



Review Article

BHAGANDARA AND ITS MANAGEMENT IN AYURVEDA: A CONCEPTUAL STUDY

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ABSTRACT

Bhagandara has been described by *Acharya Sushruta* as one among *Ashtamaharoga* (eight major diseases) which is difficult to cure. This disease has been described in *Ayurvedic* texts in great detail. The etiopathogenesis, symptoms, types, preventive measures and curative aspects have been mentioned in detail. *Ayurveda* recommends a multi-dimensional approach in the treatment of this callous disease. The para-surgical and surgical techniques mentioned by *Acharya Sushruta* have been found very effective in the management of *Bhagandara* and *Ksharsutra* treatment in this disease has emerged as an effective and safe remedy in its management which has been accepted globally. The introduction of modern surgical methods of Fistulotomy and Fistulectomy were initially considered a boon for the treatment of this disease but their long standing side effects such as incontinence and recurrence made these techniques unsuitable for the majority of the *Fistula-in-ano* patients and the majority of these patients are turning towards *Ayurvedic Ksharsutra* therapy for treating this notorious disease. The popularity and efficacy of *Ksharsutra* treatment can be assessed from this fact that modern Surgeons refer these patients to *Ayurvedic Surgeons* for their successful management.

KEYWORDS: *Bhagandara*, *Vibhitaka*, *Fistula-in-ano*.

INTRODUCTION

Bhagandara is one of the commonest diseases occurring in ano-rectal region which is difficult to treat because of its high recurrence rates. In *Ayurveda*, *Bhagandara* has been mentioned as one among *Ashtamaharoga*¹ (eight major diseases) because of its callous attitude. *Acharya Sushruta* has explained *Nidana*, *Samprapti*, *Bheda*, *Lakhshana*, *Upadrava* and *Chikitsa*^{2,3} in detail. *Bhagandara* is a disease that exists among human beings since the period of *Vedas* and *Puranas*. *Samhitas* do have abundant evidences regarding the existence and treatment of this disease.

Need of the Study

- To study the *Bhagandara* disease explained in *Ayurveda*.
- To explore the applied aspects of treatment of *Bhagandara* as explained by different *Acharyas*.

Materials and Methods

Bhagandara

The word *Bhagandara* is the combination of two terms "*Bhaga*" and "*Dharana*", which are derived from root "*Bhaga*" and "*dri*" respectively. The meaning of *Bhaga* is, all the structures around the *Guda* including *Yoni* and *Vasti*. The second word *Darana* means splitting or discontinuity with severe pain in any part of the body. Thus, *Bhagandara* is a disease which causes tear or discontinuity in the region of *Bhaga*, *Vasti* and *Guda*.

- According to *Acharya Sushruta*, *Bhagandara* is a condition which is developed from bursting of painful and suppurated *Pidika* within the two *Angula* of *Guda Pradesha*.

- *Acharya Charaka* has told that a painful and suppurated *pidika* in the region of *Guda*, on bursting leads to *Bhagandara*⁴.

Acharya Vagbhata has described that a *Vrana* in the size of *pidika* forms at an *Angula* or two from the anus or inside the anus. In this ailment, *Rakta* and *Mamsa* are narrated as *Dushya* resulting into a sinus with the discharge of pus in the region of anus, perineum and bladder⁵. *Acharya Sushruta* clearly differentiated the *Bhagandara pidika* with other *Pidika*, stating that:

- Other *Pidika* which appear near anus associated with swelling and mild pain and subside quickly should not be included in *Bhagandara-pidika*⁶.

If the *Pidika* is within two fingers area of *Guda* (anus), deep-rooted, with pain and fever, it should be considered as *Bhagandara-pidika*⁷. According to *Acharya Sushruta* and others the following are the characteristic features of *Bhagandara*:

- Onset of an *Apakva pidika*.
- The *Pidika* should be within two-finger circumference of *Guda*.
- Deeply rooted *Pidika* and associated with pain and fever.
- Vitiated organ- *Bhaga*, *Guda* & *Basti*
- Vitiated *Dhatu-Rakta* & *Mamsa*
- Finally the *Pidika* bursts out leading to the formation of *Bhagandara*.
- Non-suppurated condition is called *Pidika*.
- Suppurated condition is called *Bhagandara*.

