



**Review Article**

**BHAGANDARA: A REVIEW ARTICLE ON TYPES OF BHAGANDARA AND ITS MANAGEMENT**

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**Article info**

**Article History:**

Received: 09-03-2022

Revised: 25-03-2022

Accepted: 04-04-2022

**KEYWORDS:**

*Bhagandara*, Types of *Bhagandara*, *Astamahagad*.

**ABSTRACT**

Ayurveda is an eternal branch considered as the science of life. Its prime motto is maintaining the health of healthy individual first and then curing the disease, which promotes a disease free, healthy life span. Ayurveda is an abundant ocean full of knowledge consisting of eight superior branches. Amongst them *Shalya Tantra* is the prime branch rich in surgical concept. History reveals that the period of *Acharya Sushrut* was the golden era of surgery where various surgical procedures were performed. More over in regards of anorectal and perineal surgery, *Acharya* has expounded much, with an approach of emphasise both surgical and Para surgical measures.

*Bhagandara* can be screened in ancient Ayurvedic texts and varying systematic, scientific detailed descriptions are found. It is the common ano-rectal disease prevalent in the population worldwide. Because of its tedious nature of healing *Bhagandara* is considered difficult to be cured also it is found to be one amongst the *Ashta Mahagada*, where *Acharya* has explained the limitation of the treatment by considering it as *Duschikitsya Vyadhi*. Hence this article has emphasized on the available discretion on various types of *Bhagandara* and its management.

**INTRODUCTION**

Ano-rectal diseases like *Arsha*, *Bhagandara* are considered difficult to be cured among them *Bhagandara* is considered as one of the *Ashta Mahagada*.<sup>[1]</sup> *Bhagandara* can be screened in ancient *Ayurvedic* texts and varying systematic, scientific detailed descriptions are found. It is one of the most common ano-rectal diseases prevalent in the population worldwide.

The literal meaning of *Bhagandara* is "*Darana*" in *Bhaga*, *Guda* and *Basti Pradesha* i.e., splitting up or piercing of perianal region. Its pre suppurative stage is considered as *Pidika* and the suppurative stage is known as *Bhagandara*.<sup>[2]</sup> In contemporary science *Bhagandara* can be correlated to fistula in ano, an inflammatory response to anal gland infection resulting in the formation of an unhealthy track composed of unhealthy granulation tissue and fibrous

tissue, having an external opening in the perianal skin and an internal opening in the anal canal or rectum.<sup>[3]</sup>

It is characterised by persistent pus discharge associated with intermittent pain which further can leads to several complications if not treated properly. Though this disease is not life-threatening it produces inconveniences in routine life. As the ulcer is located in anal region, which is more prone to infection and persistent pus discharge, irritates the person.

While considering the surgical point of view, history reveals that the period of *Acharya Sushrut* was the golden era of surgery where various surgical procedures were performed. Considering *Chikitsa*, *Acharya* has described almost all sorts of management in which surgery still have no comparison. Moreover in regards to anorectal and perineal Surgery, *Acharya* has expounded much, with an approach of emphasising its types and accordingly it's both surgical and Para surgical measures.

**Types of *Bhagandara***

***Sushruta's Classification* (Ss. Ni.4/4)**

He has classified the disease under five types, namely *Shataponaka*, *Ushtragreeva*, *Parisraavee*, *Shambooka-avarta*, *Unmaargee*. These varieties have *Doshic* predominance of *Vaata*, *Pitta*, *Kapha* and

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<https://doi.org/10.47070/ijapr.v10i4.2231>

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Tridoshaja Sannipata respectively till Shambooka-avarta whereas Unmaargee originates with Abhigaata (trauma).

**Vaagbhathas Classification** (Ah.Ut 28/5)

In addition to above five varieties mentioned by Sushruta, three more types are introduced by Vaagbhata namely, Parikshepee, Riju and Arsho-

bhagandara; hence total number of Bhagandaras is eight. These extra 3 types told by Vaagbhatha occur due to the predominance of two Doshas (Dvandaja). Thus Parikshepee is dominated with Vaata and Pitta, Riju is dominated with Vaata and Kapha and Arshobhagandara is dominated with Pitta and Kapha.

