

Bhagandara – An Ayurvedic Review

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ABSTRACT

Bhagandara is the second most common ano-rectal disease with a troublesome pathology and management. *Acharya Sushruta*, the father of surgery has included *Bhagandara* as one among the *Ashtamahagada*¹, the eight grave disease of *Ayurveda* which are difficult to manage. The etiopathogenesis, symptoms, types, preventive measures along with treatment aspects of *Bhagandara* have been mentioned in details in *Ayurvedic* transcripts. At first it present as *pidika* around *Guda* and when it bursts out, it is called as *Bhagandara*.² It can be correlated with Fistula in ano as described in modern medical science. It is recurrent nature of the disease which makes it more and more difficult for treatment. It produces inconveniences in daily routine life of patients. It causes discomfort, pain and pus discharge that creates problems in day to day activities. In this article we will study about *Ayurvedic* aspect of *Bhagandara* along with its causes, classification, sign & symptoms and treatment option according to various *Ayurvedic* texts.

KEYWORDS: *Bhagandara*, Fistula-in-Ano, *Astamahagada*, Ano-rectal, *Pidika* etc.

INTRODUCTION

'*Bhagandara*' is a disease which causes '*daravata peeda*' in the region of '*Bhaga*', '*Basti*' (Perineal) and '*Guda*' (Perianal) region.³ *Bhagandara* is an oldest and such a consequential disease which is difficult to treat and cure because of its high recurrence rate and post surgical complications. It can be correlated with Fistula in ano as de-scribed in Western medical science.

In *Ayurvedic* transcripts, first detailed description of *Bhagandara* was found in *Sushruta Samhita* by *Acharya Sushruta* in *Nidana Sthana*, where he has mentioned 5 types of *Bhagandara* with their symptoms and their detailed management in *Chikitsa Sthana*. *Acharya* has mentioned medical management, surgical management followed by chemical cauterization and thermal cauterization.⁴

AYURVEDIC REVIEW

Definition: The disease in which *Bhaga*, *Guda* and *Basti Pradesha* becomes *Vidarita* (get torn) is known as *Bhagandara*. In *Apakvaavastha*, it is known as *Pidaka*, which in *Pakvaavastha* causes *Bhagandara*.

Pathogenesis of *Bhagandara*

According to *Ayurvedic* concept, pathogenesis of any disease is based on '*Satkriyakala*' and it may be prevented. *Bhagandara pidaka* before attaining *pakwavastha*, it undergoes successive stages of *amavastha*, *pacyamanavastha* and then *pakvastha*. In the process of this pathological amelioration of all

three *doshas* are take place. The presence of *vata* establishes *vedana* (pain). *Pita* presence proves *pakvavastha*. *Kapha* presence proves *shopha*.

CLASSIFICATION OF BHAGANDARA

The first and most widely accepted classification is that of *Acharya Sushruta*, who divided the disease into five types.⁵

1. *Shatponaka*
2. *Ushtragreeva*
3. *Parisravi*
4. *Shambukavarta*
5. *Unmargi*

Acharya Vagabhatta added three more types added in above mentioned five types of *Bhagandara*⁶

6. *Parikshepi*
7. *Riju*
8. *Arshobhagandara*

CLASSIFICATION ACCORDING TO OPENINGS -

Acharya Sushruta and *Acharya Vagabhatta* described both types of *Parachina* and *Arvachina Bhagandara* on the basis of their origin of opening⁷-

***Arvachina* - Antarmukhi** (Blind external opening). In this type, the tracks open inside the anal canal without external opening.

***Parachina* - Bahirmukhi** (Blind internal opening). In this, the tracks open outside without any internal opening.

POORVAROOPA (PRODROMAL FEATURES)

The prodromal symptoms of *Bhagandara* are pain in *Kati Kapala* (pelvic bone) region, itching with burning sensation and swelling in *Guda*.⁸

ROOPA (CLINICAL FEATURES)

According to *Ayurvedic* texts, the clinical features of *Bhagandara* for each type can be identified as: color of the boil, character of the pain, character of the discharge, number of openings etc.