Table No.1 Etiological Factors of *Bhagandara* According to Different *Acharyas*

Aetiological Factors ^{8,9}	<i>Sushruta</i>	<i>Charak</i>	<i>Vagbhata</i>	<i>M.Ni.</i>
(A) <i>Aharaja</i> factors				
1. <i>Kashaya-rasa sevana</i>	-	-	-	+
2. <i>Ruksha sevana</i>	-	-	-	+
3. <i>Mithya-ahara</i> (<i>Apathya sevana</i>)	+	-	-	-
4. <i>Asthi yukta ahara sevana</i>	+	+	+	-
(C) <i>Agantuja</i> factors				
9. Trauma by <i>Krimi</i>	-	+	-	-
10. Trauma by <i>Asthi</i>	-	+	-	+
11. Improper use of <i>Vasti-netra</i>	-	-	+	-
12. As the cause of hemorrhoids	-	-	+	-
(D) <i>Manasika</i> factors				
13. <i>Papakarma</i>	-	-	+	-
14. <i>Sadhu sajjan ninda</i>	-	-	+	-

CLASSIFICATION OF BHAGANDARA

Acharyas have classified the *Bhagandara* on the basis of *Doshik* involvement and clinical consideration of its pathogenesis.

• ***Charak Samhita***

There is no description about the types of *Bhagandara*.

• ***Sushruta Samhita***

According to *Sushruta*, there are five types of *Bhagandara*¹⁰.

1. *Shatponaka* - originating from *Vata dosha*.
2. *Ushtragreeva* - originating from *Pitta dosha*.
3. *Parishravi* - originating from *Kapha dosha*.
4. *Shambukavarta* - originating from *Tridosha*.
5. *Unmargi* - caused by *Agantuja* factors

• ***Ashtanga Sangraha and Hridayam***¹¹

In these two *Samhitas* eight types of *Bhagandara* are described. Among these five types are same described by *Sushruta* and other three types are:

1. *Parikshepi*- originating from *Vata* and *Pittadosha*.

2. *Riju*- originates from *Vata & Kapha dosha*

3. *Arsho-Bhadandra*- originates from *Pitta* and *Kapha dosha*.

• ***Madhava Nidan***¹²

Madhavakar has accepted 5 types of *Bhagandara* like that of *Sushruta samhita*.

• ***Sharangadhara Samhita***

Sarangdhara has described eight types of *Bhagandara* like that of *Vagbhata*.

• ***Bhava Prakasha***¹³

Bhava Mishra has described five types of *Bhagandara*

- | | |
|----------------------|-----------------------|
| 1) <i>Vatika</i> | 2) <i>Pattika</i> |
| 3) <i>Shlashmika</i> | 4) <i>Sannipatika</i> |
| 5) <i>Shalyaja</i> | |

Table No. 2 *Purvarupa* According To Different *Acharyas*

S.No.	Symptoms	<i>Sushruta</i>	<i>B.P.</i>	<i>Vangasen</i>	<i>Y.R.</i>
During normal condition					
1.	<i>Pain in Kati and Kapal region</i>	+	+	+	+
2.	<i>Kandu</i>	+	+	+	+
3.	<i>Daha</i>	+	+	+	+
4.	<i>Shoph</i>	+	+	+	-
During defecation and riding					
5.	<i>Pain in Kati</i>	+	-	-	-
6.	<i>Daha in anus</i>	+	-	-	-
7.	<i>Kandu around anus</i>	+	-	-	-
8.	<i>Shoph of anus</i>	+	-	-	-

❖ ***Rupa (Signs & Symptoms) of Bhagandara***

The most typical signs and symptoms of *Bhagandara* are a discharging *Vrana* within two-finger

periphery of perianal region with a history of *Bhagandara Pidika*, which bursts on and off.

