

DETAILED DISCUSSION AND MANAGEMENT OF BHAGANADAR IN RECENT ERA

Dr. Shekhar Soni¹, Dr. Sadarla Koteswararao*² and Dr. Akhilesh Patel³

¹M.S. (AYU) Scholar Dept. of PG Studies in Shalya Tantra.

²HOD and Professor, Department of Shalya Tantra.

³M.S. (AYU) Scholar Dept.: of PG Studies in Shalya Tantra.

Rajivgandhi Educational Society's Ayurvedic Medical College & PG Research
Centre, RON. Ron - 582209 Gadag Dist., Karnataka.

Article Received on
21 Nov. 2022,

Revised on 11 Dec. 2022,
Accepted on 01 January 2023

DOI: 10.20959/wjpr20231-28349

*Corresponding Author

Dr. Sadarla Koteswararao

HOD and Professor,
Department of Shalya
Tantra, Rajivgandhi
Educational Society's
Ayurvedic Medical College
& PG Research
Centre, RON. Ron - 582209
Gadag Dist., Karnataka.

ABSTRACT

Bhagandara is the one among Asthamaharoga which is difficult to treat. According to Ayurveda. Fistula in Ano in ano is an abnormal communicating tract between anal canal and perianal region which is lined by unhealthy granulation tissue. Fistula in Ano in ano is mostly due to troubled dietary and bowel habits due to inactive life style. Conservative management for Fistula in Ano is not at all successful management. In Allopathy Surgical intervention is must. But surgical treatment is not that much successful in all cases of Fistula in Ano-in-ano as it may re-occur after some period of time. So the only ray of hope for the patients of Fistula in Ano- in- anois Ksharsutratreatment from Ayurveda the Science of life. Ksharsutra is a medicated thread works on a principal of cutting the tract, scrapping the unhealthy granulation tissue and healing of the tract.

KEYWORDS:- *Bhagander, management, Ayurveda.*

INTRODUCTION

The most scientific description of Bhagandar is given in Sushrut Samhita- a text book of 'Ancient Indian Surgery' written about 1000 B.C by Sushruta, the Father of Surgery *Bhagandara* is a single or multiple opening around *guda Pradesh* associated with different types of discharge along with pain. Acharya sushruta has described *bhagandara* on its consequences under *astamahagada*. The disorder has reached a height due to an unhealthy

lifestyle. It can be correlated with Fistula in Ano in ano. Fistula in Ano in ano is an abnormal hollow tract or cavity lined with granulation tissue. It is a nasty condition for the patient and often creates issue which leads to unease. It affects their daily lifestyle. For the treatment number of the surgical method are available. In *Ayurveda*, Acharya Sushruta has described various types of treatment like *Chedana karma*, *Ksharasutra therapy*. In modern science fistulectomy, fistulotomy, seton, and so on. But due to reoccurrence, damage of the anal ring, incontinence, and complication, *Ksharasutra* stands as a major para surgical procedure to cure *bhaganadara*. *Ksharasutra* is a unique medicated thread that helps in cutting as well as drainage of the fistulous tract. It works as cutting and healing of fistulous tract simultaneously. Hence the possibility of damage to the anorectal sphincter muscle is less and chances of incontinence are null. It is safe minimal, cheap, and easy to use. It works effectively on various stages.^[1]

Definition of Fistula in Ano in modern texts Fistula in Ano-in-Ano is an inflammatory tract, 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 tract is lined by unhealthy granulation tissues and fibrous tissues.^[2] Definition of bhagandar (Fistula in Ano) in Sushrut samhita A disease or condition causing severe referred pain to Bhag (Perineum), Gud (Anal) & Basti (Pelvis) is called Bhagandar. The manifestation begins with a boil (Abscess) around peri anal region and if it is not treated properly can burst & convert into discharging track and is named as– Bhagandar.^[3] Pathogenesis of Fistula in Ano in modern texts Etiology in modern medical science is divided in two categories. Non specific- This is due to Cryptoglandular infection, Sequel of Anorectal abscess or Previous Pyogenic Abscess. Specific- These are the diseases or underlying pathologies which can result in fistulous condition like Tuberculosis, Anal fissure, Ulcerative colitis, Crohn's disease, Leukemia, Colloid Carcinoma, Foreign body intrusion, Pelvic inflammation, Trauma, Exposure to radiation, Lymphogranuloma venerum, Immuno compromised state, Infectious dermatitis & other Rectal, Obstetrical or Gynecological operations.^[4] Pathogenesis (samprapti) of bhagandar in Ayurved Pathogenesis mentioned in Sushrut samhita Sushrut has beautifully described the pathogenesis of Bhagandar. He quoted that when a person is indulged in Mithya Aahar-Vihaar (un salutary lifestyle & food habits), Vata in his body get aggravated & localized in anal canal. Further, it vitiates the muscle & blood, giving rise to Pitika (Boil) & if this condition is not treated in time, this Pitika (Boil) suppurate & burst resulting in a discharging track which is known as 'Bhagandar'.^[5] Pathogenesis mentioned in Charak samhita Charak

