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Case Study

IFTAK (INTERCEPTION OF FISTULOUS TRACT WITH APPLICATION OF *KSHARASUTRA*) TECHNIQUE- A NOVEL APPROACH IN THE MANAGEMENT ANAL FISTULA

Dipika Datir[1]*, Hetal Koriya[2], Sapna Yadav[1], Vaisakh R[1], Priti Beladar[3], P. Hemantha Kumar[4], Ashok Kumar[4]

*[1]PG Scholar, [2]PhD scholar, [3]Professor & HOD, [4]Professor, Department of Shalya Tantra, National Institute of Ayurveda, Jorawar Singh Gate, Amer Road, Jaipur, Rajasthan, India.

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ABSTRACT

Fistula in ano is a chronic suppurative condition of anorectal origin that frequently develops from cryptoglandular infection and is associated with persistent symptoms, recurrence, and the potential risk of sphincter damage. Although *Kshara Sutra* (medicated seton) therapy is a well-established Ayurvedic surgical procedure for its management, conventional practice is often limited by prolonged treatment duration, pain, and reduced patient compliance. The Interception of Fistulous Tract with Application of *Kshara Sutra* (IFTAK) technique has been developed to overcome these limitations by targeting the primary site of infection. A 51-year-old male patient presented with a two-and-a-half-year history of recurrent pus discharge from the perianal region accompanied by mild pain, itching, and difficulty in sitting. Clinical examination revealed a hypertrophied external opening at 2 o'clock position and an internal opening at the 6 o'clock position at the dentate line, with normal anal sphincter tone based on clinical assessment, a diagnosis of fistula-in-ano (*Bhagandara*) was made. The patient was treated using the IFTAK technique under local anesthesia. Weekly *Kshara Sutra* changing was performed, and curettage of the tract was undertaken when indicated. Progressive improvement was noted with a marked reduction in pain and purulent discharge. Complete resolution of discharge was achieved, followed by successful cut-through and full wound healing with minimal scarring. Anal continence was preserved, and no complications were observed. The patient remained symptom-free, with no recurrence during a one-year follow-up period. This case demonstrates that the IFTAK technique is an effective and safe modification of conventional *Kshara* (medicated seton) *Sutra* therapy for fistula in ano. By addressing the primary cryptoglandular source and reducing the length of the treated tract, IFTAK offers faster healing, improved patient comfort, and favorable clinical outcomes without recurrence.

INTRODUCTION

Fistula in ano is a chronic inflammatory condition characterized by an abnormal tract connecting the anal canal to the perianal skin, with a primary internal opening and a secondary external opening.[1] The tract is usually lined with granulation tissue and commonly arises due to cryptoglandular infection originating in the intersphincteric region.

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Various modern surgical techniques such as fistulotomy, fistulectomy, seton placement, ligation of the intersphincteric fistula tract (LIFT), advancement flaps, fibrin glue application, and stem cell therapy have been employed with variable success. Recurrence rates reported in different studies range widely, depending on the complexity of the fistula, and postoperative sphincter dysfunction remains a major concern. Therefore, an ideal treatment modality should aim at complete eradication of infection while preserving sphincter integrity and minimizing recurrence.[2]

In Ayurvedic literature, fistula in ano can be correlated with *Bhagandara*, described in detail by

Acharya Sushruta, who classified it among the *Ashta Mahagada* (eight difficult-to-treat diseases).[3] *Acharya Sushruta* has outlined comprehensive management strategies for *Bhagandara*, including internal medications, local applications, surgical, and para-surgical procedures. Among these, *Kshara Sutra* (medicated seton) therapy- a para-surgical technique using an alkaline medicated thread-has been practiced since ancient times for the management of *Bhagandara* and *Nadi Vrana* (pilonidal sinus). *Kshara Sutra* therapy has gained wide acceptance in contemporary practice due to its high success rate, low recurrence, and minimal risk of postoperative incontinence, thereby revolutionizing the management of fistula in ano.[4]

However, despite its effectiveness, conventional *Kshara Sutra* therapy has certain limitations. The prolonged duration of treatment, frequent hospital visits, post-procedural pain, discomfort due to the presence of the thread, anxiety during repeated sittings and noticeable postoperative scarring often reduce patient compliance. According to Parks' concept, the majority of fistula in ano cases originate from cryptoglandular infection.[5] Based on this principle, the IFTAK (Interception of Fistulous Tract with Application of *Kshara Sutra*) technique was developed as a modified and advanced approach to conventional *Kshara Sutra* therapy. This technique involves interception of the fistulous tract near its internal opening, thereby addressing the primary source of infection while allowing the remaining tract to heal spontaneously. By reducing the length of the tract requiring treatment, IFTAK minimizes tissue trauma, pain, duration of therapy, and postoperative scarring. [6]

We are presenting the case of fistula in ano successfully treated with IFTAK technique in this case cut through was done on 8th week and complete healing of wound was achieved by 20 weeks.

