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 Ashtamahagada¹, 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. ²It 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 ‘daranvata 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 pakvaavastha, 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 opening\(^7\).

*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** –

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

<table>
<thead>
<tr>
<th>S.no.</th>
<th>Clinical feature</th>
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<th>Vagbhatta&lt;sup&gt;13&lt;/sup&gt;</th>
<th>Madhava&lt;sup&gt;14&lt;/sup&gt;</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Dosha</td>
<td>Pitta</td>
<td>Pitta</td>
<td>Pitta</td>
</tr>
<tr>
<td>2</td>
<td>Dushya</td>
<td>Rakta, Mamsa</td>
<td>Rakta, Mamsa</td>
<td>Rakta, Mamsa</td>
</tr>
<tr>
<td>3</td>
<td>Colour of boil</td>
<td>Reddish</td>
<td>Reddish</td>
<td>Reddish</td>
</tr>
<tr>
<td>4</td>
<td>Character of discharge</td>
<td>Foul smell, warm</td>
<td>Reddish</td>
<td>Warm</td>
</tr>
<tr>
<td>5</td>
<td>Character of pain</td>
<td>Burning type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>No. of openings</td>
<td>Not mentioned</td>
<td>Not mentioned</td>
<td>Not mentioned</td>
</tr>
<tr>
<td>7</td>
<td>Type of discharge</td>
<td>Flatus, urine, faeces, semen</td>
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### 3. Parisravi -

<table>
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<th>Vagbhatta&lt;sup&gt;16&lt;/sup&gt;</th>
<th>Madhava&lt;sup&gt;17&lt;/sup&gt;</th>
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<tbody>
<tr>
<td>1</td>
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<td>Kapha</td>
<td>Kapha</td>
<td>Kapha</td>
</tr>
<tr>
<td>2</td>
<td>Dushya</td>
<td>Rakta, Mamsa</td>
<td>Rakta, Mamsa</td>
<td>Rakta, Mamsa</td>
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<tr>
<td>3</td>
<td>Colour of boil</td>
<td>Whitish</td>
<td>Whitish</td>
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<tr>
<td>4</td>
<td>Character of discharge</td>
<td>Thin, frothy, abundant</td>
<td>Thin, frothy, abundant</td>
<td>Frothy</td>
</tr>
<tr>
<td>5</td>
<td>Character of pain</td>
<td>Cutting or pricking type</td>
<td>Pricking, beating, twisting</td>
<td>Severe pain</td>
</tr>
<tr>
<td>6</td>
<td>No. of opening</td>
<td>Not mentioned</td>
<td>Not mentioned</td>
<td>Not mentioned</td>
</tr>
<tr>
<td>7</td>
<td>Type of discharge</td>
<td>Flatus, urine, faeces, semen</td>
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### 4. Shabukavarta –.

<table>
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<th>Vagbhatta&lt;sup&gt;19&lt;/sup&gt;</th>
<th>Madhava&lt;sup&gt;20&lt;/sup&gt;</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Dosha</td>
<td>Vata, Pitta, Kapha</td>
<td>Vata, Pitta, Kapha</td>
<td>Vata, Pitta, Kapha</td>
</tr>
<tr>
<td>2</td>
<td>Dushya</td>
<td>Rakta, Mamsa</td>
<td>Rakta, Mamsa</td>
<td>Rakta, Mamsa</td>
</tr>
<tr>
<td>3</td>
<td>Colour of boil</td>
<td>All colour</td>
<td>Not mentioned</td>
<td>All colour</td>
</tr>
<tr>
<td>4</td>
<td>Character of discharge</td>
<td>Various type</td>
<td>Not mentioned</td>
<td>Various type</td>
</tr>
<tr>
<td>5</td>
<td>Character of pain</td>
<td>Pricking and burning</td>
<td>Severe pain</td>
<td>Different type</td>
</tr>
<tr>
<td>6</td>
<td>No. of opening</td>
<td>Not mentioned</td>
<td>Multiple</td>
<td>Multiple</td>
</tr>
<tr>
<td>7</td>
<td>Type of discharge</td>
<td>Flatus, urine, faeces, semen</td>
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<td>Urine, faeces</td>
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</table>

### 5. Unmargi/Agantuja –

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Clinical feature</th>
<th>Sushruta&lt;sup&gt;21&lt;/sup&gt;</th>
<th>Vagbhatta&lt;sup&gt;22&lt;/sup&gt;</th>
<th>Madhava&lt;sup&gt;23&lt;/sup&gt;</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Dosha</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Dushya</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Colour of boil</td>
<td>Not mentioned</td>
<td>Not mentioned</td>
<td>Not mentioned</td>
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<tr>
<td>4</td>
<td>Character of</td>
<td>With Krimi</td>
<td>With Krimi</td>
<td>With Krimi</td>
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</table>
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.

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 MEASURES 28
- Guru ahara
- Madyapaan
- Asatmya Ahara
- Virudha Ahara
- Strenuous Exercise
- Excessive Coitus
- Anger
- Uncomfortable riding
- Suppression of Natural Urge
2. **SURGICAL METHODS**

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 *Shastra 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 devocation 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 METHODS**

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

a.) *Rakta mokshana* (Bloodletting)

b.) *Agnikarma* (Thermal cauterization)

c.) *Kshrkarma* (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 aprox negligible chance of recurrence or post operative anal incontinence.31

4. **ADJUVANT MEASURES**32

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

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