

AN UPDATED REVIEW ON BHAGANDARA WITH SPECIAL REFERENCE TO FISTULA-IN-ANO**Dr. Ranjeet Kumar Sahu*¹, Dr. Subhendu Bikash Sahu²**¹PG Scholar, ²HOD & Professor,

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ABSTRACT

Bhagandara is identified by Acharya Sushruta as one of the Ashtamahagada (eight grave disorders) due to its chronic nature and difficulty in management. Classical Ayurvedic literature provides an extensive description of this condition, including its causative factors, pathogenesis, clinical features, classification, as well as preventive and therapeutic approaches. The term Bhagandara is derived from the words “Bhaga” (perineal/genital region) and “Darana” (tearing or rupture), indicating a pathological tract involving the ano-rectal and adjoining areas. It commonly affects the region surrounding the anus and may extend toward the perineum and genital structures. The disease typically develops following the formation of a Pidika (boil or abscess), which subsequently ruptures and leads to the formation of a sinus tract with external openings near the Guda Pradesh, often associated with

persistent pain and discharge. This review article aims to provide a comprehensive overview of Bhagandara, including its etiology, classification, clinical manifestations, and management from both Ayurvedic and modern medical perspectives.

KEYWORDS: Bhagandara, Fistula-in-Ano, Eight Major Diseases (Ashtamahagada), Anorectal Pathology, Traditional Medicine.

INTRODUCTION

Bhagandara is a pathological condition characterized by disruption and ulceration in the regions of Bhaga (perineal/genital area), Basti (pelvic/perineal region), and Guda (anal region). It is

considered one of the most frequently encountered disorders of the anorectal region and is well known for its chronic course and tendency to recur, making management challenging. In contemporary medical terms, a fistula-in-ano refers to an abnormal tract that connects the anal canal or rectum to the external skin surrounding the anus. The anal canal serves as the terminal portion of the gastrointestinal tract through which fecal matter is expelled. The presence of a fistulous tract often leads to symptoms such as pain, discharge, and occasionally bleeding during defecation. In certain cases, the tract may involve the anal sphincter muscles, which play a crucial role in maintaining continence. According to Ayurvedic literature, Bhagandara is categorized under Ashtamahagada (eight severe diseases) due to its stubborn nature and difficulty in achieving complete cure. Acharya Sushruta has elaborated extensively on its etiology (Nidana), pathogenesis (Samprapti), classification (Bheda), clinical features (Lakshana), complications (Upadrava), and treatment (Chikitsa). Historical references suggest that this disease has been recognized since ancient times, with detailed descriptions available in classical Samhitas.

DEFINITION

Bhagandara

Bhagandara is defined as a condition in which the anatomical regions of Bhaga, Guda, and Basti undergo tearing or disintegration (Vidarana), resulting in the formation of an abnormal tract. In its early stage (Apakva Avastha), it presents as a boil or abscess (Pidika), which on maturation (Pakva Avastha) progresses to form Bhagandara.

Fistula-in-Ano

Fistula-in-ano is described as an abnormal inflammatory tract that establishes communication between an internal opening in the anal canal or rectum and an external opening on the perianal skin. The tract is typically lined with granulation tissue and fibrotic tissue, contributing to its persistent nature.

NIDANA (AETIOLOGY) OF BHAGANDARA

The causative factors of Bhagandara can be broadly categorized as follows:

1. Aharaja (Dietary Factors)
 - Excessive intake of astringent (Kashaya Rasa) substances
 - Consumption of dry (Ruksha) foods
 - Improper or unhealthy dietary habits (Mithya Ahara)
 - Intake of food containing hard or bony particles (Asthi Yukta Ahara)

2. Viharaja (Lifestyle Factors)
 - Excessive indulgence in sexual activity
 - Prolonged sitting in improper or strained postures
 - Forceful or strained defecation
 - Activities such as riding on animals like horses or elephants causing repeated perineal trauma.
3. **Agantuja (External/Traumatic Factors)**
 - Injury caused by parasites (Krimi)
 - Trauma due to foreign bodies or sharp substances (e.g., bone fragments)
 - Improper administration or instrumentation during procedures like Vasti.
4. Manasika (Psychological Factors)
 - Mental stress and psychological disturbances, which may indirectly contribute to disease development.

