

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 Hemorrhoids.

AYURVEDIC REVIEW:

BHAGANDARA^{1,2}:

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) *Asadhya*

THE TYPES OF BHAGANDARA ON THE BASIS OF INVOLVEMENT OF DOSHAS

Type	Doshas	Features	Discharge	Appearance	Complication
<i>Shataponaka</i>	<i>Vata</i>	Different types of pain like bursting ,tearing, cutting, (toda,tadana etc.)	Continuos copious, foamy discharge	Watercan or sieve like	If untreated damage
<i>Ushtragreeva</i>	<i>Pitta</i>	Chosha, pain like	Warm &	Camel's	

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		kshara or agni being applied to a wound	foul smelling	neck	of anal canal & rectum
<i>Parisravi</i>	<i>Kapha</i>	Kandu, less pain	Continuous & slimy	Whitish	leading to
<i>Shambukavarta</i>	<i>Vata+pitta,kapha</i>	Toda, daha, kandu, migratory pain around anal canal	Multicolour	Tip of great toe ,turns of conch, turns of whirlpool	discharge of vata, mutra, purisha, shukra
<i>Unmargi</i>	Trauma to rectum or anal canal-trauma due to foreign body impaction like fish bone etc.	Kotha of mamsa & rakta infestation with krimi(gangrenous of tissue in the perianal area with flow of faeces & presence of worms)	Pus, faeces, flatus, urine, semen etc.	No specific course of track with gross destruction of perianal area or anal canal & rectum	Destruction of guda in a short period.
<i>Parikshepi</i>	<i>Vata+pitta</i>	Curved track is formed all around anal canal just as a trench is present all around the fort	Pus & blood	Circular track around the anal canal	
<i>Riju</i>	<i>Vata+kapha</i>	Linear track associated with pain	Pus	Short straight track	
<i>Arshobhagandara</i>	<i>Kaph+pitta</i>	Located at the base of an	Because of continuous	Fistula arises	

		arsha(fleshy mass of sentinel tag featuring pricking, burning pain & itching sensation)	discharge from the track it always remains moist	following infection of fissure bed with sentinel tag
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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)



Fig.1 Bhagandara



fig.2

The track has got external opening in the perianal skin but the internal opening is blocked or absent. This is also called as *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.

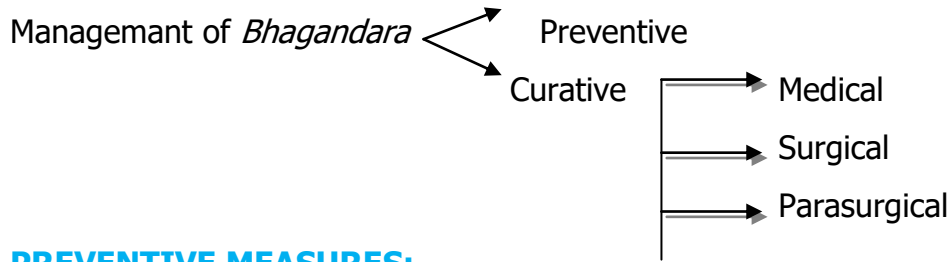
TYPES OF BHAGANDARA ON THE BASIS OF PROGNOSIS

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^{3,4,5} :



PREVENTIVE MEASURES:

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

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

CURATIVE MEASURES:

MEDICAL MANAGEMENT:

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- *Narayan rasa*, *Navakarshika guggulu*, *Saptavinshako guggulu*, *Saptanga guggulu*, *Vidangadi leha* etc. which acts as both systemic and local.

Application Of *Vartee* (Medicated Wick):

Vartee made up of *kshara dravya* are used. By virtue of *ksharana*(liquefying) property of *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: *vartee* made up of latex of *snuhi* (*Euphorbia nerifolia*), *arka* (*Calotropis procera*) along with *daruharidra* (*Berberis aristata*).

Application Of *Kalka*(Medicated Paste):

Kalka made up of drugs like *Tila* (*Sesamum indicum*), *Haritaki* (*Terminalia chebula*), *Lodhra* (*Symplocos racemosa*), *Reeta* (*Sapindus trifoliatum*), *Haridra* (*Curcuma longa*), *Vacha* (*Acorus calamus*) etc are used.

Application Of *Kashaya*(Decoction):

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

Application Of *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:

- Virechana* (enema for bowel expulstion)
- Eshana* (probing)
- Chedana* (excision) / *Patana* (laying open of the track)
- Marga vishodana* (clensing of fistulous track)
- Dahana* (cauterization)
- Vranachikitsa* (post op wound management)
- 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.

- 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,γ,λ,⊥ shaped incisions) , *Ardhalangalaka* (r, L shped incisions), *Goteerthaka* (incision resembling cow's hoof or semicircular incision along with central extention).

- 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.

- Management of *Parisravi 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).

- Management of *Unmargi Bhagandara*:** it arises due to impaction of foreign body in *guda* and requires

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 *ksharasutra* 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*

Rakatamokshana : *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.



Fig.3 Probing



fig.4 *ksharasutra* tied



Fig.5 *ksharasutra* changed



fig.6 after complete healing of track

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