

BHAGANDARA (FISTULA- IN- ANO) - A REVIEW ARTICLE***¹Dr. Hanumant Mansing Nagawade and ²Vaidya Nisha Rajendra Khairnar**¹Professor, Department of Shalya Tantra, Swami Vivekanand Ayurvedic Medical College and Research Centre, Pargaon, Shreegonda, Nagar.²Associate Professor, Department of Panchakarma, Swami Vivekanand Ayurvedic Medical College and Research Centre, Pargaon, Shreegonda, Nagar.***Corresponding Author: Dr. Hanumant Mansing Nagawade**

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ABSTRACT

Bhagandara has been described by Acharya Sushruta as one among Ashtamaharoga (eight major diseases) which is difficult to cure. This disease has been described in Ayurvedic texts in great detail. The etiopathogenesis, symptoms, types, preventive measures and curative aspects have been mentioned in detail. The word Bhagandara is composed of two words bhag and darana. Bhagandara is a common disease occurring in the Ano- rectal region around the anus which extends up to the genitalia. The formation of a Pidika leads development of Bhagandara characterised by opening around gud Pradesh along with painful discharge. In this article we will study about Bhagandara, its causes, classification, sign & symptoms, management and many more descriptions according to Ayurveda and modern medicine.

KEYWORDS: Bhagandara, Fistula-in-Ano, Astamahagada, Ano-rectal etc.**INTRODUCTION**

'Bhagandara' is a disease which causes splitting or discontinuity in the region of 'Bhaga', 'Vasti' (Perineal) and 'Guda' (Perianal) region. Bhagandara is one of the commonest diseases occurring in ano-rectal region which is difficult to treat because of its high recurrence rates. An anal fistula is a small channel that develops between the end of the bowel, known as the anal canal or back passage, and the skin near the anus. The anus is the opening where waste leaves the body. An anal fistula is painful and can cause bleeding when you go to the toilet. Some fistulae can be connected to the sphincter muscles (the rings of muscles that open and close the anus). In Ayurveda, Bhagandara has been mentioned as one among Ashtamaharoga (eight major diseases) because of its callous attitude. Acharya Sushruta has explained Nidana, Samprapti, Bheda, Lakhshana, Upadrava and Chikitsa in detail. Bhagandara is a disease that exists among human beings since the period of Vedas and Puranas. Samhitas do have abundant evidences regarding the existence and treatment of this disease.

Definition

Bhagandara: The disease in which Bhaga, Guda and Basti Pradesa becomes Vidaarita (get torn) is known as Bhagandara. In Apakvaavastha, known as Pidaka, which in Pakvaavastha causes Bhagandara.

Fistula-In-Ano: Fistula-In-Ano is an inflammatory track, which has an external opening (secondary opening) in the Peri-Anal skin and an internal opening (primary opening) in the anal canal or rectum. This track is lined by unhealthy granulation tissue and fibrous tissue

Nidana (Aetiology) Of Bhagandara

The factors responsible for the cause of Bhagandara may be classified

• AHARAJA FACTORS

- 1) Kashaya-Rasa Sevana
- 2) Ruksha Sevana
- 3) Mithyaahara (Apathya Sevana)
- 4) Asthi Yukta Ahara Sevana

• VIHARAJA FACTORS

- 1) Excessive sexual activity
- 2) Sitting in awkward position
- 3) Forceful defecation
- 4) Horse & elephant riding

• AGANTUJA FACTORS

- 1) Trauma by Krimi
 - 2) Trauma by Asthi
 - 3) Improper use of Vasti - Netra
- Manasika factors (Mental Disorders)

AETIOLOGY OF FISTULA-IN-ANO

Fistula in ano is divided into

- **Non Specific:** Caused by Crypto-Glandular infection and previous Ano-Rectal abscess.
- **Specific:** Caused by different diseases and conditions e.g.- Tuberculosis, Crohns disease, Ulcerative colitis, Lymphogranuloma venerum, Actinomycosis, Carcinoma of rectum and anal canal, Previous rectal or Gynological operations, Other abdominal condition producing a pelvic abscess.

CLASSIFICATION OF BHAGANDARA

Acharyas have classified the Bhagandara on the basis of Doshik involvement and clinical consideration of its pathogenesis.

➤ According to Charaka Samhita

There is no description about the types of Bhagandara.

➤ According to Sushruta Samhita

There are five types of Bhagandara

1. Shatponaka – Dosha –Vata, Feature- Toda, Tadana, Chedana, Vyadhana, Gudadarana, Discharge - Continous Phenila discharge, Appearance-Water can or sieve like, multiple fistula.