AETIOLOGY OF FISTULA-IN-ANO

Fistula-in-ano can be broadly categorized based on its underlying cause into non-specific and specific types

1. Non-Specific Causes

The majority of cases arise due to cryptoglandular infections, which originate from the anal glands. These infections often lead to the formation of an anorectal abscess, and if not adequately resolved, may progress to form a persistent fistulous tract.

2. Specific Causes

In certain instances, fistula-in-ano develops secondary to underlying systemic or local diseases. These include Infectious conditions such as tuberculosis and actinomycosis Inflammatory bowel diseases like Crohn's disease and ulcerative colitis Sexually transmitted infections such as lymphogranuloma venereum Malignancies involving the rectum or anal canal Post-surgical complications following rectal or gynecological procedures Other intra-abdominal or pelvic conditions leading to abscess formation that subsequently tracks to the perianal region.

CLASSIFICATION OF BHAGANDARA

Ayurvedic scholars have classified Bhagandara based on the predominance of Doshas and clinical presentation of the disease process.

1. According to Charaka Samhita

No specific classification of Bhagandara has been described.

2. According to Sushruta Samhita

Acharya Sushruta has described five principal varieties:

- **Shataponaka (Vataja)**

Features: Pricking, cutting, tearing, and piercing type of pain with fissuring in the anal region

Discharge: Continuous, frothy (phenila) discharge

Appearance: Multiple external openings resembling a sieve or watering can

- **Ushtragreeva (Pittaja)**

Features: Intense burning sensation similar to chemical or thermal injury Discharge: Hot, foul-smelling discharge Appearance: Elongated tract resembling a camel's neck.

- **Parisravi (Kaphaja)**

Features: Mild pain associated with itching Discharge: Persistent, thick, and slimy Appearance: Pale or whitish tract

- **Shambukavarta (Sannipataja)**

Features: Mixed symptoms such as pain, burning, itching, and shifting discomfort around the anal region

Discharge: Multicolored discharge

Appearance: Spiral or curved tract resembling a conch

- **Unmargi / Agantuja**

Cause: Trauma to the anal or rectal region

Features: Involvement of muscle and blood tissue with possible infestation Discharge: May contain pus, feces, flatus, urine, or semen

Appearance: Irregular and unpredictable tract.

3. According to Ashtanga Sangraha and Ashtanga Hridaya

These texts describe eight types of Bhagandara. In addition to the five types mentioned by Sushruta, three more are included

- **Parikshepi**

Dosha: Vata-Pitta

Features: Circular tract encircling the anal canal Discharge: Blood and pus

Appearance: Horseshoe-shaped fistula

- **Riju**

Dosha: Vata-Kapha

Features: Straight tract with pain Discharge: Pus

Appearance: Short and linear tract

- **Arsho-Bhagandara Dosha: Kapha-Pitta**

Features: Associated with piles; burning sensation and itching Discharge: Continuous and moist

Appearance: Develops secondary to infection at the base of hemorrhoids or fissure.

4. According to Madhava Nidana

Five types are described, similar to the classification given by Sushruta. According to Sharangadhara Samhita Eight types are mentioned, in line with Vagbhata's description.

5. According to Bhava Prakasha Five types are described:

- Vatika
- Pittika
- Shleshmika
- Sannipatika
- Shalyaja.

CLASSIFICATION OF FISTULA-IN-ANO (MODERN VIEW)

1. Milligan and Morgan Classification
2. High anal fistula
3. Low anal fistula

Parks Classification

1. Submucosal
2. Intersphincteric
3. Suprasphincteric
4. Extrasphincteric.

RUPA (SIGNS AND SYMPTOMS) OF BHAGANDARA

- Typical manifestations include:
- Presence of a discharging wound (Vrana) within approximately two finger breadths of the perianal region

- History of a preceding abscess (Pidika) that repeatedly bursts, heals, and recurs
- Pain and persistent discharge
- Variation in symptoms such as type of discharge and intensity of pain depending on the dominant Dosha.

