WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 17, 1320-1335. Review Article ISSN 2277–7105

# ROLE OF VIRECHANA KARMA IN THE MANAGEMENT OF BHAGANDARA (FISTULA-IN-ANO) - A CONCEPTUAL STUDY

***Dr. Sulfiath K. P.**

Assistant Professor, Department of Panchakarma, Shree Bhabu Singh Jay Singh Ayurveda Medical College & Hospital, Farrukhabad.

Article Received on 05 August 2026,
Article Revised on 25 August 2026,
Article Published on 01 Sept. 2026,

https://doi.org/10.5281/zenodo.22250660

***Corresponding Author**

**Dr. Sulfiath K. P.**

Assistant Professor, Department of Panchakarma, Shree Bhabu Singh Jay Singh Ayurveda Medical College & Hospital, Farrukhabad.

**How to cite this Article:** *Dr. Sulfiath K. P. (2026). Role Of Virechana Karma In The Management Of Bhagandara (Fistula-In-Ano) - A Conceptual Study. World Journal of Pharmaceutical Research, 15(17), 1320–1335.


## ABSTRACT

Bhagandara is one of the significant anorectal diseases mentioned in Ayurveda and it is one of the Ashta Mahagada because of its chronicity, recurrency and management. In today's medical practice, the disease is often related to the defect of fistula-in-ano, which is an abnormal channel connecting the anal canal to the perianal skin. According to classical Ayurvedic literature, Bhagandara is a Tridoshaja disorder wherein the Doshas, especially Pitta and Kapha gets vitiated and Pidika gets formed followed by fistulous tracts. Surgical and para-surgical treatments like ksharasutra therapy are well known in the treatment of this, but comparatively less emphasis is laid on its treatment by internal purification therapies. Virechana Karma is one of the main Panchakarma which is indicated for the elimination of vitiated Pitta as well as other Doshas via the Lower gastrointestinal tract. In the present conceptual study, it has been targeted to study the role of Virechana Karma in the management of Bhagandara from various classical Ayurvedic text like Sushruta Samhita, Charaka Samhita, Ashtanga Hridaya, Ashtanga Sangraha and other relevant text. Based on the classical description, it is inferred that Virechana might be helpful in Dosha Shodhana, regulation of Agni, elimination of Ama, Rakta Prasadana and reduction of inflammation process related to Bhagandara. In addition, Virechana can be used as a complementary treatment prior to or in conjunction with surgical or para-surgical procedures improving healing and minimizing recurrence. The theoretical and therapeutic importance of Virechana Karma in the holistic treatment of Bhagandara, and the need for future clinical research to substantiate its effectiveness have been emphasized.

***KEYWORDS:*** Bhagandara, Virechana Karma, Fistula-in-Ano, Panchakarma, Shodhana Therapy.

## 1. INTRODUCTION

Bhagandara is a well-known anorectal disorder mentioned in the Ayurvedic literature and is included in the list of Ashta Mahagada (eight grave diseases) due to its chronicity, recurrence and difficulty in its treatment. The term Bhagandara comes from the words Bhaga, Guda and Basti which refer to the anatomical locations involved in the disease. Sushruta says that, if a Pidika (perianal abscess) is not treated or is not managed properly it turns into a Bhagandara with a tract and persistent discharge, pain and inflammation (Acharya, 2017). The cause of the disease is mainly due to the vitiation of doshas, particularly vitiation of vata, pitta and kapha which causes the destruction of tissues and formation of tract in the anorectal region. There are detailed descriptions of its etiology and pathogenesis, and its classification, prognosis and management in classical texts of Ayurveda which show its clinical importance in the surgical practice (Sharma, 2014).

In modern medicine Bhagandara is generally correlated to Fistula in Ano, which is a chronically inflamed fistulous tract of abnormal epithelium between the rectal cavity or anal canal and the perianal skin. Fistula-in-ano is typically a sequelae of anorectal abscesses and is characterized by persistent purulent drainage, painful, irritated, and recurrent. While modern surgical procedures are the standard treatment, recurrence and postoperative complications continue to be a challenge (Williams et al., 2007). The pathological features of Bhagandara are similar to fistula-in-ano with features like abscess formation, tract development, chronic discharge and recurrent nature, thus suggesting its clinical correlation and application of therapeutic principles of Ayurveda.

