



BHAGANDARA (FISTULA-IN-ANO) AND IT'S MANAGEMENT IN AYURVEDA – A CONCEPTUAL STUDY

Dr. Madan Bhandari^{1*}, Dr. Pravesh Srivastava², Dr. Prerok Regmi³ and Manoj Bhandari⁴

¹Assistant Professor, Department of Shalya Tantra, Patanjali Ayurveda Medical College.

²Consultant Ayurveda Physician, Ministry of Social Development, Gandaki Province, Nepal.

³Consultant Ayurveda Physician.

⁴PhD Scholar, Panini Vyakarana, IIT, BHU.

***Corresponding Author: Dr. Madan Bhandari**

Assistant Professor, Department of Shalya Tantra, Patanjali Ayurveda Medical College.

DOI: <https://doi.org/10.17605/OSF.IO/ZCNRK>

Article Received on 21/11/2020

Article Revised on 11/12/2020

Article Accepted on 01/01/2021

ABSTRACT

Bhagandara clinically correlated with Fistula-in-ano is among the Asta-Mahagada. As it does Daarana of Bhaga region it is called Bhagandara. Acharya Susruta has mentioned *Shataponaka*, *Ustagriva*, *Parisravi*, *Sambukaavarta*, *Unmargi* as 5 varieties of Bhagandara and all are explained as difficult to cure. Pidaka is the initial manifestation of Bhagandara which if not treated timely leads to Bhagandara. In this study available information regarding Bhagandara from different classical Ayurvedic texts, new books, research papers etc. are reviewed conceptually.

In Ayurveda different oral medicines, different local paste applications, medicated wick application, medicated oil application etc. are explained as medicinal management of Bhagandara. In surgical methods different surgical techniques for different varieties of Bhagandara are explained in detail by different Acharyas. Different incisions like Langgalaka, Ardhalangalak, Ardachandra etc. are the practical orientation given by Acharyas. Among the parasurgical methods Ksharasutra is the most accepted method of surgery. Ksharasutra treatment is advised only to patients where excision is contraindicated. But due to increased positive outcome of Ksharasutra therapy nowadays it has become the primary modality of treatment.

KEYWORDS: Pidaka; Bhagandara; Fistula-in-ano; Susruta; Ksharasutra.

INTRODUCTION

The disease in which *Daarana* (deformity) in and around *Bhaga* (pubic region and perineum), *Guda* (anal region) and *Basti* (urinary bladder region) is called *Bhagandara*. When the blister remains unripe (not suppurated), it is called *Pidaka* and when it gets suppurated, it is called as *Bhaganadara*.^[1] When the blister is deep seated, erythematous, swollen, associated with severe pain and recurs even after healing of wound, it results in *Bhagandara*.^[2] *Bhagandara* is correlated with *Fistula-in-ano* which is an abnormal hollow tract lined by unhealthy epithelium, which connects perianal skin externally to anal mucosa and rectum internally. There are 5 types of *Bhagandara* according to *Acharya Susruta* i.e. *Shataponaka*, *Ustagriva*, *Parisravi*, *Sambukaavarta*, *Unmargi*.^[1] *Acharya Vagbhata* has added 3 more varieties in existing 5 types i.e. *Parikshepi*, *Riju* and *Arsho*.^[3] All 5 types of *Bhagandara* are difficult to treat as per *Acharya Susruta*.^[4]

MATERIALS AND METHODS

Source of study material are various Ayurvedic classical texts, translated books, published articles and previous research works. It is a conceptual work on *Fistula-in-ano* and it's Ayurvedic management.

Review of the disease

Bhagandara is one of the disease under *Asta Mahagada* (the 8 main diseases) due to it's difficulty in treatment.^[5] A small blister is formed near the anal verge (1 or 2 angula around) due to excessive indulgence in riding on back of elephant and horse, sitting in improper position, following the aetiological factors of *Arshas*, improper daily regimen etc. As the blister is neglected and no timely treatment is given it bursts open and air, pus, blood and even urine and semen comes out from it.^[6] In this stage pain on low back region, headache, itching-burning and swelling in the anal region occurs.^[7] Different types of *Bhagandara* are reviewed below-

1. *Shataponaka Bhagandara*: Due to improper diet and lifestyle, *Vata* is aggravated and accumulated near the anal region (1 or 2 angula around), causes vitiation of