❖ Symptoms of Different Types of Bhagandara Pidika

▪ Vatika pidika

These are of *Aruna varna* or *Shyava varna* with different kinds of pain like *Toda* (pricking pain), *Bheda* (breaking), *Sphuran* (throbbing) etc.

▪ Paittika Pidika:

These are red coloured, thin and elevated projections like the neck of a camel and *Ragayukta* (inflamed) *Bhagandara pidika*. These *Pidika* have *Osha-chosha* types of *Vedana*.

▪ Kaphaja pidika

These are of *Shukla* (white) or *Pandu* (pale yellow) colour, hard with predominant itching sensation.

▪ Sannipataja Pidika

These are of the size of *Padangustha pramana* and display combined features of *Tridosha* with *Toda*, *Daha*, *Kandu* etc. *Vagbhatta* has added some complications like pain, anorexia, thirst, burning sensation, fever, vomiting etc.

▪ Vata Pittaja Pidika

These are of *Shyava-tamra* (blackish or coppery) in colour, with severe pain, local rise of temperature and burning sensation.

▪ KaphaVataja Pidika

These are of *Pandu* (pale), *Shyava* in colour and taking long time for suppuration.

Samprapti of Bhagandara

The development of *Bhagandara* can be described as follows according to *Shatkriya kala*⁷⁸. Two types of *Samprapti*s given here.

- ◆ *Nidan* -*Mithya aahar vihar and aagantuja*
- ◆ *Pradhan Dosh* -*Vata*
- ◆ *Anubandhit Dosh* -*Pitta, Kapha*
- ◆ *Dushya* -*Mamsa, Rakta*
- ◆ *Adhistan* -*Guda Pradesh*

The *Dosha* undergoes *Chaya* as a normal physiological response to various endogenic and exogenic stimuli, when the person continues to use the specific etiological factors, they undergo vitiation of *Dosha* and *Dushya* and get aggravated at their normal sites. It is known as *Prakopawastha*. This progresses to subsequent stage and the *Dosha* migrate through the body. It is known as *Prasarawastha*. Ultimately it gets lodged in *Guda* after vitiating *Rakta* and *Mamsa*. Here it is known as *Sthanasanshray*. At this stage patients will have different *Purvarupa* like pain in waist (*Katikapala*), itching, burning sensation and swelling at the anus along with formation of *Pidika*.

In the *Vyakta* stage *Pidika* suppurates and continuously passes different types of discharge through it with association of various kinds of pain. If neglected, it causes *Darana* of *Vasti*, *Guda* and *Bhaga* and discharge *Vata*, *Mutra*, *Pureesha* and *Retash* through it, which is termed as *Bhedavastha*. Here, *Vata* is the predominant *Dosha* accompanied by *Pitta* and *Kapha*.

The second type of *Samprapti* is due to *Agantuja* reasons where the wound occurs first and then the *Doshas*

get accumulated producing further symptoms. When the wound is produced simultaneously there is vitiation of *Dosha* associated with pain and discharge.

Prognosis

Bhagandara is considered as one of the *Mahagada* i.e. the disease that is difficult to cure.

All types of *Bhagandara* are *Krichchhsadhya* (curable with difficulty) except *Shambukavarta* (*Tridoshaja*) and *Unmargi* (*Agantuja*), which are *Asadhya* (incurable)^{14,15}.

Management of Bhagandara

▪ The management of *Bhagandara* can be divided in 4 major types.

- A. Preventive measures
- B. Surgical measures
- C. Para-surgical measures
- D. Adjuvant measures

There are different lines of treatment in different stages (*Awastha*) of *Bhagandara*. It depends on two parameters viz¹⁶.

1. *Bhagandara pidika chikitsa* (i.e. in *Apakvawastha*) &
2. *Bhagandara chikitsa* (in *Pakvawastha*)

Preventive measures

It includes

- 1) Avoidance of causative factor
- 2) *Bhagandara pidika chikitsa*

Management of Bhagandara Pidika

The eleven measures which is described in *Dvivraniyeadhyaye*, is used for management of *Apakva Bhagandara pidika*.