Ayurveda believes in treating Bhagandara with a holistic method which involves both the factors of action of local pathology and Dosha imbalance in the body system. Shodhana Chikitsa plays a pivotal role among the different types of treatments since it focuses on the elimination of the root cause of the disease (Doshas) by expelling the vitiated Doshas from the body. In chronic and recurrent disorders, Shodhana therapies can be given preference over Shamana therapies as it can give better correction of pathological process and lower risk of the recurrence of disease occurring (Acharya, 2017). With the vitiation of Pitta, Kapha,

Rakta and the deposition of metabolic toxins (Ama), purification therapies are even more relevant to restore the physiological balance and heal the tissues for Bhagandara.

Virechana Karma is considered as the main treatment to eliminate aggravated Pitta Dosha and morbid factors from lower gastrointestinal tract among the Panchakarma procedures. The classical ayurvedic texts state that Virechana can be recommended in diseases like Pitta, Rakta Dushti, inflammatory diseases, chronic suppurative diseases (Murthy, 2016). Virechana may also help significantly in reducing inflammation, controlling suppuration and improving wound healing in Bhagandara by facilitating Dosha Shodhana, improving Agni, eliminating Ama and purifying Rakta. Moreover, Virechana can be used as a preparatory or supportive therapy along with para-surgical procedures like Ksharasutra and thus can help in optimizing therapeutic outcome and reducing recurrence. Thus, conceptual understanding of role of Virechana Karma in Bhagandara is needed for understanding its potential role in Ayurvedic management.

The aim of this conceptual study is to assess the role of Virechana Karma in the management of the Bhagandara (Fistula-in-Ano) based on classical texts of Ayurveda. The objectives of the study are to discuss the understanding of Bhagandara in Ayurveda, to discuss the therapeutic importance of Virechana Karma and to discuss the possible role of Virechana Karma in elimination of Dosha, controlling inflammation, wound healing and prevention of recurrence.

## 2. Bhagandara in Classical Ayurveda

### 2.1.Definition and Classification

Bhagandara is an anorectal disorder which is described in detail in Ayurvedic literature and is considered as an important surgical ailment due to its chronicity and frequent relapses, and the inability to cure it completely. The word Bhagandara is a combination of Bhaga, Guda and Basti which represent the anatomical parts involved in the disease process. Classical ayurvedic texts describe that Bhagandara is the result of the rupture of a suppurative swelling (Pidika) in the anal area, and the formation of an abnormal tract with ongoing discharge. Sushruta has mentioned 5 major types of Bhagandara according to the predominance of Doshas and the nature of the fistulous tract, such as Shatponaka (Vataja), Ushtragreeva (Pittaja), Parisravi (Kaphaja), Shambukavarta (Sannipataja), and Unmargi (Agantuja). They have different pathological characteristics, discharge and prognosis. Of these, Sannipataja and Unmargi Bhagandara are considered most challenging because it is multi-Doshic and

causes lot of tissue destruction. Sushruta gives details of the classification which indicates his advanced knowledge of the disease's heterogeneity which now serves as an individual therapeutic plan in Ayurvedic surgery (Acharya, 2017).

### 2.2.Nidana (Etiological Factors)

Etiological factors for Bhagandara are mainly activities and food habits which lead to the Dosha imbalance and pathogenesis of tissue in the anorectal area. The classical texts speak of the over-ingestion of incompatible foods, heavy, unctuous diets, suppression of natural urges, prolonged sitting, excessive riding, strenuous physical activities and trauma to the perianal region as important causative factors. These factors locally raise the levels of Vata, Pitta and Kapha Doshas either alone or all together, leading to inflammation and abscess formation. Sushruta also points out that mishandled/untreated perianal abscesses are a significant predisposing cause of Bhagandara. Rakta and Mamsa Dhatus also have a great role in the progression of the disease because it results in suppuration, tissue destruction and sinus tract formation. The classical concept of Nidana emphasizes on the multifaceted nature of Bhagandara and also represents the holistic perspective of dietary, behavioral, traumatic and constitutional factors in the causation of disease (Srikantha Murthy 2012).

### 2.3.Samprapti (Pathogenesis)

In the pathogenesis of Bhagandara, the Doshas are aggravated and this is particularly observed among people who are exposed to the causative factors for a long period of time. The vitiated Doshas localise in anorectal region and cause inflammation and swelling of anorectal region and this is manifested as Pidika due to their contact with Rakta and Mamsa Dhatu. In the later stage of the pathological process, there is the development of suppuration, because of the degenerative action of Pitta and the tendency of Kapha to collect purulent material. If not promptly treated, the abscess grows and may either open into the body, or it may open to the surface of the body, resulting in the development of a communicating tract. Then, the properties of Vata Dosha to increase mobility assists in the formation, branching and sustaining fistulous channel. Now, this tract is a source of chronic discharge, recurrent infection and continuous tissue damage. According to the Ayurvedic scholars this sequence is a dynamic interaction between the Doshas, Dhatus and Srotas and culminates in manifestation of Bhagandara. Classical Samprapti is almost similar to the present concept of fistulous-in-ano wherein there is an infection of the anorectal glands, then an abscess and later on the development of fistulous communication (Tripathi, 2017).

