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RESEARCH ARTICLE

CONCEPT OF BHAGANDARA IN AYURVEDA -A LITERARY REVIEW

Dr. Vivek D. Choubey*, Dr. Anuradha A. Chalke and Dr. Srinivas N. Turlapati

Yashwant Ayurved College Research & Training Institute Kodoli, Kolhapur (M.H)

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*Corresponding author:
Dr. Vivek D. Choubey

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ABSTRACT

Bhagandara is one of the common diseases occurring in anorectal region. Bhagandara (Fistula in ano) explained as one among the eight (V tavyadh, P ameha, Kus ha, Ar a, Bhagandara, A amar, M dha Garbha and Udara Roga). Major dreadful disease in ayurvedic texts. In ancient Ayurvedic literature. Acharya Sushruta, the father of surgery has included this disease as one among the Ashtamahagada¹. At first it presents as pidika around guda and when it bursts out, it is called as Bhagandara. It can be correlated with Fistula in ano as described in Western medical science. The description of Bhagandara is found in different Samhitas but it is scattered in various Sthana as Nidana, Cikitsa etc so in this review an attempt has been made to highlight the concepts of Bhagandara in ancient time according to different Charyas of yurveda collectively in different headings given below, historical review, etymology and definition, aetiology (Nidan) of Bhagandara, pathogenesis (Samprapti) Purvar pa, R pa, classification and management of Bhagandara.

INTRODUCTION

Bhagandara is a common disease occurring in the ano-rectal region. Acharya Sushruta, the father of surgery has included this disease as one among the Ashtamahagada¹. At first it presents as pidika around guda and when it bursts out, it is called as Bhagandara. Yurveda is the 'Science of life', which deals with all aspects of life and aims at not only curing the disease, but also in maintaining the health of healthy individuals². Bhagandara is one such grave disease, for which it has been included in Ata Mahagada³ by Sushruta. Ata Mahagada includes eight dreadful diseases- V tavyadh, P ameha, Kus ta, Ar a, Bhagandara, A amar, M dha Garbha and Udara Roga.

HISTORICAL REVIEW: The historical glimpse of the disease Bhagandara is present here as under

VEDIC K LA: History regarding Bhagandara as such is not found in Vedas but reference regarding anorectal disorders is available. There is reference in Atharvaved which describes name "Durum" for the disease of ano-rectum⁴.

PURANA K LA: In 18 Puranas only Garuda Purana have found some references of the Bhagandara⁵. Use of Guggul, Vyosha and Triphala prepared with ghee mentioned in this disease.

BAUDDHA K LA: During this period various surgical procedures were performed including surgery for the disease Bhagandara.

SAMHITA K LA: At Samhitakala, yurveda reached the summit of knowledge regarding the Bhagandara diseases as depicted in classical description.

CHARYA CHARAK

Charaka has made a very short and passing reference to Bhagandara. He has described the treatment of Bhagandara through Karshana ligature⁶. The earliest description of Bhagandara was given in 1000 B.C. by Sushruta, the father of Indian surgery, whereas before Sushruta we do not find much about this disease in the available ayurvedic literature.

Sushruta has described the Chedana karma as prime treatment in the management of bhagandara⁷. Vagbhata also described this disease and made several improvements in its treatment⁸. Later authors Cakradatta, Madhavakara and Bhavamisra have followed almost Sushruta's method of treating Bhagandara.

ETYMOLOGY AND DEFINITION OF BHAGANDARA:

In abda-Kalpadrums, Bhagandara is etymologically derived from the word Bhagandara is the combination of two terms

"Bhaga" and "Darana" which are derived from the roots "Bhag" and "Dri" respectively⁹. 'Bhaga' is a word, means all the structures around the *Guda* (ano-rectal region) including *Yoni* (vagina) in case of females and *Basti* (urinary bladder).

(abda-Kalpadrum)

The word Darana means "sense of tear of surface associated with pain".

DEFINITION: The disease in which Bhaga, Guda and Basti Prade a becomes Vidaarita (get torn) is known as Bhagandara. In Apakvaavasth ,known as Pi ak , which in Pakvaavasth causes Bhagandara. (Su.Ni.4/4). In the perineal region when any pi ak is form which is less painful and inflamed but it subside soon, known as Pidak , not Bhagandara, it is a result of bursting of 'Bhagandara Pidak 'which is deep-rooted in the anorectal region. Its location is within two Angula circumference of anal opening. (Su.Ni.4/12)

NID NA (AETIOLOGY) OF BHAGANDARA: The factors responsible for the cause of Bhagandara may be classified into two groups

- A) General causes
- B) Specific causes

Caraka: K mi, T a, Asthi alya, Ingestion of foreign bodies, Ativyav ya, Prav ha a, Utkutas na, Asvap stagamana¹⁰.

