



An Ayurvedic Insight into Common Perianal Disorders

The Suśruta Saṁhitā, a classical text of Ayurvedic surgery, offers comprehensive knowledge about diseases of the guda (anal region), including hemorrhoids (arśa), fistula-in-ano (bhagandara), anal fissure (parikartikā), abscesses (vidradhi), and sinus tracts (nāḍivraṇa). These diseases are described with clarity in terms of doshic involvement, anatomical location, clinical features, and surgical approaches.

1. Vidradhi (Perianal Abscess)

> त्वग्रक्तमांसमेदांसि प्रदूष्यास्थिसमाश्रिताः ।

दोषाः शोफं शनैर्घोरं जनयन्त्युच्छ्रिता भृशम् ॥४॥

महामूलं रुजावन्तं वृत्तं चा(वाऽ)प्यथवाऽऽयतम् ।

तमाहुर्विद्रधिं धीरा, विज्ञेयः स च षड्विधः ॥५॥

पृथग्दोषैः समस्तैश्च क्षतेनाप्यसृजा तथा ।

षण्णामपि हि तेषां तु लक्षणं सम्प्रवक्ष्यते ॥६॥

(Suśruta Nidāna 9/4–6)

These verses describe Vidradhi as a severe inflammatory swelling arising from aggravated doshas affecting deeper tissues like muscle, fat, and bone. The condition is characterized by pain, swelling, and



warmth, matching the features of a perianal abscess in modern terms.

2. Nāḍī Vrana & Bhagandara (Fistula-in-Ano)

> शोफं न पक्वमिति पक्वमुपेक्षते यो यो वा व्रणं प्रचुरपूयमसाधुवृत्तः ।

अभ्यन्तरं प्रविशति प्रविदार्य तस्य स्थानानि पूर्वविहितानि ततः स पूयः
॥९॥

तस्यातिमात्रगमनाद्गतिरित्यतश्च नाडीव यद्वहति तेन मता तु नाडी ।

(Suśruta Nidāna 10/9)

> ते तु भगगुदबस्तिप्रदेशदारणाच्च 'भगन्दरा' इत्युच्यन्ते ।

अभिन्नाः पिडकाः, भिन्नास्तु भगन्दराः ॥

कटीकपालवेदनाः कण्डूर्दाहश्च शोफश्च गुदस्य भवति ॥४॥

(Suśruta Nidāna 10/4)

> त्वङ्मांससिरास्त्रायुसन्ध्यस्थिस्थितेऽत्युग्ररुजि...

...नाडीशोणितातिप्रवृत्तिषु चाग्निकर्म कुर्यात् ॥१०॥

(Suśruta Chikitsā 17/10)



Bhagandara is a chronic tract disease involving the anal region. It starts as a painful swelling or boil and eventually forms a fistulous tract that discharges pus. The location includes structures like skin, muscle, vessels, tendons, joints, and even bone—corresponding to complex anal fistulas today. It is said to arise due to trauma, infection, or doshic imbalance.

3. Arśa (Hemorrhoids)

> समस्ताः शोणितसहिता वा यथोक्तं प्रसृताः

प्रधानधमनीरनुप्रपद्याधो गत्वा गुदमागम्य

प्रदूष्य गुदवलीर्मांसप्ररोहाञ्जनयन्ति विशेषतो मन्दाग्नेः,

तथा तृणकाष्ठोपललोष्ठवस्त्रादिभिः शीतोदकसंस्पर्शनाद्वा

कन्दाः परिवृद्धिमासादयन्ति, तान्यर्शासीत्याचक्षते ॥४॥

(Suśruta Nidāna 2/4)

These lines explain the pathogenesis of hemorrhoids (arśa) due to doshas invading the gudavalis (anal folds) along with poor digestion (mandagni) and lifestyle triggers. The masses formed can be bleeding or non-bleeding and may enlarge due to chronic exposure to cold, rough objects, or constipation.

