Ayurvedic Management of *Arvachina Bhagandara*: A Case Study

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ABSTRACT

Bhagandara, classified among the *Ashta Mahagada* in Ayurveda, analogous to fistula-in-ano in contemporary surgical practice. It is characterized by chronic purulent discharge, perineal pain, and a high recurrence rate. *Ksharasutra*, a medicated alkaline thread, exerts combined actions of cutting, curetting, wound healing, and infection control invasive Ayurvedic surgical intervention. A 46-year-old male presented with a 4-month history of perianal pain and burning sensation following defecation, and a 3-month history of persistent purulent anal discharge. Symptoms followed a febrile episode and subsequent incision and drainage of a submucosal abscess. Despite allopathic management, complete resolution was not achieved. On admission to the Pallekele Ayurveda Hospital, the patient was diagnosed with *Bhagandara*. Surgical management involved *Chedana Karma* was performed at the 6 o'clock position, followed by *Ksharasutra* application. The thread was changed periodically, with internal medications and external *Panchawalkala Avagaha.* Post-operative care included *Sudarshana Choorna, Amrutha Guggulu, Triphala Guggulu, and Kaishora Guggulu.*The patient demonstrated progressive reduction in purulent discharge, perineal pain, and burning sensation, with ongoing healing at the time of follow-up. This case highlights *Ksharasutra* therapy as an effective, minimally invasive, and recurrence-preventive approach for fistula-in-ano, though longer follow-up is required to confirm complete recovery.

Keywords: Ayurveda*, Bhagandara*, *Chedana karma*, Fistula-in-ano, *Ksharasutra*, *Panchawalkala Avagaha*

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Introduction

Bhagandara, along with *Arsha* and other ano-rectal conditions, is recognized in Ayurveda as one of the *Ashta Mahagada* (a group of eight particularly difficult-to-treat diseases) (Jadavjitrikamji, 2014). Among these, *Bhagandara* holds significant clinical importance due to its complex pathology and high recurrence rate. Classical Ayurveda texts provide comprehensive and systematic explanations of *Bhagandara*, establishing it as one of the most prevalent anorectal disorders globally.

Etymologically, the term *Bhagandara* refers to "*Darana*", a tearing or splitting in the *Bhaga*, *Guda*, and *Basti Pradesha* (the perineal region and anal canal). The disease evolves in stages: the pre-suppurative phase is known as *Pidaka*, while the suppurative stage marked by spontaneous rupture with an external opening is referred to as *Bhagandara* (Shaikh & Patel, 2022). In modern medical terms, *Bhagandara* closely resembles a fistula-in-ano, which is typically the result of an infection in the anal glands leading to the development of a tract made of unhealthy granulation and fibrous tissue, with both internal and external openings (Paudel & Dudhamal, 2023).

Clinically, it presents with persistent purulent discharge and intermittent pain, often leading to complications when not adequately managed. Although not usually life-threatening, it significantly hampers daily life due to its painful nature and continuous pus discharge from an infected area prone to contamination.

From a surgical standpoint, the *Sushruta Samhita* reflects a highly developed understanding of surgical interventions during ancient times. *Acharya Sushruta* described a wide array of treatments, including detailed surgical and para-surgical approaches, especially for anorectal and perineal diseases. His contributions continue to be unparalleled in terms of precision and relevance to modern surgical principles (Shaikh & Patel, 2022).

In Ayurveda, it is acknowledged that certain clinical conditions necessitate surgical intervention for effective and long-lasting relief. Although *Charaka Samhita* is primarily a treatise on *Kayachikitsa*, it also emphasizes the need for surgical management in diseases such as *Gulma*, *Arsha*, *Bhagandara*, and *Ashmari*, where internal

therapies may not be sufficient (Sinha et al., 2025).

Acharya *Sushruta*, regarded as the father of surgery, has extensively elaborated on various *Shastra Karma* (surgical procedures) and *Anu Shastra Karma* (para-surgical techniques). Among these, *Agnikarma* (thermal cauterization), *Jalaukavacharana* (leech therapy), and *Ksharakarma* (alkaline cauterization) are notably emphasized (Murthy, 2022).

