



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

DR ANUJ KUMAR RAY

Assistant Professor, Deptt. Of Shalya, KVS Institute of Ayurvedic Medical Science and Research Centre, Mardapur, Baksapur, Ghazipur, UP.

CORESSPONDING AUTHOR – Dr Anuj Kumar Ray, Assistant Professor, Deptt. Of Shalya, KVS Institute of Ayurvedic Medical Science and Research Centre, Mardapur, Baksapur, Ghazipur, UP.

ABSTRACT

Ayurveda is an age-old discipline that is regarded as the science of life. Its basic credo is "maintain health of healthy person first, then cure the disease," which encourages a long, disease-free life. Ayurveda has eight outstanding branches and is a vast ocean of knowledge. Shalya Tantra is the most important branch among them and is rich in surgical philosophy. According to history, the time of Acharya Sushrut was the pinnacle of surgery, when a wide range of surgical treatments were carried out. Acharya has also written extensively about anorectal and perineal surgery, emphasizing both surgical and non-surgical treatments. Bhagandara is covered in several methodical, scientifically-detailed accounts in early Ayurvedic books. It is a widespread anorectal condition that affects people all over the world. Bhagandara is one of the Ashta Mahagada, and since it takes so long to heal, it is said to be difficult to treat. Acharya emphasized the treatment's limitations by referring to it as Duschikitsya Vyadhi. Because of this, this study has focused on the treatment of different varieties of Bhagandara and the discretion that is offered.

KEY WORDS- Bhagandara, Anal fistula, Ashtamahagada, etc.

INTRODUCTION

Ano-rectal conditions like Arsha and Bhagandara are among those that are thought to be difficult to treat. One of the Ashta Mahagadas is said to be Bhagandara. Bhagandara is covered in several methodical, scientific, and in-depth descriptions in early Ayurvedic books. One of the most widespread ano-rectal conditions affecting people globally is this one. In Bhaga, Guda, and Basti Pradesh, the word "Bhagandara" literally means "Darana" or "splitting up or piercing of the perianal region." The suppurative stage is known as Bhagandara, and the pre-suppurative stage is referred to as Pidika. Bhagandara is associated with an inflammatory reaction to an anal gland infection that results in the production of an unhealthy track made of harmful granulation tissue and fibrous tissue, according to modern research.¹

In Bhaga, Guda, and Basti Pradesh, the word "Bhagandara" literally means "Darana" or "splitting up or piercing of the perianal region." The suppurative stage is known as Bhagandara, and the pre-suppurative stage is referred

to as Pidika. Bhagandara is associated with an inflammatory reaction to an anal gland infection that results in the production of an unhealthy track made of harmful granulation tissue and fibrous tissue, according to modern research.²

It is characterized by ongoing pus discharge and sporadic discomfort, both of which, if left untreated, can result in several problems. Despite not being life-threatening, this condition causes problems in daily living. The ulcer irritates the individual because it is at an area of the body that is more vulnerable to infection and continuous pus discharge. From a surgical standpoint, history indicates that Acharya Sushruta's time was the "golden age of surgery," during which a variety of surgical treatments were carried out. Considering Chikitsa, Acharya has defined nearly every type of care, with which surgery is still incomparable. Furthermore, Acharya has written extensively about anorectal and perineal surgery, emphasizing its kinds and, as a result, its surgical and parasurgical interventions.³

TYPES OF BHAGANDARA

SUSHRUTA'S CLASSIFICATION

He divided the illness into the following five categories: Shataponaka, Ushtragreeva, Parisraavee, Shambooka-avarta, and Unmaargee. While Unmaargee derives from Abhigaata (trauma), these types exhibit Doshic preponderance of Vaata, Pitta, Kapha, and Tridoshaja Sannipata, respectively, till Shambooka-avarta.⁴

VAAGBHATTA CLASSIFICATION

The total number of Bhagandaras is eight since, in addition to the five variations already stated by Sushruta, Vaagbhata also introduces three additional sorts, namely Parikshepee, Riju, and Arsh bhagandara. These additional three categories, according to Vaagbhata, are a result of the supremacy of two Doshas (Dvandaja). As a result, Vaata and Pitta are dominant in Parikshepee, Vaata and Kapha are predominant in Riju, and Pitta and Kapha are predominant in Arshobhagandara.⁵