1. *Shatponaka* –

S.no.	Clinical feature	<i>Sushruta</i> ⁹	<i>Vagabhatta</i> ¹⁰	<i>Madhava</i> ¹¹
1.	<i>Dosha</i>	<i>Vata</i>	<i>Vata</i>	<i>Vata</i>
2.	<i>Dushya</i>	<i>Rakta, Mansa</i>	<i>Rakta, Mansa</i>	
3.	Colour of boil	Reddish	Reddish	Reddish
4.	Character of discharge	Thin, frothy, abundant	Thin, frothy, abundant	Frothy
5.	Character of pain	Cutting, pricking beating	Pricking, breaking, twisting	Severe pain
6.	No. of opening	Multiple	Multiple	Multiple
7.	Type of discharge	Flatus, urine, faeces, semen		urine, faeces

2. Ustragreva –

S.no.	Clinical feature	Sushrut ¹²	Vagbhatta ¹³	Madhava ¹⁴
1	Dosha	Pitta	Pitta	Pitta
2	Dushya	Rakta, Mamsa	Rakta, Mamsa	
3	Colour of boil	Reddish	Reddish	Reddish
4	Character of discharge	Foul smell, warm		Warm
5	Character of pain	Burning type		
6	No. of openings	Not mentioned	Not mentioned	Not mentioned
7	Type of discharge	Flatus, urine, faeces, semen		

3. Parisravi -

S.no.	Clinical feature	Sushruta ¹⁵	Vagbhatta ¹⁶	Madhava ¹⁷
1	Dosha	Kapha	Kapha	Kapha
2	Dushya	Rakta, Mamsa	Rakta, Mamsa	
3	Colour of boil	Whitish	Whitish	Whitish
4	Character of discharge	Thin, frothy, abundant	Thin, frothy, abundant	Frothy
5	Character of pain	Cutting or pricking type	Pricking, beating, twisting	Severe pain
6	No. of opening	Not mentioned	Not mentioned	Not mentioned
7	Type of discharge	Flatus, urine, faeces, semen		Urine, faeces

4. Shabukavarta –

S.no.	Clinical feature	Sushruta ¹⁸	Vagbhatta ¹⁹	Madhava ²⁰
1	Dosha	Vata, Pitta, Kapha	Vata, Pitta, Kapha	Vata, Pitta, Kapha
2	Dushya	Rakta, Mamsa	Rakta, Mamsa	Rakta, Mamsa
3	Colour of boil	All colour	Not mentioned	All colour
4	Character of discharge	Various type	Not mentioned	Various type
5	Character of pain	Pricking and burning	Severe pain	Different type
6	No. of opening	Not mentioned	Multiple	Multiple
7	Type of discharge	Flatus, urine, faeces, semen		Urine, faeces

5. Unmargi/Agantuja –

S.N.	Clinical feature	Sushruta ²¹	Vagbhatta ²²	Madhava ²³
1	Dosha	No	No	No
2	Dushya	No	No	No
3	Colour of boil	Not mentioned	Not mentioned	Not mentioned
4	Character of	With Krimi	With Krimi	With Krimi

	discharge			
5	Character of pain	Not mentioned	Not mentioned	Not mentioned
6	No. of opening	Not mentioned	Not mentioned	Multiple
7	Type of discharge	flatus, faeces, semen		semen, faeces

6. *Parikshepi*²⁴-

It originates from vitiated *Vata* and *Pitta doshas*. It manifests as **Tamra Varna Pidaka** with the pain and burning sensation in the perianal region. The track is mainly of curved type. According to *Acharya Arundutta*, the track resembles **The Trench of fort**. This can be compared with the posterior **Horse shoe shaped fistula**.

7. *Riju*²⁵-

Vata and *Kapha doshas* play an important role in causing the disease in *Riju* or straight line manner *Bhagandara*. All the anterior openings fistulas are usually have straight line of opening.

8. *Arsho – Bhagandara*²⁶-

The provoking factors of *Kapha* and *Pitta doshas* play an important role in causing the disease. Usually the base of the *Arshas* gets inflamed with oedema and itching resulting in *Pidika* and finally leading for *Bhagandara*. This may be considered to be haemorrhoids with fistula, commonly seen in ano-rectal practice.

PROGNOSIS- All types of *Bhagandara* are *Krichchhsadhya* (curable with difficulty) except *Shambukavarta (Tridoshaja)* and *Unmargi (Agantuja)*, which are *Asadhya* (incurable)²⁷.