Ksharakarma holds significant therapeutic value as it possesses the unique ability to perform excision (*Chedana*), incision (*Bhedana*), and scraping (*Lekhana*). Additionally, it is *Tridoshaghna*, meaning it can pacify all three *Doshas Vata*, *Pitta*, and *Kapha* making it a versatile and powerful tool in the management of several complex conditions (Rao & M Halli, 2022). In this case, *Chedana* and *Ksharasutra* were employed. *Ksharasutra* is used in the treatment of fistula-in-ano owing to its cutting, curetting, and healing effects, as well as its ability to control infection (Rao & M Halli, 2022).

In this study, a case report of fistula-in-ano treated by *Ksharasutra* is presented. The patient achieved complete cure, and no further complaints were recorded during the follow-up period.

Objectives

To evaluate the effectiveness of *Chedana Karma* followed by *Ksharasutra therapy*, supported by internal Ayurvedic medications and *Panchawalkala Avagaha*, in the management of *Arvachina Bhagandara* (Fistula-in-Ano).

Material and Methods

Case Report

A 46-year-old male patient presented to the *Shalya Tantra* Outpatient Department (OPD) with complaints of pus discharge through the anus for three months and pain associated with a burning sensation after defecation for four months. He was admitted to the inpatient ward on 22 July 2025 and received treatment until 20 September 2025. Following discharge, the patient was followed up through the OPD after one month. Daily wound cleansing and dressing were performed throughout the follow-up period.

The patient reported that four months prior to admission, he experienced a febrile episode lasting three days, which subsided following allopathic treatment. Shortly after recovery from the fever, he developed pain in the lower

back region above the buttocks, accompanied by severe anal pain. Initially, he sought allopathic medical care and underwent an enema procedure for constipation. Following the enema, he noticed the passage of stool mixed with pus. Further evaluation led to a diagnosis of submucosal abscess, and an incision and drainage (I&D) procedure was performed on 29 April 2025.

Following surgery, the patient experienced mild persistent anal pain and per-rectal bleeding for two days. Although symptoms partially improved, intermittent anal pain and a burning sensation persisted for more than two weeks. Subsequent allopathic management provided only temporary relief, and the symptoms continued. Due to the chronic and recurrent nature of the condition, the patient was admitted to Pallekele Ayurveda Hospital for further evaluation and Ayurvedic management.

His past medical history revealed hyperlipidemia, although he was not receiving treatment for this condition. He had no history of diabetes mellitus or hypertension. The patient had previously been diagnosed with a fissure-in-Ano at the 6 o'clock position on 05 February 2020. His surgical history included a lateral partial sphincterotomy performed at the 3 o'clock position on 08 February 2020 and incision and drainage of a submucosal abscess on 29 April 2025. There was no significant family history contributing to the present illness.

Personal history revealed regular intake of three meals per day; however, the diet was predominantly unbalanced, characterized by frequent consumption of spicy foods and *Ushna-Vidahi Ahara*, along with inadequate water intake. The patient maintained normal daily activities. He reported alcohol consumption twice weekly and had a history of cigarette smoking, previously five cigarettes per day, reduced to two per day before complete cessation eight years ago. Sleep was satisfactory, averaging six to eight hours per night without daytime sleep. Bowel habits were occasionally constipated, while micturition was normal with a day/night frequency of 5/1.

On examination, the patient was well-built and well-nourished, with features suggestive of *Vata-Kapha Prakriti*. There was no pallor, icterus, clubbing, cyanosis, edema, or lymphadenopathy. Vital signs were within normal limits, with a blood pressure of 120/70 mmHg, pulse rate of 78 beats per minute,

and respiratory rate of 18 cycles per minute.

The patient was conscious, oriented to time, place, and person, and cooperative. Higher mental functions and deep tendon reflexes were normal. Respiratory system examination revealed bilateral equal air entry with normal vesicular breath sounds and no adventitious sounds. Cardiovascular examination showed normal first and second heart sounds without any added sounds. Abdominal examination revealed a soft, non-tender abdomen without distension or organomegaly.

Local examination was conducted in the lithotomy position. Inspection revealed no visible external abnormalities. On palpation, tenderness was elicited below the anal region upon pressure around the anus, although no active discharge was observed at the time of examination. Digital rectal examination demonstrated normal sphincter tone, and no fresh bleeding was noted.

