

A SYSTEMATIC REVIEW ON BHAGANDARA**Dr. Sucheta Ray^{1*}, Dr. Shrikant Patel², Dr. Deepak Kulshretha³, Dr. O. P. Dwivedi⁴**¹Professor and HOD, Department of Prasuti Tantra Evum Striroga, FOA, MGU.²Principal, Faculty of Ayurveda, MGU, Sehore.³Principal, Govt. Auto. Ayurveda College, Rewa.⁴Professor, Dept. of Rachana Sharir, Govt. Auto. Ayurveda College, Rewa.***Corresponding Author: Dr. Sucheta Ray**

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ABSTRACT

Background: Bhagandara, described extensively in Sushruta Samhita, corresponds clinically to fistula-in-ano in modern medicine. It is considered a chronic and recurrent condition with significant impact on patient quality of life. Classical Ayurvedic texts outline multiple management strategies, notably different types of Ksharasutra therapy, which has gained contemporary attention. **Objective:** This systematic review aims to critically evaluate published literature on Bhagandara, focusing on its etiology, classification, clinical features, and comparative effectiveness of Ayurvedic and modern treatment modalities. **Methods:** A comprehensive search of electronic databases (e.g., AYUSH Research Portal) and classical Ayurvedic texts including Charaka Samhita and Sushruta Samhita was conducted. Studies published up to 2025 were screened. Inclusion criteria encompassed clinical trials, observational studies, and review articles focusing on Bhagandara or fistula-in-ano. Data extraction and qualitative synthesis were performed. **Results:** The review included studies highlighting both Ayurvedic and conventional approaches. Ksharasutra therapy demonstrated high success rates with low recurrence compared to conventional surgical procedures. Ayurvedic descriptions classify Bhagandara into various types based on doshic involvement, which aligns partially with modern classifications of fistula complexity. Integrated approaches combining surgical intervention with Ayurvedic post-operative care showed i healing outcomes. **Conclusion:** Ayurvedic management, particularly Ksharasutra therapy, is a safe and effective option for Bhagandara, with advantages in recurrence prevention. However, variability in study design and limited large-scale randomized trials highlight the need for standardized research methodologies and integrative clinical protocols.

KEYWORDS: Bhagandara, fistula-in-ano, Ksharasutra, Ayurveda, systematic review, integrative medicine.**INTRODUCTION**

Bhagandara is one of the recurring diseases occurring in ano-rectal region which is difficult to treat because of its high recurrence rates. In Ayurveda, Bhagandara has been mentioned as one among Ashtamaharoga, it is characterized by the formation of a pidika near the anus that ruptures, leading to a persistent, painful, and often recurrent tract with pus discharge. It attributed to imbalances in Vata and Pitta doshas, leading to tissue disruption, inflammation, and infection. It involves disruption of Rakta and Mamsa and the formation of Aama which contributes to chronic infection. Acharya Sushruta mentioned five types of Bhagandara. He had explained Shastra Karma along with Kshara karma and Bheshaja Chikitsa for treatment. Acharya Sushruta has

explained Nidana, Samprapti, Bheda, Lakhshana, Upadrava and Chikitsa in detail.

The disease which creates Darana in the area of pelvis, rectum & urinary bladder is called as Bhagandara and when these are not opened it's called as Bhagandara Pidaka. An abnormal passage between a hollow or tubular organ (Bhaga, Guda, or Basti) and the body surface or between two hollow or tubular organs is called fistula.

Fistula in ano, is an abnormal tubular structure connecting the anal canal to the skin around the anus, most commonly caused by an infection from an anal gland or perianal abscess. Symptoms include pain, drainage of pus or

blood, and skin irritation. Prolong sitting, unhygienic condition, obesity, repeated irritation due to hair may increase the risk of occurrence. Treatment for an anal fistula is surgical, with options like fistulotomy.

I am here going to review few articles on Bhagandara.