has described pathogenesis of Bhagandar in very practical way. As per Charak samhita etiological factors like Krimi Bhakshan, Asthi Kshanan, Pravahan, Utkataasan & Horse riding vitiate the Doshas & Causes Boil at peri anal region which after Suppuration burst & turns to Bhagandar. In this context Krimi Bhakshan can be co-related with any infection caused by micro organism or Crypto glandular infection. Trin- Asthi Kshanan can be considered as sought of Bhagandar due to Trauma, Pravahan is straining during act of defecation as seen in Dysentery etc. causing inflammatory changes in rectum and anal canal and Utkataasan is continuously sitting in Squatting posture causing ischemia and micro necrosis at pressure point. Similarly, cause like Horse riding in present scenario can be compared with over motor bike driving causing ischemic necrosis at cellular level triggering inflammation and infection.^[6,7] Pathogenesis mentioned in Ashtanghridayam samhita In Astang Hridayam, Acharya Vagbhata has mentioned few distinct causes of Bhagandar such as riding on elephant or horse for long period, sitting on hard surfaces, squatting Posture, maturing of sinful acts of previous lives and abusing ascetics etc. Here, Vagbhata has added two very distinct causative factors as causative factor. The exact reason of inclusion of maturing of sinful acts of previous lives & abusing ascetics is not understood but we can consider this as indulging in indecent activity (anti salutary activity as advocated in Sadvritta) by a non-selfpossessed person causing vitiation of doshas. 8 Pathogenesis mentioned in Vagbhata samhita Pathogenesis starts with indulgence in above mentioned factors causing vitiation of blood & muscle tissues in the rectum which is followed by formation of ulcer (Vran), preceded by pitika (Eruption/Boil). This condition if not treated properly turns to discharging opening either to interior or exterior around peri anal region and named as Bhagandar.^[12]

Clinical features of Fistula in Ano in modern texts The cardinal feature of Fistula in Ano in ano is recurrent discharging boils with single or multiple external openings. The other clinical manifestations as per modern science includes granulation tissues pouting out from the external opening of the Fistula in Ano (chronic cases) and internal opening felt as a nodule on ano rectal wall. Similarly, tenderness and indurations of the skin in inflammatory stage with fever may be present due to suppuration. Clinical features as per Ayurved Clinical features mentioned in Sushrut samhita The sign and symptoms of Bhagandar are elaborated nicely in Ayurvedic text. Even the prodromal features (Purv roop) has been described, so as to diagnose the condition at the earliest for better management. The pro dromal features of Bhagandar mentioned are pain at anal region after defecation, itching and swelling around

peri anal region, lower backache with pain at anal region after long driving and suppurative - induration (Abscess formation) at peri anal region associated with pain & burning sensation at anal region. 11 Bhagandar is manifested by severe refereed pain to Bhag (Perineum), Gud (Anal) & Basti (Pelvis). The clinical features are described beautifully as per the stages i.e. progress of disease commonly known as Shatkrikal. Also, the cardinal features are further explained as per the pre-dominance of doshas like in Vataj type the discharge is associated with flatus, feces & pricking pain. Similarly, in Pittaj type there is very foul smelling with burning pain and in Kaphaj type there is sticky discharge with comparatively more itching.^[3-5]