Su ruta: Did not narrate the etiological factors at a single place, he gave some idea separately while dealing with different types.

V gbhata: Hastip stagamana, Asvap stagamana, Katin sana, Utkut sana, all Nid na of Ar as¹¹.

M dhava Nid na: Kas yarasa, R k a gu a and other V ta prakopa karanas¹²

Bh vaprak a: Ati sthauya is one of the cause¹³

SPECIFIC CAUSES: In specific type of Bhagandara specific aetiological factors are responsible for the provocation of respective do a.

SAMPRAPT (PATHOGENESIS): According to yurvedic concept pathogenesis of any disease is well understood as per the ' at Kriy k las'

1. Sa caya (stage of accumulation)

Mithya h ra vih ra or trauma to the local region causes accumulation of do a.

2. Prakopa (stage of provocation)

Do s gets aggravated because of continued indulgence in Nid na causing aggravation of do s locally.

3. Prasara (stage of propagation)

Aggravated do s now move out of their sites and spread to distant places causing derangement of agni and do s situated elsewhere through srotases.

4. Sth nasam raya or p rvar pa (stage of localisation)

Do s localize in and around the guda, vitiate the rakta and m msa and cause pain in hip and anal region, itching and burning sensation, swelling in and around the region of guda will be noticed.

5. Vyakti or r pa (stage of manifestation) Bhagandara pi ak

On suppuration forms into Bhagandara

6. Bheda (stage of complications)

The track goes deeper, vitiating the deeper dh tu and a aya, communicate with them and discharge flatus, faeces and semen from the external opening.

P RVAR PA: (PRODRIMAL FEATURES): Pain at and above the kati and kap la and an itching sensation around the anus accompanied by otha and d ha are prodromal symptoms of the disease¹⁴. Pain, itching and burning sensation in the anal and perianal region after a ride in a carriage or after defaecation¹⁵

R PA (SYMPTOMATOLOGY): The most typical sign of Bhagandara is the presence of a discharging Vrana within twofinger vicinity of anal canal with a history of a Pidaka. Classification of Bhagandara: The classification is done in two ways:

-) According to Do
-) According to opening

Classification of bhagandara in yurvedic classics according To do a^{16,17,18,19,20,21} (table no.1)

Su ruta And V gbhata From surgical Point Of View Depending On Opening Classified It Into TWO^{22, 23}.

Arv ch na: (Antarmukh)

In this abscess is located outside and track opens inside the anorectal canal without external opening (Blind internal).

Par ch na: - (Bahirmukh)

In this, cavity or abscess is situated inside and track opens outside without internal opening (Blind external)

DESCRIPTION OF BHAGANDARA

TYPES

ataponaka – V taja Bhagandara^{24,25}: In this type of Bhagandara, V ta Do a dominates. Prakupita v yu gets localised in 1 or 2 Angula of Guda Prade a and forms a Pidaka by vitiating M msa and Rakta. The Pi ak , if untreated undergoes pus formation and causes Bhagandara with many openings.

Characteristics of Pi ak : Aruna Var a with pain like Toda etc.

Characteristics of Sr va: Abundant, thin, frothy discharge which flows continuously. If this stage is not treated properly, it will follow discharge of flatus, urine, faeces and semen through the openings.

Characteristics of Pain: There are various type of pain like cutting, tearing, pricking etc.

tragr va –Pittaja Bhagandara^{26,27}: Prakupita Pitta is brought to the ano-rectal area by Prakupita V ta gives rise to red, thin and a small raised pi ak which resembles neck of camel 'U tragr va'.

Characteristics of Pi ak : Red coloured, thin texture and with raised appearance like the neck of a camel and associated with burning sensation. U a, co a, burning pain like agni and k ra.

Characteristics of Sr va: Warm and offensive discharge. If this is not treated properly, the condition further deteriorates with discharge of flatus, faeces, urine and semen through the opening.

Characteristics of Pain: Burning pain appears as if being burnt with fire or caustics.

Parisr v - Kaphaja Bhagandara^{28,29}: The term Parisr v has been used because of continuous discharging nature of the wound. The vitiated 'Kapha' carried down by the 'V yu' (into the rectum) and lodged there in gives rise to white, hard, itching pi ak .

Characteristics of Pi ak : White in colour, firm in consistency, indurated, deep rooted and associated with itching sensation.

Characteristics of Sr va: Abundant, thick, sticky, often constant discharge. If not treated properly, it gives rise to discharge of flatus, urine, faeces and semen through the opening. **Characteristics of Pain:** Mild pain and itching

amb k varta – Sannip taja Bhagandara^{30,31}: The word amb k varta literally means 'ridges of a conchshell' suggest that the pathway of track is curved and deeper one looks like ridges of ankha. Prakupita V yu carries both Prakupita Pitta and Prakupita Kapha to ano-rectal area causing this type of Bhagandara. It has the dominance of all the three Do a and hence it exhibits all the characters of the separate Do ic type of Bhagandara.