1. ROLE OF KARANJADI GHRITA FOR THE MANAGEMENT OF BHAGANDARA (FISTULA-IN-ANO)

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- It is a knowledgeable article to treat post operative complication of Kshara sutra. Researchers have used Karanjadi Ghrita before application of standard Kshara sutra.
- The contents are of Karanjadi Ghrita: 1. Karanja leaves 2. Chameli leaves 3. Patola leaves 4. Neema leaves 5. Haridra 6. Daru haridra 7. Madhuyasti 8. Kutaki 9.

Priangu 10. Kushamool 11. Jalvetasa 12. Manjistha 13. Chandana 14. Ushira 15. Kamal 16. Sariva 17. Krishna Sariva 18. Nishoth 19. Moma 20. Cow's Ghrita.

- Symptoms worked on are complications like pain, burning sensation, discharge, inflammation and itching.
- They found that some of the drugs of Karanjadi Ghrita have analgesic properties, reduce inflammation qualities and reduces burning sensation. Karanjadi Ghrita has stopped bacterial growth and their toxicity by the reduce infection and reduce toxicity properties of ingredients. It proves that Karanjadi Ghrita reduces the Pitta Dosha and overcome the complications. It was found that Karanjadi Ghrita used before Kshara Sutra was more efficient and can be considered a better method.

Critical evaluation

Strengths: A wonderful Ayurvedic remedy for post operative complication of Kshara Sutra give with Statistical data.

Limitations: International grading for pain could have been used. More patients could have been worked on.

Comparison: No such research-based data work has been done in post operative complication of Bhagandara.

Significance: Such studies should be conducted more so that we get more research based data on post operative complication of Bhagandara.

2. MODIFIED KSHARASUTRA CHIKITSA FOR 'SHAMBUKAWARTA BHAGANDARA'

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- In this article a case study of Shambukawarta Bhagandara is explained. Horse-shoe Fistula is a big challenge for both Modern and Ayurvedic Surgeons. Author has correlate this with 'Shambukawarta Bhagandara' described by Sushruta. Here, fistula forms secondary to an ischiorectal abscess and both the ischiorectal fossae are involved. Also, they open posteriorly into the anal canal, at the 6 o'clock position, and are associated with a big cavity lying superior. Therefore, in such a clinical feature neither Fistulotomy nor 'Ksharasutra' treatment alone, prove useful. After going through this, we can say that there is a definite need for newer surgical innovative techniques, to tackle this challenging disease. An integral approach of 'Fistulectomy along the arms of the Horse-shoe fistula with Ksharasutra ligation' in the remaining track connected to the anal canal, and drainage of the postanal space abscess, proved to be very successful. Author has tried the same technique with very good results. No recurrence was found in the patients during the follow-up period of three years.

Critical evaluation

Strengths: A very new innovation to combine modern fistulectomy with Ksharasutra to give better result to the patient.

Limitations: It was a single case study which actually does not proof its efficacy. More patients could have been worked on.

Comparison: No such work specifically on Shambukawarta Bhagandara has been documented before which combine modern science with Ayurveda.

Significance: Such studies should be conducted more so that we get research based data on integrated treatment of Bhagandara.

3. MODIFIED CLINICAL PRACTICE OF SARIVA KSHARA SUTRA WITH PARTIAL FISTULECTOMY IN THE MANAGEMENT OF BHAGANDARA (FISTULA-IN-ANO)

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*Om Prakash Dave, Department of Shalya Tantra PIA, Parul University, Vadodara, India.

