Successful Management of *AntarmukhiBhagandara* (Low Anal Fistula Associated with Perianal Abscess) by Incision and Drainage Followed by *Ksharasutra* Therapy: A Case Report with Sequential Wound Healing Documentation.

Abstract

Background

Because of its chronicity and propensity to recur, *bhagandara* (fistula-in-ano), one of the *Ashtamahagada d*escribed by Acharya Sushruta, is thought to be challenging to treat. Perianal abscesses are known to be the acute stage of cryptoglandular infections, and if left untreated, they often develop into fistulas. The most effective treatment for perianal abscesses is still surgical drainage, but *Ksharasutra* therapy has shown promising results in fistula-in-ano with minimal recurrence rates.[1–4]

Case Presentation

One of the *Ashtamahagada* described by Acharya Sushruta is *bhagandara* (fistula-in-ano), which is said to be challenging to treat due to its chronicity and propensity to recur. The acute stage of a cryptoglandular infection is known as a perianal abscess, and if left untreated, it often develops into a fistula. While *Ksharasutra* therapy has shown promising results in fistula-in-ano with minimal recurrence rates, surgical drainage is still the gold standard treatment for perianal abscess.

Results

Progressive wound contraction, good granulation tissue creation, decreased pain and discharge, full tract cut-through, and eventual epithelialization were all shown by sequential photographic evaluation. About 40 days following the cut-through, full healing was accomplished without recurrence.

Conclusion-The present case demonstrates that timely abscess drainage followed by Ksharasutra therapy effectively eradicates infection, promotes wound healing, preserves anorectal function, and minimizes recurrence.

Keywords: Bhagandara, Fistula-in-ano, Perianal abscess, Gudaja Vidradhi, Ksharasutra, Wound healing.

The current case shows that Ksharasutra therapy combined with prompt abscess drainage efficiently eliminates infection, encourages wound healing, maintains anorectal function, and reduces recurrence.

Keywords: Fistula-in-ano, Bhagandara

Introduction

Acharya Sushruta characterizes Bhagandara as one of the Ashtamahagada because of its repeated course, chronic nature, and challenging care. Inadequate treatment of Pakwa Vidradhi is the cause of the condition, which clinically resembles fistula-in-ano as described in contemporary surgery.The acute stage of anorectal sepsis is represented by a perianal abscess, which is caused by an infection of the anal crypt glands. The development of fistula-in-ano as a chronic sequela is common. After abscess drainage, about one-third of patients may experience a fistulous tract.While fistula therapy seeks to eradicate sepsis while maintaining continence, surgical drainage is still the usual treatment for anorectal abscesses.[1,2]

Drainage, debridement, progressive tract excision, and concurrent healing are all part of Ksharasutra treatment, a parasurgical technique with scientific validation. The Indian Council of Medical Research's historic multicentric randomized controlled experiment showed results similar to those of traditional surgery, including fewer recurrences and shorter hospital stays.[3]

Case Presentation: A 40-year-old man arrived at the Shalya Tantra Outpatient Department complaining of low-grade fever, difficulties sitting and defecating, intermittent purulent discharge, and excruciating discomfort in the left perianal area. The patient stated that these symptoms had been ongoing for about 20 days, gradually impairing his quality of life and everyday activities. The pain was restricted to the perianal region and was accompanied by sporadic pus discharge, which could indicate an underlying anorectal infection. The patient sought medical assistance since their fever and growing discomfort were signs of an active inflammatory process.

Past History

The patient had been taking antihypertensive medicine regularly and had been diagnosed with hypertension for four months. Diabetes mellitus, TB, inflammatory bowel illness, trauma, prior anorectal surgery, cancer, or a family history of similar conditions were not mentioned. The patient drank alcohol on occasion.

General Examination

- Aware and focused
- Normal pulse rate
- Blood pressure: under control
- Normal respiratory rate
- Afebrile while being examined

Local Examination

- Palpation and inspection revealed:
- Perianal edema on the left
- Painfulness
- elevated local temperature
- The duration
- Discharge of pus
- The internal aperture is located at six o'clock.