**Table 1: Classification of Bhagandara**<sup>4,5,6,7,8,9</sup>

S.No	Bhagandara	S.s	A.s	A.h	M.n	S.s	C.s	B.p	Y.r
1	Shataponaka	+	+	+	+	+	-	+	+
2	Ushtragreeva	+	+	+	+	+	-	+	+
3	Paristravi	+	+	+	+	+	-	+	+
4	Shambukavarth	+	+	+	+	+	-	+	+
5	Unmargi	+	+	+	+	+		+	+
6	Parikshapi	-	+	+	-	+	-	-	-
7	Riju	-	+	+	-	+	-	-	-
8	Arsho	-	+	+	-	+	-	-	-

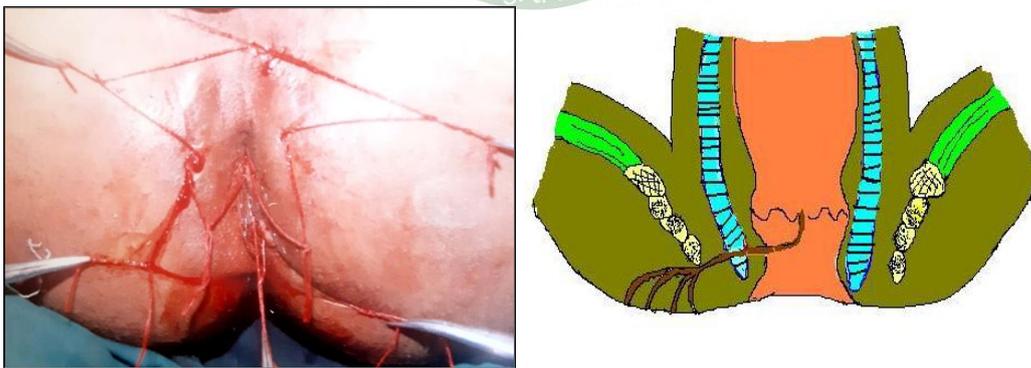
According to Aachaarya Sushruta and Aachaarya Vagbhata<sup>[10,11]</sup> When there is only one opening it is classified as **Arvaacheena-Antarmukha (Blind Internal)**- In this type, the tract opens inside the anorectal canal without external opening. It is known as blind internal.

**Paraacheena-Bahirmukha (Blind External)**- In this type, the tract opens outside without internal opening. It is known as blind external.

**Aetiopathology of Different Types of Bhagandara**

**Shataponaka Bhagandara**

According to Acharya Dalhana Shatponaka means hundred, hence we can interpret as an abscess which has multiple openings like Chalanika (sieve) and is described as Shooka Dosh as a disease thus fistula and rectal sinuses which have got multiple small openings is called Shataponaka.<sup>[12]</sup> Goligher describe such type of Bhagandara as watering can appearance.