METHODOLOGY

Presenting Complaints and Medical History

A 51-year-old male businessman by occupation, normotensive, non-diabetic patient came to Shalya Tantra out-patient department (OPD) of National Institute of Ayurveda, Jaipur, with complaints of intermittent pus discharge from perianal region along with some swelling, mild pain and itching since two and half year. He had also discomfort in sitting position. Patient had no other major systemic illness. Patient consulted various doctors but didn't get satisfactory result.

Clinical Findings

On examination perianal skin was normal a hypertrophied external opening was presented at 2 o' clock position approximately 3cm away from anal verge (Fig. 1). On digital rectal examination, sphincter tone was normal, internal opening noted at 6′o clock at dentate line. Rest of the digital rectal examination was within the normal limits. All the laboratory investigations were found within normal limit

Diagnostic Assessment

As clinical assessment showed a picture of fistula, MRI studies was done which confirm the findings. MRI Findings were suggestive of linear soft tissue tract seen in left perianal region with external opening at 2 o clock position extending superiorly reaching left ischiorectal fossa not crossing levator ani muscles - S/O Complex fistula in ano.

Therapeutic Intervention

After obtaining written informed consent, patient was placed in lithotomy position. Under local anaesthesia, probing was done to assess the fistulous tract. A small vertical incision was made at perianal region at 6′o clock approx. 2cm away from anal verge and interception of fistulous tract was done. Then normal saline was pushed from external opening and it came out from the intercepted area to confirm the accuracy of IFTAK. Metallic probe was introduced through the internal opening at 6' o clock position and taken out from window at 6' o clock position followed by primary threading. Again, patency of IFTAK technique was assessed by inflating some air through syringe at 2' o clock position, it came out through window at 6' o clock position, it denotes accuracy of interception. The specimen from fistulous tract was sent for histopathology examination it was s/o of chronic nonspecific inflammation. Antiseptic dressing and packing done with *Jatyadi taila*. Patient was advised for regular hot sitz bath from the next day and dressing with *Jatyadi taila*. Patient was prescribed with *Triphlala Guggulu* 1gm TDS after food, *Triphala Churna* 5gm HS after food, *Jatyadi taila* for local application.

Follow Up and Outcome

Weekly follow up advised for *Ksharasutra* changing. *Ksharasutra* was changed once after first *Ksharasutra* placed. The pus discharge was fluent in first week from the artificially made window, 5 times *Ksharasutra* changed but the pus discharge was seen so on the 6th week of follow up external opening was widened and with help of curratage the hypergranulated tissue was taken out of the tract. At 8th week cut through was done. Wound healed completely after 10 weeks, there was no any pus

discharge and pain seen. Minimal scar mark was present. Patient was advised for application of *Jatyadi taila*. There was no complication seen during and after treatment and patient got free from all the symptoms. After 1 year of follow up, no recurrence is noted, patient was cured completely (Fig. 4).

