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Case Study

MODIFIED IFTAK TECHNIQUE IN THE MANAGEMENT OF COMPLEX SUBSCROTAL FISTULA IN ANO

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ABSTRACT

Fistula in ano is one of the most common and challenging anorectal disorders due to its recurrent nature and risk of sphincter damage. The clinical presentation of fistula in ano closely resembles *Bhagandara* described in Ayurvedic classics. Among the various treatment modalities mentioned in Ayurveda, *Ksharasutra* therapy has shown promising results; however, prolonged treatment duration, postoperative pain and scarring remain its major drawbacks. Modified IFTAK (Interception of Fistulous Tract with Application of *Ksharasutra*) has recently emerged as a minimally invasive sphincter-saving procedure aimed at overcoming these limitations. A 62-year-old male patient presented with complaints of recurrent boil, swelling, pain and purulent discharge from the subscrotal region in the last one year. The patient was a known case of Type 2 Diabetes and hypertension. Clinical examination revealed an external opening at the base of the scrotum with internal opening at 12 o'clock position. MRI fistulogram demonstrated a 10cm long anterior transsphincteric fistulous tract extending towards the subscrotal region. The patient was managed with Modified IFTAK using *Apamarga Ksharasutra* along with partial fistulectomy and curettage of the tract. Postoperatively, pain reduced within 2–3 days and purulent discharge subsided within 10–15 days. Complete wound healing was achieved within 5 weeks with preservation of continence and no recurrence during 8 weeks follow-up. The present case highlights Modified IFTAK as an effective sphincter-saving approach for complex fistula in ano with reduced morbidity and faster recovery.

INTRODUCTION

Acharya Sushruta has described various surgical and para-surgical procedures for the management of anorectal disorders, among which *Bhagandara* is considered one of the *Ashta Mahagada* due to its chronicity, recurrence and difficult prognosis. Fistula in ano is an abnormal tract communicating between the anal canal and perianal skin, commonly resulting from cryptoglandular infection of anal glands[1]. Though the disease is not life-threatening, the discomfort and pain it causes disrupts the everyday life. At first, it presents as *Pidika* around the Guda and when it bursts out, it is called *Bhagandara*[2].

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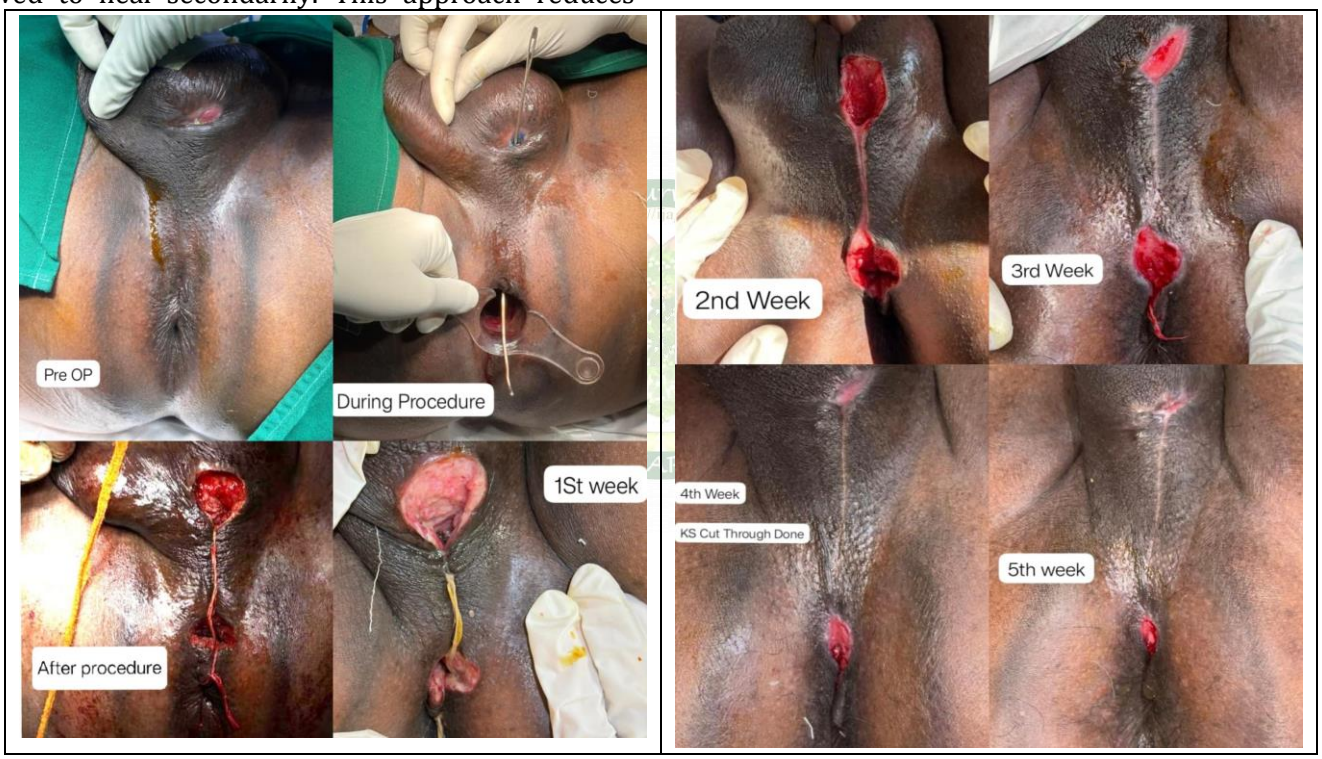
Complex fistulas with anterior extension towards the scrotum are uncommon and pose significant therapeutic challenges because of their long tract, recurrent sepsis and increased risk of sphincter injury leading to anal incontinence. The disease is more common in males and greatly affects the quality of life due to persistent pain, swelling and purulent discharge.