**Fig No. 1: Shataponaka Bhagandar**

**Table 2: Comparative Statement of Shataponaka by Different Authors**<sup>13,14,15</sup>

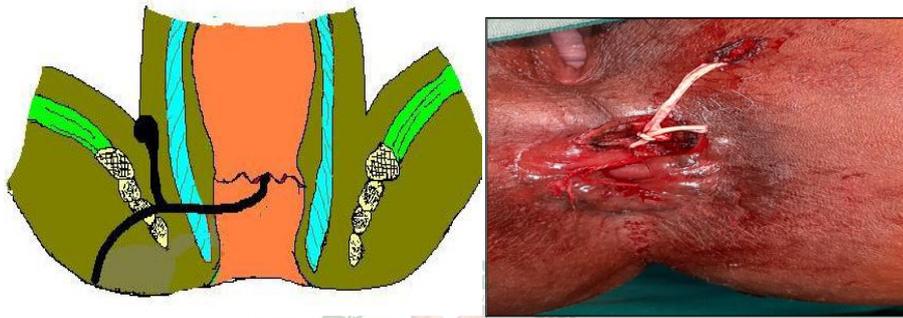
S.No	Features	Sushruta	Vagbhata	M.Nidana
1	Dosha	Vata	Vata	Vata
2	Sthana	Rakta, Mamsa	Rakta, Mamsa	-
3	Sthana (site)	Within one or two Angula of Guda	Within one or two Angula of Guda	Within one or two Angula of Guda
4	Colour of Pidika	Aruna	Aruna, Shyava	-
5	Character of Pidika	Pricking, cutting, beating, splitting, biting, whipping, tearing.	Pricking, splitting, twitching.	Severe pain

6	Character of discharge	Thin, frothy, clear, copious, abundant.	Thin, frothy, abundant	Froathy
7	Colour of discharge	-	-	Aruna
8	Other features	Multiple opening, discharge of flatus, urine and semen	Multiple opening	Multiple opening, discharge of flatus, urine and semen

**Ushtragreevi Bhagandara**

Two stages of clinical characteristics can be seen in *Ushtragreeva* i.e., *Pidika* (boil) stage and *Bhagandara* proper. The *Pidika* is of red coloured, thin texture and with raised appearance like the neck of a camel associated with burning sensation. If this stage is neglected it leads to suppuration<sup>[16]</sup>.

In proper *Bhagandara* stage the burning pain appears as if being burnt with fire or caustics with warm and offensive discharge. If this is not treated properly, the condition further deteriorates with discharge of flatus, faeces, urine and semen through the openings.



**Fig No. 2: Ushtragreeva Bhagandara**

**Table 3: Comparative Statement of Ushtragreeva Bhagandara by Different Authors<sup>17,18</sup>**

S. No	Features	Sushruta	Vagbhata	M.nidana
1	Dosha	Pitta	Pitta	pitta
2	Anubandha dosha	Vata	-	-
3	Sthana	Rakta, Mamsa	Rakta, Mamsa	-
4	Sthana	Within one or two Angula of Guda	Within one or two Angula of Guda	Within one or two Angula of Guda
5	Colour of Pidika	Rakta	Rajani	Rakta
6	Character of Pidika	Thin, elevated, Ushtragreeva Akara	Thin, small, warm, smoky, and raised swelling	-
7	Character of pain	Ushna, burning pain like again and Kshara	-	-
8	Colour of discharge			
9	Other feature	Tiny boil raised like neck of camel later on discharge of flatus, faeces, urine and semen	Fever, raised like neck of camel	Boil suppurates

**Paristravi Bhagandara**

The term *Paristravi* is used because of its continuous discharging nature, according to *Aachaarya Sushruta* provoked *Vayu* carries the vitiated *Kapha* at the area of *Guda* and leads to *Paristravi Bhagandara*. It may be classified under tuberculous fistula or Intersphincteric fistula. Patient usually complaint of itching and lubricous discharge. Usually the track leads to long horizontal or high rectal course.



Fig No. 3: Paristravi Bhagandara

Table 4: Comparative Statement of Paristravi Bhagandara by Different Authors<sup>19,20,21</sup>

S.No	Features	Sushruta	Vagbhata	M.Nidana
1	Dosha	Kapha	Kapha	Kapha
2	Anubandha Dosha	Vata	-	-
3	Sthana	Rakta, Mamsa	Rakta, Mamsa	-
4	Sthana	Within 1or 2 Angula of Guda	Within 1or 2 Angula of Guda	Within 1or 2 Angula of Guda
5	Colour of Pidika	Sukla	Pandu	Sukla
6	Character of pain	Sthira	Sthira, Snigdha, Mahamula	Kathina
7	Character	Kandu	Kandu	Kandu, Manda Vedna
8	Character of discharge	Pichila, constant discharge	Pichila, profuse discharge	Thick discharge
9	Other features	Firm boil, hard and indurated ulcer	Firm, shiny and deep rooted	Hard boil

