BHAGANDARA – A DISEASE REVIEW & CHIKITSA

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ABSTRACT:
Fistula in ano is a disease known to the humanity since ancient times. It is a chronic illness which is, though not fatal but quite discomforting & troublesome to the patient & often puts deep impact on the quality of life of a patient. Despite many advances in medical field, it still poses a big challenge to the surgeon as there is no suitable curative treatment available so far. For the same reason, Sushruta (500BC) has aptly described this disease as one of the Ashtamahagada. He was first person to describe the etiology, clinical features & management. So in present article an attempt is made to enlighten the disease Bhagandara.

KEYWORDS : Bhagandara, Fistula in ano.

INTRODUCTION:
Ayurveda derives its origin from Atharvaveda & is also considered as the fifth veda itself. Since the time immortal till today, Ayurveda has been serving mankind with its rich traditional resources to allay the sufferings of the society and to preserve the health of people. Surgical practice has been an inseparable part of Ayurveda. Sushruta is father of surgery, described Bhagandara as one among the Ashtamahagada. Which is one of the most burning problem or disease in present era. It is highest commonest disease of ano rectal next to Arshas or Heamorrhoids.

AYURVEDIC REVIEW:
The word *Bhagandara* is composed of two words, ‘*Bhaga*’ & ‘*darana*’.

*Bhaga*- the area between the anus and the genitalia is defined as *bhaga*.

*Darana*- to tear or destroy.

Hence, *Bhagandara* may be considered as a type of chronic sinus in the perianal area or perineum which discharges pus or blood & left untreated, there may be discharge of faeces, flatus, urine & semen. Or it may be secondary to the suppuration of an abscess- ‘*Bhagandara pidaka*’, resulting in the tearing or destruction of these areas. From the above definition, we can say that *Bhagandara* not only includes different types of fistula in ano but it also includes sinuses communicating to urogenital tract. So discharge of semen, urine & menstrual blood through fistulous opening can be observed.

### Classification:

On the basis of presence & absence of external opening.

- a) *Antarmukha* or *Arvachina* (blind ext.)
- b) *Bahirmukha* or *Parachina* (blind int.)

On the basis of involvement of *doshas*

- a) *Shataponaka*
- b) *Ushtragreeva*
- c) *Parisravi*
- d) *Shambukavarta*
- e) *Unmargi/Agantuja*

*Vagbhata* have added 3 more types

- a) *Prikshepi*
- b) *Riju*
- c) *Arshobhagandara*

On the basis of prognosis

- a) *Sadhya*
- b) *Asadhyya*

### The Types of Bhagandara on the Basis of Involvement of *Doshas*

<table>
<thead>
<tr>
<th>Type</th>
<th>Doshas</th>
<th>Features</th>
<th>Discharge</th>
<th>Appearance</th>
<th>Complication</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Shataponaka</em></td>
<td>Vata</td>
<td>Different types of pain like bursting, tearing, cutting, (toda, tadana etc.)</td>
<td>Continuous copious, foamy discharge</td>
<td>Watercan or sieve like</td>
<td>If untreated damage</td>
</tr>
<tr>
<td><em>Ushtragreeva</em></td>
<td>Pitta</td>
<td>Chosha, pain like</td>
<td>Warm &amp;</td>
<td>Camel’s</td>
<td></td>
</tr>
<tr>
<td>Disease</td>
<td>Type</td>
<td>Description</td>
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<td></td>
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<tr>
<td>BHAGANDARA</td>
<td>Kapha</td>
<td>Kandu, Less pain</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>SHAMBUKAVARTA</td>
<td>Vata+pitta,kapha</td>
<td>Toda, Daha, kandu, migratory pain around anal canal</td>
<td></td>
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<tr>
<td>UNMARGI</td>
<td>Trauma to rectum or anal canal-trauma due to foreign body impaction like fish bone etc.</td>
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<tr>
<td>PARIKSHEPI</td>
<td>Vata+pitta</td>
<td>Curved track is formed all around anal canal just as a trench is present all around the fort</td>
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<tr>
<td>RIJU</td>
<td>Vata+kapha</td>
<td>Linear track associated with pain</td>
<td></td>
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<tr>
<td>ARSHOBHAGANDARA</td>
<td>Kaph+pitta</td>
<td>Located at the base of an</td>
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</tbody>
</table>
**TYPES OF BHAGANDARA ON THE BASIS OF PRESENCE & ABSENCE OF EXTERNAL OPENING**

1) **ANTARMUKHA OR ARVACHINA** (Blind external)
   The track opens inside the anal canal or rectum with no external opening. It is also called *Antarmukhi Bhagandara*.

2) **BAHIRMUKHA OR PARACHINA** (blind internal )
   The track has got external opening in the perianal skin but the internal opening is blocked or absent. This is also called *Bahirmukhi Bhagandara*.

Some times this type of fistula has an internal opening & usually it is situated at the level of pectinate line in the anal crypt. However internal opening is blocked due to fibrosis & becomes difficult to identify clinically or radiologically.

**TYPES OF BHAGANDARA ON THE BASIS OF PROGNOSIS**

In Ayurveda, the disease has been described as *mahagada*, i.e. difficult to cure. On the basis of prognosis can be divided into *Sadhya & Asadhya*.