### 2.4. Clinical Features

According to Ayurvedic literature the clinical manifestation of Bhagandara are Pain, Swelling, Discharge, Itching, Burning micturition, Foul smell and Recurrent inflammation around the anal area. In the early phase, the patient may have discomfort, localized tenderness and redness as a result of the development of Pidika. The characteristic sign of the disease following rupture is the continuous or intermittent yielding of pus, blood or serous fluid. The nature of the discharge is different depending on the predominant Dosha – Vataja Bhagandara – is associated with severe pain and irregular tracks, Pittaja Bhagandara – is associated with burning sensation and foul smelling discharge and Kaphaja Bhagandara – is associated with thick slimy discharge and comparatively lesser pain. In chronic cases, many openings and induration, fibrosis and recurrent infections are observed. Classical texts also emphasize the importance of the fact that chronic untreated cases can have severe tissue damages, which can lead to a loss of quality of life. All these are systematic description of the symptoms in the Ayurvedic literature, which is useful for diagnosis, prognosis and therapeutic decision making (Pandey & Chaturvedi, 2019).

## 3. Concept of Virechana Karma

### 3.1. Definition and Indications

Virechana Karma is a special therapeutic purification technique to eliminate the vitiated Doshas, especially Pitta Dosha from the anal passage. Virechana is considered as the most effective out of the Panchakarma therapy in diseases of Pitta and Rakta vitiation. Classical ayurvedic texts state it is a bio-cleansing process of bringing the accumulated morbid Doshas back to their source and reestablishing the physiological balance and stopping the disease to progress further. Virechana is used in conditions relating to inflammation, suppuration, anorectal disorders, skin diseases and metabolic dysfunctions. Because of the presence of chronic inflammation, pus formation, tissue damage and re-infection in Bhagandara, Virechana is thought to be therapeutically useful in the elimination of underlying pathological factors, and thus, it is helpful for systemic purification (Acharya, 2017).

### 3.2. Procedure of Virechana

Virechana is administered following a systematic protocol that helps to ensure effective elimination of Doshas. First, the Deepana and Pachana therapies are used to enhance the digestive power and digestion of Ama. After that, Snehana is done and followed by Swedana which mobilizes the vitiated Doshas from the peripheral tissues towards the gastrointestinal

tract. After the body has been sufficiently prepared, purgative medicaments are administered based on the strength, the disease and the patient's constitution. Evacuation process takes out the accumulated Doshas by repeated bowel movements. Once the purification process is complete, a well-designed food plan is adhered to, called the Samsarjana Krama, which restores the digestive process and aids recovery. This sequential approach is used for both better therapeutic efficacy and for safety and physiological stability in the patient (Parashar, 2013).

### 3.3 Therapeutic Effects of Virechana

Virechana Karma exerts a wide range of therapeutic effects by eliminating vitiated Doshas, particularly Pitta Dosha, from the body. Classical Ayurvedic texts describe Virechana as an effective Shodhana therapy that not only removes accumulated Doshas but also restores physiological balance and promotes overall health. One of its primary effects is Dosha Shodhana, which helps reduce the pathological burden responsible for disease manifestation and progression. Virechana also contributes to Rakta Shuddhi by purifying vitiated blood and reducing inflammatory processes associated with Pitta and Rakta Dushti (Dalhana, 2017).

Another important therapeutic effect of Virechana is the enhancement of Agni and the digestion of Ama. By improving digestive and metabolic functions, the therapy promotes proper tissue nourishment and prevents the accumulation of metabolic toxins that contribute to chronic diseases. Virechana further facilitates Srotoshodhana (purification of bodily channels), thereby improving circulation, nutrient transport, and waste elimination throughout the body (Sharma, 2016).

In chronic inflammatory disorders, Virechana helps reduce swelling, suppuration, burning sensation, and tissue irritation. The therapy also supports wound healing and tissue regeneration by improving local and systemic physiological functions. Because of these actions, Virechana is considered beneficial in preventing disease recurrence and maintaining long-term health. Thus, Virechana serves as both a curative and preventive therapeutic modality within the Ayurvedic system of medicine (Tewari, 2018).