**Shambookaarvata Bhagandara<sup>22</sup>**

This is the type of Bhagandara which is having Tridoshic status. Thus it exhibits all the symptoms related to each Doshic status, hence producing a complex type of Bhagandara. The Bhagandara wound is of different colours with the characteristic pain which vary and it appears like the whirls in a river or similar to the pattern of spiral ridges of a snail. According to Vaagbhatha, the patient also shows general symptoms such as pain, anorexia, thirst, burning, fever, vomiting etc., and the Shambookaavarta Pidakaa (boil) resembles with the udder of a cow.<sup>23</sup>When considering all the comments and descriptions regarding Shambookaavarta Bhagandara, its tract is curved in nature resembling a horse shoe shaped fistula.



Fig No. 4: Shambookaarvata Bhagandara

**Table 5: Comparative Statement of Shambookaarvata Bhagandara by Different Authors<sup>24,25,26</sup>**

Features	Sushruta	Vagbhata	M.Nidana
Dosha	Vata, Pitta, Kapha	Vata. Pitta, Kapha	Vata. Pitta, Kapha
Dushya	Rakta, Mamsa	-	-
Sthana (site)	Within 1 or 2 Angulas of Guda	-	-
Colour of Pidika	Colour of previous all three Pidikas	-	Bahu varna (various colours)
Shape of pidika	Padangusta Pramana	Padangusta Pramana	Gosthanakara
Character of pain	Pricking, burning, Itching	Severe pain	Severe pain
Character of Discharge	Bahu varna srava variegated colours	-	Bahu varna srava variegated colours
Other features	Pain is like waves in Purna Nadi Shambukavarta	Line of track Shambukavarta shula, Daha arochaka, Jwara	Nadi is like Shambukavarta

**Unmargi Bhagandara<sup>27</sup>**

This type of *Bhagandara* occurs due to traumatic aetiology and without the involvement of *Doshas* initially. “*Krimis*” are the main causative factor for the formation of tract. The *Pidaka* is not mentioned in this variety probably due to the fact that *Pidaka* is usually originated with *Doshic* involvements and here the *Bhagandara* is created directly by the *Krimi* (worms or maggots) without the formation of the *Pidaka* initially. Therefore, *Krimi*, history of trauma, ingestion of bone pieces (foreign body) play important role in producing clinical features of this variety of *Bhagandara*. Apart from these symptoms, discharge of flatus, faeces, urine and semen through the openings is also mentioned by *Sushruta*.

**Table no. 6: Comparative Statement of Unmargi Bhagandara by Different Authors<sup>28,29</sup>**

S.No	Features	Sushruta	Vagbhata	M.Nidana
1	Cause	Asthi Shalya	Asthi Shalya	Asthi Shalya
2	Site	Guda	Guda	Guda
3	Number of opening	-	-	Multiple
4	Type of discharge	Vata, Mutra, Purisha, Shukra, Krimi	-	-

**Parikshepee Bhagandara**

*Aachaarya Vaagbhatha*, mentioned the *Doshic* predominance of *Vaata* and *Pitta* responsible for *Parikshepee Bhagandara*<sup>30</sup>. It is based on the clinical status. It travels round the rectum resembling with the horse shoe type of *Bhagandara*. Thus, *Shambookaavarta Bhagandara*, described by *Sushruta* can be considered under the same heading. *Aachaarya Arundudda* and *Indu* mentioned that the track surrounds the *Guda* hence can be resemble to posterior horse shoe Ischio rectal fistula.

**Fig No. 5: Parikshepee Bhagandara****Riju Bhagandara**

*Riju Bhagandara* has been described as the one having a straight tract opening directly into the anal canal in the anterior half. *Aachaarya Vagbhata* mentioned *Vata* and *Kapha Dosha* to be responsible for the formation of

*Riju Bhagandara*<sup>31</sup>. If any variety of above mentioned *Bhagandara* takes a straight route to open to the anal canal it can be taken as *Riju Bhagandara*.