4. Parikartikā (Fissure-in-Ano)

> सपित्तं कोपयेद्वायुं कुर्याच्च परिकर्तिकाम् ॥३६॥

नाभिबस्तिगुदं तत्र छिनत्तीवातिदेहिनः ।

(Suśruta Nidāna 2/36)

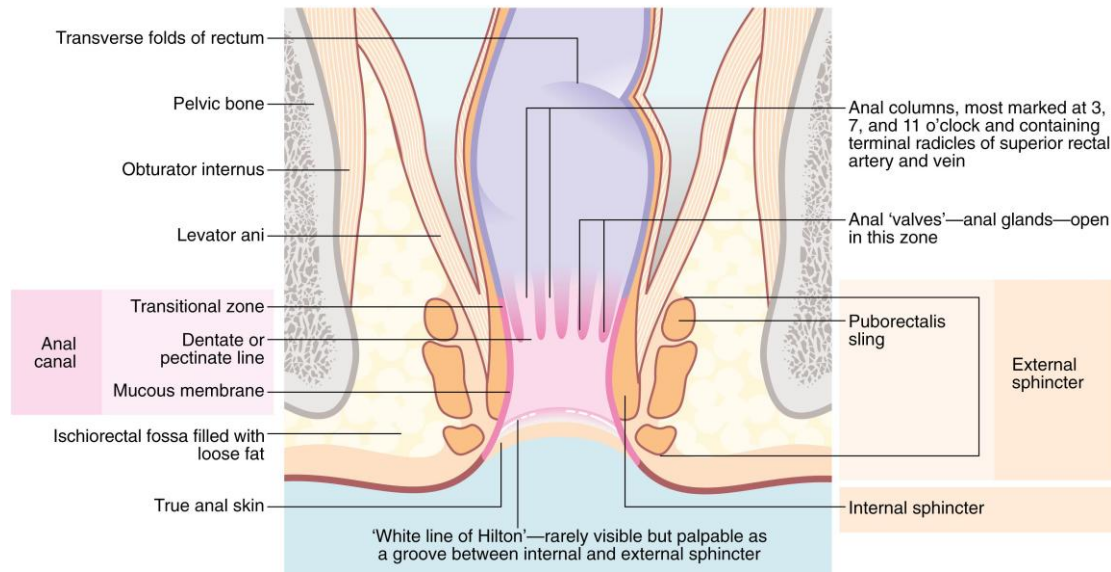
> शकृता यस्तु संसृष्टमतिसार्येत शोणितम् ।

प्राक् पश्चाद्वा पुरीषस्य सरुक् सपरिकर्तिकः ॥१०३॥

(Suśruta Nidāna 2/103)

Parikartikā is a painful cutting-type condition caused by deranged vāta and pitta doshas. It closely resembles the anal fissure—marked by sharp anal pain during and after defecation and accompanied by minor bleeding.

5. Guda Sharira (Anorectal Anatomy)



> तत्र स्थूलान्तप्रतिबद्धमर्धपञ्चाङ्गुलं गुदमाहुः,

तस्मिन् वलयस्तिस्रोऽध्यर्धाङ्गुलान्तरसम्भूताः



प्रवाहणी विसर्जनी संवरणी चेति चतुरङ्गुलायताः ;

सर्वास्तिर्यगेकाङ्गलोच्छ्रिताः ॥५॥

शङ्खावर्तनिभाश्चापि उपर्युपरि संस्थिताः ।

गजतालुनिभाश्चापि वर्णतः सम्प्रकीर्तिताः ।

रोमान्तेभ्यो यवाध्यर्धो गुदौष्ठः परिकीर्तितः ॥६॥

(Suśruta Nidāna 2/5–6)

1. Rectal and Perianal Anatomy in Ayurveda (गुदशरीरम्)

> "तत्र स्थूलान्तप्रतिबद्धम् अर्धपञ्चाङ्गुलं गुदम् आहुः..."

(Suśruta Nidāna 2/5–6)

Ayurvedic Description:

Length of Rectum (Guda): Approximately 4½ fingerbreadths (ardha-pañcāṅgula) long.

Three circular folds (valaya) are described:

Pravāhaṇī (facilitates downward movement)

Visarjanī (responsible for excretion)

Samvaraṇī (closes the outlet)



SURGISCOPE 2025



Each fold is said to be about 1½ aṅgula apart.

The folds are compared to:

Shankha-vartani (spiral-shaped like a conch)

Gajatālu-nibha (resembling elephant palate)

anal verge (guda-uṣṭha) is located about 1½ yava (barley grain units) from the hairline around the anus.

Modern Correlation:

The rectum and anal canal are about 4 cm to 5 cm long, closely matching the Ayurvedic description.

The three functional sphincteric controls are mirrored in:

Internal anal sphincter (involuntary)

External anal sphincter (voluntary)

Puborectalis muscle (supports continence)

The spiral, layered nature is echoed in the columnar structure and mucosal folds of the rectum.