## 4. Role of Virechana Karma in Bhagandara

### 4.1. Dosha Elimination and Shodhana

Bhagandara is regarded as Tridoshaja disease in which Pitta, Kapha, Rakta and Mamsa Dhatus are predominantly involved. The chronic inflammatory condition of the disease, frequent discharge, and tissue damage, all point towards the presence of vitiated Doshas in the body. Virechana Karma is an important Shodhana (cleansing therapy) that removes the Doshas which have accumulated in the body through the lower gastrointestinal tract, especially Pitta and Kapha. Classical principles of Ayurveda teach that treating the local manifestation of the problem—the disease—is not sufficient unless the root cause of the problem—the Dosha Dushti—is also eliminated. Virechana is a process to promote systemic purification which helps restore Doshic balance, minimise pathological accumulation and creates an internal environment conducive to healing. This is a holistic action, and it is especially relevant in Bhagandara where the chronicity and recurring nature of the situation is associated with the internal imbalance (Mishra, 2016).

### 4.2. Agni Improvement and Ama Pachana

Many chronic diseases are considered to be caused by the impairment of Agni and deposition of Ama. In Bhagandara, impaired digestion and metabolism can be conducive to pushing Doshas to aggravate, tissue inflammation, and slow healing. Deepana and Pachana therapies are done before Virechana therapies, which increases the digestive power and digestion of Ama. After purification, Agni gets enhanced which results in good metabolism, assimilation of nutrients from food and nourishment of tissues. Thus, the removal of Ama will clear blockages of the passages and limit the pathological processes leading to chronic suppuration and persistence of disease. Hence Virechana helps in purification as well as metabolic homeostasis to achieve disease management (Gupta, 2018).

### 4.3. Reduction of Inflammation and Recurrence

Local treatment of Bhagandara is frequently unsuccessful, and the problem may recur even after good results have been achieved. Recurrence is attributed to the residual Dosha vitiation and incomplete resolution of the underlying pathology as per classical literature of Ayurveda. Virechana alleviates the inflammatory symptoms of aggravated Pitta and Kapha such as burning sensation, swelling, suppuration and discharge. The therapy may decrease the risk of recurrence of the abscesses and the persistence of the fistulous tract because the internal factors are eliminated. Moreover, purification of Rakta and improvement of the metabolism of the tissues leads to better healing of wounds and tissue regeneration. Hence, Virechana

might be important in prevention in a meaningful way by tackling the systemic predispositions to recurrence (Shastri, 2015).

### 4.4. Supportive Role with Surgical/Ksharasutra Therapy

Traditional Ayurvedic treatment of Bhagandara involves both internal and external treatments. Surgical procedure and Ksharasutra therapy are good for eradication of the fistulous tract, whereas Virechana can be used as systemic purification, which is complementary therapy with local treatment. The treatment can be applied prior to surgery to decrease the aggravation of Dosha and to improve the whole physiological condition of the patient leading to better treatment results. Post surgery or post application of Ksharasutra, Virechana can be used to help the body heal its wounds, by enhancing digestion, circulation and nourishment of tissues and reducing inflammatory responses. This holistic strategy is in line with the core tenet of Ayurveda, which emphasizes addressing both the symptoms and root causes of the disease. Hence, Virechana can be used as a good supplementary treatment which enhances the action of surgical and para-surgical interventions in the management of Bhagandara (Tripathi, 2014).

### 4.5 Virechana Karma in Samprapti Vighatana of Bhagandara

According to Ayurvedic classics, the Samprapti of Bhagandara begins with the consumption of Dosha-aggravating diet and lifestyle practices that lead to Agnimandya and the formation of Ama. Subsequently, Pitta, Kapha, and Rakta become vitiated and localize in the Guda Pradesh, where they interact with Mamsa Dhatu and produce Pidika (perianal abscess). Progressive suppuration, tissue destruction, and rupture of the abscess eventually result in the formation of a fistulous tract known as Bhagandara. Vata Dosha further contributes to the spread, branching, chronicity, and recurrence of the disease (Acharya, 2017; Tripathi, 2017).

The principle of Samprapti Vighatana, or interruption of the disease process, forms the basis of Ayurvedic treatment. In Bhagandara, Virechana Karma plays an important role in breaking the pathogenesis at multiple levels. As Virechana is the principal Shodhana therapy for Pitta Dosha, it facilitates the elimination of vitiated Pitta and associated Kapha from the body, thereby reducing inflammation, suppuration, burning sensation, and tissue degeneration that characterize the disease process (Sharma & Dash, 2014). The Purvakarma procedures of Deepana and Pachana performed before Virechana help restore Agni and digest Ama, thereby preventing further Dosha aggravation and disease progression (Murthy, 2016).