2. Ustragreva – Dosha –Pitta, Features- Chosha pain like Kshara or Agni being applied to a wound, Discharge- Ushna & Durgandhita smelling, Appearance-Camel's neck.

3. Parisravi - Dosha- Kapha, Feature- Kandu, less pain full Discharge- Continous and slimy, Appearance-Whitish.

4. Shabukavarta – Dosha- Vata along with Pitta - Kapha, Features- Toda, Daha, Kandu migratory pain around the Anal canal, Discharge- Multi colour, Appearance – Tip of great toe, turns of conch.

5. Unmargi/Agantuj – Dosha– Trauma to Rectum or Anal canal, Features- Kotha of Mamsa and Rakta infestation with Krimi, Discharge- Pus, faces, flatus, urine, semen, Appearance- No specific course of track.

➤ According to Ashtanga Sangrah & Ashtanga Hridaya

In these two Samhitas eight types of Bhagandra are described. Among these five types are same described by Sushruta and other three types are:

6. Parikshepi - Dosha- Vata & Pitta, Feature- curved track is formed all around the Anal canal, Discharge- Pus & blood, Appearance- Horse shoe shaped fistula.

7. Riju – Dosha–Vatta & Kapha, Feature – Linear track associated with pain, Discharge - Pus, Appearance- Short straight track.

8. Arsho - Bhagandara- Dosha- Kapha & Pitta, Feature- Located at the base of the Arsha, burning pain and itching sensation, Discharge- continuous discharge,

moist, Appearance- fistula arises following infection of fissure bed with sentinel tag.

➤ According to Madhava Nidana:

Madhavakar has accepted 5 types of Bhagandara like that of Sushurta Samhita.

➤ According to Sharangadhara Samhita:

Sarangdhara has described eight types of Bhagandara like that of Vagbhata.

➤ According to Bhava Prakasha:

Bhava Mishra has described five types of Bhagandara

1) Vatika 2) Pattika 3) Shlashmika 4) Sannipatika 5) Shalyaja

CLASSIFICATION OF FISTULA IN ANO

➤ **Milligan and Morgan** classified the fistulas into:

- High Fistula
- Low Fistula

➤ **Park** classified the fistulas into:

- Sub - Mucosal
- Inter - Sphincteric
- Supra - Sphincteric
- Extra - Sphincteric.

RUPA (SIGNS & SYMPTOMS) OF BHAGANDARA

The most typical sign and symptoms of Bhagandara are:

- A discharging Vrana within two-finger periphery of Peri - Anal region with a history of Bhagandara Pidika, which bursts many times, heals and recurs repeatedly and is painful.
- Specific type of discharge, pain and characters shows in different type of Bhagandara, according to Doshaja involvement

CLINICAL FEATURES

- Swelling, Pain and discharge are the most frequent presenting complaints.
- Swelling and pain are usually associated with abscess when the external opening is closed.
- The discharge from the external opening is mucous or pus mixed with stool.
- In majority of cases of Fistula-In-Ano there will be an antecedent history of previous abscess.

SAMPRAPTI OF BHAGANDARA

The development of Bhagandara can be described as follows according to Shatkriya Kala.

- Nidan -Mithya aahar vihar and aagantuja
- Pradhan Dosha -Vata
- Anubandhit Dosha -Pitta, Kapha
- Dushya - Mamsa, Rakta
- Adhistan -Guda Pradesh

The Dosha undergoes Chaya as a normal physiological response to various endogenic and exogenic stimuli, when the person continues to use the specific etiological factors, they undergo vitiation of Dosha and Dushya and get aggravated at their normal sites. It is known as Prakopawastha. This progresses to subsequent stage and

the Dosha migrate through the body. It is known as Prasarawastha. Ultimately it gets lodged in Guda after vitiating Rakta and Mamsa. Here it is known as Sthanasanshray. At this stage patients will have different Purvarupa like pain in waist (Katikapala), itching, burning sensation and swelling at the anus along with formation of Pidika. In the Vyakta stage Pidika suppurates and continuously passes different types of discharge through it with association of various kinds of pain. If neglected, it causes Darana of Vasti, Guda and Bhaga and discharge Vata, Mutra, Pureesha and Retash through it, which is termed as Bhedavastha. Here, Vata is the predominant Dosha accompanied by Pitta and Kapha. The second type of Samprapti is due to Agantuja reasons where the wound occurs first and then the Doshas get accumulated producing further symptoms. When the wound is produced simultaneously there is vitiation of Dosha associated with pain and discharge.

