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Management of Fistula in Ano by An Advanced *Ksharasutra* Technique: IFTAK -A Case Report

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Abstract*—Fistula in ano (FIA) represents an abnormal epithelial-lined communication, often surrounded by unhealthy granulation tissue, and typically originates from cryptoglandular infection. In Ayurveda, the classical disease Bhagandara closely aligns with these clinical manifestations. Acharya Sushruta enumerated various remedies for Bhagandara, among which Ksharasutra therapy stands out, with a remarkable success rate of approximately 96.7%. However, this traditional method has certain drawbacks: it's time-consuming, causes significant post-procedural pain, and often leaves a large scar. To address these challenges, the IFTAK technique -Interception of the Fistulous Tract and Application of Ksharasutra - has emerged as a revolutionary advancement in this field. Rather than threading the entire fistulous path, IFTAK involves creating a targeted interception point—usually at an inter-sphincteric window- through which Ksharasutra is applied to the infected tract. This approach transforms complex or torturous fistulas into simpler, low-lying tracts, enabling faster healing, reduced discomfort, and smaller scars. In the present case report, a 37-year-old male with MRD No: 23071530 visited the OP department of SNIASR, Kollam, complaining of a pimple-like lesion over the perianal region along with pain and pus discharge. Based on clinical and radiological examination, he was diagnosed with grade 1 Intra Sphincteric Fistula and was managed with IFTAK technique, which is a minimally invasive technique with mild post-procedural pain, minimal scar mark and less duration of treatment*.

***Keywords*—** *Bhagandara, Fistula -in -Ano, Ksharasutra Technique, IFTAK*.

I. INTRODUCTION

Fistula in ano refers to an abnormal channel that forms between two epithelial-lined surfaces, typically between the anal canal and the perianal skin. This tract is generally surrounded by inflamed or non-healing granulation tissue. The most common underlying cause is an infection of the anal glands, known as a cryptoglandular infection. In most cases, a perianal abscess represents the acute phase, while fistula in ano signifies the chronic phase of the same infectious process [1.] Between 26 and 38% of cases of anal abscesses result in fistulas. The frequency of fistula in anus is still a mystery. The prevalence rate of fistula in ano is 8.6 cases per 100,000 people, according to research. This disease in four times more common in males as compared to females and the mean age of affected population is about 38.3 years [2]. Although not considered life-threatening, the condition can significantly disrupt daily activities due to persistent pain and discomfort.

Based on similar clinical signs and symptoms, the disease Fistula in ano can be corelated to *Bhagandara* in *Ayurveda* classics. *Acharya Sushruta* mentioned *Bhagandara* as one among the eight diseases which are difficult to cure [3]Initially, the condition appears as a swelling or boil *(Pidika)* near the anal region *(Guda),* and once it ruptures, it is referred to as *Bhagandara*[4]. Over a hundred treatment options have been identified for managing Fistula in ano. In modern medicine, surgical approaches include procedures such as fistulotomy, fistulectomy, placement of setons, ligation of the intersphincteric fistula tract (LIFT), application of fibrin glue, advancement flap techniques, and the use of expanded adipose-derived stem cells (ASCs)[5]. Ancient texts, particularly those by *Acharya Sushruta,* also detail various therapeutic strategies for treating *Bhagandara,* including oral medications, topical applications, surgical interventions, and para-surgical methods.

Currently, *Ksharasutra* is regarded as one of the most reliable and widely accepted para-surgical approaches for the treatment of Fistula-in-ano. As per classical method, *Ksharasutra* is prepared and used for treatment. This technique has become a standard treatment modality in surgical practice for managing Fistula-in-ano, as it has significantly reduced recurrence rates and the risk of incontinence.[7] Despite its many advantages, *Ksharasutra* therapy is associated with certain challenges for both practitioners and patients. These include post-procedural discomfort, pain, prolonged anxiety, frequent hospital visits, extended duration of treatment, and the possibility of noticeable post-operative scarring. [8,9,10].