Figures

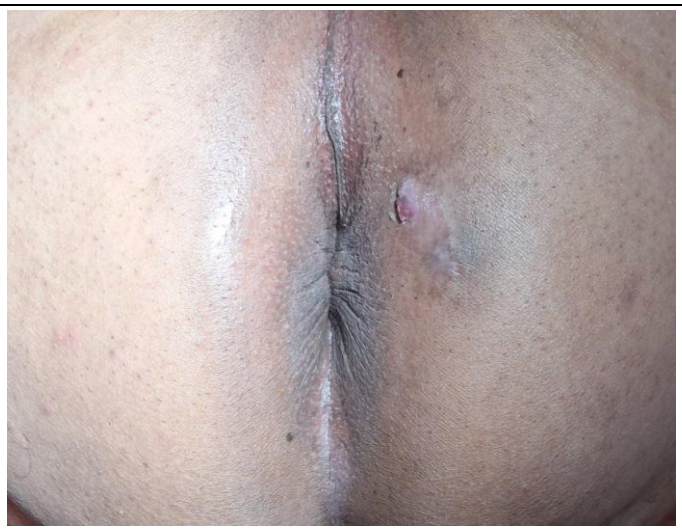

Figure 1: Pre-operative image

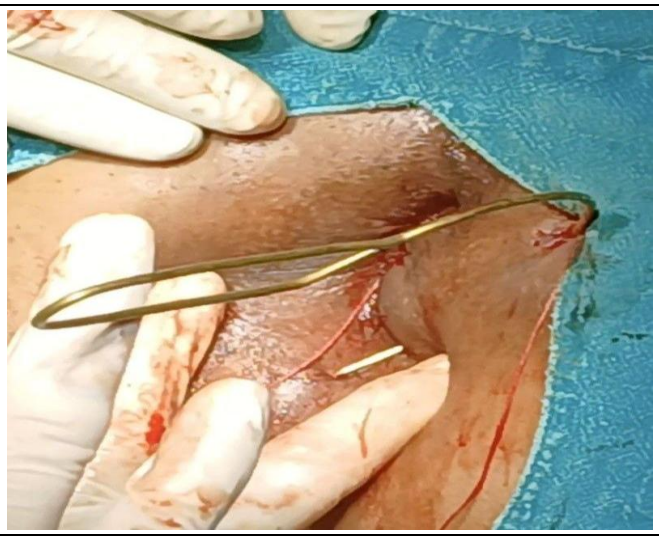

Figure 2: Intra-operative image

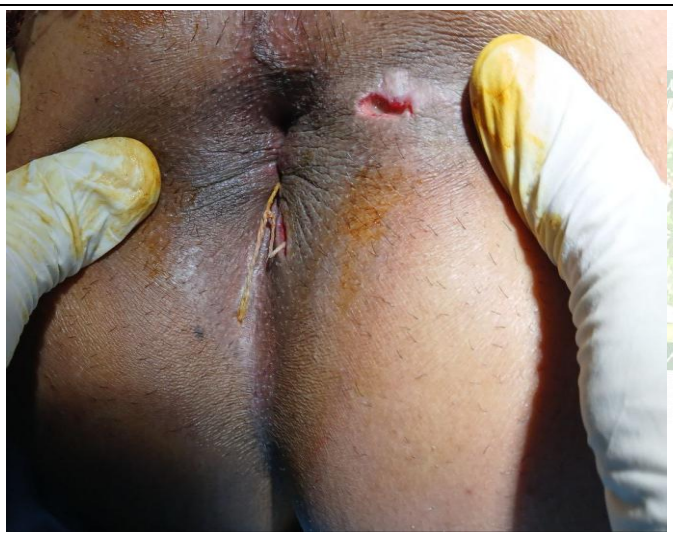

Figure 3: Post operative image

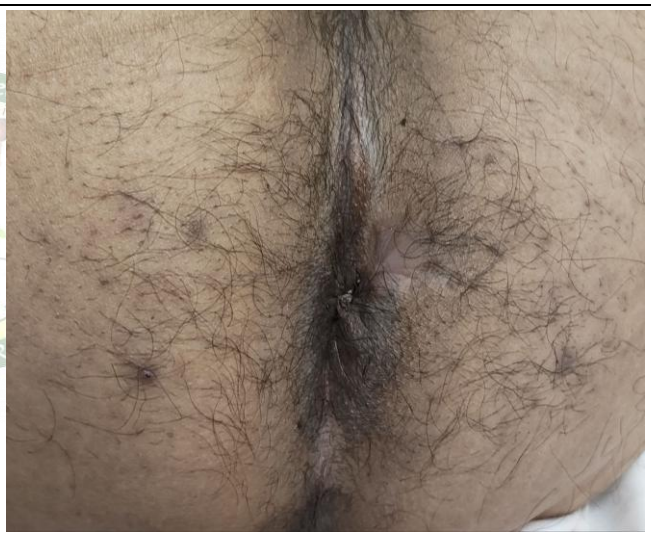

Figure 4: Completely healed wound

Table 1: Timeline of the Case

Date	Event /Intervention	Outcome/Remark
25th December.2024	51-year-old male patient presented with complaints of pain and pus discharge from perianal region, with discomfort in sitting position since 2 and half year. Patient was admitted in Shalya Tantra indoor patient department (IPD) and routine pre-operative investigations were performed.	Diagnosed as Fistula-in-Ano (*Bhagandara*) after clinical examination.
26th December, 2024	IFTAK was done at 6' O clock position under local anesthesia.	Procedure well tolerated. Vitals were within normal limits.