PROGNOSIS

Bhagandara is considered as one of the Mahagada i.e. the disease that is difficult to cure. All types of Bhagandara are Krichchhsadhya (curable with difficulty) except Shambukavarta (Tridoshaja) and Unmargi (Agantuja), which are Asadhya (incurable).

MANAGEMENT OF BHAGANDARA

The management of Bhagandara can be divided in 4 major types.

- A. Preventive measures
- B. Surgical measures
- C. Para-surgical measures
- D. Adjuvant measures

A. PREVENTIVE MEASURES

1. Diet

- Guru (Heavy food)
- Madya (Excess of alcohol)
- Asatmya Ahara (Unwholesome food)
- Virudha Ahara (Antagonist to each other)
- Vishama Ahara (Incompatible foods).

2. 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. 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 (Symplocus racemosa), Reeta (Sapindus trifoliatius), 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.

B. Surgical Management

General principle of management of Bhagandara is:

- Virechana (enema for bowel expulsion)
- Eshana (probing)
- Chedana (excision) / Patana (laying open of the track)
- Marga Vishodana (cleansing 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).

C. Parasurgical Measure

- Rakatamokshana: Jaloukavachrana is one of common method of Raktamokshana. It prevents suppuration of Bhagandara Pidaka. Minimizes inflammation & infection in post operative period.
- Agnikarma: It is adopted in all kind of Bhagandara except Ushtragreeva. It prevents recurrence & during procedure act as haemostatic.
- Ksharakarma: It can be done by using sutra, Vartee, Pichu, local application in the form of paste is done. Helps in management of wound by removing.

Ksharsutra

Ksharsutra is a kind of Kshara-therapy, which is applied with the help of thread. It has been observed earlier that Kshara has always been used as an adjuvant to the surgical procedure in Bhagandara, but the Ksharsutra owes the credit of standing as a complete treatment of Bhagandara without the aid of any other operative procedure.

D. Adjuvant Measures

- Swedan, Parishek, Avgahan
- Vranashodhan & Vranaropan Lepa
- Varti, Taila, Guggulu, Shothahar Drugs
- Ghrita, Taila, Arishta
- Dipan, Pachan, Mridu Rechak drugs used as adjuvant measures for Bhagandar in different classics.

Management of Fistula-In-Ano

The treatment of Fistula-in-Ano still remains a surgical challenge the ideal treatment of a fistula would effectively close the track with the lowest recurrence rate and fewest complication.

1. **Fistulotomy-** Fistulotomy can be done in a very low anal fistula without any risk of functional compromise.
2. **Seton-** It is particularly for treatment of extrasphincteric fistula. A seton is a thread of foreign material that is placed in the fistulous track the seton is used for the management of high or complicated anal fistula the function of seton is to provide drainage, to induce fibrosis and to cut the fistulous track with preservation of the sphincter mechanism.
3. **Anal fistula plug-** The newest modality therapy for the treatment of fistula-in-Ano is use of Anal fistula plug. The Surgisis AFP plug is conical device made from porcine small intestine submucosa the principal effect of the fixing the plug from inside of anus with suture. it also stimulates native tissue remodeling to eventually close fistulous track.
4. **Endorectal advancement flap-** Mucosal advancement flap are used particularly for fistula in ano such as high level fistula high transphincteric, suprasphincteric and extrasphincteric fistula. the principle of the technique is to cover the internal opening by internal sphincter and rectal mucosa is advanced from above at the same time.
5. **Fistulectomy-** It is a technique for excising the fistulous track It causes very wide wound. It heals from top causing a tunnel formation and recurrence the technique preserve anal sphincter function.
6. **LIFT (Ligation of intersphincteric fistulous track)**—This procedure aims at total anal sphincter preservation and is applicable especially in fistula of intersphincteric variety. LIFT procedure is based on secure closure of the internal opening and removal of infected cryptoglandular tissues through the intersphincteric approach.

CONCLUSION

Based on the detailed review of different Ayurvedic texts, it can be concluded as:

Bhagandara is a disease of Guda-pradesha which is difficult to treat. Acharya Sushruta has described the disease of Bhagandara in great detail. All types of Bhagandara are Krichchhsadhya (curable with difficulty) except Shambukavarta (Tridoshaja) and Unmargi (Agantuja), which are Asadhya (incurable). Ayurveda

offers a multi-dimensional treatment modalities in the treatment of Bhagandara. Acharya Sushruta has described preventive and curative (Para-surgical and Surgical) measures of the disease in detail. Ksharsutra treatment is an effective treatment modality in the treatment of Bhagandara.

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