Characteristics of Pi ak : Large in size resembling the great toe and has the characters of all Dosha along with the pain like pricking, burning, itching, etc.

Characteristics of Sr va: Discharge has different colours.

Characteristics of Pain: Specific type of pain which appears like the whirls in a river or similar to the pattern of spiral ridges of as nail.

5. Unm rg – gantuja Bhagandara^{32,33,34}: This variety is caused by injury. Here, The person, who is fond of M msa eating, anyhow ingests piece of bone with the meat, which ultimately comes to the anus and causes ulcer / injury. Here

Kotha of Mansa occurs in which pus and blood accumulates and at last K imi develops. This K imi causes the Bhagandara by eating away the tissues. The Pi ak is not mentioned in this variety probably due to the fact that Pi ak is usually originated with Doshic involvement and here the Bhagandara is created directly by the Krimi (worms or maggots) without the formation of the Pi ak initially. Therefore, K imi, history of *Trauma*, ingestion of bone pieces (foreign body) play important role in producing this variety of Bhagandara.

Parik ep – V ta pittaja: carya V gbhata mentioned Parik ep Bhagandara. It originates from vitiated v ta and pitta. It manifests as t mra Var a pid k with pain and burning sensation in the perianal region. The track is of curved type and runs around the anus or the rectum. Arunadatta and Indu state that the track resembles the trench of fort³⁵,

iju–V ta kaphaja: The vitiated v ta and kapha produce the pid k , which later on suppurates and form a straight track in the anal region. Because of its straight nature of track, it is called ju Bhagandara³⁶, Fistulas arising from the anterior half of the anal canal are usually straight in nature and can be compared with this.

Ar o Bhagandara-Kapha pittaja: It is originated from vitiated kapha and pitta which reaching at the base of pile already existing produces spha causing burning and itching sensation. This swelling suppurates quickly to discharge continuously Ar omula gets wet³⁷, The track is present at the base of ar a and mixed type of discharge from multiple openings of the wound. Infection of the sentinel pile which develops at the lower end of the fissure at the anal verge may lead to the formation of a superficial fistula. This type of fistula can be compared as Ar o Bhagandara.

S dhy s dhyata (prognosis): Acharya Sushruta has mentioned Bhagandara in the Ashtamahagada which shows that it is difficult to treat³⁸. According to Su ruta, the ' amb k varta or Trido ja' and Unm rg ' or traumatic varieties are regarded as incurable and the rest are curable with difficulty. Any Bhagandara through which the flatus, faeces, urine, worms or semen come out are incurable and may cause death even. V gbhata stated that 'Sannip taja' and K ataja varieties and the fistulae which extend up to and associate with Prav ha and Sevan respectively are incurable and rest of the six are difficult to cure^{39,40}.

THE MANAGEMENT OF BHAGANDARA CAN BE DIVIDED INTO THE FOLLOWING GROUPS:

Preventive measures

-) Nid na parivarjana:
-) Prevention of suppuration of pi ak (Boil):

Curative measures

-) Surgical methods
-) Para surgical methods
-) Medical treatment

Again and again table was not adjusted properly some text missing or overlapping other text I adjust it again put it as it is I adjusted. I decreased font size to avoid overlapping.

Table 1. Bhagandara in yurvedic classics according to Do a

Bhagandra	Do a	Su.sa (5)	A.S (8)	A.H (8)	C.Sa (-)	M.N (5)	Sa.Sa (8)	B.P (5)	Y.R (5)
ataponaka	V ta	+	+	+	-	+	+	+	+
tragr va	Pitta	+	+	+	-	+	+	+	+
Parisr v	Kapha	+	+	+	-	+	+	+	+
amb k varta	Trido aja	+	+	+	-	+	ankh varta	+	+
Unm rg	gantuja	+	+	+	-	+		+	+
Parik ep	V tapitta	-	+	+	-	-	+	-	-
ju	V takapha	-	+	+	-	-	+	-	-
Ar o	Kaphapitta	-	+	+	-	-	+	-	-

Table 2. Different Incisions for Bhagandara

Sl.no	Type of incision	Shape describe in yurvedic texts	Analogous
1	L ngalaka	Incision having two arms extending on either side	'T' shaped
2	Ardha L ngalaka	A similar incision with one arm	'L' shaped
3	Sarvatobhadra	Incision surrounding the anal canal on all foursides	Circular
4	Got rthaka	Incision resembling the shape of cow's khura	Semicircular

Table 3. Different incisions for Bhagandara correlation with modern

Sl.no	Type of incision	Analogous
1	Kharj ra patraka	Branched incision like the shape of Date palm leaf
2	Candr rdha	Semi lunar incision
3	Candracak am	Circular like full moon
4	S c mukha	Pin pointed or inverted cone like incision towards the anal margin
5	Av gmukha	Same incision in opposite directions

