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B.32/16 A., Flat No.2/1, Gopalkunj, Nariya, Lanka, Varanasi, U.P., India

Mobile : 09935784387, Tel. 0542-2310539, e-mail : maneeshashukla76@rediffmail.com, www.anvikshikijournal.com

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CONCEPT OF BHAGANDAR (FISTULA IN ANO)

DR. SANJAY SINGH CHAUHAN*

Declaration

The Declaration of the author for publication of Research Paper in The Indian Journal of Research Anvikshiki ISSN 0973-9777 Bi-monthly International Journal of all Research: I, *Sanjay Singh Chauhan* the author of the research paper entitled CONCEPT OF BHAGANDAR (FISTULA IN ANO) declare that , I take the responsibility of the content and material of my paper as I myself have written it and also have read the manuscript of my paper carefully. Also, I hereby give my consent to publish my paper in Anvikshiki journal , This Research paper is my original work and no part of it or it's similar version is Published or has been sent for Publication anywhere else. I authorise the Editorial Board of the Journal to modify and edit the manuscript. I also give my consent to the Editor of Anvikshiki Journal to own the copyright of my Research Paper.

Abstract

In Ayurvedic classics there is description of bhgandar but its description is mainly based on clinical symptoms. Bhagandara closely resemble with fistula in ano. In the present paper emphasis has been made to understand different types of bhagandara with pictorial and radiological presentation. The images of patient and radiological findings are obtained from department. Keyword : Bhagandara, Ustragreeva , Shataparak , Parisravi, shambukavarta, Unmargi, Arshobhagandara and fistula in ano

Introduction

There are many diseases from which humanity suffer since the onset of civilization. The disease *Bhagandara* is one of them which are very difficult to treat as well as to understand this is the reason that *Sushruta* included it in to *astamahagada* (Eight diseases which are difficult to treat). *Bhagandara* is one of the commonest diseases that occur in ano–rectal region.

Bagandara is a disease that exists since the early days of evolution of humans. In India, the disease was known from very early days. However *Vedic* era gives no clear information about the disease but description of this disease is available in all *Ayurvedic* classics.

Agnipurana (BC10-11 centuries AD) was first ancient literature, which mentioned *Bhagandra* as a disease has clear-cut description and its management.

*[MS (AY) IMS BHU] Assistant Professor, Dept of Shalya Shalakyas, Jeevak Ayurved College, Chandauli (U.P.) India. e-Mail : drsanjaybhu06@gmail.com

Charak has described the causative factor, pathogenesis and treatment of *Bhagandara* in brief in the chapter of management of *shotha*.

Sushruta, father of Indian Surgery was the first person to describe in detail the aetiology, pathology, varieties and the surgical management of the disease. His experience and knowledge of limitations of treatment made him term *Bhagandara* as a '*Mahagada*'.

Vagbhat has followed the *Sushruta* and provides a similar description of the disease and its management, but has added on three more varieties of *Bhagandara*.

Madhavakara, *Sharangadhara* and others also has similar type of description as *sushruta* but have added on few extra medical preparations for its management.

Etymology

The word *Bhagandara* is composed of two words, '*Bhaga*' & '*Darana*'

1. भगं गुह्यमुष्कमध्यस्थानम् । (S.K.D)
2. भगं परिसमन्ताद्यौ गुदबस्तौ तथैव च । (Bhoja)

i.e. the area between the anus, bladder and genitalia is defined as *Bhaga*. *Bhaga* is used as a synonym to *yoni* (vagina) and *mehana* (penis).

The second word "*Daran*" is defined as;

दारयदि नाशयति इति । (S.K.D)

i.e. to tear or destroy

So, *Bhagandara* can be defined, as a type of wound manifested in close approximation of anus, genitalia and bladder regions, secondary to suppuration of an abscess (*Bhagandara pidaka*) resulting in tearing or destruction of these areas.

