

# Effect of *Snuhi-Haridra* Tincture *Ksharasutra* in the Management of Fistula-in-ano – A Case Report

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**Abstract-** Fistula-in-ano is a common anorectal condition, the second highest incidence after hemorrhoids. *Ksharasutra* is considered to be one of the most effective methods for treating Fistula-in-ano. Here is a case of fistula-in-ano with a single tract of length 3cm. The treatment was done with *snuhi-haridra* tincture *ksharasutra* which is a modified form of conventional *ksharasutra* mentioned by *Acharya Chakrapani*. Here the tract was cut opened in 19 days with U.C.T of 6 days and complete healing was attained in the next 1 month. Hence the duration of treatment taken was about 2 months which is shorter when compared to the conventional *ksharasutra*. Also, the preparation method of *ksharasutra* is modified and made easier without affecting its action by the use of tincture *ksharasutra*.

**Keywords:** Fistula-in-ano, Bhagandara, Ksharasutra, Snuhi-haridra tincture ksharasutra, Conventional snuhi-haridra ksharasutra.

## INTRODUCTION

Fistula-in-ano is a very common ano rectal condition, prevalent more among men<sup>1</sup>. It is an inflammatory tract lined by granulation tissue with an external opening in perianal skin and an internal opening in the anal canal or rectum. Its incidence of an anal abscess ranges from 26 to 38 %<sup>2</sup>. The prevalence of fistula in ano is 8.6 cases per 100,000 population. In men, the prevalence is 12.3 cases and in women is 5.6 cases per 100,000 population<sup>3</sup>. Fistula in ano is usually caused by non-specific cryptoglandular infection of the anal glands. Surgical management includes Fistulectomy, Fistulotomy, seton placement etc<sup>4</sup>. The high recurrence rate and complications like incontinence have necessitated the need of better treatment methods in the management of fistula.

In Ayurveda *bhagandara* is derived from two words “*Bhaga*” and “*Dharana*”. *Bhaga* refers to structures around *guda* and *dharana* means splitting up or bursting<sup>5</sup>. Hence *bhagandara* means bursting of *pakwa pidakas* in *bhaga pradesa* which leads to formation of a tract. *Bhagandara* is mentioned as one of the *astamahagadas* which indicates the complexity in its management. According to *Ayurveda* classics, *ksharasutra* is the main treatment protocol<sup>6</sup>. It is a boon to fistula patients as it is an effective substitute for surgical procedures. The main advantage of this method is the low recurrence rate and complications. *Ksharasutra* which is in contact with the tract, perform the excision slowly by its mechanical pressure effect and causes healing from the base by chemical action. The preparation of *ksharasutra* described by *Acharya Chakrapani* and *Bhavaprakasa* is using *snuhi ksheera* and *haridra choornam*<sup>7</sup>. To overcome the difficulties in its preparation and limited availability of these drugs, the process of its making needs to be modified without affecting its actions. This can be achieved by the use of tincture based *ksharasutra* in which the thread is prepared from the tincture of the two drugs. This helps in preserving the drugs for a longer duration and much simpler means to coat the thread. Hence *snuhi-haridra* tincture *ksharasutra* is a modification of the conventional *ksharasutra* mentioned by *Acharya chakrapani* in the management of *bhagandara*.

## CASE REPORT:

A 35 year old male, with complaints of discharge of pus mixed with blood from perianal region since 2 days presented at the OPD of *Shalyatantra* on 17 August 2023. Patient developed pustules in the peri-anal region before 1 year, which grew in size and became painful. Pain aggravated with prolonged sitting. Pustule often burst releasing pus and blood from the peri-anal region. Patient did not suffer from any other co-morbidities, hence was not under any medications. He did not have any relevant family history. Bowel was regular and passed twice daily. On general examination, pallor, icterus, cyanosis, oedema and lymphadenopathy were absent. Ano-rectal examination was done in lithotomy position. On inspection an ano-rectal abscess was seen at 5’o clock position. On palpation induration of tract was noted. Probing was done through external opening at 5’o clock position, 3cm away from anal verge, which transversed and opened into the anal canal at 5’o clock position.

**TREATMENT PROTOCOL**

*Snuhi-haridra* tincture *ksharasutra* application along with *Guggulupanchapala choornam* internally.  
 Conservative management

**TINCTURE KSHARASUTRA**

**Preparation of Tincture**

Fresh *Haridra* rhizome chopped into small pieces and equal quantity of ethanol will be added into a glass jar and kept sealed for 14 days<sup>11</sup>. Similarly, *snuhi ksheera* and ethanol will be added in equal quantity into another glass jar and kept sealed for 14 days. Each glass jar will be shaken every day for uniform mixing. After 14 days, tincture will be collected by decantation and stored in separate glass bottles<sup>12</sup>.

**Preparation of Ksharasutra**

The thread will be first dipped in *snuhi* tincture and dried, later in *haridra* tincture and dried. This process is repeated 7 times with each tincture.

