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# ARTICLE OF BHAGANDARA -FISTULA -IN ANO

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## ABSTRACT

The anorectal disorders are one of the most painful & pathologically invasive disorders. The prevalence anorectal disorders increase day by day due to the disturbed life style pattern. Fistula-in-ano (Bhagandara) is one of the most common ano rectal diseases which dealt with surgical approach. The word Bhagandara is composed of two words bhag and darana. Acharya Sushruta has included this disease in Asthamahagada. Bhagandara is a common disease occurring in the Ano- rectal region around the anus which extends up to the genitalia. First it occurs as a Pidika which develops in this region, when it burst it is called Bhagandara. It can be co-realated with fistula-in -Ano.

Fistula is a permanent abnormal passageway between two organs in the body or between an organ and the exterior of the body. Fistula can arise in any part of the body, but they are most common in the digestive tract. Now a day's fistula in-Ano is a very common disease. It is a chronic phase of Anorectal infection and is characterized by chronic purulent discharge or cyclical pain associated with the abscess refection and is characterized by chronic purulent discharge or cyclical pain associated with the abscess re-accumulation followed by intermittent spontaneous decompression. In this article we will study about Bhagandara, its causes, classification, sign & symptoms, management and many more descriptions according to Ayurveda and modern medicine.

**KEYWORDS**: Bhagandara, Fistula-in-Ano, Astamahagada, Ano-rectal etc.

## INTRODUCTION

Fistula in Ano is inflammatory track which has external opening (secondary) in the perennial skin and internal opening (primary) in the anal canal or rectum this track is lined by unhealthy tissue. Our Acharya's have also described surgical para-surgical and medical treatment for Bhagandara. According to Acharya Sushruta Chedankarma (excision) Bhedankarma (incision) are done over the track. He has also mentioned Kshara sutra for treatment of Nadi Vrana. Acharya Charaka has mentioned Kshara sutra for Bhagandara. Acharya Chakradatta has given idea about the preparation of Ksharsutra. The Ksharsutra owes the credit of standing as a complete treatment of Bhagandara without the Aid of any operative procedure.

## DEFINITION

The Daran of Bhag, Guda and Vasti with surrounding skin surface called Bhagandara. Further he has described that a deep rooted Apakvapidika with in two Angula circumference of Guda Pradesh associated with pain and fever is called Bhagandarapidika after bursting of Bhagandarapidika is called Bhagandara.

**Classification** Bhagandar can be classify on the basis of-

1. Aetiology
2. Prognosis

**(A). Aetiology** – Involvement of vitiated dosha clinical presentations

A. Presence and absence of external opening.

1. Antara mukha or Aravachina (Blind External).
2. Bahira mukha or Parachina (Blind internal).

According to Acharya Sushruta there are five types of Bhagandara

**1. Shatponaka** –Dosha –Vata,

Feature- Toda, tadana, chedana, vyadhana, gudadarana

Discharge - Continous Phenila discharge

Appearance-Water can or sieve like, multiple fistula

**2. Ustragreva** – Dosha –Pitta

Features- Chosha pain like kshara or Agni being applied to a wound.

Discharge- Ushna & Durgandhita smelling.

Appearance- Camel's neck.

**3. Parisravi** -Dosha- Kapha

Feature- kandu, less pain full

Discharge- Continous 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.

According to Ashatgsangrha 8 types of Bhagandara are described among these five types are same that of Sushruta and other there types are.

**6. Parikshepi**- Dosha- Vatta & Pitta.

Feature- curved track is formed all around the Anal canal.

Discharge-Pus & blood.

Appearance- Horse shoe shaped fistula.

**7. Riju** –Dosha–Vatta & kapha

Feature – Linear track associated with pain

Discharge- Pus

Appearance- Short straight track

**8. Arshobhagandara**- Dosha- Kapha & Pitta.

Feature- Located at the base of the Arsha, burning pain and itching sensation.

Discharge- continuous discharge, moist.

Appearance- fistula arises following infection of fissure bed with sentinel tag.