Pathogenesis

The complete pathogenesis of Bhagandar has been described in Sushrut samhita under heading Shatkriyakal (six periodic stages of Fistula in Ano), beginning from Sanchaya (Stage of Accumulation of Dosha at normal sites), Prakopa (Stage of Provocation), Prasara (Stage of Propagation), Sthana sanshraya (Stage of Localization), Vyakti (Stage of Manifestation) up to Bheda (Stage of Complication) which perfectly reveals onset and progress of disease. 13 Classification of Fistula in Ano in modern texts There are many classifications available in modern text viz. Milligan Morgan & Goligher's classification, Ernst mile's classification, Melcheor Goz classification, Steltzner classification and Park's classification (as per relation with sphincters) however, Milligan Morgan & Goligher's classification is more applied. Low level Fistula in Ano: Low level Fistula in Ano open into the anal canal below the ano rectal ring. They are further subdivided into Subcutaneous, Submucosal, Intersphincteric & Suprasphincteric Fistula in Ano. High level Fistula in Ano: High level Fistula in Ano open into the anal canal at or above the ano- rectal ring. They are further sub divided into Extra sphincteric or Supra levator, Trans sphincteric & Pelvicrectal Fistula in Ano.^[6-7]

Treatment of bhagandar (Fistula in ano) mentioned in sushrut samhita

Acharya Sushruta has beautifully described stage wise treatment of Bhagandar. He has advocated that in un-ripen stage, one should follow 'Apatarpan' to 'Virechan' actions of 'Vran chikitsa' (wound management) and once the Pitika (Boil) achieve the ripening stage, Snehan, Avagah Swedan (oleation and fomentation) of the peri anal region should be practiced. Further, if the Pitika does not resolve then, searching of the track (Fistulotomy) should be done with the help of Fistula in Ano probe. After, fistulotomy, Kshar (medicated caustic paste) should be applied or Agnikarm (cauterization) should be done in the explored

bed of ulcer. Post operatively, for pain management 'Yashtimadhu tail' or 'Anu tail' sinchan (irrigation of medicated oils over the ulcerative lesion) & Swedan (fomentation/Seitz bath) is advised to the patient. In the chronic and recurring conditions, where the Fistula in Ano track is partially fibrosis or the track is not patent, 'Bhagandar nasahan tail' (medicated oil) can be irrigated through the fistulous track to make the track patent & in those who are not willing to undergo surgery. Further, in 'Visarp Nadi Stanrog chikitsa' chapter of Sushrut samhita, it has been described that those patients who are not willing or not fit for surgery, Nadi vran (sinus) can be treated with 'Ksharsutra'. Furthermore, in this context Acharya Sushrut has quote that Bhagandar can also be treat with the same 'Ksharsutra'.

Treatment of bhagandar (Fistula in ano) mentioned in charak samhita

We got amazed after reading the treatment plan were told in Charak samhita very beautifully, Acharya Charak has described treatment of Bhagandar in 'Shwayathu chikitsa' Chapter in context with Bhagandar chikitsa. Charak has quoted that if the Pidka (Boil) does not subside by its own, Purgation should be given to the patient. Further, Fistula in Ano track should be explored with the help of probe. Ulcer bed should be cleansed & cauterization should be done with hot oil & then shall be treated like Vran (ulcerative lesion). However, in chronic cases, Fistula in Ano track should be excised with 'Ksharsutra' ligation and wound management should be done. Treatment of Bhagandar (Fistula in Ano) mention in Chakradata samhita In Chakradata samhita, treatment of Bhagandar is mentioned in the chapter named 'Bhagandar Chikitsa'. The Kriya sutra (line of treatment) described in Chakradata samhita is as follows:

Apakwa stage (Un-ripen abscess)

As soon as swelling of anal region is detected, it should be dried & cleansed (Shodhan karma). Patient should be kept on 'Apatarpan' i.e. light diet & purgated & bloodletting is performed so that it does not suppurate. Vat patradi Lep (Medicated paste poultice) should be applied over the affected site. Pakwa (Suppurative-abscess) Stage: Once, the Pidka (Boil) has achieved Pakwa stage (Suppuration), exploration of the track should be done with the help of Fistula in Ano Probe. After, fistulotomy, Kshar should be applied or Agnikarm (cauterization) should be done in the explored bed of ulcer. In Chakradatta, use of Rasanjanadi Lep and Kushthadi Pralep (local application of medicated paste) has been advocated in this context. Similarly, Snuhi dugdhadi Varti (medicated wicks) application is also mentioned along with internal use of Navkarshik Guggulu and Saptavinshati Gugullu as a palliative regimen. Further, in the chapter 'Nadi vran chikitsa', where utility of Ksharsutra