The diagnosis of Perianal Abscess with Low Anal Fistula (*AntarmukhiBhagandara* coupled with *Gudaja Vidradhi*) was made based on clinical symptoms.[5,6]

Investigations-To evaluate the patient's overall health and surgical fitness, standard haematological and biochemical tests were carried out. A complete blood count, random blood sugar, liver and kidney function tests, urine analysis, and viral marker screening were all part of the examinations. No notable anomalies were observed, and all laboratory values were confirmed to be within normal ranges. The patient was deemed medically fit for surgery based on the results of the investigation and clinical evaluation..

Therapeutic Intervention

The patient was taken up for surgical care under suitable anaesthesia and stringent aseptic measures after giving their informed permission. After making an incision over the abscess cavity and carefully draining the purulent collection, the accumulated pus was completely removed, and the diseased area was decompressed. After drainage, a flexible probe was used to precisely locate the fistulous tract, trace its path, and verify that it was communicating with the anal canal. A *Ksharasutra*was then inserted through the tract to promote healing and a progressive cut-through. At the conclusion of the procedure, a sterile dressing was applied, and adequate hemostasis was attained. The treatment was well tolerated by the patient, and there were no acute problems.

*Ksharasutra*produces regulated chemical cauterisation, continuous drainage, debridement of diseased tissue, and fistulous tract fibrosis by combining mechanical and chemical effects. This procedure lowers the chance of recurrence and maintains anal sphincter function by gradually cutting through the tract while also promoting the production of healthy granulation tissue and wound healing.*Ksharasutra's*method involves concurrent chemical cauterisation, drainage, debridement, fibrosis, and ultimately cut-through of the fistulous tract to facilitate healthy wound healing.[3,8]

Postoperative Management-You can rewrite it in a more scientific and publication-ready style as:

The patient was advised to continue receiving careful postoperative care, which included frequent local wound cleaning and twice-daily warm sitz baths. In order to promote easy bowel movements and avoid constipation, dietary recommendations stressed the importance of eating a high-fibre diet and drinking enough water. For the purpose of managing pain, analgesic medicine was prescribed as needed. Weekly follow-up appointments were planned to evaluate clinical improvement and track wound healing.

Clinical Assessment Criteria: A comprehensive set of clinical parameters was used to evaluate the wound-healing process and treatment outcome. The patient's level of pain, the degree of soreness at the afflicted spot, and the presence and volume of purulent discharge were all evaluated. The formation of healthy granulation tissue, the contraction of the wound to reduce its size, and the amount of time needed for the fistulous tract to cut through completely were all used to assess the wound healing process. During follow-up visits, the total length of healing and the attainment of full epithelialization were also noted. These

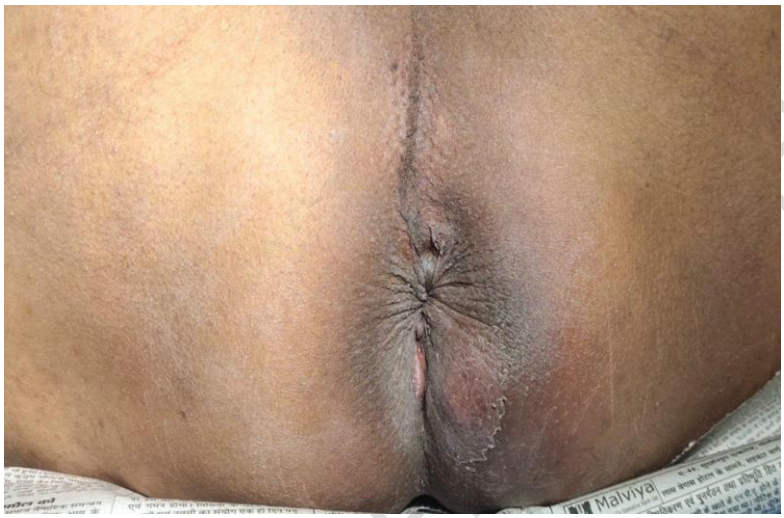
metrics are frequently used to evaluate healing results in patients receiving therapy for fistula-in-ano and kindred anorectal conditions because they offer an objective assessment of postoperative recovery.[2,4]