- The goal of the study was to evaluate the modified way to treat fistula-in-ano with Sariva Kshara Sutra with partial fistulectomy.
- Preparation of Kshar Sutra was done as following:
- Snuhi Ksheera = 11 coatings Snuhi Ksheera + Sariva Kshara = 7 coatings Snuhi Ksheera + Haridra Churna

= 3 coatings

- Case was of a Small intersphincteric fistula on 2.5 cm length noted in right perianal region with internal opening in anal canal at 11-12 o'clock position (diameter measures 3.5 mm) approx. 1 cm from anal verge and external opening at 11 o'clock position in right perianal region (diameter measures 2.1mm) complicated recurrent fistula
- Kshara Sutra is best in the cases of fistula in ano even in recurrent and complex high anal fistulas. Giving the best results Kshara Sutra with partial fistulectomy requires minimal general surgical setup, equipment's, and instruments. It forms healthy granulation tissue, it also removes fibrous tissue and drains the cavity preserving the sphincters

Critical evaluation

Strengths: A very new innovation to combine modern partial fistulectomy with Sariva Ksharsutra to give better result to the patient.

Limitations: It was a single case study which actually does not proof its efficacy. Results and procedure could have been more explanatory More patients could have been worked on.

Comparison: Many such comparative study has been done but Sariva kshara sutra was documented for first time. Results are far more explanatory other case studies.

Significance: Such studies should be conducted more so that we get research based data on integrated treatment of Bhagandara.

4. A REVIEW ON RECENT ADVANCES IN THE MANAGEMENT OF BHAGANDARA (FISTULA-INANO).

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2. Assistant professor, Shalyatantra Department, Government Ayurved College and Hospital, Nagpur.

➤ Objectives of this study was to

- 1) To Review available literature regarding Bhagandara (Fistula in Ano) and its management.
- 2) To study the detail literature regarding Bhagandara (Fistula in Ano) in Classical text and in modern science.

➤ Authors have explained all classical and latest techniques of treatment mentioned in Ayurveda and modern science. The results and conclusion given by the authors are that the advance surgical techniques used in Bhagandara to over comes the demerits of previous surgical procedures. After referring various ancient textbook and modern books, the various treatment modalities of Para surgical and surgical procedures are effective with minimal complications and recurrence with early recovery of patient. Each procedure has its own merits and demerits

applicable in different types of fistulae. The described techniques act at different level and produces intended effect of healing the fistulous track and reduces complications and recurrence of Fistula in ano. the new advanced techniques are effective in managing Bhagandara (fistula in ano).

- Kshara destroys the vitiated tissue and make them fall off. It is the most important among Shastra and Anushastra because it does functions like excision, cutting and scrapping, also mitigates all the three Doshas. Acharya Sushruta described that Nadivrana (sinus) should be cut open by Kshara Sutra and, he said the same procedure should be adopted for Bhagandara.

Critical evaluation

Strengths: A very good review article on classical and latest surgical techniques for treating Bhagandara

Limitations: Many more latest research work which are documented could have been reviewed. Comparative treatment techniques of modern science and Ayurveda could have been done.

Comparison: Comparative review of Ayurveda and modern science was done which is usually avoided by other authors.

Significance: Such reviews help us to get to know about the latest works done on a disease.

5. COMPARATIVE CLINICAL STUDY OF GUGGULU-BASED KSHARASUTRA IN BHAGANDARA (FISTULA-IN-ANO) WITH OR WITHOUT PARTIAL FISTULECTOMY

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*²Department of Shalyatantra, AIIA, New Delhi, India.

➤ In this research study, 42 patients of Bhagandara (fistula-in-ano) were selected and randomly divided into two groups. In group-A (n = 22), patients were treated only with application of Guggulu-based Ksharasutra and in group-B (n = 20), partial fistulectomy was done and then Guggulu-based Ksharasutra was applied in remaining fistulous tract. After Ksharasutra application, patients were assessed for relief in symptoms such as pain, discharge, itching and swelling as subjective parameters and unit cutting time (UCT) as an objective parameter, on weekly follow-up basis and Ksharasutra was changed by railroad technique up to complete cut through of the tract.