**Anatramukha** – the track open inside the anal canal or Rectum with no external opening its called Antarmukha.

**Bahirmukha**- the track has got on external opening in the perianal skin but the internal opening is blocked or abscent.

**(B) Prognosis** –Difficult to cure and incurable. In Ayurveda the disease has been described as Mahagada disease which are difficult to cure on the basis of prognosis, it can be categorized as curable and incurable. According to Acharya Sushruta all types of Bhagandara are curable with difficulty except Tridosasaja and traumatic those are incurable.

According to Acharya Vaghabhtta the nadi (track) of Bhagandara which cross Pravahinivali and Sevani are incurable. If Apan Vayu, Mutra, Purisha, Krimi and Shukra are expelled through Bhagandara it should be considered as incurable.

## DIAGNOSIS

### Goodsalls Rules

1. In general fistula with an external opening anterialy but with in1.5 inches from Anus connects to internal opening by a short radial track.
2. Fistula with an external opening posterior to transverse line track in curvilinear fashion in the posterior midline and often this is a Horse shoe fistula.

### Atiological Factor of Bhagandara According To Different Achraya

Aharaj-kshya rassevan, ruksha annasevan, mithyaahara (apathyasevan) asthiyuktaaharasevan. Viharaj factor–horse and elephant riding force fully defecation e excessive sexual activity sitting by awkward position

### Agantuj

1. As cause of haemorhiods
2. Trauma by Krimi
3. Trauma by Asthi
4. Improper use of Vastinetra.

### Mansik

1. Paap karma
2. Sadhu Sajjan ninda.

**Modern view** - The fistula-in-Ano usually as a sequel to some perennial abscess which has either been allowed to rupture spontaneously or has been incised late or in an inadequate or incorrect manner.

**A- Non-specific**-caused by cryptograndular infection and perinious Ano-rectal abscess.

**B- Specific Etiological factor**- T.B. IBS, Ulcerative colitis, fistula in ano due to infected fissure bed, chorons disease malignancy foreign body other abdominal condition producing a pelvic abscess.

**Purvarupa** – The Purvarupa of Bhagandara includes pain in katikapal region itching burning sensation and swelling in Guda these feature become more aggravated during riding and defecation.

**Rupa–** (sign & symptoms) The most typical sign and symptoms of Bhagandara are a discharging vrana with in two finger periphery of perinial region with a history of Bhagandara-pidika which bursts many time heals and recurs repeatedly and is pain full specific types of Bhagandara according to Doshaja involvement.

The management of Bhgandara can be categorized of as preventive and curative measure as give below Management of Bhagndara

**1. Preventive**

**2. Curative –** medical Surgical Parasurgical.

**Preventive**- Avoidance of causative factor

**Diet**- Guru Madhya, Asatmya food, Virudha Annapana.

**Life style** – Strenuous execise, excessive coitus, riding or driving, Vagavarodha, Atisahasv aatapa

**Management of Bhagandarapidika (Apakvaawastha**)

**1. Perventaion of suppuration of Bhagandarapidika**

**Local measures**- Alepa Parisekha Vimlapana, Upnaha, Abhyanga, Pachan

**Systemic measures**-Aptarpan, Sevedan, Visravana, Snehan, Shodhan, (Vaman & Virechan)

**Management of supputrative Bhangandrapidika**

**Medical management** – Application of Vartee, Kalka, Kwatha, Tail, Ghrita.

**Drugs -** Triphlagugglu, Saptavinsatigugglu, Nvavkarshikaguggulu.

**2. Surgical Process**- According to Acharya Sushruta excision (Chedan) and incision (Behedan) over the track should be different type which is depends up on the type of the fistula.

The general principles of management of Bhagandara by Acharya Charaka are mentioned below

a. Virechana-preparation of bowel

b. Eshana- Probing

c. Chhedan/Patana (Laying open of the track).

d. Margavisodhana- Cleaning of track

e. Dahana- Cauterization

f. Vranachikitsa- Wound managememt (postoperative)

g. Ksharsutra therapy –It is indicate specially for those who are unsuitable for surgical procedures.