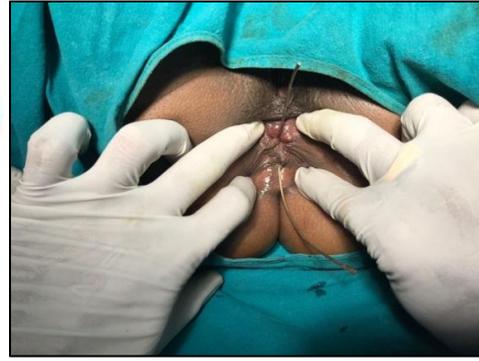
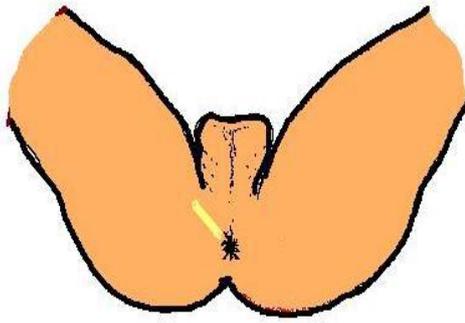


Fig No. 6: *Riju Bhagandara*

### *Arsho Bhagandara*

This is the third additional variety of *Bhagandara* described by *Vaagbhatha* having *Doshic* predominance of *Pitta* and *Kapha*.<sup>32</sup> The main feature of *Arsho Bhagandara* is that it lies in the root of a pile mass.



Fig No. 7: *Arsho Bhagandara*

### *Saadhyaasaadhyatva* (Prognosis)

*Aachaarya Sushruta* has mentioned *Bhagandara* in the *Ashtamahaagada* indicating that it is difficult to treat *Bhagandara*.<sup>[33]</sup>

### *Saadhya-Asaadhyatva*<sup>34</sup> (Ss. Ni.4/13)

According to *Aachaarya Sushruta*, the *Sannipaataja* and *Aagantuja* varieties are *Asaadhya* and the remaining are *Krichchhasaadhya*.

Also, any *Bhagandara* which discharges flatus, faeces, urine, semen and *Krimi* is considered incurable hence it can be consider as fistula communicates higher with rectum, urethra and bladder or prostate it becomes incurable. Tract of *Bhagandara*, which crosses *Pravaahane* *Valee* and *Sevane*, is also considered incurable.

### Management of *Bhagandara*

#### Preventive Measures

According to medical science prevention is better than cure. It means that this is the superior aspect of management programme of a disease. According to Ayurveda, pathogenesis of a disease can be stopped at various stages before manifesting the disease proper by taking certain precautions and measures provided they are taken at suitable stages.

For the disease *Bhagandara*, also the same principles can be applied. To achieve these objectives many measures are mentioned in Ayurveda such as *Svasthavritta*, *Ritucharyaa*, *Panchakarma* etc. *Sushruta* has introduced eleven therapeutic procedures form his *Shashtiupakrama* (sixty measures) in the *Pidakaa Avasthaa* of the disease *Bhagandara*, viz,

- *Apatarpana*
- *Aalepa*
- *Parisheka*
- *Abhyanga*
- *Svedana*
- *Vimlaapana*
- *Upaanaaha*
- *Paachana*
- *Visraavana*
- *Snehana* and *Shodhana*.

Among these *Aalepa*, *Parisheka*, *Vimlaapana* and *Upaanaaha* are considered to be local measures and the rest are general measures. The objective of this treatment is to take vitiated *Dosha's* from their vitiated

states to normal status and thus maintaining equilibrium among the *Doshas*, *Dhatu*s and *Malas*.

When the vitiated *Dosha*'s are brought to normal, the *Pidakaa* formed due to the imbalance of these factors also subsides and further pathogenesis will be arrested from this stage. *Vaagbhatha* introduced additional measures of *Shodhana*, *Raktamokshana* and *Parisheka* etc for the same purpose in the stage of *Pidaka*.