Mamsa and Rakta Dhatu resulting in a Pidaka of Aruna Varna. This Pidaka causes pricking type of pain. If no timely treatment is done the Pidaka suppurates, causes the wound moist and results in multiple sieve like opening in wound. They have excessive clean and frothy discharges and pain like beating, breaking, excising and like piercing a needle around the anal region. If the wound is neglected, it causes deformity in the wound and air, urine, stool and even semen comes out from the sieve like opening of wound. This variety of Bhagandara is Vataja in nature and called Shataponaka.^[8]

2. Ustagriva Bhagandara: Due to improper diet and lifestyle Pitta is aggravated. This Pitta mixes with Vata and gets localised in the perianal region (around 1 and 2 angula) and forms reddish, small, elevated pidaka similar to the neck of camel. This Pidaka causes burning type and other variety of pain. If it is not treated gets suppurated and becomes wound which has burning sensation like Agni and Kshara with foul smelling and warm discharges. If this condition is further neglected air, urine, faeces and semen comes out from the wound. This variety of Bhagandara is Pittaja in nature and called Ustagriva.^[9]

3. Parisravi Bhagandara: Due to improper diet and lifestyle Kapha is aggravated. Aggravated Dosa is escorted by Vata and gets localised in the perianal region. It generates whitish, stable and itchy Pidaka around 1 to 2 Angula of Guda. This Pidaka is prominently itchy and has other different types of pain. If no timely treatment is done the Pidaka suppurates, causes a wound which is hard, erythematous with excessive itching and associated with slippery discharge from it. If this condition is further neglected air, urine, faeces and semen comes out from the wound. This variety of Bhagandara is Kaphaja in nature and called Parisravi.^[10]

4. Shambukaavarta Bhagandara: Due to improper diet and lifestyle all Vata, Pitta and Kapha is aggravated. They all mixes and gets localised in the perianal region and forms a Pidaka like a toe of foot around 1 to 2 angula of Guda region. The symptoms of this Pidaka are similar to all 3 dosas. It has pain like Toda, Daaha, Kandu etc. If no timely treatment is done the Pidaka suppurates, causes a wound which is associated with different coloured discharge from it. The pain in this Bhagandara occurs like a whirlpool in river or like a shell of the snail. This variety of Bhagandara is Tridosaj in nature and called Shambukaavarta.^[11]

5. Unmaargi Bhagandara: If an idiot and meat craving patient consumes food along with bony pieces then the foreign body mixes with stool and by the force of Apaana Vayu moves downwards and settles obliquely in the ano-rectal region. This causes deformity in the anal region and causes wound. Due to trauma necrosis is formed in the wound. As insects and flies are generated in dirty areas, in the same way in this necrosed area with pus and blood microbes are generated. These microbes

starts infecting guda region in different ways and forms a deformity posteriorly. From this way made from microbes air, faeces, semen etc. starts moving. This variety of Bhagandara is Acquired in nature and called Unmaargi.^[12]

6. Parikshepi Bhagandara: This variety occurs due to vitiation of Vata and Pitta. Curved tract is formed all around the anal canal just as a trench is present all around the fort.^[13]

7. Riju Bhagandara: This variety occurs due to vitiation of Vata and Kapha which consists of straight deformities in the Guda region.^[14]

8. Arsho Bhagandara: In this variety, due to Arsha, Kapha and Pitta gets vitiated and in the root of Arsha swelling, itching, burning sensation etc. starts to happen. This suppurates very fast and gets bursted. Hence, the root of Arsha gets moist and results in continuous discharge from it. This is Arsho Bhagandara.^[15]

Review of Ayurveda procedures

In general Bhagandara pidaka and Bhagandara must be managed in the following ways:

A. To prevent formation of Bhagandara: If Pidaka is formed which is not suppurated, treatment protocol advised for Vrana should be followed to stop it from being suppurated. This includes treatment modalities like Apatarpana, Aalepa, Pariseka, Abhyanga, Sveda, Bimlapana, Upanaaha, Paachana, Visraavana, Snehana, Vamana and Virechana.^[16] These treatment modalities are mainly advocated for localising inflammation process and suppuration, facilitating spontaneous drainage of pus in fistulous abscess, post operative care of the patient and wound management.^[17]