In addition, Virechana promotes Rakta Shuddhi and Srotoshodhana, which are essential in conditions involving Rakta Dushti and chronic inflammatory pathology. By purifying Rakta and improving microcirculation, the therapy supports tissue nutrition, wound healing, and restoration of normal physiological functions. These effects are particularly important in Bhagandara, where persistent inflammation and recurrent infection contribute to delayed healing and recurrence of the fistulous tract (Srikantha Murthy, 2015).

Thus, Virechana Karma acts on the fundamental components of Bhagandara Samprapti, including Agnimandya, Ama, Pitta-Kapha Dushti, Rakta involvement, and chronic inflammation. Through its comprehensive systemic action, it not only supports local treatment modalities such as Ksharasutra and surgery but also addresses the underlying pathological mechanisms responsible for disease persistence and recurrence. Therefore, Virechana may be considered an important adjunctive therapy in the holistic management of Bhagandara (Mishra, 2016; Shastri, 2015).

**Table 1: Therapeutic Role of Virechana Karma in Bhagandara Management.**

| Therapeutic Aspect | Action of Virechana Karma | Expected Benefit in Bhagandara |
|---|---|---|
| Dosha Shodhana | Eliminates vitiated Pitta and Kapha Doshas | Reduces underlying pathological factors |
| Rakta Shuddhi | Purifies vitiated blood and inflammatory mediators | Decreases inflammation and suppuration |
| Agni Deepana | Improves digestive and metabolic functions | Prevents Ama formation and disease progression |
| Ama Pachana | Removes accumulated metabolic toxins | Supports tissue healing and recovery |
| Srotoshodhana | Clears obstructed body channels | Enhances circulation and tissue nourishment |
| Anti-inflammatory Effect | Reduces burning sensation, swelling, and discharge | Improves local symptoms of Bhagandara |
| Wound Healing Support | Promotes healthy tissue regeneration | Facilitates healing of fistulous tracts |
| Prevention of Recurrence | Corrects systemic Dosha imbalance | Reduces chances of recurrent fistula formation |
| Adjunct to Ksharasutra | Enhances effectiveness of para-surgical therapy | Improves overall treatment outcomes |
| Holistic Disease Management | Addresses both local and systemic pathology | Provides comprehensive management approach |

