



## A CASE REPORT OF A SIMPLE TRANSPHINCTERIC FISTULA-IN-ANO AND ITS MANAGEMENT THROUGH PARTIAL FISTULOTOMY FOLLOWED BY KSHARA SUTRA APPLICATION

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### ABSTRACT

Bhangandara is one of the Ashta Mahagada described by Acharya Susrutha.<sup>[1]</sup> Gada Nigraha describes Nirukti of Bhagandara as “Vrushanaasanayormadhyapradesho bhagamuchyate, tameva dhaarayettasmaadbhagandara iti smrutaha”. The darana of vrushanasana madhya sthita bhaga is Bhagandara.<sup>[2]</sup> “Bhagagudabasti pradeshadaaranat cha bhagandara iti uchyante, abhinnaaha pidakaha, bhinnastu bhagandaraha,” states Sushruta. Pidakas created at Bhaga, Guda, and Basti Pradesha go through suppuration, explode, and create an aperture known as Bhagandara.<sup>[3]</sup> Bhagandara is divided into Shataponaka, Ushtragreeva, Parisravi, Shambookavarta, and Unmargi by Acharya Susrutha.<sup>[4]</sup> In contemporary science, it is contrasted with fistula-in-ano. It is an inflammatory track that has an internal opening in the rectum or anal canal and an exterior opening in the perianal skin. In ano, the average incidence of non-specific fistula is 8.6 cases per 1,00,000 people, with 12.3 instances in men and 5.6 in women. A perianal abscess brought on by a cryptoglandular infection is typically where it starts. Fistula-in-ano is the result of its spontaneous rupture.<sup>[5]</sup> One kind of fistula is a transphincteric fistula, which extends across anal sphincters, both internal and external. A clinical method called Goodsall's rule is used to forecast how an anus fistula will progress. A 30 years old male patient approached to Shalya Tantra OPD complains of pus discharge and itching in the base of left side of the scrotal region which was on and off in nature since 1 month was examined thoroughly and was diagnosed as Fistula-in-ano for which partial fistulotomy followed by Kshara sutra was done and the Kshara sutra was changed once in a week and wound was healed completely.

**KEYWORDS:** Bhagandara, Kshara sutra, Fistula in ano, Partial fistulotomy.

### CASE REPORT

Name : ABC

Age : 30 years

Gender : Male

Occupation : Garments employee

Marital Status : Married

Address : No-22, 5th and 6th Cross, srikanteshwara nagar mahalakshmi layout Bangalore-560010,

OPD NO : M07386

IPD NO : 2531/25

Date of admission : 9/3/2025

Date of Discharge : 17/3/2025

Chief complaints : Patient complains of pus discharge and itching in the base of left side of the scrotal region which was on and off in nature since 1 month

Associated complaints : Patient feels discomfort in sitting position for more than 15 minutes.

**History of present illness**

Patient was apparently normal 4 years ago. Gradually he started getting pain and swelling in perianal region, He consulted a folklore practitioner and got operated for the same (details of which is unknown), got satisfactory results. Past 1 month he gradually developed pain near previous surgical scar discomfort increased with time, along with on and off pus discharge and itching. Pain was throbbing in nature, which increases on sitting and got subsided slightly after pus evacuation, patient also experienced thick foul smelling pus discharge, soiling of clothes, disturbing his daily activity.

For the above said complaints the patient approached SKAMCH&RC for further and better management.

Previous surgical History: details of which is unknown

Family History: All family members are said to be healthy.

Personal History: patient is not a known case of Diabetes mellitus, Hypertension, thyroid dysfunction.

**General Examination**

Built : Well built

Nourishment : well nourishment

Height : 165cm

Weight : 70kg

BMI : 25Kg/m<sup>2</sup>

Pallor : Absent

Icterus : Absent

Clubbing : Absent

Cyanosis : Absent

Lymphadenopathy : Absent

**Systemic Examination**

CNS : Conscious, oriented

CVS : S1 and S2 heard

Respiratory System : Normal vesicular breathe sounds heard

Gastrointestinal System : Normal

**Vitals**

BP : 120/80mmHg

Pulse : 78bpm

Spo<sub>2</sub> : 99% at room air

Temp : 97.0 F

**Local examination**

On Per Rectal Examination

**On Inspection**

- Location - External opening noted at base of the left side of scrotal region
- Number of openings - one external opening noted
- External Opening – sprouting granulation absent
- Discharge - sero-purulent discharge from the external opening

**Application of good sal's rule**

- External opening noted anterior to the anal canal > 3cm

Suspension of internal opening at posterior midline at 6'0 clock position.