B. After the Pidaka is suppurated: The patient has to be oiled and made to sit for sitz bath in warm water. After this, the patient must be kept in the position of Arsha examination i.e. Lithotomy position and must be examined whether the Bhagandara is blind-internal or blind-external/ internal and external opening must be identified. If it is blind internal fistula then a probe is taken and probed from the external to internal opening and the whole tract has to be excised using a sharp instrument (fistulectomy). If it is a blind external fistula, slit proctoscope has to be inserted while making the patient to strain and internal opening has to be examined. Then probing must be done followed by surgical excision or Agnikarma or Ksharakarma.^[16]

C. Medicinal management of Bhagandara: It includes both systemic and local measures. Oral drugs advocated are Narayana Rasa, Navakarshika guggulu, Saptabimsatak guggulu etc. Local measures includes lepa like Vatapatradi lepa, Khadiraadi lepa, Vidalaasthi lepa etc. and oil pooling like Karaviraadya taila, Visyandana taila, Nishaadi taila, Saindhavaadi taila etc.^[17]

D. Application of Varti (Medicinal wick): In all types of Nadivrana, Varti can be used. Some examples of Varti are:

- Ghontaaphalaadi Varti
- Vibhitakaadi Varti
- Dhaturadi Choorana Varti etc.^[18]

E. Surgical Management: The general principles followed during surgery are mentioned below:

- a. Virechana for bowel preparation
- b. Eshana – probing
- c. Chedana – excision/ Paatana – laying the tract open
- d. Marga vishodhana – curetting the tract
- e. Dahana – Cauterisation
- f. Vrana cikitsaa – post operative wound management
- g. Application of Ksharasutra

❖ **Management of Shataponaka Bhaganadara**

Incision has to be given in the mid point of pus formation. After that tract is healed properly next tract must be laid open. As there are multiple tracts joined with each other, they have to be laid open separately. It is advocated to treat the tract one by one rather than laying them open simultaneously. If all the tracts are laid open at a same time it may cause guda vidarana i.e. tearing and damaging the anal canal and rectum. It may also cause excessive damage of tissue in perianal area, cause severe pain, infection, delayed healing of wound and other complications like loss of control over flatus and faeces. The following varieties of incisions can be made during the management of Shataponaka.

Bhagandara

- Langalaka: ‘T’ shaped incision
- Ardhalangalak: ‘L’ shaped incision
- Goteerthaka: Incision resembling cow’s hoof
- Sarvatobhadhraka: Incision made all around the anal canal, protecting the sevani (median raphae).^[19]
-

❖ **Management of Ustagriva Bhagandara**

After proper identification of Ustagriva Bhagandara excision has to be done followed by Ksharakarma. Agnikarma to destroy the unhealthy tissues should not be used. After application of Kshara, the wound should be smeared with the paste of tila mixed with ghrita and covered with gauze piece and bandaged. Ghrita must be irrigated over the wound. The bandage should be removed in 3rd day and wound-toileting should be done Pitta pacifying drugs.^[20]

❖ **Management of Parisravi Bhagandara**

There is bleeding and secretion from the external openings, the sinus and the cavities of pus should be first removed and then cauterised with alkali. When sinuses become painless and free from discharge, then probing should be done, principal sinus should be laid open completely and cauterised or Kshara applied. The following varieties of incisions can be made during the management of Parisravi Bhagandara:

- Kharjurapatraka – incision like that of date-palm (V shaped).
- Chandraardha – Semilunar incision
- Chandrachakra – Circular incision
- Sucimukha – Cone shaped incision with tip towards anal margin
- Awangmukha – Inverted cone shaped incision^[21]

❖ **Management of Unmaargi Bhagandara**

It is generally incurable. As it is caused by foreign body impaction, removal of foreign body is the principle step of treatment.^[22]

❖ **Management of Parikshepi Bhagandara**

In Parikshepi Bhagandara gradual cutting (in 2 to 3 settings) like that of Nadi vrana using Ksharasutra should be done. If the tract is cut in a single setting it leads to a very big wound which is incurable.^[23]

❖ **Management of Arshobhagandara:**

In this variety Arshas has to be excised first followed by treatment of Bhagandara according to its tract/wound.^[24]