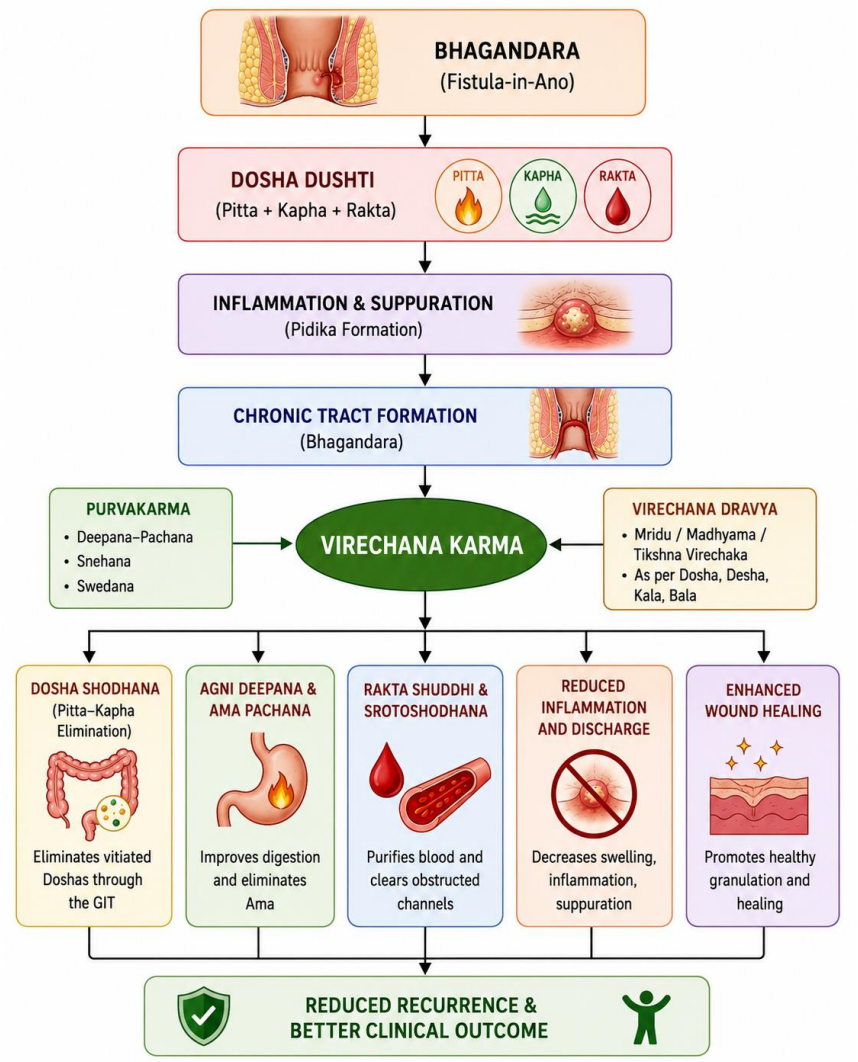


**Figure 1: Conceptual Mechanism of Virechana Karma in the Management of Bhagandara.**

## 5. Classical References on Bhagandara and Virechana

The idea of Bhagandara and the therapeutic use of Virechana Karma is heavily mentioned in all the major classical Ayurvedic texts. The treatises offer a thorough knowledge of the disease – aetiology, pathogenesis, classifications, clinical manifestations, prognosis and management. In all classical literature, Sushruta Samhita is the most elaborate classical textbook to mention Bhagandara and is considered as the primary textbook in surgical management of Bhagandara. Sushruta classified Bhagandara as one of the Ashta Mahagada and also mentioned five different varieties of Bhagandara according to Dosha predominance and disease characteristics. He highlighted the need of both local and systemic approach in treatment for successful outcome (Acharya, 2017).

Charaka Samhita mainly addresses the topic of Bhagandara on the lines of Dosha imbalance and systemic disease processes. The book doesn't give all the surgical details that the Sushruta Samhita does, but it does emphasize the importance of Shodhana therapies such as Virechana for the elimination of vitiated Doshas and to prevent the progression of the disease. In the treatment of chronic disorders (Sharma & Dash, 2014), Charaka's therapeutic approach is focused on purification, restoration of Agni and correction of underlying pathological factors.

Both the books Ashtanga Hridaya and Ashtanga Sangraha are composed by Vagbhata and contain a synthesis of the surgical knowledge of Sushruta and medical knowledge of Charaka. The causative factors, symptomatology and management of Bhagandara are being discussed in these texts with focus on the role of Panchakarma procedures in elimination of Doshas. Vagbhata emphasizes especially the use of Virechana in diseases related to Pitta and Rakta Dushti and these diseases are often involved in pathogenesis of Bhagandara (Murthy, 2016; Srikantha Murthy, 2015).

Madhava Nidana makes an important contribution to the diagnosis of Bhagandara through its detailed description of its Nidana, Purvarupa, Rupa and disease progression. It is especially useful in regard to the clinical presentation and differential diagnosis of anorectal problems. It's approach to disease identification is systematic, which helps to identify the disease early and plan treatment accordingly (Tripathi, 2017).

Even though Sharangadhara Samhita does not discuss much about the Bhagandara itself, Sharangadhara Samhita is an important source of information about the Panchakarma procedure, including purgative formulations for Virechana Karma. Various medicinal preparations, dosages and therapeutic applications have been described which can facilitate the practical implementation of purification therapies in chronic diseases (Parashar, 2013).

Bhavaprakasha also contributes to the Ayurvedic knowledge of Bhagandara by describing the signs and symptoms, the pathological processes and the medicinal interventions. Many of the herbal formulations and principles of therapy are also discussed in detail that can be used to manage chronic inflammatory and suppurative diseases. The concept of Dosha balance, wound healing and prevention of diseases are elaborated in its discussions thus providing further support to the use of Virechana as an adjuvant therapy in the management of Bhagandara (Pandey & Chaturvedi, 2019).

The combined contribution of these classical ayurvedic texts provide solid theoretical framework for understanding Bhagandara and for considering Virechana Karma as an important part of disease management. Their collective views emphasize the need for a holistic approach in therapy, considering both local pathology and systemic Dosha imbalance to ensure effective and sustainable therapeutic results.