MANAGEMENT OF BHAGANDARA

The management of *Bhagandara* can be divided in 4 major types.

1. Preventive measures
2. Surgical measures
3. Para-surgical measures
4. Adjuvant Measures

1. PREVENTIVE MEASURES²⁸

- *Guru ahara*
- *Madyapaan*
- *Asatmya Ahara*
- *Virudha Ahara*
- Strenuous Exercise
- Excessive Coitus
- Anger
- Uncomfortable riding
- Suppression of Natural Urge

2. SURGICAL METHODS²⁹

The surgical procedures mentioned for various types of *Bhagandara* have been categorically described and executed in a very scientific way. They are:

- A. *Poorva Karma* (Pre-operative measures)
- B. *Pradhana Karma* (Operative Procedure)
- C. *Pashchat Karma* (Post-operative measures)

(A) *Poorva Karma* (Pre-operative measures)

Preparation of the patient: First of all written and valid informed consent was taken. Before *Shashtra Karma*, the patient was first undergone with *Snehana*, *Svedana* (*Avagahana*), *Langhana* and *Anulomana* (*Mridu Virechana*) *Karma*.

(B) *Pradhana Karma* (Operative procedure)

The patient was kept in a position same as lithotomy position. The anus and the *Bhagandara Yantra* are lubricated with the *Ghrita*. Then with the use of *Eshani yantra*, the *Bhagandara* tract is examined to draw a conclusion whether the *Bhagandara* is *Paracheena* (blind internal) or *Arvacheena* (blind external) type. In case of *Paracheena Bhagandara*, the *Eshani* is introduced from the external opening into the tract and whole tract is excised out without leaving its *Aashaya*. In *Arvacheena Bhagandara*, *Bhagandara Yantra* is introduced into the *Guda* and patient is asked to strain down. During straining, the *Eshani Yantra* (probe) is introduced through the internal opening. Then whole of the tract is excised out followed by cauterization with the help of *Kshara* or *Agni*. The modern fistulectomy is similar procedure of *Chedana*, mentioned by *Acharya Sushruta* in *Ayurvedic* texts.

(C) *Pashchat Karma* (Post-operative measures)

In post operative care *Swedana* or local fomentation with warm water or decoction of herbal drugs which relieve pain and minimize inflammation. *Acharya Sushruta* advised four types of fomentation i.e. *Stali sweda*, *nadi sweda*, *upanaha sweda*, *droni sweda*.

Nadi sweda should be performed with *Brihatpanchamula* decoction. Irrigation of wound with the help of *Mridwika*, *Kanji*, *Souviraka* for antiseptic and anti-inflammatory action.

3. PARA SURGICAL METHODS³⁰

The main para surgical measures are described by various methods as follows:-

- a.) *Rakta mokshana* (Bloodletting)
- b.) *Agnikarma* (Thermal cauterization)
- c.) *Ksharkarma* (chemical cauterization)

a.) ***Rakta mokshana* (Bloodletting):**-It is mainly used and mainly prevents suppuration of *Bhagandara Pidaka*.

b.) ***Agni Karma*:**-It is used where surgical procedure cannot be done due to deep routed tract and thick fibrous tissue. It is not done in *Ushtragreev Bhagandara*. The two important use of *Agnikarma* are cauterize the fibrous tissue and arrest bleeding.

c.) ***Kshara karma*:**- It can be performed after *Shalya karma*. It is a variety of cauterization by using phytochemical substance. In *Bhagandara*, is indicated *pratisaraniya Kshar*. It act as a chemical cautery

which dissolve the fibrous track and develop healthy granulation tissue and without recurrence wound heals.

Ksharsutra is a kind of *Kshara*-therapy, which is applied with the help of thread. It has been proven a gold standard treatment method for *bhagadara* because of unlike other modern surgical methods, *Ksharsutra* deals with approx negligible chance of recurrence or post operative anal incontinence.³¹

4. ADJUVANT MEASURES³²

- Swedan, Parishek, Avgahan
- Vranashodhan & Vranaropan Lepa
- Varti, Taila, Guggulu, Shothahar Drugs
- Ghrita, Taila, Arishta
- Dipan, Pachan, Mridu Rechak drugs

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