As per Park's concept, approximately 90% of Fistula-in-Ano cases occur due to cryptoglandular infection, with the source of infection being the anal crypts located in the intersphincteric area. So, eliminating the infected crypt may effectively cure the condition, allowing the remaining tract to

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heal naturally. Based on this theory, IFTAK technique (Interception of Fistulous Tract with Application of *Ksharasutra)* was developed as an advanced and refined version of traditional *Ksharasutra* therapy. This method offers greater convenience for patients and addresses many limitations of the conventional technique.

In the case presented, the IFTAK technique was planned and implemented successfully. It proved to be highly effective by significantly reducing the patient's anxiety period, minimising the duration of treatment and the pain associated with repeated *Ksharasutra* insertions, and resulting in minimal scarring.

II. CASE

A male patient of 37 year old visited the Salyatantra department of SNIASR, with pain and a pimple-like lesion on the perianal region, along with pus discharge and itching for 3 months.

History of presenting complaints:

1 year before, he had noticed a pimple-like lesion along with mild pus discharge from the perianal region. Initially, he neglected the symptoms, but gradually the pain aggravated, consulted an allopathic physician, got some medications. The conditions were temporarily relieved. 2 months before, due to his work stress and after continuous sitting for long hours, he noticed pain over the perianal region along with pus discharge. He was clinically diagnosed with a Fistula in ano, and an MRI- Fistulogram revealed with complex inter-sphincteric fistula. So came to our OP department of Salyatantra for further management.

General examination

Pallor, Icterus, Oedema, clubbing – Absent

- Blood pressure -120/80mmHg.
- Pulse rate -70/min
- Respiratory rate -17/min
- Temperature -37.6°C
- Weight -65 kg.

Examination:

On Inspection:

- Perianal skin is normal with no scar mark.
- External opening at 7 o'clock position about 7 cm from the anal verge.

On digital rectal examination:

- No active bleeding, mild pus discharge.
- Sphincter tone normal, internal opening palpated at 6 o'clock position [transverse posterior midline].
- Mild tender swelling noted at the 9 o'clock position and a fibrous band noted at the 12 o'clock position.

III. METHODS

- *Pre-Operative*
  - Vitals noted
  - Blood pressure -120/80 mmHg
  - Pulse rate -70/min
  - Temperature -afebrile
  - Written informed consent obtained
  - Inj TT intramuscular given
  - Lignocaine 2% subcutaneous sensitivity test done.
- *Operative*
  - Probing was done under Local Anaesthesia to assess the tract.
  - At the 6 o'clock position, a small vertical incision was created approximately.3 cm away from the anal verge.
  - From the external opening, normal saline was pushed and came out through the intercepted area to confirm the accuracy of IFTAK.
  - Metallic probe was introduced through the window from 6 'o' clock position and taken out from internal opening and *Ksharasutra* placed in the tract.

Fig : 1

Post–Operative

- Wound dressing and packing are performed using *Jatyadi Ghrita* for its antiseptic and healing properties.
- The patient was instructed to begin regular hot sitz baths from the following day, along with wound care using *Jatyadi Ghrita* for dressing.
- *Conservative Treatment*
  - *Guggulu tiktakam kashayam* 50ml TDS (A/F).
  - Tab. *Kaisoora Guggulu* 3 TDS with *kashayam.*
  - *Brihat triphala choornam* 1 tsp HS with hot water (B/F).
  - *Guggulu Panchapala Choornam* 5 gm BD with honey.

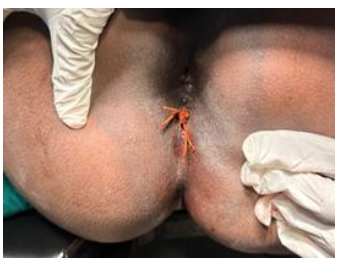

Fig 2 - after 1st thread change

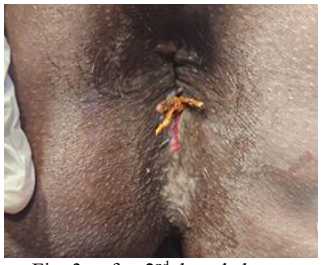

Fig: 3 - after 2nd thread change

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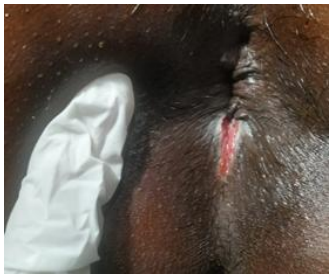
Fig: 4 - Cut through