**Table 2: Description of Bhagandara in Major Classical Samhitas.**

| Classical Text | Description of Bhagandara | Classification/Key Contribution | Relevance to Virechana |
|---|---|---|---|
| Sushruta Samhita | Detailed description of etiology, pathogenesis, clinical features, prognosis, and treatment | Five types: Shataponaka, Ushtragreeva, Parisravi, Shambukavarta, and Unmargi | Emphasizes Dosha management along with surgical treatment |
| Charaka Samhita | Discusses Bhagandara as a Tridoshaja disorder and stresses systemic management | Focus on Dosha involvement and Shodhana therapies | Recommends purification therapies for chronic disorders |
| Ashtanga Hridaya | Summarizes causes, symptoms, and treatment principles | Integrates medical and surgical approaches | Highlights Virechana for Pitta-Rakta disorders |
| Ashtanga Sangraha | Detailed account of disease progression and management | Emphasizes Panchakarma in disease control | Supports Virechana for Dosha elimination |
| Madhava Nidana | Focuses on diagnosis, symptoms, and disease differentiation | Detailed Nidana and Rupa of Bhagandara | Useful for clinical identification before treatment |
| Sharangadhara Samhita | Limited disease description but extensive pharmaceutical information | Discusses Virechana formulations and dosage | Provides practical guidance for Virechana therapy |
| Bhavaprakasha | Describes disease manifestations and therapeutic principles | Discusses medicinal management and healing | Supports purification and wound-healing approaches |

## 6. DISCUSSION

Bhagandara is one of the most difficult diseases of anorectum mentioned in Ayurvedic system due to its chronicity, recurrence and the amount of tissue damage. The classical ayurvedic texts has stressed that in the treatment of such disease of fistulous tract, apart from local treatment of the disease, the modification of the Dosha imbalance should be done which is responsible for the initiation and persistence of the disease. This is a principle by which

Ayurvedic approach is different from just structural/symptomatic approach and introduce the importance of systemic approach in chronic diseases.

Review of classics shows that Bhagandara is almost always associated with vitiation of Pitta, Kapha, Rakta and Mamsa which causes inflammation, suppuration, process of pus formation and formation of Fistulous Tract. The pathological events suggest that purification therapies within the body may be important to terminate the disease processes. Virechana Karma being the main Shodhana therapy for Pitta and Rakta Dushti, seems to be very relevant in this context. Virechana tackles various key pathological mechanisms mentioned in the classical Samprapti of Bhagandara, through elimination of vitiated Doshas, purification of Rakta and correction of Agni. The concept of Samprapti Vighatana further supports the use of Virechana, as the therapy acts at multiple stages of disease progression, including Agnimandya, Ama formation, Pitta-Kapha Dushti, Rakta involvement, and chronic inflammatory changes.

Chronic diseases were highlighted as another major factor in which Ama is relevant and which impaired Digestion will play a major role in the pathogenesis. Virechana (preparation-purification) effects help to increase the metabolic efficiency of Agni (fire) and elimination of Ama (toxins) which helps in healing the tissues. This systemic activity might help to create a less conducive physiological setting for recurrent inflammation and suppuration. Hence, Virechana could be employed along with the local therapeutic measures, and could be used to treat the factors that are not directly treated by the surgical intervention.

From the literature it is also observed that Virechana is not a single time therapy for formed fistulous passages. It might be considered as an adjuvant treatment to be done before or in conjunction with surgery or para surgery as Ksharasutra. Virechana can also help in relieving the aggravation of Dosha, cleansing the tissue and aiding in the post surgery healing which can result in better treatment outcomes and prevents its recurrence. However, the available evidence comprises for the most part classical text descriptions and theoretical interpretation. Hence, more clinical and experimental studies are needed to scientifically assess the efficacy of Virechana Karma in the management of Bhagandara and to establish scientific therapeutics protocol.

## 7. OBSERVATIONS AND FINDINGS

The review of classical Ayurvedic literature indicates that Bhagandara is a complex anorectal disorder involving the vitiation of multiple Doshas, particularly Pitta, Kapha, and Rakta. The pathogenesis described in the classical texts suggests that chronic inflammation, suppuration, tissue destruction, and fistulous tract formation are closely associated with Dosha imbalance, Agnimandya, and Ama accumulation. Among the various therapeutic approaches, Virechana Karma emerges as an important Shodhana procedure due to its specific action on Pitta and Rakta Dushti, which are major contributors to the disease process.

Analysis of the reviewed texts further reveals that Virechana acts at multiple levels of Bhagandara pathogenesis. It facilitates Dosha Shodhana, improves Agni, promotes Ama Pachana, purifies Rakta, and supports Srotoshodhana. These actions collectively contribute to reducing inflammation, controlling suppuration, improving tissue healing, and minimizing disease recurrence. The literature also suggests that Virechana is most beneficial when used as an adjunctive therapy alongside local treatment modalities such as Ksharasutra and surgical interventions. Overall, the classical evidence supports the therapeutic relevance of Virechana Karma in the comprehensive management of Bhagandara.

## 8. Recommendations

Based on the findings of this conceptual review, Virechana Karma may be considered an important supportive therapy in the management of Bhagandara due to its ability to address the underlying Dosha imbalance and pathogenic factors associated with the disease. Integration of Virechana with established Ayurvedic interventions such as Ksharasutra therapy may enhance treatment outcomes by promoting systemic purification, reducing inflammation, and supporting tissue healing.