**On palpation**

- Tenderness – present at external opening
- Digital rectal examination
- Sphincter tone – Normotonic sphincter
- Internal opening - 2'0 clock position noted
- Induration – present at the internal opening
- Tenderness – present at internal opening

**Examination through probe**

- Probing was not done – intense pain during the probing noted

**Advised**

- Transrectal ultrasonography for further evaluation.

**INVESTIGATIONS**

Hb : 11%

Wbc count : 7,000cells/cumm

ESR : 27mm/hr

RBS : 95mg/dl

Blood urea : 19mg/dl

Serum Creatinine : 0.6mg/dl

HIV1 and 2 : Negative

HbsAg : Negative

Urine Routine : Pus cells(2 to 4)

Test	Result	Normal Values
<b>HAEMATOLOGY</b>		
Blood		
Haemoglobin	11.0%	11.0-16.0%
Wbc Count	7,000cells/cumm	4000-11000cells/cumm
Differential Count (Neutrophil)	94%	40-75%
Differential Count (Lymphocytes)	31%	20-45%
Differential Count (Eosinophil)	02%	00-05%
Differential Count (Monocytes)	03%	2-8%
Differential Count (Basophils)	00%	00-01%
R B C COUNT	4.15millions/cumm	4.5-6.5millions/cumm
P C V	33.4%	36-46%
M C V	80.6fL	83.0-101.0fL
MCH	26.5pg	27.0-32.0pg
MCHC	32.8g/dL	31.5-34.5g/dL
Platelet Count	3.09Lakhs/cumm	1.5-4.5Lakhs/cumm
E S R (Westergrens Method)	27mm/hour	5-20mm/hour
Bleeding Time	3mins 05sec	1.30-4.00
Clotting Time	4mins 30secs	4.0-6.0
<b>BIOCHEMISTRY</b>		
Serum		
RBS (Random Blood Sugar)	95.0mg/dL	70-150mg/dL
B/Urea	19mg/dL	13-45mg/dL
Serum Creatinine	0.6mg/dL	0.5-1.5mg/dL
<b>SEROLOGY</b>		
HIV I & II (Tridot Method)	Negative	-/-
HbsAg (Hepa Card)	Negative	-/-

|| Jal Sri Gurudev ||  
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 No 10, Bellandur Road, Hampinagar Vijaynagar 2nd Stage Bangalore-560028

Name : [Redacted]  
 Age : [Redacted]  
 Date : 07/09/2025  
 Ref By : Dr. Sairam  
 OP NO : M28979  
 IP NO : -

### CLINICAL PATHOLOGY

**URINE ROUTINE**

PHYSICAL EXAMINATION	Values	Reference value
Colour	Pale Yellow	
Appearance	Clear	
Reaction	6.0	
Specific Gravity	1.005	
Protein	Nil	Nil
Sugar	Nil	Nil

**MICROSCOPIC EXAMINATION**

Pus Cells	2 - 4	1-5/HPF
RBC Cells	---	
Epithelial Cells	2 - 3	3-5/HPF
Casts	---	
Crystals	---	
Bacteria	---	
others	---	

Lab Technician

**NG IMAGING & DIAGNOSTICS**  
 (A unit of SUMAN ULTRASOUND CENTRE)  
 X-RAY, WHOLE BODY COLOR DOPPLER SCAN & CLINICAL LABORATORY

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 (Near Navarang Theatre & Nalapak Hotel)  
 Ph : 080 - 23423406, 23325366  
 Website : ngimaging.in

US.NO. 05278      DATE: 21/02/2025

NAME : [Redacted]  
 REF BY : [Redacted]  
 HISTORY : [Redacted]

**REPORT (TRANSANAL SONOGRAPHY STUDY)**

External opening is noted at left scrotal base.