CLINICAL FEATURES (MODERN DESCRIPTION)

Pain, swelling, and discharge are the most common presenting complaints

Swelling and pain are often associated with abscess formation, particularly when the external opening is blocked Discharge may be purulent or mucous, sometimes mixed with fecal matter Many patients report a prior history of anorectal abscess.

SAMPRAPTI (PATHOGENESIS) OF BHAGANDARA

The pathogenesis of Bhagandara can be understood through the stages of Shatkriya Kala:

Nidana (Causative factors): Improper diet and lifestyle, along with external injuries Predominant Dosha: Vata Associated Doshas: Pitta and Kapha Dushya (Affected tissues): Mamsa (muscle) and Rakta (blood) Site of manifestation: Guda (anal region) Initially, the Doshas accumulate (Chaya) due to various internal and external factors. Continued exposure to these causes leads to aggravation (Prakopa), followed by systemic spread (Prasara). Eventually, the vitiated Doshas localize in the anal region (Sthanasamshraya), affecting the tissues and leading to early symptoms such as itching, burning sensation, pain in the pelvic region, and swelling. At the stage of manifestation (Vyakta Avastha), a boil (Pidika) forms, which later suppurates and discharges pus along with other secretions, accompanied by pain. If left untreated, the condition progresses to tissue destruction (Bheda Avastha), resulting in the formation of abnormal tracts involving the perineal and anal regions, through which substances like feces, urine, flatus, or semen may pass. In cases of trauma (Agantuja), the initial injury leads to tissue damage, followed by vitiation of Doshas, ultimately producing similar clinical features of pain and discharge.

PROGNOSIS

Bhagandara is categorized among the Mahagada (serious disorders) in Ayurveda due to its chronicity and therapeutic difficulty. In general, most varieties are considered Krichchhrasadhya (manageable with considerable effort). However, certain types such as Shambukavarta (involving all three Doshas) and Unmargi/Agantuja (trauma-induced) are regarded as Asadhya (having poor or no prognosis).

MANAGEMENT OF BHAGANDARA

The therapeutic approach to Bhagandara is broadly divided into four categories

- A. Preventive measures
- B. Surgical management
- C. Para-surgical procedures
- D. Supportive (adjuvant) therapy.

A. PREVENTIVE MEASURES

1. Dietary Factors to Avoid

Heavy-to-digest foods (Guru Ahara) Excessive intake of alcohol (Madya) Unwholesome or unsuitable diet (Asatmya Ahara) Incompatible food combinations (Viruddha Ahara) Irregular or imbalanced dietary habits (Vishama Ahara).

2. Lifestyle Modifications

Avoid excessive physical exertion

Limit overindulgence in sexual activity Control emotional stress such as anger

Avoid prolonged or uncomfortable riding/postures Do not suppress natural physiological urges

CURATIVE MEASURES

Medical Management Although surgical intervention remains the primary mode of treatment, conservative measures play an important supportive role. These therapies help in reducing inflammation, promoting suppuration and drainage, and facilitating wound healing, especially in pre- and post-operative stages.

Oral Ayurvedic formulations:

- Preparations such as Narayan Rasa, Navakarshika Guggulu, Saptavinshati Guggulu, Saptanga Guggulu, and Vidangadi Leha are commonly used for systemic as well as local benefits.
- Varti (Medicated wick): Wicks prepared with alkaline substances (Kshara Dravya) help in debridement by liquefying necrotic tissue and maintaining drainage of the tract. These are particularly useful in blind fistulous tracts.
- Kalka (Medicated paste): Herbal pastes prepared from drugs like Tila, Haritaki, Lodhra, Haridra, and Vacha are applied locally to reduce inflammation and promote healing.
- Kashaya (Decoctions): Herbal decoctions such as Triphala Kashaya are used for cleansing the wound and alleviating pain and swelling.

- Taila (Medicated oils): Oils like Vishyanadana Taila, Karaviradi Taila, and Nishadi Taila are applied locally to control infection and support tissue repair.