The eleven measures are *Aptarpana*, *Alepa*, *Parisheka*, *Abhyanga*, *Swedana*, *Vimlapana*, *Upnaha*, *Pachana*, *Vishravana*, *Snehana*, *Vamana* and *Virechana*¹⁷.

Surgical Procedure of Bhagandara

Acharya Sushruta has described a general surgical treatment for all types of *Bhagandara*. We can define total procedure in such way:

1. Pre-operative Procedure

- First step :- The affected part of the patient should be oiled by *Sneha dravya*.
- Second step :-*Avagaha swedana*.
- Third step :-*Langhan* and *Virechan*.

Surgical Procedure

- According to *Acharya Sushruta*, incision over the track should be of different types, depending upon the type of the *Bhagandara*.
- *Arvachina Bhagandara*
- In case of *Arvachina*, the *Bhagandara yantra* should be introduced into the *Guda* to locate the internal opening and then the patient should be asked to strain (*Pravahana*). While straining, a probe should be introduced into the internal opening under direct vision. After establishing the diagnosis, fistulous track should be excised followed by *Kshara karma* and *Agnikarma*.

▪ *Parachina Bhagandara*

- In case of *Parachina*, *Eshani* should be introduced in track through external opening, the tissue is raised and then whole track excised from the base.

Post-operative Measures:

Aim of post-operative procedure

- To avoid post-operative complications
- To reduce pain and inflammation
- To enhance rate of wound healing etc.

Various medications are used for the purpose of *Shodhana* and *Ropana*.

(A) Para Surgical Management (Ambulatory Treatment)

Para surgical measures have been employed in the management of *Bhagandara* either alone or in combination as auxiliary to surgical procedure. The most common Para-surgical procedures adopted are.

- Raktamokshana* (Blood letting)
- Kshara Karma* (Chemical cauterization)
- Agnikarma* (Thermal cautery)

Raktamokshana

Majority of authors have suggested *Raktamokshana* in the management of *Bhagandara pidika* to prevent suppuration and further progression of disease. The *Raktamokshana* alleviate the vitiated *Dosa* in *Amavastha*. Hence it is a precautionary measure than the treatment of *Bhagandara*.

Kshara Karma

There is no comparison of *Kshara* therapy in the management of *Bhagandara*. *Kshara* is very useful in curing non-healing ulcers (*Dushta Vrana*) and also in reducing the inflammation. *Bhagandara* is also a type of *Dushta Vrana*. The use of *Kshara* in the cases of *Bhagandara* is having a wide scope of application with greater success.

Ksharsutra

Ksharsutra is a kind of *Kshara*-therapy, which is applied with the help of thread. It has been observed earlier that *Kshara* has always been used as an adjuvant to the surgical procedure in *Bhagandara*, but the *Ksharsutra* owes the credit of standing as a complete treatment of *Bhagandara* without the aid of any other operative procedure.

Agnikarma

This is cauterization of necrosed unhealthy tissue by *Agni*. *Agnikarma* is indicated in all types of *Bhagandara* except *Ushtragreeva Bhagandara*, because of involvement of *Pitta dosha*. After exploration of track, *Agnikarma* is done to cauterize necrosed tissue and to check the bleeding. The aim of thermal cauterization may be to burn away necrosed and hard fibrous tissue, which prevents the healing of the track.

According to *Acharya Vagbhata*, the entire orifice discharging fluids should be cut open and burnt by *Agnikarma*. Only then the *Bhagandara* does not recur again¹⁸.

CONCLUSION

Based on the detailed review of different *Ayurvedic* texts, it can be concluded as:

- *Bhagandara* is a disease of *Guda-pradesha* which is difficult to treat.
- *Acharya Sushruta* has described the disease of *Bhagandara* in great detail.
- All types of *Bhagandara* are *Krichchhsadhya* (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*.
- *Acharya Sushruta* has described preventive and curative (Para-surgical and Surgical) measures of the disease in detail.
- *Ksharsutra* treatment is an effective treatment modality in the treatment of *Bhagandara*.