Sequential Wound Healing Assessment

Preoperative Stage

The patient's left perianal area showed signs of severe discomfort, soreness, localised warmth, and sporadic purulent discharge. These results suggested the development of an abscess and aggressive anorectal sepsis. [1]

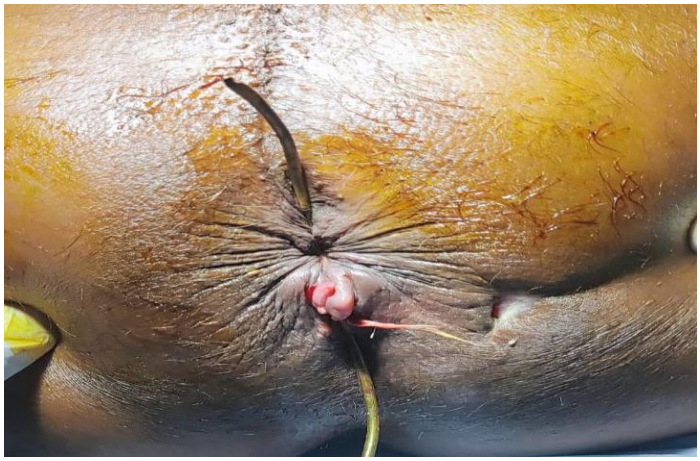
Fig.1



Intraoperative Stage

At the six o'clock position, the fistulous tract that communicates with the anal canal was located. *Ksharasutra*was used when the purulent substance was completely drained.

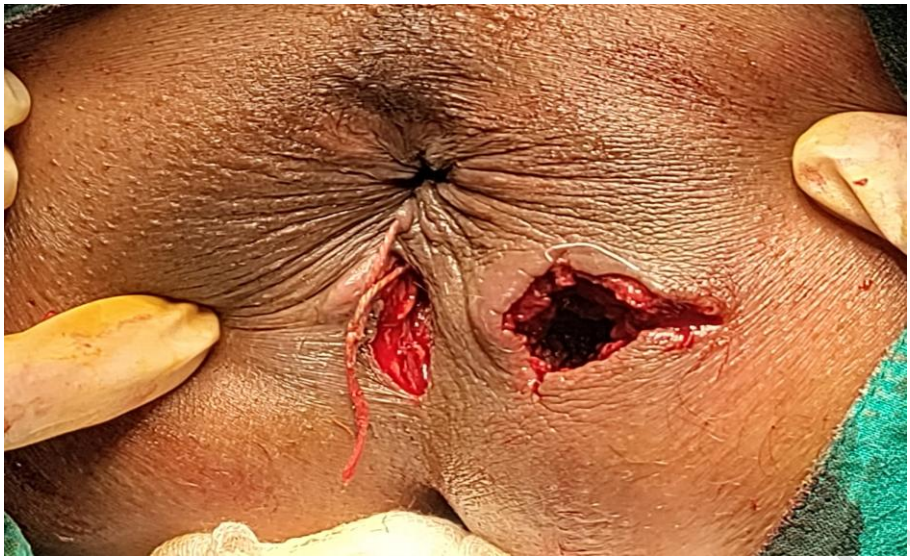
Fig.2



Postoperative Day 0 -photograph showing perianal abscess cavity with identified fistulous tract during Ksharasutra application. Adequate drainage and debridement of the abscess cavity were achieved beforeKsharasutra placement**.**