AETIOPATHOLOGY OF DIFFERENT TYPES OF

BHAGANDARA SHATAPONAKA BHAGANDARA

Shatponaka, which according to Acharya Dalhana means "hundred," may be understood as an abscess with several openings, such as Chalanika (sieve), and is referred to as Shooka Dosha, which is a sickness. Therefore, fistula and rectal sinuses with numerous little holes are also known as Shataponaka. Goligher compares this kind of Bhagandara to a watering can in appearance.⁶

Ushtragreeva exhibits two stages of clinical features, namely the Pidika (boil) stage and the Bhagandaraproper stage. The Pidika has a crimson color, a thin texture, and a raised neck that resembles a camel's, along with a burning feeling. Neglecting this step results in suppuration. In the correct Bhagandara stage, the searing pain feels as though it were caused by fire or caustics, and the discharge is warm and foul. If this ailment is left untreated, it will get worse and leak flatus, feces, urine, and semen from the perforations.⁷

NIDANA (AETIOLOGY) OF BHAGANDARA

The following factors are responsible for pathogenesis of Bhagandara:

AHARAJA

- 1) Ruksha or Kashaya-Rasa Sevana
- 2) Apathya Sevana
- 3) Asthi yukta Ahara Sevanaa

VIHARAJA

- 1) Excessive coitus
- 2) Sitting in awkward posture
- 3) Straining during defecation
- 4) Excessive Horse & elephant ride

AGANTUJA FACTORS

- 1) Krimi
- 2) Asthi shalya
- 3) Improper use of Vasti – Netra
- 4) Manas dosh

CLASSIFICATION OF BHAGANDARA

Based on Dosha prevalence and clinical manifestation of its pathogenesis.

According to Sushruta

There are five types of Bhagandara

1. Shatponaka –

Dosha –Vata,

Feature- Toda, Tadana, Chedana, Vyadhana, Guda darana

Discharge - Excessive phenila discharge

Appearance- Sieve like, fistula with multiple external opening.

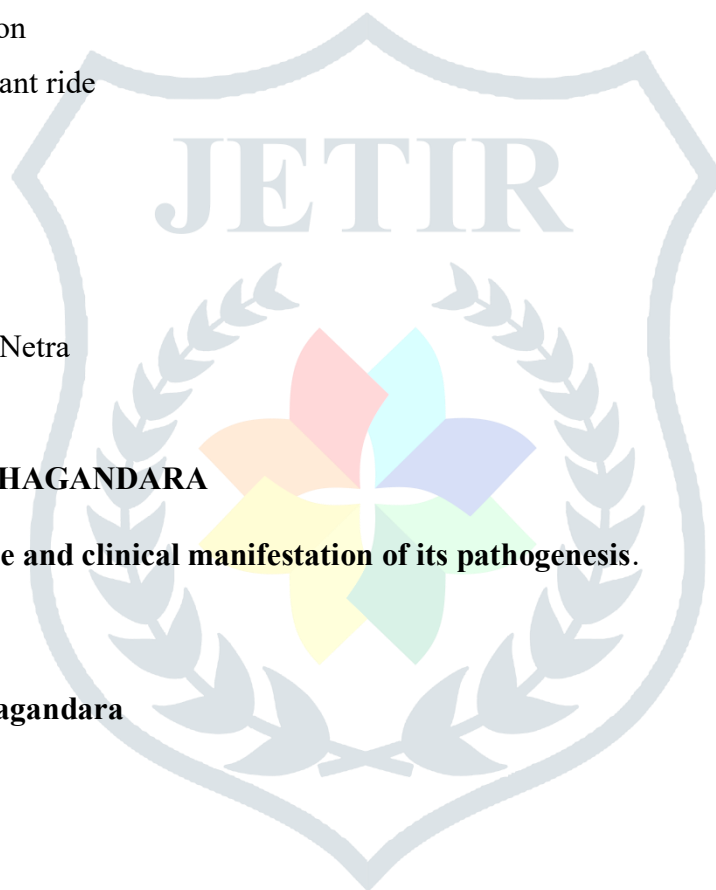
2. Ustragreva –

Dosha –Pitta

Features- Chosha as if Kshara or Agni being touched to a wound

Discharge- Ushna & durgandhita smell

Appearance- Camel's neck like



3. Parisravi –**Dosha-** Kapha**Feature-** Kandu, mild pain**Discharge-** Continuous and slimy,**Appearance-** Whitish.**4. Shabukavarta –****Dosha-** Vata along with Pitta - Kapha, Features- Toda, Daha, Kandu migratory pain around the Anal canal**Discharge-** Multi colour**Appearance –** Tip of great toe, turns of conch**5. Unmargi/Agantuj –****Dosha–** Trauma to Rectum or Anal canal**Features-** Kotha of Mamsa and Rakta infestation with Krimi**Discharge-** Pus, faces, flatus, urine, semen**Appearance-** No specific course of track.**PARISTRABI BHAGANDARA**