#### Curative Measures:

1. Management of *Apakva Pidika*
2. Management of *Pakva Pidika*
3. Management of different types of *Bhagandara*

#### Management in *Apakva Pidakaa*<sup>35</sup>:

The same principles of management of *Aamashopha* like,

- *Vimlaapana*
- *Avasechana*
- *Upanaaha*
- *Paatana*
- *Sodhana*
- *Ropana*
- *Vaikrutapaha*

Are to be employed.

#### Surgical Management of *Pakvapidakaa*

Though there are several types of treatment like medical, parasurgical etc. have been described in Ayurvedic classics but the treatment of *Bhagandara* is mainly surgical. It is indicated in complicated and *Aagantuja* types of *Bhagandara* and also failure of medical management in *Bhagandara*

#### It can be divided into 3 stages.

1. *Poorvakarma* (Pre-operative measures)
2. *Pradhana Karma* (Operative measures)
3. *Pashchaat Karma* (Post-operative measures)

#### *Poorvakarma* (Pre-operative Measures)

##### Preparation of the Patient

Before the initiation of the surgical procedure *Snehana*, *Svedana*, *Langhana* and *Anulomana* (*Mridu Virechana*) *Aavaghana* should be done.

##### Position of the Patient

*Acharya Sushrut* and *Vagbhata* have described different type of incision as per the track as follow<sup>36</sup>

**Table no. 7 Different Incisions for *Shatponaka Bhagandara***

S.No	Type of Incision	Shape as per Ayurveda	Shape of Incision
1	<i>Langalaka</i>	Incision having two arms extending on either sides	t-shape
2	<i>Ardha Langalak</i>	A similar incision with one arm	l-shape
3	<i>Sarvatobhadara</i>	Incision surrounding the anal canal on all four sides	Circular
4	<i>Goteerthak</i>	Incision resembling the shape of cows <i>Khur</i>	Semi circular

Patient should be made to lie down on a table and lithotomic position should be given as described for the operation of *Arsha* (piles).

#### Instruments

*Bhagandara Yantra* is almost similar to *Arsho Yantra* which is of two types i.e., *Ekachchidram* and *Dvichchidram*. In males, the *Yantra* should be of four *Angula* in length and five *Angula* in circumference. But in case of females, the *Yantra* should be as much as the length of the palm of the patient and six *Angula* in circumference. This *Bhagandarayantra* and anal opening are lubricated by *Ghruta*; then *Yantra* is to be introduced into *Guda* after instructing the patient to strain down.

#### *Pradhana Karma* (Operative Procedures)

##### General Ayurvedic Surgical Procedure in *Bhagandara*

The patient should recline on the table in lithotomic position. Then anus should be lubricated and *Bhagandara* tract is to be examined first to decide whether the *Bhagandara* is *Paraacheena* (blind external) or *Avaacheena* (blind internal). In case of *Paraacheena Bhagandara*, the *Eshaneeyantra* (probe) is introduced into the external opening and whole tract has to be excised from the root. But in case of *Avaacheena Bhagandara*, *Bhagandara Yantra* is introduced into the anal canal and patient should be asked to strain down. During straining, the *Eshani* (probe) is introduced into the internal opening. Then the whole tract is excised followed by cauterization with the help of *Kshaara* or *Agni*. This technique of *Sushruta* is same as fistulectomy in modern parlance.

#### Treatment of Different Types of *Bhagandara*

##### *Shatponaka Bhagandara*

It has multiple opening on the external surface of the skin.

*Acharya* has indicated that one track should be excised at time and after it heals other track should be operated similarly. If all the tracks are operated at a time it leads to *Guda Vidarna* i.e., impairment of sphincteric functions and may lead to leakage of flatus, faecus, and urine.