B. SURGICAL MANAGEMENT

The classical principles of surgical treatment for Bhagandara include: Virechana: Bowel cleansing prior to intervention Eshana: Exploration of the fistulous tract using a probe Chedana/Patana: Excision or laying open of the tract Marga Vishodana: Thorough cleaning of the tract Dahana: Cauterization to prevent recurrence Vranachikitsa: Post-operative wound care Ksharasutra Therapy: A specialized minimally invasive technique using medicated thread for gradual cutting and healing of the tract, particularly suitable for patients unwilling for conventional surgery.

C. PARA-SURGICAL MEASURES

- **Raktamokshana (Bloodletting)**

Techniques such as Jalaukavacharana (leech therapy) are used to reduce inflammation and prevent abscess formation, especially in early stages and post-operative care.

- **Agnikarma (Thermal cauterization)**

Employed in most types of Bhagandara (except specific contraindications), it helps in minimizing recurrence and also acts as a haemostatic measure.

- **Ksharakarma (Chemical cauterization)**

Application of alkaline substances in forms such as paste, wick, or thread aids in removal of unhealthy tissue, cleansing of the tract, and promotion of healing.

KSHARSUTRA THERAPY

Ksharsutra therapy is a specialized form of Kshara (alkaline) treatment in which a medicated thread is utilized for the management of fistulous tracts. Traditionally, Kshara was employed as an adjunct to surgical procedures in Bhagandara; however, the introduction of Ksharsutra has established it as an independent and effective modality. This technique facilitates gradual cutting, drainage, and simultaneous healing of the tract without the need for extensive surgical intervention.

D. ADJUVANT MEASURES

- Supportive therapies play a significant role in enhancing healing and preventing complications. These include
- Swedana, Parisheka, and Avagaha: Procedures such as fomentation, therapeutic irrigation, and sitz baths to reduce pain and inflammation
- Vranashodhana and Vranaropana Lepa: Topical applications for wound cleansing and

promotion of tissue healing

- Use of Varti, Taila, Guggulu, and anti-inflammatory medications: To aid in infection control and reduce swelling
- Internal medications: Administration of Ghrita, medicated oils, and Arishta preparations
- Dipan, Pachan, and mild laxatives: To improve digestion, metabolism, and ensure smooth bowel evacuation.

MANAGEMENT OF FISTULA-IN-ANO (MODERN APPROACH)

The treatment of fistula-in-ano remains surgically demanding, with the primary objective being complete closure of the tract while minimizing recurrence and preserving sphincter function.

1. Fistulotomy

This procedure involves laying open the fistulous tract and is typically indicated in low anal fistulas where there is minimal risk to continence.

2. Seton Placement

A seton (thread or similar material) is inserted through the tract, particularly in high or complex fistulas. It helps maintain drainage, promotes fibrosis, and gradually cuts through the tract while preserving sphincter integrity.

3. Anal Fistula Plug

A relatively recent technique involving insertion of a biocompatible plug (often derived from porcine intestinal submucosa) into the tract. It acts as a scaffold for tissue regeneration, leading to eventual closure.

4. Endorectal Advancement Flap

This technique is commonly used for high-level fistulas. It involves covering the internal opening with a flap of rectal mucosa and submucosa, thereby promoting healing and reducing recurrence.

5. Fistulectomy

Complete excision of the fistulous tract. Although effective, it may result in a larger wound that heals secondarily and carries a risk of recurrence if not managed properly.

6. LIFT (Ligation of Intersphincteric Fistula Tract)

A sphincter-preserving procedure in which the tract is ligated and excised in the intersphincteric plane. It focuses on closure of the internal opening and removal of infected glandular tissue.

CONCLUSION

Based on classical Ayurvedic literature and contemporary understanding, Bhagandara is a chronic disorder of the Guda Pradesh that poses significant therapeutic challenges. Detailed descriptions of its etiology, clinical features, and management have been provided by Acharya Sushruta. Most types of Bhagandara are difficult to cure (Krichchhrasadhya), whereas certain varieties such as Shambukavarta and Unmargi are considered incurable (Asadhya). Ayurveda offers a comprehensive approach to its management, incorporating preventive strategies along with medical, para-surgical, and surgical interventions. Among these, Ksharsutra therapy stands out as a highly effective and minimally invasive treatment modality, demonstrating favorable outcomes in the management of Bhagandara.

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