is mentioned for exploration of Nadi Vran (sinus), based on the same principle, Chakradata has advocated use of Ksharsutra in the management of Bhagandar also. Furthermore, the demonstration of Ksharsutra Nirman (Methodology of preparation) & method of Pratisarniya Kshar (procedure of local application) is described in Chakradata samhita, in chapter named Arshchikitsa'. However, in Ksharsutra preparation only Haridra churna (turmeric powder) & Snuhi Kshir (Latex of Euphorbia nerrifolia) is mentioned. There is no instruction of use of Kshar coating in any of the classical text. Probably, the nomenclature of medicated thread is based on alkaline property or action of medicated thread (Ksharsutra). Treatment of Bhagandar (Fistula in Ano) mentioned in Vagbhata samhita Vagbhata has also described management of Bhagandar (Fistula in Ano) as per the stages: Pitika (Un-ripen abscess) Stage: Effective treatment including Panchkarma like Vaman (induced emesis), Virechan (induced purgation) & Raktamokshan (bloodletting) can be done to hold back induration (preventing Ripening or Suppuration).^[8-9]

Pakwa (Ripen-abscess) stage

Incision & Drainage of Pakwa vranashoth (Abscess), followed by application of Kshar (medicated alkaline paste locally) or Agnikarma (Cauterization) at the bed of explored track is mentioned. Special reference about 'Parikshepi Bhagandar' (high anal complex Fistula in Ano): In 'Parikshepi' type of Bhagandar (high anal complex Fistula in Ano), Vagbhata has directly advocated exploration of fistulous track by 'Ksharsutra' ligation. This is the only direct classical text reference available, which directs to use Ksharsutra for Fistula in Ano ablation.²⁶ In chapter 'Granthi Arbud Shlipad Apachi Nadi pratisheda Adhyay', while describing Nadi vran chikitsa, Vagbhata has mentioned various 'Varti' (medicinal wicks) to be tried to explore the track or Medicated oil can be used for 'Nadi vran puran' (irrigation purpose). Further, in 'Nadi Vran' management Vagbhata has advocated that patient who denies or not fit for surgery, in those cases, exploration of sinus can be done with the help of Ksharsutra and the same Ksharsutra can be used to explore fistulous track also. Treatment of Bhagandar (Fistula in Ano) in 'Bhaishajya ratnavali' text book In the text book 'Bhaishajya Ratnavali' (Vidyotini Commentary), management of Bhagandar is described precisely in chapter 'Bhagandar chikitsa prakaran' as follows: Apakwa stage (Un-ripen abscess): Vaman (induced emesis), Virechan (induced purgation) & Raktamokshan (bloodletting) procedures are advised.

Bhagandar stage (Established Fistula in Ano)

Vran Varti (medicinal wicks) prepared from Snuhi ksheer (Latex of *Euphorbia nerrifolia*), Ark ksheer (Latex of *Calotropis gigantea*) and Daruharidra (*Berberis aristata*) can be tried. For the first time, 'Triphala kwath vran dhavan' (wound cleansing or Seitz bath with medicated decoction) is advised as part of wound management in Bhagandar patient. Further, Nishaadyam Tailam or Saindhavadi Tail - Vran-puran (medicated oil irrigation) can be tried locally in Bhagandar. Similarly, Narayan ras, Saptavinshati Guggulu or Saptang Guggulu are advocated internally, for the effective administration of Bhagandar. Furthermore, in the chapter 'Nadi Vran chikitsa', use of Ksharsutra for Bhagandar treatment and demonstration of 'Ksharsutra application' procedure is also mentioned in brief. Ksharsutra application procedure: The Ksharsutra embedded probe (resembling a needle with eye) should be introduced from the external opening of the Bhagandar and allowed to follow the track till internal opening. Further, it is smoothly taken out through the anal canal. While doing this, the Ksharsutra is automatically placed in the fistulous track and then, two ends of the thread are brought together and tied.^[28] The Author has also mentioned indications of Ksharsutra in other hyperplastic conditions. It has been advocated to do ligation of Ksharsutra at the base of pedunculated growth, fibroid, tumor etc. to achieve necrosis induced excision. The Ksharsutra Nirman i.e. process of preparation of Ksharsutra and Kshar nirman i.e. preparation of Kshar (Alkaline paste) is perfectly demonstrated in text book 'Ras Tarangini'.