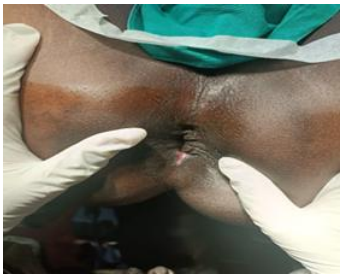
Fig: 5- During Follow up

Follow UP

The patient was monitored regularly to evaluate healing progress. During the initial five days, there was continuous pus discharge, which gradually decreased and ceased entirely within 7 to 10 days. Following four weekly *Ksharasutra* thread changes, the fistulous tract located at the 6 o'clock position was laid open. Wound care was continued using gauze soaked in *Jatyadi Taila*. In the subsequent follow-up, complete wound healing was observed.

IV. Observation And Results

Weekly assessment was done for postoperative pain, discharge, and cutting rate of the fistulous tract. During this time, the sphincter tone was normal and there were no indications of a recurrence. After cutting through the tract, the patient was followed up for one month, weekly. The tract was cut through and healed simultaneously by the 4th week with minimal scar mark.

V. Discussion

In this case, the external opening was located approximately 7 cm from the anal verge at the 7 o'clock position. An Interception of Fistula Tract with Application of *Kṣārasūtra* (IFTAK) was performed at the 6 o'clock position, approximately 3 cm from the anal verge, thereby significantly shortening the effective length of the fistulous tract. This strategic interception minimised the morbidity associated with traditional fistulotomy and also helped preserve sphincter integrity.

By reducing the tract length, the overall duration of therapy was shortened. IFTAK technique allows selective targeting of the cryptoglandular origin without the need to treat residual curved or secondary tracts, as these become redundant once the primary source of infection is controlled. This minimizes tissue trauma and reduces the risk of postoperative complications.

Kṣārasūtra played a central role in ensuring effective tract healing. Classical texts describe its key *guṇa* such as *Chedana* (excision), *Bhedana* (incision), *Lekhana* (scraping), *Shodhana* (purification), and *Ropaṇa* (healing). These properties collectively promote controlled, gradual excision of infected tissue, facilitate drainage, maintain tract patency, and prevent premature closure that might otherwise lead to recurrence. The alkali action helps destroy residual unhealthy tissue and microbes, while *Haridrā* (Curcuma longa) provides anti-inflammatory and wound-healing support. These actions ensure proper debridement with simultaneous healing, making *Kṣārasūtra* a uniquely effective therapeutic tool for fistulous conditions.

The IFTAK procedure reduces tissue exposure, thereby significantly decreasing postoperative pain. Shorter tract length also limits the active cutting period of the *Kṣārasūtra,* improving patient tolerance. In this case, the patient reported substantial reduction in pain following interception, possibly due to minimized local inflammation and limited trauma to the perianal tissues.

The treatment progressed smoothly with no complications. The patient experienced complete relief from associated symptoms, demonstrating the effectiveness of combining minimally invasive IFTAK principles with the pharmacodynamic benefits of Kṣārasūtra. Thus, the IFTAK approach helps preserve sphincter function, reduces the risk of recurrence, and shortens recovery time while ensuring optimal purification and healing of the fistulous tract.

VI. Conclusion

The IFTAK (Interception of Fistulous Tract with Application of *Ksharasutra)* technique is an innovative and effective advancement in the treatment of Fistula-in-ano, particularly when there is a distant external opening. Unlike the conventional *Ksharasutra* method, which requires threading through a larger tract connecting the internal and external openings, the IFTAK technique allows for threading through a much smaller tract. This significantly reduces healing time, minimizes postoperative scarring, and causes less irritation to the patient. Therefore, IFTAK can be considered a safe and effective advanced *Ksharasutra* technique, offering improved postoperative outcomes with mild procedural pain and minimal scar formation.

Consent

The patient gave documented consent after being informed about the procedure and its risks.

Fund

Self

Conflict of Interest

The study was conducted without any financial or personal conflict of interest.

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