According to Aachaarya Sushrutaprovocated Vayu carries the vitiated Kapha in the location of Guda and results in Paristrabi Bhagandara, thus the word Paristrabi, which refers to its constant discharge. It might fall under the categories of intersphincteric fistula or tuberculous fistula. The patient often complains of lubricous discharge and itching. The track often leads either a long horizontal route or a high rectal circuit.⁸

SHAMBOOKAARVATA BHAGANDARA

This kind of Bhagandara has Tridoshic status. As a result, it displays all the symptoms associated with each Doshic condition, leading to a complicated variety of Bhagandara. The Bhagandara wound comes in a variety of colors, has a variable level of agony, and resembles the spiral ridges on a snail or the whirls in a river. The patient exhibits general symptoms as well, including discomfort, hunger, thirst, burning, fever, vomiting, etc., and the Shambookaavarta Pidakaa (boil) resembles a cow's udder, according to Vaagbhatha. When all the remarks and descriptions about Shambookaavarta Bhagandara are considered, the tract is curved in form and resembles a fistula in the shape of a horse shoe.⁹

UNMARGI BHAGANDARA

This kind of Bhagandara first arises without the involvement of Doshas and is caused by traumatic aetiology. "Krimis" are the primary cause of tract development. The absence of the Pidakaa in this type is likely because, unlike the Bhagandara, which is generated immediately by the Krimi (worms or maggots) in this instance

without the initial construction of the Pidaka. Therefore, the clinical characteristics of this variant of Bhagandara are largely influenced by Krimi, trauma history, and bone fragment intake. Sushruta also mentions the release of flatus, feces, urine, and semen via the holes in addition to these symptoms.¹⁰

PARIKSHEPEE BHAGANDARA

The Doshic preponderance of Vaata and Pitta was cited by AachaaryaVaagbhatha as the cause of ParikshepeeBhagandara. It depends on the clinical situation. It round the rectum in a manner like the Bhagandara horseshoe. ShambookaavartaBhagandara, as described by Sushruta, can thus be seen as falling within the same category. The track that encircles Guda, according to AachaaryaArundudda and Indu, may resemble an anterior horseshoe Ischio rectal fistula.¹¹

RIJU BHAGANDARA

It has been said that Riju Bhagandara is the one with a straight tract in the anterior half that opens directly into the anal canal. Vata and Kapha Dosha were described by Acharya Vagbhata as having contributed to the construction of Riju Bhagandara. Any of the Bhagandara varieties that enter directly to the anal canal might be considered Riju Bhagandara.¹²

ARSHO BHAGANDARA

This third extra variation of Bhaganda reported by Vaagbhatha has a Pitta and Kapha doshic preponderance. ArshoBhaganda's distinguishing characteristic is that it is located at the base of a pile mass.¹³

SAADHYAASAADHYATVA

Bhagandarain the Ashtamahaagada was cited by Aachaarya Sushruta, suggesting that it is challenging to cure Bhagandara.¹⁴

SAADHYA-ASAADHYATVA

The Sannipaataja and Aagantujavarieties are Asaadhya, while the remaining are Krichchhasaadhya, according to AachaaryaSushruta. Additionally, any Bhagandara that produces flatulence, feces, urine, semen, or Krimi is regarded as incurable; hence, if the fistula connects higher with the rectum, urethra, bladder, or prostate, it becomes incurable. It is also thought that the Bhagandara tract, which traverses both Pravaahaneer Valee and Sevaneer, is incurable.¹⁵

PREVENTION OF BHAGANDARA MANAGEMENT

Medical science holds that prevention is preferable to treatment. It implies that this is the better component of a disease management program. According to Ayurveda, if specific precautions and steps are followed at the right times, the pathogenesis of a disease can be halted at various stages before it manifests as the disease itself. The same guidelines can also be used to treat Bhagandara illness.¹⁶