27th December, 2024	Post-operative 1st day (1st POD)	**Oral Antibiotic and Analgesic** Tablet Oflox OZ twice daily (BD), Tablet Zerodol SP (Acelofenac 100mg, Paracetamol 325mg and Serratopeptidase 15mg) 1 BD and Tablet Rabekind DSR 1 OD (Rabeprazole 20mg and Domperidone 30mg) were started for initial five days. **Ayurvedic medicines:** *Triphala Guggulu* 1gram BD food with lukewarm water, *Abhyarishta* 20ml BD after meals. *Haritaki Churna* four gram at bedtime with lukewarm water and isabgol husk three gram at bedtime with lukewarm water till complete wound healing. **Local measures** Regular aseptic dressing with *Jatyadi oil* (*Jasminum officinale Linn.*) was started.
29th December 2024	Plain thread was changed into *Ksharasutra* (medicated alkali thread). Patient was discharged from IPD.	Patient was well oriented to time place and person.
5th January 2025	*Ksharasutra* (medicated alkali thread) was changed. Mild pain and pus discharge was present at operated site.	Antibiotics and analgesics were stopped. Ayurvedic medicines were continued same as above.
12th January, 2025	*Ksharasutra* (medicated alkali thread) was changed weekly. Mild pain was there and no pus discharge was seen. Healthy granulation was started.	Same as above
19th January 2025	*Ksharasutra* (medicated alkali thread) was changed. Pain was there, two drops of pus discharge seen.	Same as above
26th January, 2025	*Ksharasutra* (medicated alkali thread) was changed. Pain and pus discharge was there widening of external opening followed by curettage of fistulous tract was done under local anestesia. Wound started to contract.	Same as above
5th February, 2025	*Ksharasutra* (medicated alkali thread) was changed. Pain and pus discharge was there widening of external opening followed by curettage of fistulous tract was done under local anestesia. Wound started to contract.	Same as above
12th February, 2025	*Ksharasutra* (medicated alkali thread) was changed no discharge was seen.	Same as above
19th February 2025	*Ksharasutra* (medicated alkali thread) was changed weekly. No pain was there and one of pus discharge was seen.	Same as above
26th February	No pain was there no pus discharge was seen.	

2025	Cut through was done under local anesthesia.	
15th March, 2025	Complete healing of wound was achieved.	Ayurvedic medicines were stopped. Patient was advised for follow up at every 15 days for five months duration.
15th April 2025	Follow up after 1month	No any complaint
20th July 2025	Follow up after 4 months	No any complaint
5th January 2026	Follow up after 10 months	No any complaint
25th march 2026	Follow up after 1 Year	No any complaint

DISCUSSION

Ksharasutra therapy is considered one of the most successful treatment modalities for fistula in ano. It has a high success rate. [7] A low recurrence rate (3.33%).[8] The procedure is simple, can be performed as a day-care treatment, and is cost-effective, with minimal complications compared to conventional surgical modalities. Conventional treatments usually require hospitalization, regional or general anesthesia, and intensive postoperative care. These surgical approaches are associated with a considerable risk of recurrence (0.7–26.5%) and a high incidence of impaired continence (5–40%). [9]

Although *Ksharsutra* therapy is widely accepted as the treatment of choice for fistula in ano due to its multiple advantages, it also has certain limitations, including patient discomfort, post-procedural pain, frequent hospital visits, prolonged duration of treatment, and the formation of a large postoperative scar. These factors often result in reduced patient compliance and acceptability.

