

**REVIEW ON FISTULA, ITS ETIOPATHOGENESIS AND MANAGEMENT: CLASSICAL
AND MODERN VIEW****Dr. Vikas Jain***

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ABSTRACT

Bhagandara is one of the eight Ashtamaharoga that are difficult to treat. Ayurvedic writings have detailed accounts of this disease. The causes, signs, types, treatments, and prevention strategies have all been extensively discussed in Ayurveda texts. The two words that make up the word Bagandara are Bhag and Darana. The ano-rectal region, which includes the genitalia, is frequently affected by a disorder called as Bhagandara. The formation of a Pidika serves as the catalyst for the development of Bhagandara, which is characterized by an opening around Guda Pradesh and a painful discharge. Ayurveda described several therapeutic options for treating Bhagandara including herbal medicines, Ksharsutra and considerations of disciplinary Ahara-Vihara. Present article discusses etiopathogenesis and management of fistula.

KEYWORDS: Ayurveda, Bhagandara, Fistula, Ano-Rectal.**INTRODUCTION**

A condition known as "*Bhagandara*" causes splitting or discontinuity in the perineal regions of the body. *Bhagandara* is one of the most prevalent disorders that affects the ano-rectal region and is challenging to cure due to its high rate of recurrence. An anal fistula is a tiny opening that forms between the skin close to the anus and the end of the bowel, also known as the anal canal or back passage. The anus is the body's exit point for waste; anal fistulas are uncomfortable and can bleed when one use the restroom.^[1-4]

Bhagandara has been included as one of the *Ashtamaharoga* in Ayurveda. *Nidana*, *Lakhshana*, *Upadrava*, *Samprapti*, *Bheda* and *Chikitsa* have all been thoroughly explained by *Acharya Sushruta*. *Bhagandara* is the illness in which *Bhaga*, *Guda* and *Basti Pradesh* become *Vidaarita*. *Bhagandara* is also described as *Fistula-In-Ano*; which is an internal opening in the anal canal or rectum and an exterior opening (secondary opening) in the peri-anal skin make up the inflammatory track known as *fistula-in-ano*.^[4-7]

Etiology of Bhagandara

Bhagandara's causes can be categorized into the *Aharaja* and *Viharaja* factors, which are as follows:

Aharaja factors

Kashaya-Rasa Sevana, *Ruksha Sevana*, *Asthi Yukta Ahara Sevana* and *Mithyaahara*.

Viharaja factors

Excessive sexual activity, sitting awkwardly, forcing to urinate and riding horses, etc.

The other illness such as tuberculosis, ulcerative colitis, actinomycosis and cancer, etc. can also triggers pathogenesis of fistula.

Fistula based on the *Doshik* participation can be categorized *Bhagandara* as *Toda*, *Tadana*, *Chedana*, *Vyadhana*, *Gudadarana*, *Shatponaka*, *Dosha -Vata* continuous *Phenila* discharge is a discharge. Appearance as like sieve with numerous fistula.

Ustragreva fistula

Dosha-Pitta, features- *Chosha* agony similar to applying *Kshara* or *Agni* to a wound *Ushna* and *Durgandhita* smelled, and it appeared to be a camel's neck.

Parisravi fistula

Less pain full, *Kandu*, predominate *Dosha* is *Kapha*, continuous and viscous discharge and whitish appearance.

Unmargi/Agantuj

Kotha of *Mamsa* and *Rakta* infestation with *Krimi*, trauma to rectum or anal canal pus, faces and flatulence, etc.

The *Sharangadhara Samhita* states that *Sarangdhara* named eight varieties of *Bhagandara* that are similar to

those of *Vagbhata*. *Bhava Mishra* has characterized five forms of *Bhagandara*.

Symptoms

A discharging *Vrana* within the two-finger peripheral of the Peri-Anal region with a history of *Bhagandara* *Pidika*, which bursts several times, heals, and recurs again and is painful, are the most characteristic signs and symptoms of *Bhagandara*.

Samprapti

According to *Shatkriya Kala*, the growth of *Bhagandara* can be summarized as depicted in **Figure 1**. As a typical physiological reaction to numerous endogenic and exogenic stimuli, the *Dosha* goes through *Chaya*, when the individual uses the particular etiological variables repeatedly, their *Dosha* and *Dushya* get vitiated and

worsened at their typical places. It's referred to as *Prakopavastha*. The *Dosha* migrate through the body, after tainting vitiation of *Rakta* and *Mamsa* lodges in *Guda* region. Patients experience various *Purvarupa* during this stage, including *Katikapala*, swelling at the anus, itching and burning sensation. *Pidika* suppurates and continuously excretes numerous sorts of discharge during the *Vyakta* stage, which is accompanied by various types of pain. If ignored, it results in the discharge of *Vata*, *Mutra*, *Pureesha* and *Retash* through it, which is known as *Bhedavastha*, and generates the *Darana* of *Vasti*, *Guda* and *Bhaga*. The dominating *Dosha* in this case is *Vata*, which is joined by *Pitta* and *Kapha*. Except for *Shambukavarta* (*Tridoshaja*) and *Unmargi* (*Agantuja*) all forms of *Bhagandara* are *Krichchhsadhya*.^[7-9]



Figure 1: Pathogenesis of Bhagandara

Management of Fistula

- ✓ Preventive and Therapeutic Measures
- ✓ Surgical techniques
- ✓ Parasurgical techniques
- ✓ Supportive measures