Ayurveda's descriptions, although metaphorical, align well with surgical and anatomical understanding, showing an intuitive grasp of functionally significant zones in the anorectal region.



6. Kṣārasūtra Technique (क्षारसूत्र चिकित्सा)

> कृशदुर्बलभीरूणां नाडी मर्माश्रिता च या ।

क्षारसूत्रेण तां छिन्द्यान्न तु शस्त्रेण बुद्धिमान् ॥२९॥

एषण्या गतिमन्विष्य क्षारसूत्रानुसारिणीम् ।

सूचीं निदध्याद्गत्यन्ते तथोन्नम्याशु निहरित् ॥३०॥

सूत्रस्यान्तं समानीय गाढं बन्धं समाचरेत् ।

ततः क्षारबलं वीक्ष्य सूत्रमन्यत् प्रवेशयेत् ॥३१॥

क्षाराक्तं मतिमान् वैद्यो यावन्न छिद्यते गतिः ।

भगन्दरेऽप्येष विधिः कार्यो वैद्येन जानता ॥३२॥

अर्बुदादिषु चोत्क्षिप्य मूले सूत्रं निधापयेत् ।

सूचीभिर्यववक्राभिराचितान् वा समन्ततः ।

मूले सूत्रेण बध्नीयाच्छिन्ने चोपचरेद्द्वणम् ॥३३॥

(Suśruta Chikitsā 17/29–33)

Concept and Method:

Kṣārasūtra is a paradigm-shifting technique in Ayurvedic surgery used for managing:

Bhagandara (Fistula-in-ano)

Nāḍīvraṇa (Sinus)



Arbuda (Tumors)

Preparation:

A cotton thread is repeatedly coated (typically 21 times) with:

Apāmārga kṣāra (alkaline ash)

Snuhi latex (*Euphorbia neriifolia*)

Haridrā (turmeric) powder

This ensures chemical cauterization, antibacterial action, and wound healing properties.

Procedure Steps:

1. The tract (nāḍī) is identified using probing (eṣaṇā).
2. The kṣārasūtra is passed through the tract using a probe (sūcī).
3. Both ends of the thread are tied externally, forming a loop.
4. The thread is changed weekly:

The thread slowly cuts through the tract.

At the same time, it causes chemical cauterization, preventing infection and promoting granulation.

5. Once the tract is fully cut and healed, the wound is dressed with healing herbs and ghee-based preparations.

Advantages:

Minimally invasive



SURGISCOPE 2025



No hospitalization needed

Very low recurrence rate

Effective even in complex, branching tracts

Ideal for high-risk or unfit patients

Modern Validation:

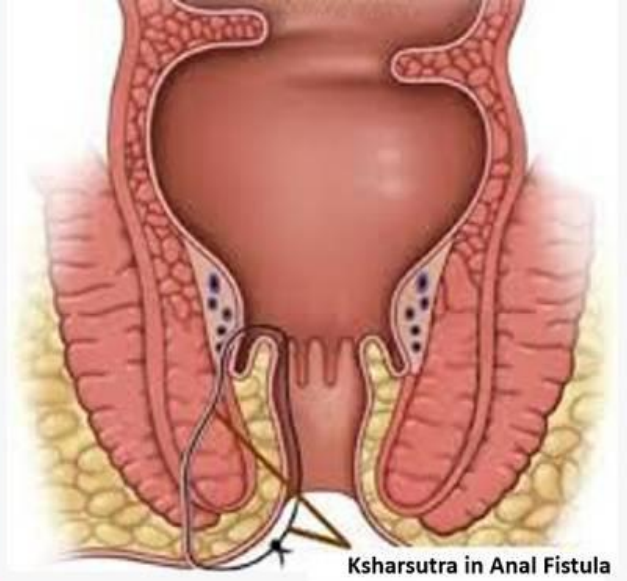
The Kṣārasūtra technique has been scientifically validated and is approved by:

Indian Council of Medical Research (ICMR)

Incorporated into AYUSH and surgical practices in Ayurveda hospitals.

It is particularly useful in recurrent and complex anal fistulas, often outperforming modern surgical options like fistulotomy or LIFT in certain cases.

These verses explain the Kṣārasūtra procedure, a medicated alkaline thread therapy used in treating nāḍi vrana and bhagandara. It is a minimally invasive technique that enables tract healing by gradually cutting and cauterizing, without open surgery—a method that has stood the test of time and is still used successfully today.



Ksharsutra
Medicated Surgical Linen Thread