➤ RESULTS

➤ In patients of group-A (plain Guggulu-based Ksharasutra), highly significant relief was seen in pain and discharge. The significant result was seen in itching while insignificant relief in swelling. In

patients of group-B (partial fistulectomy with Guggulu-based Ksharasutra), relief in symptoms such as pain, discharge, and itching was statistically highly significant. The relief in swelling in this group was found statistically significant. The mean UCT was 8.85 days/cm in group-A, whereas the mean UCT was 8.19 days/cm in group-B.

➤ CONCLUSION

- Partial fistulectomy with Guggulu-based Ksharasutra is better as compared to plain Guggulu-based Ksharasutra application in cases of Bhagandara (fistula-in-ano).

Critical evaluation

Strengths: A very good comparative study to prove integrated management in Bhagandara is best way to treat it faster and in a better way as Guggulu Kshara Sutra which is known to treat less inflammation is still working better with partial fistulectomy.

Limitations: More subjective and Objective criteria could have been worked upon. More patients could have been worked on. A comparison with other Kshar sutra could have been tried.

Comparison: Many such comparative study has been done but Guggulu kshara sutra with partial fistulectomy having research based data was documented for first

time. Results are explanatory than other case studies.

Significance: Such studies should be conducted more so that we get research based data on integrated treatment of Bhagandara.

Discussion: Kshara application in the form of Ksharasutra, in anorectal diseases has become more popular due to its easy approach and low rate of recurrence. Ksharasutra induces both mechanical and chemical cutting and healing. Direct reference of Ksharasutra is found in Sushruta for treatment of Nadivrana. Chakradatta has referred to a medicated thread coated with Snuhi and Haridra powder in treatment of Arsha and Bhagandara. But the modified Ksharasutra available now a day is re-established by the Dept. of Shalya Tantra, Banaras Hindu University. The standard Ksharasutra is prepared by 11 coatings of Snuhi Ksheera then 7 coatings of Snuhi Ksheera and Apamarga Kshara and then again 3 coatings of Snuhi Ksheera and Haridra Churna.

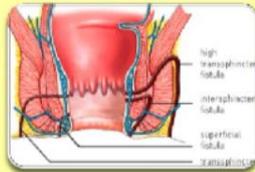
Conclusion: Lot of work have been done in Bhagandara with different Kshar Sutra. It is difficult to review all in a single review article, so I have tried a few good works. I would like to keep a standard Kshara Sutra (Apamarga Kshar Sutra) as one group and compare it with two more Kshar Sutra and Partial fistulectomy with 60 number of patients in each group as my work in future.

GRAPHICAL GALLERY



BHAGANDARA

- Ashta mahagada- Comes under Ashta mahagada that's why recurrence rate high.
- Pidika- That ruptures, leading to a persistent, painful, and often recurrent tract with pus discharge.
- Dosh- Dhatu- Vata – Pitta, Rakta Mamsa, Ama
- Types Five
- Chikitsa- Shashtra, Kshar and Bhesaja



FISTULA IN ANO

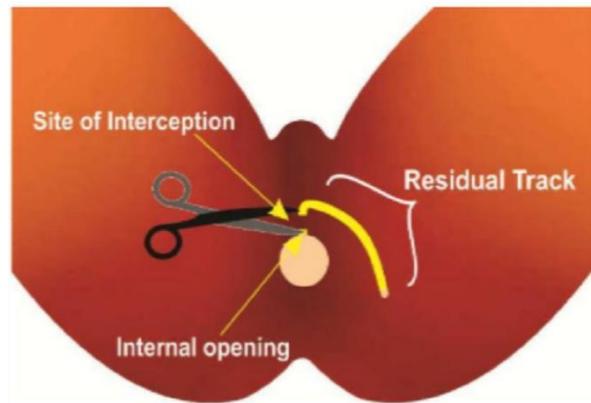
- It is an abnormal tubular structure connecting the anal canal to the skin around the anus.
- Cause- an infection from an anal gland or perianal abscess.
- Symptoms- Pain, Drainage of pus or blood, and skin irritation.
- Treatment- Fistulotomy.