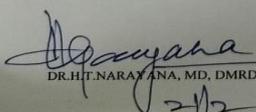
A long fistula tract measuring about 10.0cms is noted arising from the opening at scrotal base, extends posteriorly abutting the perineal membrane, passing through the superficial transverse perineal muscle and anterior part of levator ani muscle upto the lateral wall of the anal canal

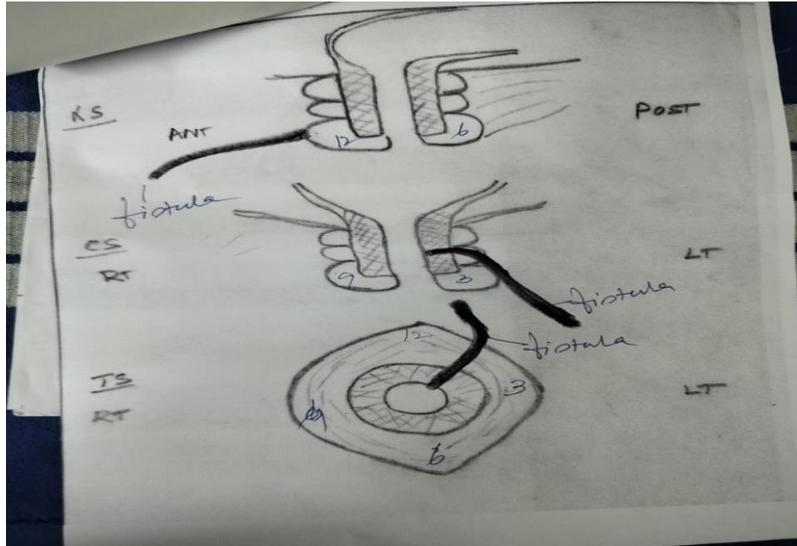
It passes through both the sphincters to communicate with the anal canal at 2 O'clock position about 1.5cms from the anal orifice.

No evidence of branching or deeper extension of the fistula tract.

No evidence of deep collection in the perianal region or in the ischiorectal fossa.

Internal and external sphincters are well seen and intact.

  
 DR.H.T.NARAYANA, MD, DMRD, FICR  
 21/2



### Impression of TRUS Report

- External opening noted at left scrotal base
- A long fistula noted arising from left scrotal base of 10.0 cm length
- Passing both the sphincter to communicate the anal canal at 2'o clock position
- 1.5cm from the anal orifice, internal opening noted.
- No evidence of branching or deep extension of fistula tract.
- No collection noted in the perianal region or ischiorectal fossa.

Result – A simple transsphincteric fistula having external opening at left scrotal base and internal opening at 2'o clock position.

### TREATMENT

#### Pre-operative measure

- Informed consent was taken from the patient.
- Part preparation was done.
- NPO from night 10pm on 22/02/25
- Inj. Xylocaine test dose given.
- Inj. TT 0.5ml IM was given.
- Proctoclytic enema was given.
- Inj. Monocef 1gm IV
- Inj. Metrogyl 100ml IV
- Inj. Pan 40mg IV
- Inj. Emeset 4mg IV
- IVF- RL, NS, DNS

#### Partial fistulotomy followed by kshara sutra application under Spinal Anaesthesia

- 1) Under Spinal Anaesthesia, patient was positioned in Lithotomy position.
- 2) Part painting and draping was done
- 3) External opening noted just below the left scrotal base
- 4) On per rectal examination internal opening felt at 2'o clock position.
- 5) Slit proctoscope was introduced and internal opening was noted in 2'o clock position.

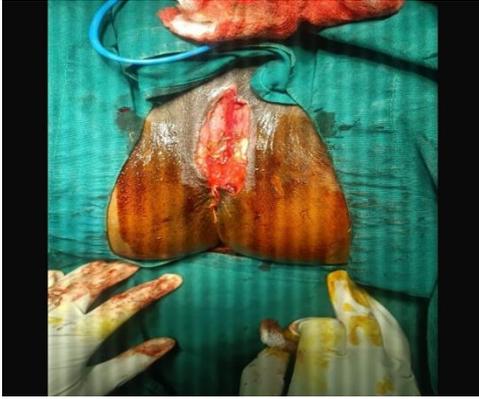
- 6) Probing was done from the external opening to reach the internal opening at 2'o clock position and the track was identified and fistulotomy was done and followed by kshara sutra application done.
- 7) Haemostasis achieved
- 8) Dressing done, patient withstood the procedure well
- 9) Patient was shifted to post operative ward under hemodynamically stable condition.



Step 1: Probing was done from external opening to internal opening.



Step 2: Partial fistulotomy was done by cutting / lay open the fistulous tract along the course of the probe through cautery.