Definition

1. ते तु भगं गुद बस्ति प्रदेशदरणाच्च "भगन्दरइत्युच्यते" । (S.Ni.4/3)
2. अभिन्न पिडका भिनास्तु भगंदरा; । (S.Ni.4/3)
3. गुदस्य पार्श्वे पिडका भृशार्तिः पक्वप्रभिनात्सु भगन्दरः स्यात् । (Ch.Chi.12/16)
4. भगं परिसमन्ताद्यौ गुदवस्तौ तथैव च । भगवद्वारयेद्यस्यान्तरस्माज्जेयो भगन्दरः ॥ (B.P.B.A.50/3)

The *pidika*, which causes *daran* (tearing) around the *guda* (anus), *vasti* (bladder) & *yoni* (vagina or penis) is known as *bhagandara pidika* which, after suppuration is termed as *Bhagandara*.

भगन्दरः स सर्वांश्च दारयत्यक्रियावतः । भगबस्तिगदांस्तेषु दीर्यमाणेषु भूरिभिः । ॥ १४ ॥

According to *Sushruta*, there are four characteristic features of *Bhagandara*:

1. Formation of boil which is called *pidika* in its infective condition (Su.Ni4/3)
2. The boil should be within two fingers circumference of anal orifice and when it bursts called as *bhagandara* (su. Ni 4/ 11)
3. Deeply rooted.
4. Associated with pain and fever.

From references of various *Acharyas* we can infer that *Bhagandara* is primarily a disease of ano-rectal region, which may extend up to vulva and scrotal region. It manifests secondary to an abscess (*Bhagandara Pidika*) that appears in the 2 ½ *angula* radius of *guda*. If this *pidika* is not treated at the

earliest it burst with a wide opening and can lead to a chronic discharging tract. In complicated cases, there is discharge of flatus, feces and urine from this track.

According to *Sushruta* there are 5 characteristic features of *Bhagandara*:

1. Formation of *pidika*
2. The *pidika* should be within two-finger periphery of *guda*.
3. *Pidika* should be deeply rooted.
4. The *pidika* is associated with pain and fever.
5. When the *pidika* burst it is known as *Bhagandara*.

According to *vagbhata* not all abscess in these region should be termed as *bhagandara pidika*. Only those with certain characteristic features will lead to causation of *bhagandara*. The features of such abscess are :

गूढमूलां ससंरम्भां रुगाढ्यां रुढकोपिनीम् ।। 6 ।।

भगन्दरकरी विद्यात् पिटिकां न त्वतोऽन्यथा ।

1. it should be deep rooted.
2. it should have sign of inflammation
3. it should be associated with severe pain
4. it should be associated with high rate of recurrence.

Bhagandara Nidan (Causes of fistula in ano)

Nidan of *Bhagandara* has to be revised in the light of etiological factor's, which causes vitiation of *doshas*. Regarding *Bhagandara nidan* every *Acharyas* had described it differently.

According to *acharya Charak* main cause of *Bhagandara* is *bhagandara pidika*, which occurs due to improper *ahara-vihara*. Apart from this, he also mentioned that excessive intercourse (*vyawaya*), straining during defecation (*pravahan*), uncomfortable sitting postures (*utkatason*) and excessive horse riding (*pristhayan*) can lead to generation of the disease. He also mentioned role of *krimi* and foreign particles like *trina* and *asthi* which are taken along with food and can injured the passage.

Acharya Sushruta has mentioned the main cause of *Agantuja Bhagandara* is *apathya sevan*, especially foods which contain bony pieces.

According to *Vagbhata*, horse riding, sitting in uncomfortable position for long time, sitting on hard seat, *asthishalya*, improper use of *vasti netra*, *papkarma* and *ninda* of *sajjanas* can cause *Bhagandara*.

Madhavakara has specially mentioned role of *kasaya rasa* and *ruksha guna* in *ahara* in etiology of the disease along with *asthi shalya*, which is the main causative factor of *Agantuja Bhagandara*.

According to *Bhavprakash* obesity promotes formation of *pidika* that may lead to *Bhagandara*.

In brief overall *nidan* of *Bhagandara* is:

1. Improper dietary Habits
2. Faulty Bowel Habits
3. Improper sitting posture
4. Excessive riding
5. Trauma
6. Infective organism

Samprapti of Bhagandara

For the better understanding of development of the disease one should know the *samprapti ghatak*.