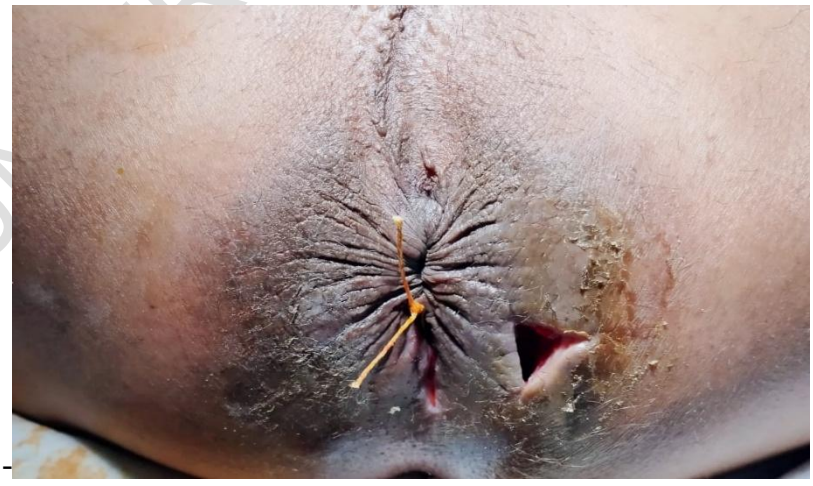
Observation (for Results section): On postoperative evaluation, the patient experienced moderate pain with mild serosanguinous discharge from the wound site. Local tissue tension was noticeably reduced, and adequate drainage of the abscess cavity was maintained. No clinical evidence of residual abscess or secondary infection was observed, indicating satisfactory early postoperative recovery.

Fig 3.



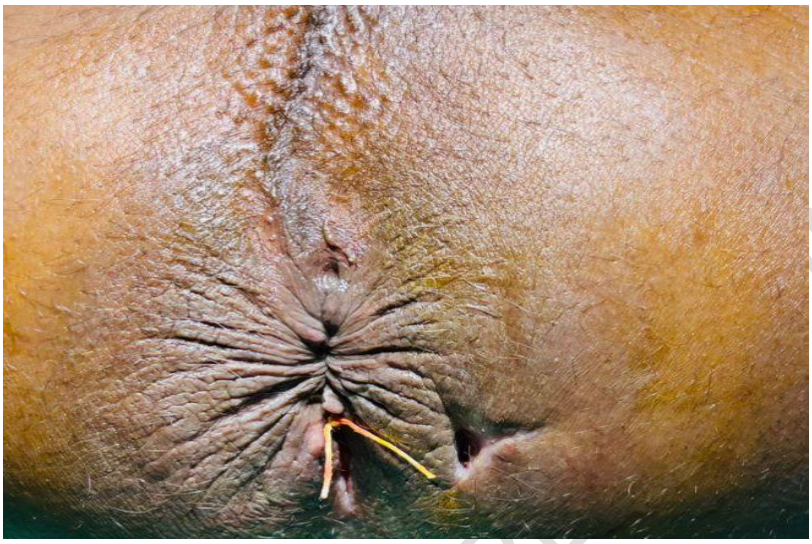
Postoperative Day 15-During follow-up evaluation, the patient reported a notable reduction in discomfort with only minimal tenderness at the operative site. The discharge had significantly decreased compared to the immediate postoperative period. Healthy granulation tissue was observed within the wound bed, indicating satisfactory tissue repair and healing. Progressive wound contraction was also evident over time, reflecting favourable wound healing and recovery.

Fig 4.