**Step 3: Partial fistulotomy done upto the level of sphincters and followed by apamarga kshara sutra application.**

### PASCHAT KARMA

- NPO for 8 hours was kept
- Foot end elevation for 4 hours.
- IVF- DNS , RL, NS at 100ml/ hr
- Inj. Emeset 4mg IV SOS
- Inj. Moncef 1gm IV BD
- Inj. Pan 40mg IV BD
- Inj. Metrogyl 100ml IV BD
- Inj. Dynapar AQ IM SOS
- Inj Tramadol 1amp with 100ml NS IV BD

### OBSERVATIONS

Date	Treatment given	Observation
23/02/2025 to 25/02/2025	Inj Monocef 1gm IV BD Inj. Metrogyl 100ml IV BD Inj Pan 40mg IV BD Inj Dynapar AQ IM SOS Tab Triphala Guggulu (A/F) 2-0-2 Tab Gandhaka Rasayana (A/F) 1-1-1 Tab Anuloma DS (A/F) 0-0-2	Complains of pain at operated site .
26/02/2025 to 04/03/2025	Tab Monocef 0 200mg BD (A/F) 1-0-1 Tab Pan 40mg (B/F)1-0-1 Tab Zerodol P (A/F)1-0-1 For 3 days. Tab Triphala Guggulu (A/F) 2-0-2 Tab Gandhaka Rasayana (A/F) 1-1-1 Tab Anuloma DS (A/F) 0-0-2 For 7 days Apamarga kshara sutra was changed on 04/03/25 Daily dressing of the fistulotomy wound with kshara taila	Complains of pain and pus discharge from operated site has reduced. Track length was ~4cm Wound – healthy

Date	Treatment given	Observation
05/03/2025 to 11/03/2025	Tab Triphala Guggulu (A/F) 2-0-2 Tab Gandhaka Rasayana (A/F) 1-1-1 Tab Anuloma DS (A/F) 0-0-2 Apamarga Kshara sutra was changed on 11/03/25 Dressing with kshara taila	Complains of pain and pus discharge from operated site has reduced. Track length was ~ 3 cm Wound – healthy
12/03/2025 to 18/03/2025	Tab Triphala Guggulu (A/F) 2-0-2 Tab Gandhaka Rasayana (A/F) 1-1-1 Tab Anuloma DS (A/F) 0-0-2 Apamarga Kshara sutra was changed on 18/03/2025 Dressing with kshara taila	Complains of pain and pus discharge from operated site. Track length was ~2cm Wound - healthy
19/03/2025 to 25/03/2025	Tab Triphala Guggulu (A/F) 2-0-2 Tab Gandhaka Rasayana (A/F) 1-1-1 Tab Anuloma DS (A/F) 0-0-1 Apamarga Kshara sutra was changed on 25/03/2025 Dressing with kshara taila	Complains of pain and pus discharge from operated site has reduced. Track length was ~ 1cm Wound - healthy
26/03/2025 to 01/04/2025	Tab Triphala Guggulu (A/F) 2-0-2 Tab Gandhaka Rasayana (A/F) 1-1-1 Tab Anuloma DS (A/F) 0-0-1 For 7 days Dressing with kshara taila	Complains of pain and pus discharge from operated site has reduced. Track length was ~0.5cm Wound – healthy

### DISCUSSION

Acharya Sushruta has explained Ekadashopakrama for Bhagandhara Pidaka and Shastra karma for the Bhagandhara, when the pidaka bursts open.

Ksharasutra is the gold standard treatment for controlling Anal Fistula because it has a lower recurrence rate.

The Incidence of Bhagandhara is increasing nowadays due to sedentary life style, prolonged sitting in a same posture.

Apamarga Kshara sutra has ingredients like Snuhi Ksheera, Apamarga Kshara, Haridra Choorna. Apamarga has Katu tiktha rasa, Laghu ruksha guna, Tikshna guna,

Ushna virya. Apamarga kshara has properties like Chedhana, Bhedhana, Lekhana and Tridoshagna which allows chemical curettage and healing of the tract simultaneously.

In modern medicine fistula is treated by Fistulotomy, Fistulectomy, Seton placement, these treatments has higher re-occurrence rate.

Patial fistulotomy followed by Kshara Sutra is a very effective method in treating complex transphincteric fistula in which the duration of healing is fastened by the help of partial fistulotomy and kshara sutra application at the level of sphincters by which the fistulous tract is cutting and healing at the same time.

Proper Pathya and Apathya need to be advised for this condition to prevent reoccurrence.

### CONCLUSION

Bhagandhara is one among the most common anorectal conditions.

Kshara sutra procedure has been the gold standard therapy in the management of Fistula in ano with least recurrence rate and good patient compliance with the treatment modality where it overshines all other treatment modalities available in the contemporary science which has higher recurrence rate, sphincter damage, incontinence.

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