F. Treatment of Bhagandara using Ksharasutra: Wise surgeon should avoid surgery in patients who are thin, weak, frightened and in Nadi vrana situated in Marma. In these cases Ksharasutra treatment must be executed. Initially the tract has to be explored using a probe and a needle, threaded with a string of alkalinised thread should be passed from one end of the sinus and quickly drawn out through the other. Then the two ends of the thread should be firmly fastened together. An intelligent surgeon should likewise pass another alkalinised thread in the event of the alkali of the first thread being comparatively weak. This should be repeated till the sinus completely bursts out. The surgeon should know that the same procedure may be as well adopted in cases of fistula-in-ano.^[25]

DISCUSSION

Bhagandara is a very common anorectal disease affecting mankind from time immortal. The first detailed mentioning of it is found in Susruta Samhita of Acharya Susruta. He has not described only about the different types of Bhagandara but also about the specific treatment modalities for these types. Different varieties of medicinal treatment are also explained. Different types of incisions and complications of different surgeries are also explained by Acharya Susruta. Susruta explained excision or laying the tract open as the primary treatment for the management of fistula-in-ano followed by Kshara application or agnikarma. Ksharasutra treatment is advised only to patients where excision is contraindicated. But due to increased positive outcome of Ksharasutra therapy nowadays it has become the primary modality of treatment. A lot of researches have been conducted and are still going on regarding different varieties of Ksharasutra. It acts as a cutting and draining seton. Various scientific studies suggest that due to effect of drugs present in the Ksharasutra and mechanical

pressure of tying, it gradually cuts and heals the fistulous tract simultaneously.^[26]

CONCLUSION

Ayurveda classics contains tremendous amounts of information gathered after long study and experiences by noble scientists of that era i.e. Acharyas. The more we go deep inside in the more informations can be collected for the service of mankind.