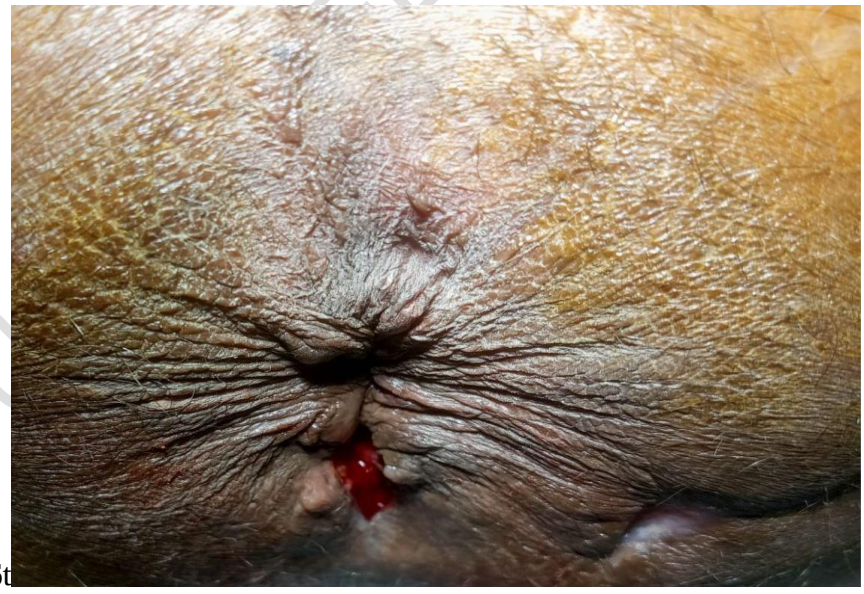


Postoperative Day 25-On subsequent follow-up, the Ksharasutra cut-through process was found to be nearly complete. The patient exhibited only minimal discharge from the operative site, and a healthy wound bed with satisfactory granulation tissue was observed. No clinical signs of secondary or recurrent infection were evident, indicating favorable progression toward complete healing.

Fig.5



Forty Days After Complete Cut-Through.



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Outcome Assessment

Parameter	Pre-op	Day 1	Day 15	Day 25	Day 40
Pain	Severe	Moderate	Mild	Minimal	Absent
Tenderness	Severe	Moderate	Mild	Minimal	Absent
Discharge	Present	Mild	Minimal	Trace	Absent
Granulation Tissue	Absent	Early	Healthy	Well developed	Complete epithelialization
Wound Size	Large	Reduced	Moderate	Small	Healed
Local Temperature	Raised	Reduced	Normal	Normal	Normal

Discussion: The most prevalent type of anorectal abscess is a perianal abscess, which is caused by cryptoglandular infections. Treatment delays can lead to recurrent infections and fistula development. The cornerstone of care continues to be prompt incision and drainage. [1,9]

Perianal abscesses are the most prevalent type of anorectal abscess and are caused by cryptoglandular infections. Treatment delays may lead to recurrent sepsis and fistula development. The foundation of management continues to be prompt incision and drainage.[1,9]

Sushruta claims that poorly cared-for *GudajaVidradhi* develops into *Bhagandara*. The Ayurvedic explanation of disease causation closely matches the clinical course seen in this instance.[5,6]

The subsequent application of *Ksharasutra*promoted fibrosis and healing while facilitating continuous drainage and the fistulous tract's progressive excision. The multicentric randomised controlled trial carried out by ICMR showed that *Ksharasutra* was more successful than traditional surgery and that all patients treated with it experienced complete healing.[3]

The wound contraction, ultimate epithelialization, creation of healthy granulation tissue, and decrease in inflammation are all indicative of gradual healing, as seen in the serial wound

photos. Previous research has revealed similar results, with *Ksharasutra*therapy showing favourable healing profiles and low recurrence rates.[3,8,10]

In this instance, there were no postoperative issues, faecal incontinence, or recurrences.

Conclusion

This case demonstrates how *Gudaja Vidradhi's AntarmukhiBhagandara* was successfully treated using incision, drainage, and *Ksharasutra*therapy. About 40 days after cut-through, there was a noticeable decrease in pain, discomfort, discharge, and wound size, along with the production of granulation tissue and full healing. The therapeutic effectiveness of *Ksharasutra*therapy in fistula-in-ano is supported by sequential photographic documentation, which offers objective proof of good wound healing.

Patient Consent

The patient gave written informed consent for the release of clinical information and images.

Conflict of Interest

None declared.

Funding

Nil.

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