Samprapti ghatak of *Bhagandara* can be described as follows:

T A B L E 2.3 *Samprapti of Bhagandara*

Nidan	Mithya ahara vihara
Pradhan dosha	Vata
Anubandhit dosha	Pitta, Kapha
Dushya	Mamsa, Rakta
Adhistan	Guda

Certain specific stages of vitiation of *doshas* are necessary, For the manifestation of any disease in the body, which are of prime importance from the point of view of understanding the disease as well as taking the steps for its prevention. *Acharya Sushruta* has termed these stages as “*Shatkriya kala*”. Stages of development of *Bhagandara* can be summarized as :

T A B L E 2.4 *Shatkriya kala*

Stage	<i>Kriyakala</i>	Features
Stage of Accumulation	<i>Sanchaya</i>	<i>Mithya ahara</i> , <i>vihar</i> or trauma to the local region causes accumulation of <i>dosha</i>
Stage of Provocation	<i>Prakopa</i>	<i>Dosha</i> get aggravated because the continued indulgence in <i>nidan</i> causing aggravation of <i>dosha</i> locally.
Stage of Propagation	<i>Prasara</i>	Aggravated <i>dosha</i> migrates from their own sites and circulate throughout the body.
Stage of Localization	<i>Sthansamshraya</i> or <i>purvarupa</i>	<i>Dosha</i> now localized in and around <i>guda</i> , vitiate the <i>rakta</i> and <i>mamsa</i> and cause pain, itching, and burning sensation in hip region and swelling around <i>guda</i> .
Stage of Manifestation	<i>Vyakti</i> or <i>Rupa</i>	<i>Bhagandara pidika</i> (on suppuration) <i>Bhagandara</i> .
Stage of Complications	<i>Bheda</i>	The track goes deeper, vitiating deeper <i>dhatu</i> s and <i>ashayas</i> , communicate with them and discharge flatus, faeces and semen from the openings.

Purvarupa of Bhagandara

Purvarupa of any disease suggests that the disease is yet to appear and it is in pathogenesis stage. The *purvarupa* of *Bhagandara* includes pain in the *kati kapal* (pelvic region), itching, burning sensation and swelling around the *guda*. This becomes more prominent while riding on the back of the horse or elephant.

These *purvarupa* actually indicate the future formation of a *pidika* and not *Bhagandara* itself. Infact, formation of *pidika* serves as *purvarupa* of *Bhagandara*.

In short, the *Bhagandara pidika* is the only symptom which can be considered as *purvarupa* of *Bhagandara*.

Every *Acharya* has supported the above facts except *Vagbhatta*. He described that not every time *Bhagandara pidika* is converted into *Bhagandara*. That’s why he used the ward ‘*prayen*’ while mentioning the causes of *Bhagandara*, which indicates other etiologies also, can cause the disease.

Rupa of Bhagandra

Rupa of *Bhagandara* is described on the basis of predominance of *doshas*. It is briefly explained individually while describing individual type of *Bhagandara*.

The most cardinal *rupas* are discharging *vrana* within two finger periphery of *guda* with a history of *bhagandara pidika* which many time bursts then heals and recurs painfully and repeatedly.

Almost every *Acharya* has mentioned that *bhagandara vrana* is preceded by *bhagandara pidika*. *Sushruta*, while describing types of *Bhagandara* mentioned four types of *pidika* and *Vagabhatta* explained 6 types of *bhagandara pidika*.

Bhagandara Pidika

1. *Vataj Pidika*; These are of *arun* or *shyava varna* with different types *vedana* like *toda*, *bheda*, *sphruran* etc.
2. *Pittaj Pidika*; These are thin, red colored *pidika* elevated like the neck of camel and are *raga yukta* (inflamed) with local rise of temperature. Fever and sensation of fumes comes from it. They have *osha - chosa* type of *vedana*.
3. *Kaphaj Pidika*; These are hard, white or pale yellow colored *pidika* having itching sensation. This type of *pidika* is deeply seated.
4. *Sannipataj Pidika*; The size of these *pidika* is of the size of great toe (*padangustha pramana*) and shows symptoms of all three *doshas*.
Vagbhatta has added some complications like pain, anorexia, thirst, burning sensation, fever, and vomiting etc.
5. *Vatpittaj Pidika*; These are blackish or copper colored *pidika*, with severe pain, burning sensation and there is local rise of temperature.
6. *Kaphavataj Pidika*; Color of these *pidika* is slightly bluish or pale and it takes long time for suppuration.