**Ushtragreeva**

Two procedures are indicated: *Chhedana* and *Kshaara Karma*. *Agnikarma* is contraindicated. Application of *Tila* treated with *Ghritha*, *Parisheka* *Withghrita* Are indicated.<sup>37</sup>

**Parisraavee**

Incisions indicated are- *Chandraardha*, *Chandrachakra*, *Soocheemukha*, *Avaangmukha*, *Kharjoorapatraka*. The tracts are excised followed by *Agni* and *Kshaara Karma*. *Parisheka* of anorectal area with *Anutaila*, *Upanaaha*, *Parisheka* with *Gomootra* and *Kshaara* (*Apaamaarga*) are indicated.<sup>38</sup>

**Shambookaavarta- Asaadhy**<sup>39</sup>**Unmaargee**

It is *Asaadhya* but excision of the tract along with the *Asthi Aadi Shalya*, followed by *Agnikarma* with red hot *Jaambvaushtha* or *Shalaaka* later *Krimighna* treatment is indicated.<sup>40</sup>

**Parikshepee**

*Kshaara Sootra* therapy is indicated by *Vaagbhata*.<sup>41</sup>

**Ruju**

No specific treatment is indicated hence General treatment of *Bhagandara* should be followed.

**Arsho-Bhagandara**

First *Arsha* should be managed then after, General management of *Bhagandara* is indicated.<sup>42</sup>

**Pathyaapathya in Bhagandara**

The *Chikitsaa* of any disease in Ayurveda is incomplete, if suitable *Pathya* (wholesome dietetics) and *Apathya* (unwholesome dietetics) is not advised to the patient. *Sushruta Samhitaa* and *Bhaishajya Ratnaavali* give the guidelines which are to be adopted in this direction by the patient.

**Pathya in Bhagandara**

1. *Shali Dhaanya*
2. *Mudga*
3. *Patola*
4. *Vilepi*
5. *Jaangala Mamsa Rasa*
6. *Shigru*
7. *Vetagra*
8. *Dhattura*
9. *Baala Mulaka*
10. *Tila*
11. *Sarshapa Taila*
12. *Tikta Varga*
13. *Ghritha*
14. *Madhu*

**Apathya in Bhagandara**

1. *Ati Vyaayaama*
2. *Ati Maithuna*
3. *Kopa*

4. *Yuddha*
5. *Prishthayaana*
6. *Guru Aahara*
7. *Vega Avarodha*
8. *Ajeerna*
9. *Saahasakarma*

**CONCLUSION**

*Bhagandara* can be screened in ancient Ayurvedic texts and varying systematic, scientific detailed descriptions are found. Based on the detailed review of different Ayurvedic texts, it can be concluded as:

Because of its tedious nature of healing *Bhagandara* is considered difficult to be cured also it is found to be one amongst the *Ashta Mahagada*, where *Acharya* has explained the limitation of the treatment by considering it as *Duschikitsya Vyadhi*. *Acharya Sushruta* has very well described in detail the complete manifestation of the disease *Bhagandara* along with its types and its management in details which can be correlated with the modern classification, though all types of *Bhagandara* are *Krichchsadhya* (curable with difficulty) except *Shambukavarta* (*Tridoshaja*) and *Unmargi* (*Agantuja*), which are *Asadhya* (incurable), Ayurveda offers a multi-dimensional treatment modalities in the treatment of *Bhagandara* as per the types and the *Saadhya-asaadhyatva* of the diseases along with the preventive and curative (Para-surgical and Surgical) measures of the disease in detail. Hence this article has emphasized on the available discretion on various types of *Bhagandara* and its management which can be referred to treat the *Bhagandara* in present era by proper diagnosis of the type and it's *Saadhya-asaadhyatva*.

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**Cite this article as:**

Rabiya Shaikh, Maitree Patel. Bhagandara: A Review Article on Types of Bhagandara and its Management. International Journal of Ayurveda and Pharma Research. 2022;10(4):129-138.

<https://doi.org/10.47070/ijapr.v10i4.2231>

**Source of support: Nil, Conflict of interest: None Declared**

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