The IFTAK (Interception of Fistulous Tract and Application of *Ksharsutra*) technique appears to overcome many of these limitations associated with the conventional method. The duration of therapy is reduced by shortening the length of the tract and effectively addressing the cryptoglandular infection, eliminating the need to treat the residual curved tract. Pain is significantly reduced due to limited tissue exposure following interception at the internal opening. In contrast, the conventional method involves exposure of the entire tract along its axis during *Ksharsutra* changes, leading to increased pain and burning sensations due to greater tissue exposure

In this case the tract was horse shoeing which is best suitable for IFTAK technique which reduced the time duration for complete healing. Pain was also significantly reduced with minimum scar mark. Patient was completely cured within three month and recurrence had not occurred up to one year of follow up. Tab. *Triphala guggulu* were used to counter inflammation, pain and to prevent infection along with IFTAK technique. *Triphala guggulu* has proven antimicrobial agent.[10] Thus, it may be useful in prevention of infection and promote wound healing also *Trihala* has antibacterial action against a variety of Gram-positive and Gram-negative bacteria and immuno-modulatory effect. [11]

According to Ayurveda, *Trihala* has *Anulomana* action, which regulates *Apana Vayu* and facilitates easy bowel evacuation.[11] Local application of *Jatyadi taila* reported to significantly increase protein, hydroxyproline and hexosamine contents in the granulation tissue and helps in fast healing.[12] Therefore, IFTAK is advanced convenient technique in the field of fistula which has great innovation with lot of benefits.

CONCLUSION

Thus, this case reports conclude that IFTAK is highly efficient technique which reduces post operative wound healing time that is complete recovery, reduces pain, and with minimal scar mark.

REFERENCES

1. Bailey & Love Short Practice of Surgery. P. Ronan o' Connell, Andrew W.M cCaskie, Robert D. Sayers; Volume two, Edition 28th; 2023; Part 11; Chapter 80; page no.1436
2. Hanifa N, Sherkhane R. Interception of fistulous tract and application of Kshara Sutra: Boon for anal fistulae with scrotal extension: A case series. Journal of Research in Ayurvedic Sciences. 2023 Jul 1; 7(3): 159-65.
3. Shastri A, Sushruta Samhita of Sushruta, edited with Ayurveda- Tattva- Sandipika hindi commentary, Part I; Sutra Sthana; Avaraniya adhaya; Chapter 33, Verse 4-6. Varanasi:

Chowkhambha Sanskrit Sansthan, Reprint 2021; 163.

4. Thakral KK, Sushruta Samhita of Sushruta, edited with Nibandha Sangraha by Acharya Dalhana Hindi commentary; Part 1; Edition 2014; Chaukhambha Sanskrit Sansthan Varanasi. Nidana Sthana; Chapter 4; Verse 3; Page no.737
5. Garg P. Garg classification for anal fistulas: Is it better than existing classifications. A review. Indian Journal of Surgery. 2018; 80(6): 606-8.
6. Sahu M, Sharma A. Management of complex fistula-in-ano by interception of fistula track with application of Ksharasutra (IFTAK): a novel technique. Journal of Coloproctology. 2022 Dec; 42(04): 279-85.
7. Sahu M. A manual on fistula in ano and Kshara sutra therapy. 1st ed. NRC, Dept. of Shalya Tantra, IMS, BHU; 2015. published by.
8. Pankaj S., Manoranjan S. Efficacy of Ksharsutra (medicated seton), therapy in the management of fistula-in-ano. World J Colorectal Surg. 2010; 2(2) (Art. 6:01–10)
9. Panigrahi H.K., Rani R., Padhi M.M., Lavekar G.S. Clinical evaluation of Ksharasutra therapy in the management of Bhagandara (fistula-in-ano)- a prospective study. Anc Sci Life. 2009; 28(3): 29–35.
10. Mhaiskar Bhushan D., Bharat Chouragad Bari. Management of non-healing infected wound by external application of and Hinsradya Taila Triphala Guggulu. Joinsysmed. 2017; 5(2): 130–134.
11. Tarasiuk A., Mosińska P., Fichna J. Triphala: current applications and new perspectives on the treatment of functional gastrointestinal disorders. Chin Med. 2018; 13: 39. doi: 10.1186/s13020-018-0197-6. PMID: 30034512; PMCID: PMC6052535.
12. Shailajan S.1, Menon S., Pednekar S., Singh A. Wound healing efficacy of Jatyadi Taila: in vivo evaluation in rat using excision wound model. J Ethnopharmacol. 2011; 138(1): 99–104. doi: 10.1016/j.jep.2011.08.050. Epub 2011 Aug 30.

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***Address for correspondence**
Dr. Dipika Datir
PG Scholar,
Department of Shalya Tantra,
National Institute of Ayurveda, Amer Road, Jaipur, Rajasthan.
Email: dvd1998115@gmail.com