Types of Bhagandara (Fistula in Ano)

Acharyas classifies *bhagandara* on the basis of various parameters. One of the most important is on the basis of involvement of *doshas* and clinical feature of each type of the disease.

In other words, it is the clinical consideration of its pathogenesis along with predominant *doshas* becomes the basis of classification of *Bhagandara*.

Types of *Bhaganadara* and involved *doshas* according to different *acharyas* are :

Charak Samhita; There is no any description about the varieties of *Bhabandara*. .

Shshruta Samhita; *Acharya Sushruta* described five types of *Bhagandara*:

1.	<i>Shatponaka</i>	Predominant <i>dosha</i> is <i>vata</i>
2.	<i>Ustragreeva</i>	Predominant <i>dosha</i> is <i>pitta</i>
3.	<i>Parisravi</i>	Predominant <i>dosha</i> is <i>kapha</i>
4.	<i>Shambukavarta</i>	Originated from all three <i>doshas</i>
5.	<i>Unmargi</i>	Caused by <i>agantuja</i> factors

Astanga Samgraha & Astanga Hridayam

Eight types of *Bhagandara* is described, out of which five are the same as mentioned by *Sushruta*, the rest three are³⁶ :

6.	<i>Parekshepi</i>	Predominant <i>dosha</i> is <i>vata & pitta</i>
7.	<i>Asrho</i>	Predominant <i>dosha</i> is <i>pitta & kapha</i>
8.	<i>Riju</i>	Predominant <i>dosha</i> is <i>kapha & vata</i>

On the basis of above description it seems that basically there are five types of *Bhagandara*. *Vagabhatta* mentioned three other types of *Bhagandara* namely *Parikshepi*, *Arso* and *Riju*. These three on closer analysis are not different from five original types. They occur in specific condition and are also deviated to some extent as the characteristics of disease are concerned. (*ShreeYadunandan Upadhyay*).

Clinically the three additional types of *Bhagandara*, as described by Vagbhatta can be covered under *Shambukavarta* (for *Parikshepi*) *Parishravi* (for *Riju*) and *Shatponka/ Ustragreeva* (for *Arsho bhagandara*) (*Sharma et al*).

Descriptions of Specific Bagandara (Fistula in Ano)

1. *Shatponaka Bhagandara*; In a person consuming unwholesome food, the *vata* undergoes *prokapa* and becomes localized in the region around anus, in on area about 1½ *angula* around the anus.



Fig: 2.1



Fig: 2.2

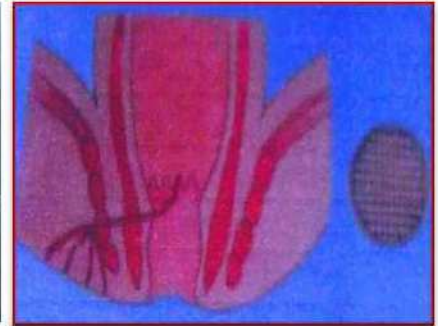


Fig: 2.3

It vitiates *mamsa* and *rakta* here and then produces a blackish red boil (*pidika*). If timely treatment is not taken it undergoes suppuration. The characteristic feature of this *Bhagandara* is that it has numerous openings like that of a sieve (*chalanika*). These numerous openings are similar to that of the numerous hairs present in horsetail. It is associated with striking, tearing, cutting and pricking pains along with tearing sensation in anus. If further neglected, flatus, urine, feces, and semen start coming out of those openings.

Ustragreeva Bhagandara; Due to unwholesome food, the *pitta* gets vitiated and is carried by the deranged *vata* downwards, makes it localized around anal canal producing a reddish, raised (like camel's neck) abscess which on suppuration leads to *Ustragreeva bhagandara*. This causes specific burning type of pain and if left untreated it suppurates. The resulting wound gives rise a sensation as it burnt by *agni* or *kshara* with fetid and warm discharge. If further neglected passage of flatus, urine, feces and semen is noticed from the opening of track.