Laboratory investigations revealed a fasting blood sugar level of 72 mg/dL, hemoglobin concentration of 14.5 g/dL, total white blood cell count of 5.6×10^9/L, platelet count of 230×10^9/L, and erythrocyte sedimentation rate of 17 mm during the first hour. Differential leukocyte count showed neutrophils 40%, lymphocytes 50%, eosinophils 2%, and monocytes 8%. Serological investigations for HIV-1, HIV-2 antibodies, and Hepatitis B surface antigen were negative. Bleeding time and clotting time were 3 and 5 minutes, respectively.

Table 1. Internal and External Ayurvedic Treatment Regimen Administered During the Study

Type of Treatment	Medicine/Procedure	Dose	Frequency	Purpose
Internal Medication	*Dhanya Panchaka Kashaya*	½ Pala	Twice daily (BD)	*Deepana*, *Pachana*, and regulation of bowel function
	Nawarathna Kalkaya	2.5 g	Twice daily (BD)	*Pitta shamana* and wound healing support
	Avipattikara Choorna	2.5 g	Twice daily (BD)	*Anulomana* and relief of constipation

	Dhatri Choorna	5 g	At bedtime (Nocte)	*Pitta shamana* and maintenance of bowel regularity
External Therapy	*Panchawalkala Avagaha* (Sit Bath)	As required	Daily	*Shodhana* (cleansing), reduction of inflammation, and promotion of wound healing

The patient was managed with a combination of internal and external Ayurvedic therapies aimed at correcting Agnimandya, facilitating bowel regularity, reducing inflammation, promoting wound cleansing, and enhancing tissue healing. Internal medications were prescribed to support *Deepana*, *Pachana*, *Anulomana*, and *Ropana* actions, while *Panchawalkala Avagaha* was employed as a local therapy for *Shodhana* and wound healing.

Assessment Criteria

Table 2. Scoring Criteria for Clinical Assessment (Guy, 1976; Hawker et al., 2011; Sibbald et al., 2000)

Parameter	Grade/Score	Criteria
Pain (VAS)	0	No pain
	1–3	Mild pain
	4–6	Moderate pain
	7–10	Severe pain
Burning Sensation	0	None
	1	Mild
	2	Moderate
	3	Severe
Purulent Discharge	0	None
	1	Mild

	2	Moderate
	3	Profuse
Wound Healing	0	Complete healing (100% healed)
	1	More than 75% healed
	2	50–75% healed
	3	Less than 50% healed / Open wound

Results

Table 3. Post-operative Progress and Follow-up

Post-operative Day	Clinical Findings / Procedures	Management
Day 1 (Operative Day)	After obtaining informed consent, the patient underwent surgery under aseptic precautions. The internal opening of *Bhagandara* (fistula-in-Ano) was identified at the 6 o'clock position without an external opening. A 1–1.5 cm vertical incision was made in the posterior midline approximately 2 cm from the anal verge. The tract was explored, and primary threading was performed.	*Sudarshana Choorna* 5 g every 8 hours; *Amrutha Guggulu*, *Triphala* Guggulu, and *Kaishora Guggulu* one tablet every 8 hours. Daily wound cleansing and dressing with *Panchawalkala Kashaya* were commenced.
Day 2	Pain at the operative site following defecation.	*Ksharasutra* applied.
Day 3	Mild pus discharge, pain, and burning sensation after defecation.	Continued oral medications and daily dressing.
Day 5	Patient taken to the operating theatre for further assessment. Window widening performed at the 6 o'clock position.	Post-procedural wound care and medications continued.
Day 8	Clinical condition satisfactory.	First *Ksharasutra* change performed.

Follow-up Period	Progressive reduction in pain, burning sensation, and discharge. Daily wound healing assessed.	Continued wound cleansing, dressing, and scheduled *Ksharasutra* changes until complete healing.

Table 4: Summary of Clinical Outcome Assessment

Parameter	Before treatment	Day 2	Day 5	Day 8	Day follow-up
Pain (VAS)	7	3	2	1	0
Burning sensation	3	1	1	0	0
Purulent discharge	3	2	1	1	0
Wound healing score	3	3	2	1	0

A progressive reduction in pain intensity was observed following *Chedana Karma* and *Ksharasutra* therapy, indicating significant symptomatic improvement throughout the treatment and follow-up period.