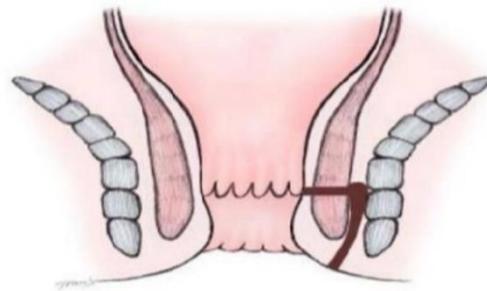
KSHARA

- It is collected from alkaline drugs explained by our Acharyas.
- It destroys the vitiated tissue and make them fall off. It is the most important among Shashtra and Anushastra. Works on Tridosha. Does Chedana and Bhedana of wound.
- Acharya Sushruta has explained Kshar Sutra in Nadi Vrana chikitsa.

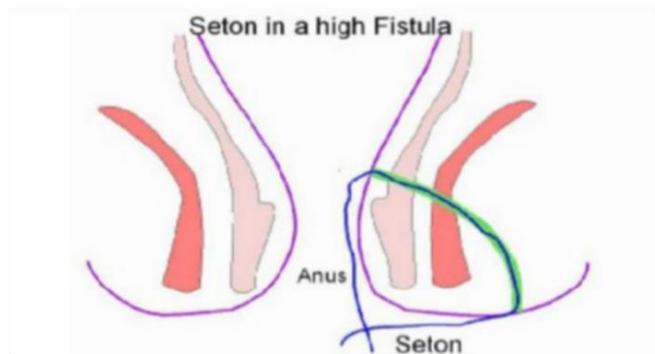
Introductory



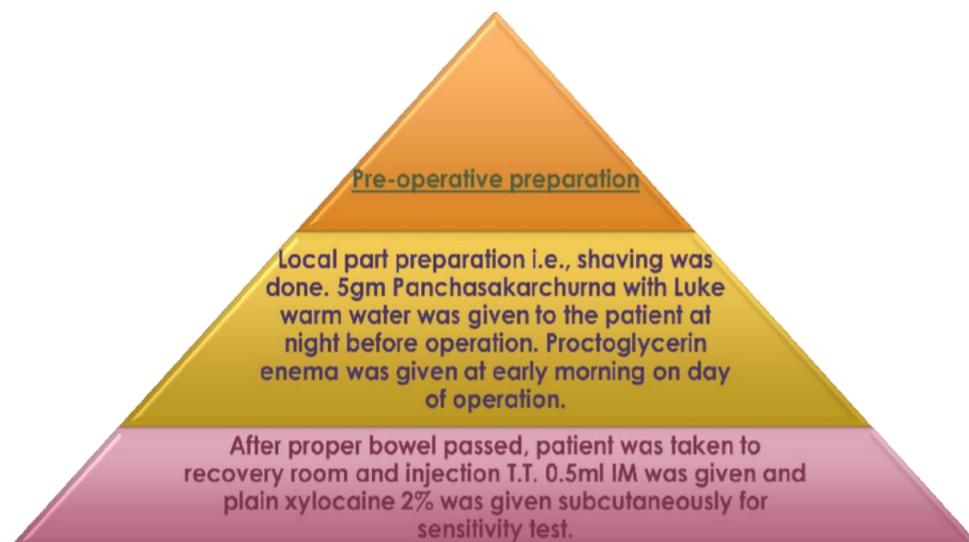
IFTAK (Interception of Fistulous Track with Application of Ksharsutra)