Fig: 2.4



Fig: 2.5

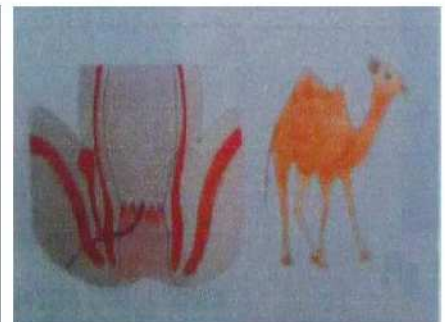


Fig: 2.6

Parishravi Bhagandara; If unwholesome diet and regimen followed by a person, it results in the vitiation of *kapha*. This is carried downwards by the aggravated *vata* and localizing around the anal canal, produces a firm, whitish abscess, which on suppuration leads to *Parishravi Bhagandara*. The resulting wound will be hard, indurated and painful. It is persistently itching and discharging. When further neglected, flatus, urine, feces and semen start coming out of those openings.



Fig: 2.7



Fig: 2.8

Shambukavarta Bhagandara; *Apathya ahara & vihara* causes vitiation of *pitta & kapha*, which is carried downwards by *prakupita vata*. It localizes around the anal canal producing an abscesses raised like great toe of the foot. It displays symptoms all three *doshas* and is characterized by different kind of pain like burning, itching etc. If left untreated, it undergoes suppuration. The wound exudes discharge of various colors and bouts of pain appear like whirlpool in river or spirals in snail shell.

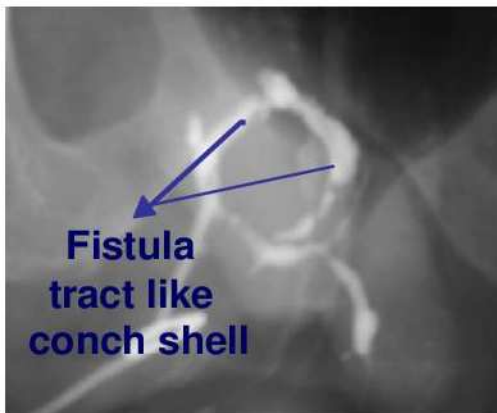


Fig: 2.10



Fig: 2.11

Unmargi Bhagandara; By carelessness or greed when a person consumes meat along with pieces of bone, these pieces get mixed with hard feces and reach the rectum and anal canal by stimulation of *apan vayu*. Here they become transverse and when expelled downward during defecation they rub against wall of rectum and anal canal causing injury. This injured part is infested with *krimi*, which progressively destroys the *mamsa* resulting in the formation of *Bhagadara*. Then putrefication occurs in wound. The traumatic wound is full of necrosed muscular tissue with pus and blood. It provides manures for production of *krimis*, which appears here just like *krimis* appears in lands moisten with water. These *krimis* eating the anus from various sides thus tearing it from which *mutra*, *purish* and *retasa* comes out.

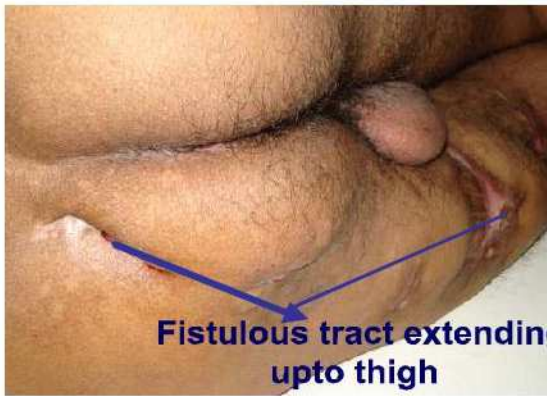


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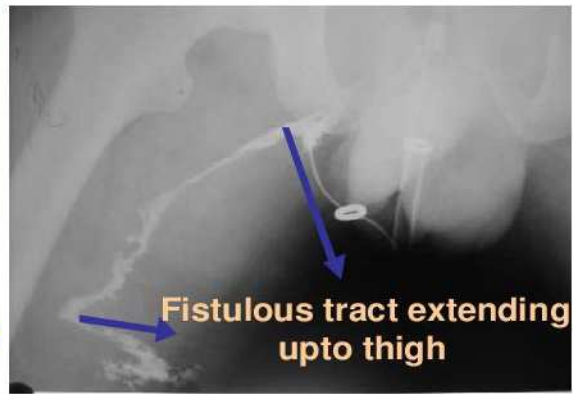