**Application of Tincture Ksharasutra**

Pre-operative Procedure: Informed consent was taken. Vitals were checked. Patient was laid in lithotomy position and part was exposed and cleaned.

Operative Procedure: Probing was done through external opening at 5’o clock position 3cm away from anal verge and tip of probe was taken out through internal opening at 5’o clock position. *Ksharasutra* ligation was done using *snuhi-haridra* tincture *ksharasutra*.

Post-operative Procedure: Cleaned and packed using dry cotton pad. Vitals were reassessed.

Follow up: patient was subjected to daily dressing with *Jatyadi kera varti* and sitz bath with lukewarm water twice daily on days other than thread change. Thread change was done on every 7<sup>th</sup> day till the tract is cut opened using rail road technique. The tract was cut opened on 19<sup>th</sup> day.

Internal Medication: Patient is also advised to take *Guggulupanchapala choornam* 6gm BD P/C with 12ml honey. Patient was adviced to follow *pathya ahara*, avoid prolonged sitting and to use donut cushions.

**Assesment:**

**Pain:**

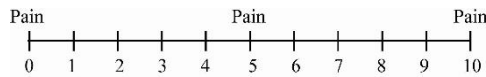
Pain was assessed using VAS Scale<sup>13</sup>.

0 = none

1-3 = mild

4-6 = moderate

7-10 = severe



**Discharge<sup>14</sup>:**

Grade 0 – no discharge

Grade 1 – mild discharge (serous)

Grade 2 – moderate discharge (seropurulent)

Grade 3 – severe discharge (purulent)

**Unit Cutting Time (U.C.T.)**

$$U.C.T = \frac{\text{Total number of days for cutting the track}}{\text{Initial length of tract (in cm)}}$$

U.C.T = 19/3 = 6 days

Assesment Chart			
	0 <sup>th</sup> day	7 <sup>th</sup> day	14 <sup>th</sup> day
Pain	8	6	3
Discharge	2	2	1

Follow up was done till the tract is completely healed.

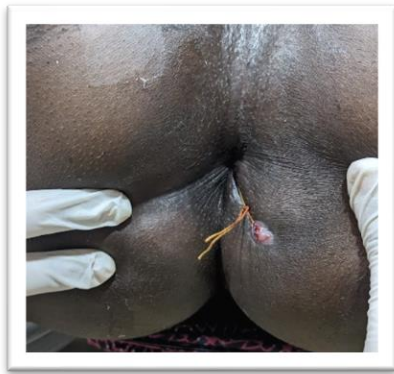


Fig-1  
Tincture *Ksharasutra*-in-situ



Fig- 2  
Fistula tract cut opened



Fig- 3  
Healed Fistula tract

## RESULT

The tract was cut opened by *snuhi-haridra* tincture *ksharasutra* within 19 days with U.C.T of tincture *ksharasutra* 6 days. Daily dressing with *jatyadi kera varti*, internal medications and sitz bath were continued till the wound got healed completely i.e., next 1 month. The pain and discharge reduced gradually. There is no report of recurrence till date.

## DISCUSSION

Fistula-in-ano is a very common surgical condition in daily practice. Surgery is the chief management modality which is adopted. Even though different surgical measures like Fistulectomy, Fistulotomy, Fistula plug, Advancement Flap etc are widely used, high recurrence rate is a major drawback. *Ksharasutra* ligation with very low recurrence rate and relative absence of complications is a successful management technique practiced in Ayurveda. It is in fact the most effective treatment protocol till date.

In spite of these advantages, there are few drawbacks which has limited its use like difficulty in preparation and preservation and limited availability of drugs throughout the year etc. Tincture based *ksharasutra* is a modified concept of classical *ksharasutra* which can be easily prepared and coated. The available drugs can be preserved and stored in the form of tinctures for a long duration to prepare *ksharasutra* as and when required. The tincture helped in faster cutting of the tract. The use of *Guggulupanchapala choornam* along with the treatment also helps in the healing of wound. *Jathyadi kera* being *vraha sodhana* and *ropana* also helps to speed up the process. Sitz bath with warm water helps to relax the anal sphincters. Relaxation of muscles improve circulation which in turn promote healing and reduces pain.

This was used in the present case and proved effective. The advantage of tincture *ksharasutra* is that it can be easily prepared and coated, *snuhi ksheera* and *haridra* can be preserved as tinctures for a long duration. Since the thread is composed of only *snuhi ksheera* and *haridra* tincture, it is considered a modified form of *ksharasutra* proposed by *Acharya Chakrapani*. Hence the use of tincture *ksharasutra* can overcome the few limitations of conventional *ksharasutra* and thereby successful management of fistula-in-ano becomes much easier. In this case, this thread was effective as the tract was cut opened within 19 days and thereafter complete healing was attained within 1 month.

## CONCLUSION

On the basis of this single case study, it can be concluded that the application of *snuhi-haridra* tincture *ksharasutra* is a successful way of managing fistula-in-ano with minimal surgical intervention and comparatively no complications and recurrence.

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