Fistulotomy



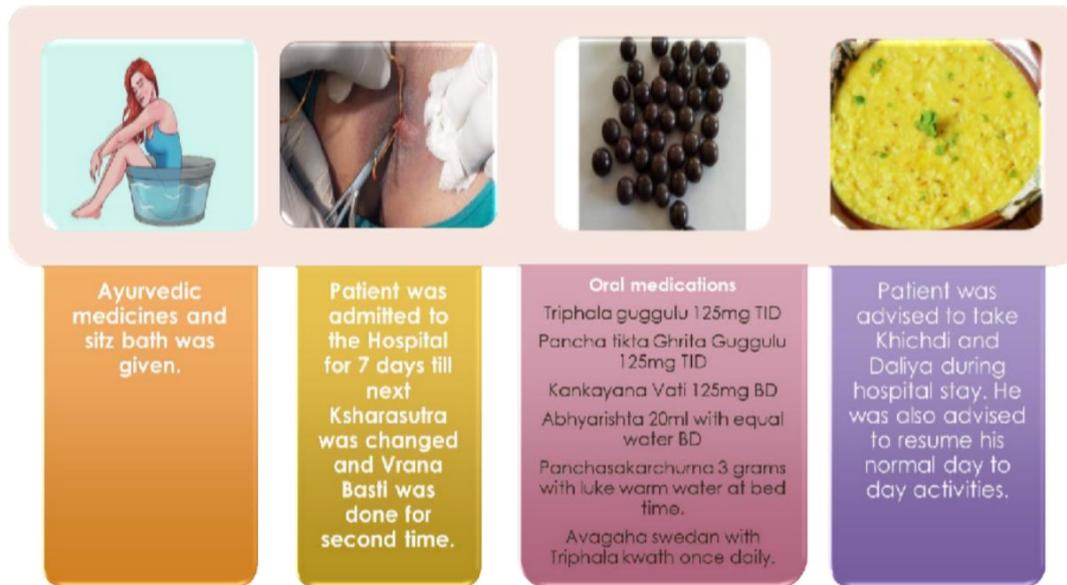
Seton ligation



Pre operative Steps



Graphical representation of Kshar Sutra Surgery.



Post Operative Process.

REFERENCES

- Vaidya Yadavji Trikamji Acharya, Sushruta Samhita, Nidan Sthana, Chaukhamba Publications, 2000; 186.
- Vaidya Yadavji Trikamji Acharya, Sushruta Samhita, Chikitsa Sthana, Chaukhamba Publications, 2000; 186.
- Kaviraj Ambika Dutta Shastri, Sushruta Samhita, Nidan Sthana, Chaukhamba Sanskrit Samsthan, 2001; 203.
- Kaviraj Ambika Dutta Shastri, Sushruta Samhita, Chikitsa Sthana, Chaukhamba Sanskrit Samsthan, 2001; 203.
- Despande PJ, Pathak SN. The Treatment of Fistula in Ano with Kshara Sutra Treatment.
- Ashtang Hridayam by Brihanmanand Tripathi Uttar Tantra Bhagandar sPratished Adhyay 28 Chowkamba Sanskrit series office, Varanasi page number, 1094.
- Chakradutta. By Chakrapani Dutta. Commentary by Jagdishvaraprasad Tripathi. Chowkamba Sanskrit series office, Varanasi. 5th edition. Arsha chikitsa, 1983; 5.

8. Russell RC, Williams NS, Christopher JK. Bailey and Love's Short Practice of Surgery. 24th ed. London: Hodder Arnold Publication, 2004; 1265–8.
9. Das Somen. A concise textbook of Surgery. 4th ed. Kolkata: S. Das Publication, 2006; 1077.
10. Harit MK, Dwivedi ksharasutrachikitsa for Sambukawarta bhagandara", Ayu., 2011; 32(3): 418–421. doi:10.4103/0974-8520.93926.
11. <https://ayushdhara.in/index.php/ayushdhara/article/view/878>
12. <https://journalijmpcr.com/index.php/IJMPCR/article/view/299>
13. <https://www.journalijar.com/article/28333/a-review-on-recent-advances-in-the-management-of-bhagandara-fistula-in-ano/>
14. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6287408/>