Aalepa, Parisheka, Vimlaapana, and Upaanaaha are among them, and the others are regarded as broad measurements. The goal of this treatment is to restore vitiated Doshas to their natural states in order to preserve

the balance of the Doshas, Dhatus, and Malas. The Pidakaa formed as a result of the imbalance of these variables likewise diminishes when the vitiated Dosha's are returned to normal, and further pathogenesis will be stopped at this point. For the same objective, Vaagbhatta adopted extra Shodhana, Raktamokshana, and Parisheka measures at the Pidaka stage.¹⁷

CURATIVE MANAGEMENT

1. Management of ApakvaPidika
2. Management of Pakva Pidika
3. Management of different types of Bhagandara

POORVAKARMA

PREPARATION OF THE PATIENT

Snehana, Svedana, Langhana, and Anulomana (Mridu Virechana) Aavaghana should be performed before to the surgical treatment.

POSITION OF PATIENTS

The patient should be forced to lie down on a table, and the lithotomic position should be administered as explained for the Arsha (piles) surgery.

TREATMENT

The bhagandara Yantras are virtually identical to the two varieties of Arsho Yantras, the Ekachchidram and the Dvichchidram. The Yantra in men should be four angulins long and five angulins in diameter. However, the Yantra should be as long as the patient's palm and six Angulas in circumference in the case of females. Ghrita is used to lubricate the Bhagandarayantra and anal orifice. Yantra is then placed into the Guda after the patient is told to strain down.¹⁸

PRADHANAKARMA

GENERAL AYURVEDIC SURGICAL PROCEDURE IN BHAGANDARA

On the table, the patient should be in the lithotomic posture. After that, the anus should be lubricated, and the Bhagandaratract should be checked to see whether it is Paraacheena (external blindness) or Avaacheena (interior blindness). The Eshaneeyantra (probe) is inserted into the external aperture in the case of ParaacheenaBhagandara, and the entire tract has to be removed from the root. However, in the case of AvaacheenaBhagandara, BhagandaraYantra is inserted into the anal canal, and the patient should be instructed to strain. The Eshani (probe) is inserted into the internal orifice during straining. After that, the whole tract is removed, and Kshaaraor Agni is used to cauterize the area. In contemporary terms, Sushruta's method is equivalent to a fistulectomy.¹⁹

TREATMENT OF DIFFERENT TYPES OF BHAGANDARA

According to Acharya, one track should be removed at a time, and once it has healed, the other track should be used in a similar manner. When all tracks are being used simultaneously, it causes Guda Vidarna, or sphincter function impairment, which can result in flatus, feces, and urine incontinence. There are two suggested procedures: Chhedana and Kshaara Karma. Agni karma is contraindicated. Illtreated with Ghrita application and Parisheka with Ghrita are recommended.²⁰

USHTRAGREEVA

There are two suggested procedures: Chhedana and KshaaraKarma. It is not advised to use agni karma. It is advised to apply Tila treated with Ghrita and Parisheka with Ghrita.

PARISRAAVEE

Chandraardha, Chandrachakra, Soocheemukha, Avaangmukha, and Kharjoorapatraka are the incisions listed. After excising the tracts, Agniand Kshaara Karma is performed. It is recommended to do Parisheka of the anorectal area with Anutaila, Upanaaha, Parisheka with Gomootra, and Kshaara (Apaamaarga).

CONCLUSION

If appropriate Pathya (wholesome dietetics) and Apathya (unwholesome dietetics) are not recommended to the patient, the Chikitsaa of any ailment in Ayurveda is incomplete. SushrutaSamhita and Bhaishajya Ratna provide the recommendations for the patient to follow in this way. Many precise, meticulous descriptions of bhangandara are found when old Ayurvedic writings are searched for them. Following a careful examination of several Ayurvedic works, it is possible to state that: Bhaganda is one of the Ashta Mahagada, and due to the painstaking nature of its therapy, it is regarded to be challenging to cure. Acharya explained this as a constraint on the therapy known as Duschikitsya Vyadhi. Although all types of Bhagandara are Krichchhsadhya (curable with difficulty) except for Shambukavarta (Tridoshaja) and Unmargi (Agantuja), which are Asadhya (incurable), Acharya Sushruta has very well described in detail the complete manifestation of the disease along with its types and its management in details which can be correlated with the modern classification. AyurvedaIn order to address the Bhagandarain of the present by correctly diagnosing the kind and its Saadhya-asaadhyatva, this article has focused on the available knowledge on several sorts of Bhagandara and its management.

CONFLICT OF INTEREST – NIL

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