In Ayurveda, fistula in ano closely resembles *Bhagandara* described in *Sushruta Samhita*. Various treatment modalities such as *Bheshaja*, *Kshara*, *Agnikarma* and *Shastra Karma* have been mentioned for its management. Among them, *Ksharasutra* therapy has gained wide acceptance because of its minimal recurrence and effective healing. However, conventional *Ksharasutra* therapy is often associated with prolonged treatment duration, postoperative pain, discomfort during dressing and significant scarring. *Ksharasuta* treatment is an effective treatment modality for fistula in ano. *Ksharsutra* treatment has high success rate and least recurrence

rate (3.33%). When compared to standard treatment modalities, which call for hospitalization, regional or general anesthesia, and consistent post-operative care, it is a very simple, cost-effective, and a low-complication procedure [3]. Conventional surgical treatments are associated with a significant risk of recurrence (0.7-26.5%) and high risk of impaired continence (5-40%).[4]

To overcome these limitations, Modified IFTAK (Interception of Fistulous Tract with Application of *Ksharasutra*) has emerged as a minimally invasive sphincter-saving technique. Also, the branching tracks and distant extensions in fistula cannot be intervened at the same time, and if done, it may create a difficult situation for the patient.[5] The procedure involves interception of the fistulous tract near the anal verge and treatment of the proximal infective focus with *Ksharasutra*, while the distal tract is curetted and allowed to heal secondarily. This approach reduces treatment duration, postoperative morbidity and chances of sphincter damage. The essential goal of this technique is to treat the infected anal crypt by the application of *Ksharsutra* while simultaneously facilitating drainage to the primary track, the secondary extensions or the abscess cavities via interception and rerouting at the level of external sphincter[6].

The present case report highlights the successful management of a complex subscrotal transsphincteric fistula in ano using Modified IFTAK with *Apamarga Ksharasutra* in a 62-year-old male patient, resulting in faster healing, preservation of continence and no recurrence during follow-up. There was no complication seen during and after treatment and patient got relief from all the symptoms. After 3 months of follow-up, no recurrence was noted, patient was cured completely



DISCUSSION

Anorectal disorders, especially complex fistula in ano, have always been challenging for both general and colorectal surgeons. Despite taking standard surgical measures and utmost care in the management of anal fistulas, many times, there are recurrences[7]. Complex anterior fistulas with subscrotal extension are difficult to manage because of their long tortuous course and close association with sphincter musculature. Conventional fistulotomy in such cases carries substantial risk of incontinence and delayed wound healing.

MRI fistulogram in the present case demonstrated a long transsphincteric tract extending approximately 10 cm from the internal opening at 12 o'clock position to the subscrotal external opening. Modified IFTAK allowed interception of the tract near the anal verge, thereby targeting the cryptoglandular infective focus while avoiding extensive sphincter division.

Apamarga Ksharasutra possesses *Chedana*, *Lekhana* and *Shodhana* properties, facilitating gradual chemical debridement and healing of the residual tract. Weekly *Ksharasutra* changes promoted controlled cutting and simultaneous healing.

The procedure resulted in rapid symptomatic relief, cessation of purulent discharge and complete wound healing within 5 weeks. Preservation of continence and absence of recurrence during follow-up

further support the effectiveness of the technique. IFTAK reduces the duration of treatment by shortening the track and focusing on eradicating of infected anal crypt which is the principal site of pathology in anal fistula. As a result, no treatment of the distal or residual track is required.[8]

Compared to conventional *Ksharasutra* therapy involving the entire tract, Modified IFTAK significantly reduces patient discomfort, treatment duration and scar formation while maintaining high success rates.

CONCLUSION

Modified IFTAK with *Apamarga Ksharasutra* is a safe, minimally invasive and sphincter-saving technique for management of complex subscrotal fistula in ano. The procedure effectively eradicates the infective focus while reducing postoperative pain, healing time and risk of recurrence. Integration of MRI fistulography with Ayurvedic para-surgical management provides precise and patient-friendly treatment in complex fistulous disease.

REFERENCES

1. Kumar A, Bilyan A. IFTAK an innovative technique in fistula in ano-A case study. Ayurpub 2018
2. Sushruta Sushruta Samhita. In: Shastri A, editor. Nidanasthana, Bhagander Nidan. 4/3. 12th ed. Varanasi: Chaukhamba Sanskrit Sansthan; 2009. p. 319
3. 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: 01e10).
4. Dutta G, Bain J, Ray AK, Dey S, Das N, Das B. Comparing Ksharasutra (Ayurvedic Seton) and open fistulotomy in the management of fistula-in-ano.
5. Radhakrishna S. Multicentric randomized controlled clinical trial of Kshaarasootra (Ayurvedic medicated thread) in the management of fistula-in-ano. Indian J Med Res. Sect B, Biomed Res Infect Dis 1991; 94: 177e85
6. Sherkhane R, Meena P, Hanifa N, Mahanta VD, Gupta SK. IFTAK technique: an advanced Ksharsutra technique for management of fistula in ano. J Ayurveda Integr Med 2021; 12(1): 161e4.
7. Srivastava KN, Agarwal A. A complex fistula-in-ano presenting as a soft tissue tumor. Int J Surg Case Rep 2014; 5(6): 298e301.
8. Sahu M, Sharma A. Management of complex fistula-in-ano by interception of fistula track with application of Ksharasutra (IFTAK): a novel technique. J Coloproctol 2022; 42(04): 279e85.

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