Pathya pathya (Do's and Don'ts) advocated for bhagandar

The aim behind advocating Pathyapathya i.e. Do's and Don'ts for Bhagandar patients is to avoid recurrence of disease. The patient shall avoid heavy exercise, over indulgence in sexual activity, strenuous work or fighting to exhaust, excessive driving and heavy meal for one year after recovery from Bhagandar. The causative factors mentioned are basically responsible for Agnimandya (Digestive process suppressants) and can further vitiate the Vata dosha, ultimately, triggering pathogenesis of Bhagandar.^[10-12]

CONCLUSION

Based on the holistic description of Bhagandar found in Ayurvedic texts, this disease can be co-related with Fistula in Ano. The Definition Despite various advancement made in the surgical management of fistula in ano, Ayurvedic para-surgical procedure Ksharasutra remains more effective and acceptable scientific treatment, having less recurrence rate and minimum chances of incontinence than contemporary modern treatment alternatives. In this

article, we tried to compile all the scattered description about Bhagandar available in various Ayurvedic texts and incorporated modern description too.

REFERENCES

1. Gupta shyam K, Khanna Vishal, Gupta Geetanjali, Bharadwaj Ankush, A comparative study to evaluate the efficacy of standard Fistulectomy procedure and Kshar-sutra ligation in the management of fistula in ano, *Int. J. Res. Ayurveda Pharm*, 2014; 5(4): 470-173.
2. John Goligher, Herbert Dutie, horold nitin surgery of Anus, Rectum and Colon, chapter Fistula in Ano, New Delhi AITBS, Publishers and Distributors, 2004; 178: 5.
3. Sushrut samhita by Prof K.R.Srikamth Murthy with the commentaries Nibandh Sangraha of Dalhanacharya and Nyay Chandrika of Sri Gayadas, edited by Yadavji Trikamji Acharaya, Nidansthan chapter 4 Bhagandara Adhyaya, Published by Chaukhambha Orientalia Varanasi, 2005; 521: 5.
4. John Goligher, Herbert Dutie, horold nitin surgery of Anus, Rectum and Colon, chapter Fistula in Ano, New Delhi AITBS, Publishers and Distributors, 2004; 5: 178.
5. Sushrut samhita by Prof K.R.Srikamth Murthy with the commentaries Nibandh Sangraha of Dalhanacharya and Nyay Chandrika of Sri Gayadas, edited by Yadavji TrikamjiAcharaya, Nidansthan chapter Bhagandara Adhyaya, Published by Chaukhambha Orientalia Varanasi, 2005; 4: 521.
6. Charak samhita (Agnivesa) with the comentators Chakrapani Dutta on Ayurved Dipika edited by Dr.Ram Karan Sharma and Vaidya Bhagwan Dash, Chikitsa sthan chapter Shotha Chikitsa, Published by Chaukhambha Sanskrit series office, 2005; 12: 515.
7. Charak samhita (Agnivesa) with the comentators Chakrapani Dutta on Ayurved Dipika edited by Dr.Ram Karan Sharma and Vaidya Bhagwan Dash, Chikitsa sthan chapter Shotha Chikitsa, Published by Chaukhambha Sanskrit series office, 2005; 12: 515.
8. Ashtang Hridayam- Vagbhat, By Prof K. R. Shrikantha Murthy Chikitsa sthan chapter 8 Arsha Chikitsa Adhyay, Published by Chaukhambha krishna Das Academy, 2006; 269–272.
9. Ashtang Hridayam- Vagbhat, By Prof K.R.Shrikantha Murthy Chikitsa sthan chapter 8 Arsha Chikitsa Adhyay. Published by Chaukhambha krishna Das Academy Edition, 2006; 269 – 272.
10. Ashtang Hridayam- Vagbhat, By Prof K.R.Shrikantha Murthy Chikitsa sthan chapter 8 Arsha Chikitsa Adhyay, Published by Chaukhambha krishna Das Academy Edition, 2006; 265.

11. Sushrut samhita by Prof K.R.Srikamth Murthy with the commentaries Nibandh Sangraha of Dalhanacharya and Nyay Chandrika of Sri Gayadas, edited by Yadavji TrikamjiAcharaya, Nidansthan chapter Bhagandara Adhyaya, Published by Chaukhambha Orientalia Varanasi, 2005; 4: 521 - 5.
12. Sushrut samhita by Prof K.R.Srikamth Murthy with the commentaries Nibandh Sangraha of Dalhanacharya and Nyay Chandrika of Sri Gayadas, edited by Yadavji TrikamjiAcharaya, Nidansthan chapter Bhagandara Adhyaya, Published by Chaukhambha Orientalia Varanasi, 2005; 4: 521 - 5.