Preventive measures

Nid na parivarjana: The etiological factors of Bhagandara must be avoided

Prevention of suppuration of pi ak (Boil): V gbhata advised the measures like deha odhana, raktamok ana and pari eka during the stage of pi ak to avoid suppuration⁴¹. Su ruta has mentioned eleven measures of a ti upakram s in vra a cikitsa for the treatment of Bhagandara⁴². They are Apatarpa a, Abhyanga, Swedana, P cana, Visr va a, Snehana, odana lepa, Pari eka, Viml pana, Upan ha

Curative measures

Medical management: It is advocated in both Bhagandara pi ak stage and after surgical excision of the track. The aim of medical treatment in pi ak stage is to prevent the disease and its symptoms.

Surgical management: Though several types of treatment like Medical, parasurgical etc have been described in yurvedic classics, but Main treatment of Bhagandara is Chedana karma (excision of entire tract) after probing⁴³; it.

The modern procedure of fistulectomy can be compared to it. The use of K ra S tra in the management of Bhagandara is mentioned in Su ruta samhita in chapter Visarpa Nad Stanarogac kitsit Adhy ya. (Su.Chi.17 /29-32) Caraka also mentioned use of K ras tra in Bhagandara (Ch.Chi.12/17)

SURGICAL MANAGEMENT: it includes

P rvakarma: Includes

Preparation of the patient: First of all written informed consent was taken. Before astrakarma, the patient was prepared with Snehana, Svedana (Avag hana), Langhana and Anulomana (M du Virecana).

Pradh na karma

Chedana, General surgical procedures in Bhagandara: The patient should lie on the table in lithotomy position. Then anus should be lubricated and Bhagandara track is examined to decide whether the Bhagandara is Par c na (blind external) or Arv c na (blind internal). In case of Par c na Bhagandara, the esha yantra (probe) is to be introduced into the external opening and whole track has to be excised from the root.

But in case of Arv c na, Bhagandara yantra or ar oyantra which resembles modern proctoscope is introduced into the anal canal and patient should be asked to strain. During straining, the esha (probe) is introduced into the internal opening. Then the whole track has to be excised followed by cauterization with the help of k ra or agni⁴⁴. This technique of Su ruta is same as Fistulectomy

Pasc t karma (Post operative): After astra karma, Bhagandara has to be treated according to vra a cik ts i.e Use of vra a odhana and ropa a drugs for better healing of the wound.

MANAGEMENT OF SPECIFIC TYPES OF BHAGANDARA

ataponaka Bhagandara: The specific feature of this Bhagandara is presence of multiple openings on the external surface of skin. It has been suggested that one track should be excised at once and after the previous wound has healed, the remaining tracks should be operated similarly. If multiple tracks are excised by single incision such wound causes guda vid rana i.e causes injury to the rectal walls and sphincters and leads to impairment of sphincteric function and may lead to leakage of flatus, faeces, urine⁴⁵. Both Su ruta and V gbhata have described different types of incisions, which can be applied according to the situation of track, relation with the anal sphincters etc.

ataponaka Bhagandara^{46,47}

htragr va Bhagandara: No specific incision is described but simple excision of the track followed by application of k ra to remove the necrotic tissue. Su ruta has contraindicated the Agni for cauterization because Agni will aggravate the pitta do a⁴⁸.

Parishr v Bhagandara: In this type, first the track is located with probe, then it has to be excised and the wound should be cauterized with K ra or Agni. Later the wound is washed with warm water and vasti of warmanu taila is given⁴⁹. Different incisions are described by Su ruta according to nature of the track and patient.

Parisr v Bhagandara⁵⁰

amb k varta Bhagandara: It is considered as as dhya (incurable) for treatment because it is due to the vitiation of all the three do s. Hence, only conservative measures were described⁵¹.

Unm rg Bhagandara: It is described as as dhya, even though management has been described by both Su ruta and V gbhata.

It is caused due to injury from foreign body hence the principle of treatment is excision of track and removal of foreign body followed by cauterization with Agni. Later k mihara drugs are applied locally and also taken internally⁵².

Parik ep Bhagandara: V gbhata has suggested that it has to be treated on the lines of N divra a with k ras tra⁵³.

iju Bhagandara: No specific treatment is described for this Bhagandara. Therefore, it can be treated as the other simple types of Bhagandara.

Ar o Bhagandara: It is the co existence of ar as along with Bhagandara. So, ar as should be treated first before treating Bhagandara⁵⁴.

Para surgical measures: The main parasurgical measures which have been employed in the treatment of Bhagandara are as follows: Raktamok ana (Blood Letting). Agni Karma (Thermal Cauterization). K ra Karma (Chemical Cauterization)

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