Fig: 2.15

Parikshepi Bhagandara; Vitiated *vata* and *pitta* localize around the anal canal and produce a copper coloured abscess. If ignored, the abscess suppurates and formed a curved track all around the anal canal just as a trench is present all around the fort.



Fig: 2.17

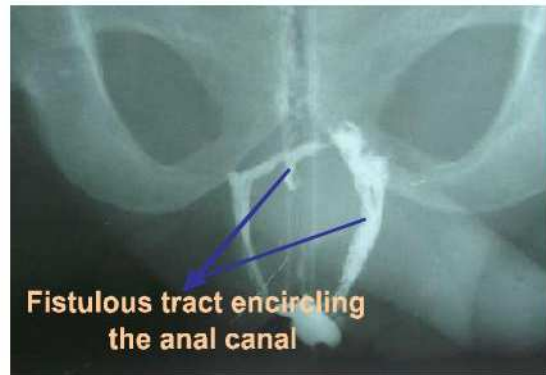


Fig: 2.18

Arsho Bhagandara; Vitiated *kapha* & *pitta* localize at the base of preexisting *arsha*, get aggravated producing pricking pain, burning and itching sensations. On suppuration it inundates the root of *arsha* and cause constant bleeding. Track of this *bhagandara* is present at the base of pile mass.

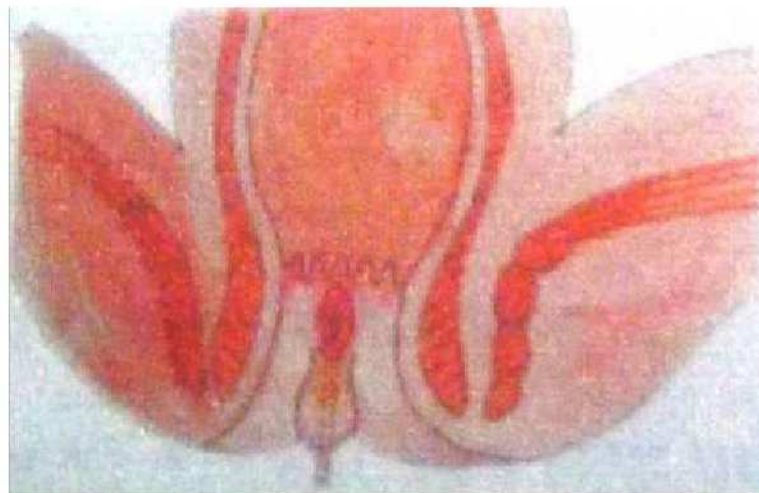


Fig: 2.20

Riju Bhagandara;

Aggravated *vata & kapha* causes a linear tear in anal canal thus producing a linear track. It is associated with severe pain⁴⁴.

-To break the dosha dushya sommurachana.

-To reduce the purvarupas.



Fig: 2.21

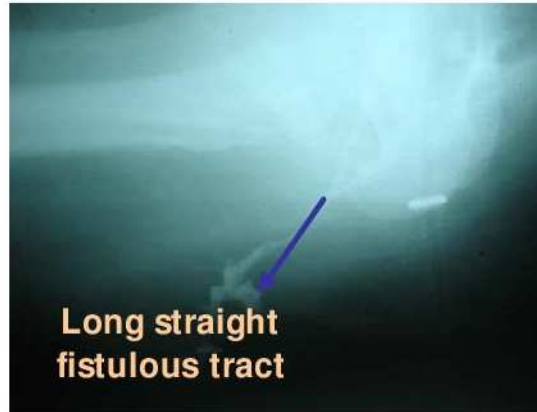


Fig: 2.22

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Appendix: Authors that employ mathematical modelling or complex statistics should place the mathematics in a technical appendix.

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