventional method of ksharasutra. Patient was able to perform all her routine activities next day after the operation and usually got discharged after 48hrs of observation. He was advised to come for regular dressing till cut through i.e. after 49 days of operation. Due to IFTAK technique he has a negligible scar mark. Hence , the present outcome procedure proves to be a cosmetically better outcome.

CONCLUSION

The aim of fistula treatment should primarily focous on the eradication of this root cause, that is the cryptoglandular infection & abscess rather than laying open or excising the entire fistulous tract. The IFTAK technique addresses this issue by eradicating the cryptoglandular infection with the application of ksharasutra while the distal part of fistlous tract is left to heal as such without cutting or laying open the innocent tissues through which it travels, even multiple tracks or branches of a fistula can be dealt effectively through a single, small incision. Hence, there is a need to reconsider the laying open or coring out of the entire fistulous track in the management of fistula in ano, which seems to be unnecessary.

RESULTS

(DAY 1)

(DAY 28)

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

(DAY 49)

(AFTER 2 MONTHS)

REFERENCES

1. *Williams NS, O'Connell PR, McCaskie AW, , Eds. Bailey & Love's short practice of surgery. 27th ed. Florida: CRC Press, Taylor and Francis Group; 2018:1363–7*
2. *Abcarian H. Relationship of abscess to fistula. In: Abcarian H, editor. Anal fistula: principles and management. New York: Springer Science & Business Media; 2014:13–4*
3. *Vogel JD, Jhonson EK, Morris AM, et al. Clinical Practice Guideline for the Management of Anorectal Abscess, Fistula-in-Ano, and Rectovaginal Fistula. Dis Colon Rectum 2016;59(12):1117–1133*
4. *Williams G, Williams A, Tozer P, et al. The treatment of anal fistula: second ACPGBI Position Statement - 2018. Colorectal Dis 2018;20(Suppl 3):5–31*
5. *Sheikh P, Baakza A. Management of fistula-in-ano – the current evidence. Indian J Surg 2014;76(06):482–486*
6. *Soltani A, Kaiser AM. Endorectal advancement flap for cryptoglandular or Crohn's fistula-in-ano. Dis Colon Rectum 2010;53 (04):486–495*
7. *O'Riordan JM, Datta I, Johnston C, Baxter NN. A systematic review of the anal fistula plug for patients with Crohn's and non-Crohn's related fistula-in-ano. Dis Colon Rectum 2012;55 (03):351–358*
8. *Zirak-Schmidt S, Perdawood SK. Management of anal fistula by ligation of the intersphincteric fistula tract - a systematic review. Dan Med J 2014;61(12):A4977*
9. *Garg P, Singh P. Video-Assisted Anal Fistula Treatment (VAAFT) in Cryptoglandular fistula-in-ano: A systematic review and proportional meta-analysis. Int J Surg 2017;46:85–91*
10. *Shastri AD, Ed. Ayurveda Tattwa Sandeepika Hindi Commentary on Sushruta Samhita, Chikitsa Sthana, Chapter 17, Verse 29–32. Reprint ed. Varanasi: Chaukhambha Sanskrit Sansthan; 2009:101*
11. *Srivastava P, Sahu M. Efficacy of ksharasutra therapy in the management of fistula-in-ano. World J Colorectal Surg 2010;2(01):6*
12. *Deshpande PJ, Sharma KR. Treatment of fistula-in-ano by a new technique. Review and follow-up of 200 cases. Am J Proctol 1973;*