Conflict of Interest: None

REFERENCES

- Murthy K.R. Srikantha, translator (Reprint) *Susruta Samhita of Susruta, Nidanasthana; Bhagandara Nidanam: Chapter 4, Verse 3. Varanasi: Chaukhamba Orientalia, 2016; 490.*
- Murthy K.R. Srikantha, translator (1st edition) *Astanga Sangraha of Vagbhata, Uttartantra; Bhagandara Pratisedha Adhyaya: Chapter 33, Verse 5. Varanasi: Chaukhamba Orientalia, 1997; 294.*
- Murthy K.R. Srikantha, translator (1st edition) *Astanga Sangraha of Vagbhata, Uttartantra; Bhagandara Pratisedha Adhyaya: Chapter 33, Verse 6. Varanasi: Chaukhamba Orientalia, 1997; 294.*
- Murthy K.R. Srikantha, translator (Reprint) *Susruta Samhita of Susruta, Nidanasthana; Bhagandara Nidanam: Chapter 4, Verse 13. Varanasi: Chaukhamba Orientalia, 2016; 493.*
- Murthy K.R. Srikantha, translator (Reprint) *Susruta Samhita of Susruta, Sutrasthana; Aavaraniya Adhyaya: Chapter 33, Verse 4. Varanasi: Chaukhamba Orientalia, 2016; 233.*
- Murthy K.R. Srikantha, translator (1st edition) *Astanga Sangraha of Vagbhata, Uttartantra; Bhagandara Pratisedha Adhyaya: Chapter 33, Verse 2. Varanasi: Chaukhamba Orientalia, 1997; 294.*
- Murthy K.R. Srikantha, translator (Reprint) *Susruta Samhita of Susruta, Nidanasthana; Bhagandara Nidanam: Chapter 4, Verse 4. Varanasi: Chaukhamba Orientalia, 2016; 490.*
- Murthy K.R. Srikantha, translator (Reprint) *Susruta Samhita of Susruta, Nidanasthana; Bhagandara Nidanam: Chapter 4, Verse 5. Varanasi: Chaukhamba Orientalia, 2016; 491.*
- Murthy K.R. Srikantha, translator (Reprint) *Susruta Samhita of Susruta, Nidanasthana; Bhagandara Nidanam: Chapter 4, Verse 6. Varanasi: Chaukhamba Orientalia, 2016; 491.*
- Murthy K.R. Srikantha, translator (Reprint) *Susruta Samhita of Susruta, Nidanasthana; Bhagandara Nidanam: Chapter 4, Verse 7. Varanasi: Chaukhamba Orientalia, 2016; 491.*
- Murthy K.R. Srikantha, translator (Reprint) *Susruta Samhita of Susruta, Nidanasthana; Bhagandara Nidanam: Chapter 4, Verse 8. Varanasi: Chaukhamba Orientalia, 2016; 492.*
- Murthy K.R. Srikantha, translator (Reprint) *Susruta Samhita of Susruta, Nidanasthana; Bhagandara Nidanam: Chapter 4, Verse 9. Varanasi: Chaukhamba Orientalia, 2016; 492.*
- Murthy K.R. Srikantha, translator (1st edition) *Astanga Sangraha of Vagbhata, Uttartantra; Bhagandara Pratisedha Adhyaya: Chapter 33, Verse 16. Varanasi: Chaukhamba Orientalia, 1997; 295.*
- Murthy K.R. Srikantha, translator *Astanga Sangraha of Vagbhata, Uttartantra; Bhagandara Pratisedha Adhyaya: Chapter 33, Verse 17. Varanasi: Chaukhamba Orientalia, 1997; 295.*
- Murthy K.R. Srikantha, translator *Astanga Sangraha of Vagbhata, Uttartantra; Bhagandara Pratisedha Adhyaya: Chapter 33, Verse 18. Varanasi: Chaukhamba Orientalia, 1997; 295.*
- Singhal G.D., Editor (reprint). *Susruta Samhita Ancient Indian Surgery, Part-2, Cikitsa Sthana; Bhagandara Cikitsam: Chapter 8, Verse 4. Delhi: Chaukhamba Sanskrit Pratishthan, 2015; 240.*
- Sahu M, Editor *A Manual on Fistula in Ano and Ksharasutra Therapy. (1st ed.). Varanasi. National Resource Center on Ksharasutra Therapy, 2015; 104.*
- Singhal G.D., Editor (reprint). *Susruta Samhita Ancient Indian Surgery, Part-2, Cikitsa Sthana; Bhagandara Cikitsam: Chapter 17, Verse 34 Delhi: Chaukhamba Sanskrit Pratishthan, 2015; 542.*
- Singhal G.D., Editor (reprint). *Susruta Samhita Ancient Indian Surgery, Part-2, Cikitsa Sthana; Bhagandara Cikitsam: Chapter 8, Verse 5-11 Delhi: Chaukhamba Sanskrit Pratishthan, 2015; 241-242.*
- Singhal G.D., Editor (reprint). *Susruta Samhita Ancient Indian Surgery, Part-2, Cikitsa Sthana; Bhagandara Cikitsam: Chapter 8, Verse 20-22 Delhi: Chaukhamba Sanskrit Pratishthan, 2015; 243.*
- Singhal G.D., Editor (reprint). *Susruta Samhita Ancient Indian Surgery, Part-2, Cikitsa Sthana; Bhagandara Cikitsam: Chapter 8, Verse 23-27 Delhi: Chaukhamba Sanskrit Pratishthan, 2015; 243-244.*
- Singhal G.D., Editor (reprint). *Susruta Samhita Ancient Indian Surgery, Part-2, Cikitsa Sthana; Bhagandara Cikitsam: Chapter 8, Verse 31 Delhi: Chaukhamba Sanskrit Pratishthan, 2015; 244.*
- Murthy K.R. Srikantha, translator *Astanga Sangraha of Vagbhata, Uttartantra; Bhagandara Pratisedha Adhyaya: Chapter 33, Verse 32. Varanasi: Chaukhamba Orientalia, 1997; 298.*
- Murthy K.R. Srikantha, translator *Astanga Sangraha of Vagbhata, Uttartantra; Bhagandara Pratisedha Adhyaya: Chapter 33, Verse 33. Varanasi: Chaukhamba Orientalia, 1997; 298.*
- Singhal G.D., Editor (reprint). *Susruta Samhita Ancient Indian Surgery, Part-2, Cikitsa Sthana; Bhagandara Cikitsam: Chapter 8, Verse 29-32 Delhi: Chaukhamba Sanskrit Pratishthan, 2015; 319.*
- Sahu M, Editor *A Manual on Fistula in Ano and Ksharasutra Therapy. (1st ed.). Varanasi. National Resource Center on Ksharasutra Therapy, 2015; 117.*