Further clinical studies, observational research, and controlled trials are recommended to scientifically evaluate the efficacy of Virechana Karma in patients with Bhagandara. Future research should focus on standardized treatment protocols, assessment of recurrence rates, healing outcomes, quality-of-life measures, and the role of Virechana as a preoperative or postoperative adjunct to surgical and para-surgical procedures. Such investigations would help strengthen the evidence base and facilitate wider clinical application of this classical Ayurvedic therapeutic approach.

## 9. CONCLUSION

Due to the complexity and difficulty in management, Bhagandara (chronic and recurrent anorectal disorder) is elaborately mentioned in ayurvedic literature and one of the Ashta Mahagada. According to the classical texts, it is imperative to address the cause that is the imbalance of the Dosha so that the fistulous tract can be managed at the local level. Virechana Karma is one of the Great Shodhana therapy which plays significant role to eliminate the vitiated Pitta and Kapha Dosha, purification of Rakta and enhance Agni and Ama Pachana. These actions help to reduce inflammation, pus formation and contributing/reoccurring disease factors.

On the basis of the study of classical ayurvedic literature, it can be concluded that Virechana can be used as a valuable supportive therapy in along with surgical or para-surgical therapy such as Ksharasutra in the management of Bhagandara. Virechana corrects the systemic pathology, promotes internal purification and makes the tissues healthy and enhances therapeutic results. The classical evidence is good, but more clinical trials are needed to establish its effectiveness and to define the standard guidelines for treatment. Therefore, Virechana Karma is also a very important aspect of the all the way round approach of Bhagandara management in Ayurvedic Medicine.

## 10. ACKNOWLEDGMENT

The authors express their sincere gratitude to all classical Ayurvedic scholars and researchers whose works contributed to the preparation of this review study.

## 11. Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this review study.

## REFERENCES

1. Acharya, Y. T. (2017). *Sushruta Samhita of Sushruta* (Reprint ed.). Varanasi: Chaukhambha Surbharati Prakashan.
2. Murthy, K. R. S. (2016). *Ashtanga Hridayam of Vagbhata* (Vol. I–III). Varanasi: Chaukhambha Krishnadas Academy.
3. Sharma, R. K., & Dash, B. (2014). *Charaka Samhita* (Vol. I–VI). Varanasi: Chowkhamba Sanskrit Series Office.

4. Williams, J. G., Farrands, P. A., Williams, A. B., Taylor, B. A., Lunniss, P. J., Sagar, P. M., Varma, J. S., & George, B. D. (2007). The treatment of anal fistula: ACPGBI position statement. *Colorectal disease: the official journal of the Association of Coloproctology of Great Britain and Ireland, 9 Suppl 4*: 18–50. https://doi.org/10.1111/j.1463-1318.2007.01372.x
5. Pandey, G. S., & Chaturvedi, G. N. (2019). *Bhavaprakasha of Bhavamishra* (Vol. 1). Varanasi: Chaukhambha Bharati Academy.
6. Srikantha Murthy, K. R. (2012). *Ashtanga Sangraha of Vagbhata* (Vol. 3). Varanasi: Chaukhambha Orientalia.
7. Tripathi, B. (2017). *Madhava Nidana of Madhavakara*. Varanasi: Chaukhambha Surbharati Prakashan.
8. Parashar, H. S. (2013). *Sharangadhara Samhita*. Varanasi: Chaukhambha Orientalia.
9. Gupta, A. (2018). *Ayurveda Kaushalam*. Varanasi: Chaukhambha Prakashan.
10. Mishra, S. N. (2016). *Bhaishajya Ratnavali of Govinda Das Sen*. Varanasi: Chaukhambha Surbharati Prakashan.
11. Shastri, A. D. (2015). *Yogaratnakara*. Varanasi: Chaukhambha Sanskrit Sansthan.
12. Tripathi, I. (2014). *Chakradatta*. Varanasi: Chaukhambha Sanskrit Bhawan.
13. Srikantha Murthy, K. R. (2015). *Ashtanga Sangraha of Vagbhata*. Varanasi: Chaukhambha Orientalia.
14. Dalhana. (2017). *Nibandha Sangraha Commentary on Sushruta Samhita*. Varanasi: Chaukhambha Surbharati Prakashan.
15. Sharma, P. V. (2016). *Bhela Samhita*. Varanasi: Chaukhambha Visvabharati.
16. Tewari, P. V. (2018). *Kashyapa Samhita*. Varanasi: Chaukhambha Visvabharati.