*Asadhya* variety of *Bhagandara* are-
- *Shambukavarta*
- *Kshataja*
- Internal opening present above the *pravahini vali*
- Involving the *Sevani* (median raphe)
- Track which discharges faeces, flatus, urine, semen, worms.
BHAGANDARA CHIKITSA AYURVEDIC APPROACH:\textsuperscript{3,4,5}:

Management of Bhagandara

\begin{itemize}
  \item Preventive
  \item Curative
  \item Medical
  \item Surgical
  \item Parasurgical
\end{itemize}

PREVENTIVE MEASURES:

Diet: \textit{guru} (heavy food), \textit{madya} (excess of alcohol), \textit{asatmya} (unwholesome food), \textit{virudha} (antagonist to each other), \textit{vishama ahara} (incompatible foods).

Life style: strenuous exercise, excessive coitus, anger, uncomfortable riding, suppression of natural urge.

CURATIVE MEASURES:

MEDICAL MANAGEMENT:

\textit{Chedana} is choice of treatment in Bhagandara, but medical manage have also its own importance. As it helps in localizing inflammatory and suppuration, facilitates spontaneous drainage of pus in fistulous abscess, post operative care of the patient, wound management.

Some of classical preparations being used orally are- \textit{Narayan rasa}, \textit{Navakarshika guggulu}, \textit{Saptavinshako guggulu}, \textit{Saptanga guggulu}, \textit{Vidangadi leha} etc. which acts as both systemic and local.

Application Of \textit{Vartee} (Medicated Wick):

\textit{Vartee} made up of \textit{kshara dravya} are used. By virtue of \textit{ksharana} (liquefying) property of \textit{kshara}, it removes the slough & cleans the fistulous track, thus facilitates drainage. It is commonly used in blind tracks. And is also before fistulogram to clean the track. Eg: \textit{vartee} made up of latex of \textit{snuhi} (Euphorbia nerifolia), \textit{arka} (Calotropis procera) along with \textit{daruharidra} (Berberis aristata).

Application Of \textit{Kalka} (Medicated Paste):

\textit{Kalka} made up of drugs like \textit{Tila} (Sesamum indicum), \textit{Haritaki} (Terminalia chebula), \textit{Lodhra} (Symlocos racemosa), \textit{Reeta} (Sapindus trifoliatus), \textit{Haridra} (Curcuma longa), \textit{Vacha} (Acorus calamus) etc are used.

Application Of \textit{Kashaya} (Decoction):

\textit{Kashaya} are use for washing purpose & also it reduces inflammation, pain. Eg: \textit{Triphala kashaya}, \textit{kashaya} made up of \textit{Khadira}, \textit{Triphala}, \textit{Guggulu}, \textit{Vidanga}.

Application Of \textit{Taila} (Medicated Oil):
These are useful in controlling wound infection & promotes healing.
Eg: Vishyanadana Taila, Karaviradi Taila, Nishadi Taila, Saindavadi Taila.

SURGICAL MANAGEMENT:
General principle of management of Bhagandara are:

a) Virechana (enema for bowel expulsion)
b) Eshana (probing)
c) Chedana (excision) / Patana (laying open of the track)
d) Marga vishodana (clensing of fistulous track)
e) Dahana (cauterization)
f) Vranachikitsa (post op wound management)
g) Ksharasutra therapy (laying open of track using ksharasutra, for those persons who are not willing for surgery).

Purvakarma: patient is asked to be nil by mouth, koshtashuddi (enema), & part preparation are done.

Pradhanakarma: Identification of internal opening and excision of fistulous track is of prime importance in management of Bhagandara. Depending on type of Bhagandara different types of incisions are taken.

a) Management of Shataponaka Bhagandara: it is characterized by multiple tracks, also known as ‘Watering can perineum’. Laying open of all tracks at a time may lead to damage to anal canal & rectum, excessive damage of perianal area, severe pain, infection, delayed healing, other complications. So one or two tracks are layed open .

choice for incision are- Langalaka (T, Y, λ, ⊥ shaped incisions) , Ardhalangalaka (r, L shped incisions), Goteerthaka (incision resembling cow’s hoof or semicircular incision along with central extention).

b) Management of Ushtragreeva Bhagandara: no specific type of incision has been described and incisions can be planned as needed to remove unhealthy tissue or excise the fistulous track.

c) Management of Parsravi Bhagandara: the fistulous track along with the cavity should be identified and excised or layed open. Type of incision – Karjurapatraka (V shaped incision), Ardhachandra (semilunar incision), Chandrachakra (circular incision), Suchimukha (cone shaped incision with the tip towards anal margin), Awangmukha (same as suchimukha but tip of cone is away from anal margin).
removal of foreign body by appropriate surgical intervention.

e) **Management of Arshabhagandara:** a type of fistula in ano secondary to fissure bed infection and associated with sentinel tag. Here, it is advised to excise the tag & fissure bed prior to *ksarasutra* therapy. Otherwise the tag may get inflamed during therapy and causes significant discomfort to patient.

**Pashchat karma:** post op care is aimed to achieve- pain management, wound management, bowel regulation, prevention of recurrence.

**PARASURGICAL MEASURE:**

a) **Raktamokshana**

b) **Agnikarma**

c) **Ksharakarma**

**Raktamokshana:** Jaloukavachrana is one of common method of raktamokshana. It prevents suppuration of *Bhagandara pidaka*. Minimizes inflammation & infection in post op period.

**Agnikarma:** it is adopted in all kind of *Bhagandara* except *Ushtragreeva*. It prevents recurrence & during procedure act as haemostatic.

**Ksharakarma:** it can done by using *sutra, vartee, pichu*, local application in the form of paste is done. Helps in management of wound by removing unhealthy tissue from track, cleanses track, promotes wound healing.

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