REFERENCES

1. Shashtri A.D., Sushrut Samhita in Ayurveda Tatva Sandipika, chaukhamba Sanskrit sansthan, sutra sthanam chapter 33/4 Page-126.
2. Susruta Samhita, Text with English translation, Dalhana's commentary along with critical notes, Edited and translated by Priya Vrat Sharma, Vol.II, published by Chaukhambha Viswabharati, Oriental Publishers and Distributors K-37/109, Gopal Mandir lane Varanasi, Chapter IV/ 1-8, Page-32-35
3. Susruta Samhita Chikitsa Sthana, Text with English translation, Dalhana's commentary along with critical notes, Edited and translated by Priya Vrat Sharma, Vol.II, published by Chaukhambha Viswabharati, Oriental Publishers and Distributors K-37/109, Gopal Mandir lane Varanasi, Chapter VIII/ V-4, Page-349
4. Prof. Sharma P.V. in Caraka Samhita by maharsiagnivesh with English translation, Chaukhambha Orientelia Varanasi, vol II chikitsa sthanam, syavthu chikitsa chapter 12/96,p-203.
5. Dr. TripathiBhramanand in Astanghridyam, nirmala Hindi commentary, chaukhambha Sanskrit sansthan Delhi, uttarsthan chapter 28/12-14,P-1094
6. Shashtri A.D., Sushrut Samhita in Ayurveda Tatva Sandipika, chaukhamba Sanskrit sansthan, nidan sthanam chapter Su. Ni. 4/11
7. Shashtri A.D., Sushrut Samhita in Ayurveda Tatva Sandipika, chaukhamba Sanskrit sansthan, nidan sthanam chapter Su. Ni. 4/12
8. Prof. Sharma P.V. in Caraka Samhita by maharsi Agnivesh with English translation, Chaukhambha Orientelia Varanasi, vol II chikitsa sthanam, syavthu chikitsa chapter 12/96,p-203.
9. Dr. TripathiBhramanand in Astanghridyam, nirmala Hindi commentary, chaukhambha Sanskrit sansthan Delhi, uttar sthan chapter 28/1-2,P-1092
10. Shashtri A.D., Sushrut Samhita in Ayurveda Tatva Sandipika, chaukhamba Sanskrit sansthan, nidan sthanam chapter Su. Ni. 4/31

11. Dr. Tripathi Bhramanand in Astanghridyam, nirmala Hindi commentary, chaukhamba Sanskrit sansthan Delhi, uttar sthan chapter-28/5
12. Prof. Upadhyaya Yadunandana, in Madhava Nidanam of srimadhavkara, Hindi commentary, chaukhamba prakashanvaranasi edition reprint 2014, Bhagandar nidan chapter 46/160.
13. Dr. Sitarambulusu, in Bhava prakash of Bhavamishra, chaukhamba orientalia, Varanasi, (madhyam and uttarkhand) Vol.II, Bhagandaradhikar, chapter 50 p- 512.
14. Shashtri A.D., Sushrut Samhita in Ayurveda Tatva Sandipika, chaukhamba Sanskrit sansthan, nidan sthanam chapter Su.Ni. 4/13
15. Shashtri A.D., Sushrut Samhita in Ayurveda Tatva Sandipika, chaukhamba Sanskrit sansthan, chiktsha sthanam chapter Su.Chi. 8/3
16. Indradevtripathi, in Gadnigrah of Acharya Sodhal, Vidyotini commentary chaukhamba Sanskrit series, vaaranashi, Gadnigraha-uttar 7/10-14
17. Shashtri A.D., Sushrut Samhita in Ayurveda Tatva Sandipika, chaukhamba Sanskrit sansthan, chiktsha sthanam chapter Su.Chi. 8/4
18. Dr. Tripathi Bhramanand in Astanghridyam, nirmala Hindi commentary, chaukhamba Sanskrit sansthan Delhi, Uttar sthan chapter 28/32 P-1096

Cite this article as:

Shaheen Ahmad Mir, P. Hemantha Kumar. Bhagandara and its Management in Ayurveda: A Conceptual Study. International Journal of Ayurveda and Pharma Research. 2017;5(8):100-104.

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

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