**By Acharya Sushruta**

**Shatponak**- Langlaka, Ardhalanglaka, Sarvatobhadraka Goteerthaka.

**Ushtragreeva**- Eshana - bhedana - kshara lepana.

**Parisravi**- Kharjurapatraka, Ardhachandra, Chandrakara, Suchimukha, Awangmukha.

**Unmargi**- It's arises due to impaction of foreign body in Guda and requires removal of foreign body followed by Bhedana and Agnikarma by Jambu shalaka.

**Arsho Bhagandara** – It is advisable to excise the tag and fissure bed prior to Ksharsutra therapy.

**Parasurgical Process**

**1. Raktamokshan** (Bloodletting - Jalaukavacharana is one of the commonest method of Raktamokshana and prevention of suppuration of Bhagandara-pidika.

**2. Agnikarma** (Thermal cauterization) - Agnikakarma has been adopted in the management of all type of Bhagandara except Ustragreeva Bhagandara it is also useful for haemostasis during operative procedure.

**3. Kshara karma** (Kshara & ksharsutra)- (chemical cauterization)- Ksharsutra is a kind of Ksharatherapy, which is applied with the help of kshara sutra which removes the unhealthy tissue from fistulous track and helps in wound healing.

**Pathaya**

Shalidhanya, mudga, patola, shigru, balamulaka, tiktavarga, tilataila, sarshaptaila, vilepi, jangalamamsa and madhu etc.

**Apathya-** Vyayama, Gurvahara, Maithuna, Sahasakarma, Krodha, Asatmya, Aswaprishtha yaan, Vegavarodh, Ajirna, Madya. These are avoided upto one year.

**Management of fistula-in-Ano**-The treatment of fistula -in-Ano still remains a surgical challenge the ideal treatment of a fistula would effectively close the track with the lowest recurrence rate and fewest complication.

1. **Fistulotomy**- Fistulotomy can be done in a very low anal fistula without any risk of functional compromise.
2. **Seton**- It is particularly for treatment of extrasphincteric fistula. A seton is a thread of foreign material that is placed in the fistulous track the seton is used for the management of high or complicated anal fistula the function of seton is to provide drainage, to induce fibrosis and to cut the fistulos track with preservation of the sphincter mechanism.
3. **Fibrin glue**- Fistulous track is closed by injection of fibrin glue, which results in formation of a clot within the fistula, helps to promote healing of the track. One component content a solution of fibrinogen .and the second contains thrombin and calcium.
4. **Anal fistula plug**–The newest modality therapy for the treatment of fistula-in-Ano is use of Anal fistula plug. The Surgisis AFP plug is conical device made from porcine small intestine submucosa . the principal effect of the fixing the plug from inside of anus with suture. it also stimulates native tissue remodeling to eventually close fistulous track.
5. **Endorectal advancement flap**- Mucosal advancement flap are used particularly for fistula in ano suchas high level fistula high transphinecteric, suprasphincteric and extrasphinctericfistula.the principle of the technique is to cover the internal opening by internal sphincter and rectal mucosa is advanced from above at the Same time.
6. **Fistulectomy**- It is a technique for excising the fistulous track It causes very wide wound. It heals from top causing a tunnel formation and recurrence. the technique preserve anal sphincter function.
7. **LIFT (Ligation of intersphentreic fistulous track)–**This procedure aims at total anal spincter pre servation and is applicable especially in fistula of intersphinteric variety. LIFT procedure is based on secure closure of the internal opening and removal of infected crypto glandular tissues through the intersphincteric approach.

8. **VAAFT**- VAAFT is video assisted anal fistula treatment. This technique involves use of an endoscope i.e. fistuloscope the main advantage of this technique is localization of internal opening. there is also no surgical wound postoperatively.

## CONCLUSION

The prevalence of fistula-in-Ano is increasing day by day. Treatment of fistula is remains challenging. management of fistula in ano needs complete knowledge of perianal anatomy and pathophysiololgy. There are different modalities of treatment in Ayurveda and modern medicine. It needs to be diagnosed the type of fistula and early and appropriate treatment so there is no recurrence of fistula in ano.

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