Preventive and Therapeutic Measures

- Avoidance of *Guru*, *Madya*, *Asatmya Ahara*, *Virudha Ahara* and *Vishama Ahara*.
- Excessive exercise, excessive sex, anger, uncomfortable riding and suppression of natural urges are to be avoided.
- *Chedana* is one of the available treatments in *Bhagandara*, but medical management has its own significance as well. Because it promotes spontaneous drainage of pus from fistulous abscesses, post-operative care for the patient, and wound management, it aids in localizing inflammation and suppuration. Several traditional oral medicines, which have both systemic and local effects, include *Navakarshika guggulu*, *Narayan rasa*, *Saptanga guggulu*, *Vidangadi leha* and *Saptavinshako guggulu*, etc. can be used.^[9-11]

- Use of *Vartee*; *Kshara Dravya*-based *Vartee* is applied. Drainage is made easier by the removal of slough and cleaning of the fistulous track due to the liquefying (*Ksharana*) feature of *Kshara*.
- Use of *Kalka* contains medications such as *Tila*, *Haritaki*, *Lodhra*, *Reeta* and *Haridra*, etc.
- Use of *Kashaya* to lessens pain and inflammation including *Triphala Kashaya*.

Surgical Management

Chedana, *Patana*, *Marga Vishodana*, *Vranachikitsa* and *Ksharasutra* treatment.

Parasurgical management

- *Jaloukavachrana* is one of the more popular *Raktamokshana* methods.
- *Agnikarma* serves as a hemostatic measure that avoids recurrence.
- *Ksharakarma* is performed locally by applying paste utilizing *Sutra*, *Vartee* and *Pichu*, etc. It helps in wound management by eliminating waste and debris. *Kshara* has always been employed in *Bhagandara* as an adjuvant to the surgical treatment.

Supportive measures

- *Parishek, Avgahan, Swedan, Vranaropan Lepa* and *Vranashodhan*, etc. are examples of adjuvant measures. *Dipan, Pachan, Mridu* and *Shothahar* drugs are employed as adjuvant measures for *Bhagandar*.
- Fistulotomy can be performed in a very low anal fistula.
- Seton is used in particular to treat extrasphincteric fistula.

CONCLUSION

According to a thorough analysis of many Ayurvedic books, *Bhagandara* is a *Guda-pradesha* condition that is challenging to treat. The *Bhagandara* illness has been extensively discussed by *Acharya Sushruta*. Except for *Shambukavarta* and *Unmargi*, all forms of *Bhagandara* are *Krichchhsadhya*. When treating *Bhagandara*, Ayurveda provides a variety of therapeutic options including preventive & therapeutic measures, surgical techniques and parasurgical techniques.

REFERENCES

1. Susruta Samhita Chikitsa Sthana, Text with English translation, Dalhana's commentary along with critical notes, Edited and translated by Priya Vrat Sharma, Vol.II, published by Chaukhambha Viswabharati, Oriental Publishers and Distributors K-37/109, Gopal Mandir lane Varanasi, Chapter VIII/ V-4, 349.
2. Shashtri A.D., Sushrut Samhita in Ayurveda Tatva Sandipika, chaukhamba Sanskrit sansthan, nidan sthanam chapter Su. Ni, 4/11.
3. Susruta Samhita, Text with English translation, Dalhana's commentary along with critical notes, Edited and translated by Priya Vrat Sharma, Vol.II, published by Chaukhambha Viswabharati, Oriental Publishers and Distributors K-37/109, Gopal Mandir lane Varanasi, Chapter IV/ 1-8, 32-35.
4. Prof. Sharma P.V. in Caraka Samhita by maharsi Agnivesh with English translation, Chaukhambha Orientalia Varanasi, vol II chikitsa sthanam, syavthu chikitsa chapter, 12/96: 203.
5. Shashtri A.D., Sushrut Samhita in Ayurveda Tatva Sandipika, chaukhamba Sanskrit sansthan, nidan sthanam chapter Su. Ni., 4/12.
6. Shashtri A.D., Sushrut Samhita in Ayurveda Tatva Sandipika, chaukhamba Sanskrit sansthan, nidan chapter Su. Ni., 4/31.
7. Dr. Tripathi Bhramanand in Astanghridyam, nirmala Hindi commentary, chaukhambha Sanskrit sansthan Delhi, uttar sthan chapter, 28/1-2: 1092.
8. Dr. Tripathi Bhramanand in Astanghridyam, nirmala Hindi commentary, chaukhambha Sanskrit sansthan Delhi, uttar sthan chapter, 28/5.
9. Dr. Sitarambulusu, in Bhava prakash of Bhavamishra, chaukhamba orientalia, Varanasi, (madhyam and uttarkhand) Vol.II, Bhagandaradhikar, chapter, 50: 512.
10. Chakradatta Chakradatta, Sri Chakrapanidata, by Sri Jagdishvaraprasad Tripathi, edited by Bhishagratna Pt. Brahmashankara Mishra, Chowkhamba Sanskrit series Office, Varanasi -221001, Fifth Edition, arsha chikista, 1983; 5/148: 66.
11. Prof. Upadhyaya Yadunandana, in Madhava Nidanam of srimadhavkara, Hindi commentary, chaukhamba prakashanvaranasi edition reprint 2014, Bhagandar nidan chapter, 46/160. 13.