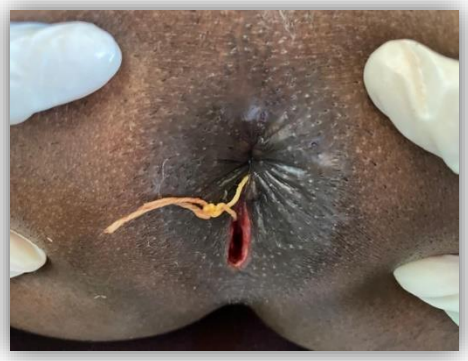

Figure 1: After creating the window and primary Treatment

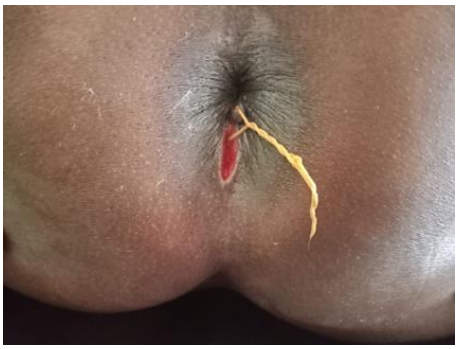

Figure 2: During the threading (11.08.2025)

Figure 3: During the treatment

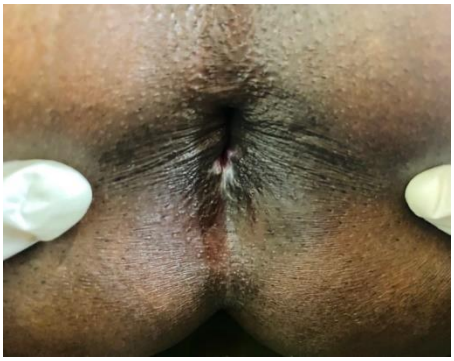

Figure 4: End of the wound healing

Lay opening the remaining tract (25/08/2025).

Following *Chedana karma* and *Ksharasutra* application, the patient experienced a gradual reduction in pain, burning sensation, and purulent discharge. Improvement in local inflammation and overall comfort was noted within the first week of treatment. The tract showed progressive healing during follow-up visits, with healthy granulation tissue formation. At the time of reporting, complete healing had not yet been achieved, but no signs of fresh abscess formation or worsening symptoms were observed. The patient tolerated the procedure well without major complications.

Discussion

Bhagandara, one of the *Ashta Mahagada*, closely resembles fistula-in-Ano in modern medicine and is challenging due to recurrence and chronic discharge. Modern surgical options like fistulotomy can be effective but may risk sphincter injury and delayed healing. *Ksharasutra* therapy, described by *Sushruta* and standardized by CCRAS (Central Council for Research in Ayurvedic Sciences), offers simultaneous cutting, healing, and infection control with lower recurrence rates.

In this case internal opening of *Bhagandara* (fistula in Ano) was at 6 o clock position and no external opening. So, window was created externally at 6 o clock position, to reach post anal space. Then primary threading was done at 6 to 6 o clock position. After 6 days, *Kshara sutra* was applied.

Chedana karma, followed by *Ksharasutra*, supported internal medications and *Panchawalkala Avagaha*, resulted in symptom relief and progressive tract healing within a week. The gradual cutting and *shodhana* effects of *Ksharasutra* preserved sphincter function and prevented abscess recurrence. These findings are consistent with previous reports supporting its safety and effectiveness, though complete healing and recurrence prevention require longer follow-up.

Conclusion

Ksharasutra therapy, when combined with *Chedana karma (Window created at 6 o clock)* and appropriate internal and external *Ayurvedic* treatments, demonstrated marked effectiveness in alleviating symptoms, controlling infection, and promoting progressive tract healing in the case of *Bhagandara.* Its unique mechanism, simultaneous cutting, scraping, and healing, allows preservation of sphincter integrity while minimizing the risk of recurrence, a common challenge in fistula-in-Ano management.

The integration of internal formulations such as *Triphala Guggulu, Kaishora Guggulu, and Amrutha Guggulu* with local measures like *Panchawalkala Avagaha* provided systemic detoxification, reduced inflammation, and supported local wound healing, reflecting the holistic principles of Ayurveda.

Compared to conventional surgical interventions, this approach offers a minimally invasive, cost-effective, and patient-friendly alternative with fewer postoperative complications. However, complete healing and prevention of recurrence require consistent follow-up, patient compliance with lifestyle modifications, and further long-term studies to strengthen clinical evidence. This case supports the potential for wider integration of *Ksharasutra* therapy into fistula-in-Ano management protocols, both within *Ayurvedic* and integrative healthcare systems.

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