

BHAGANDARA –A CRITICAL REVIEW**Pushkar Mishra***

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Article Received on
19 May 2023,Revised on 09 June 2023,
Accepted on 29 June 2023

DOI: 10.20959/wjpr202311-28887

Corresponding Author*Dr. Pushkar Mishra**Asst. Professor Chandra
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Bhagandara is commonest disease occurred in ano_rectal region. Sushruta, the father of surgery has described every details of the disease. He has described this disease as one the mahagada i.e. very difficult to cure. Acharya Charaka has described the causative factors krmi, trna, asthisalaya, foreign bodies, ativyavaya, pravahana, utkatukasana, asvaprstagaman and the treatment of bhagandara in brief in the chapter of management of shotha. Vagbhata has largely followed the footsteps of Sushruta and has provided a similar description of the disease and its management but has added on three more varieties of bhagandara. Madavkar and Bhavprakash have followed Sushruta in description and classification.

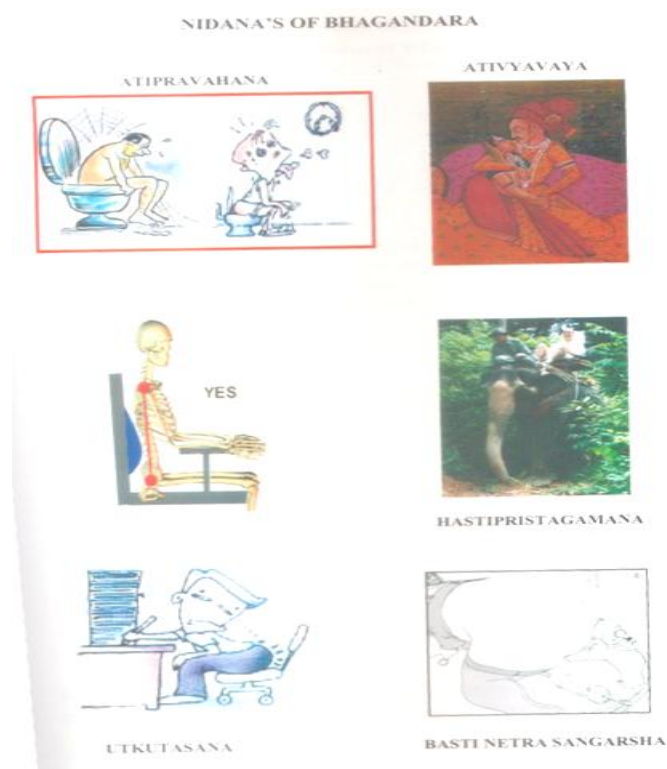
KEYWORDS: *Bhagandara, Mahagada.***INTRODUCTION**

The word Bhagandara is composed of two words, bhaga and darana. The area between the anus and genitalia is defined as bhaga. The Bhaga has different meaning as described by different authros.

- In Rigveda, Bhaga is considered as one of the 12 Adityas.
- In Aitrey Brahman means Fortne and Prosperity.
- The commentator of Madavnida, Vijayrakshita and Srikanthadatta have told that three structure named Bhaga (vagina), Basti (urinary bladder) and Guda (ano-rectal region) called as Bhaga.
- Bhavmishra has mentioned as synonym for Yoni (vagina) and Mehana (penis).

The Second word Darana means splitting of a surface or an opening associated with pain.

Nidan (Aetiology)



The causative factors of Bhagandara may be classified into two groups. They are:

1. General causes
2. Specific causes

1. General causes

It has been mentioned by different authors in different ways. These causes are pertaining to all varieties of bhagandara.

2. Specific causes

While in specific type of bhagandara has specific aetiological factors responsible for the provocation of respective dosha different authors have summarized the general cause of bhagandara as follows.

Nidan of bhagandara

1. Aharaja (Excess ingestion of)

- Kashaya rasa (M.N.)
- Ruksha guna (M.N.)
- Vata Parkopa-ahara (M.N.)

- Apathya Sevana (S.S.)

2. Viharaja

- Ativya vaya (C.S.)
- Pravahana (C.S.)
- Utkuta kasana (C.S.)
- Aswaprista gamana (C.S.)
- Hastiprista gamana (A.H.)
- Katinasana (A.H.)
- Vastinetra sangharsha (A.H.)
- Anista Karma Paka (A.H.)
- Adrista Karma Paka (A.H.)
- Sadhu Sajjana Garhana (A.H.)

3. Agantuja

- Ingestion of foreign body (C.S.)
- Asthishalya (C.S.)
- Trina (C.S.)
- Krimi (C.S.)

4. Others

Arshonidana (A.H.)

Sthoulya

Samprapti

Nidana Mithyahaar Vihar, apathya sevana

Pradhana dosha Vata

Anubhanda dosha Pitta kapha

Dushaya Mamsa Rakta

Adhithana Guda

Sushruta has described manifestation of any disease in six stages i.e. **Shatkriya Kala**.

It may be prevents as well as treated according to its clinical manifestation. The pathogenesis of **Bhagandara** can be explained as follows.

Pathogenesis of Bhagandar

1.	Sanchaya (Stage of Accumulation)	Mithyaha vihar or Local trauma accumulation of dosha at normal sites ↓
2.	Prakopa (Stage of Provocation)	Dosha further aggravates because of the continued indulgence in nidana causing aggravation of dosha locally ↓
3.	Prasara (Stage of Propagation)	Vitiated dosha migrate their own places circulate throughout the body ↓
4.	Sthana samshraya	Dosha lodged in and around the Guda, vitiate the mamsa and rakta dusti and cause Katiruja, Kandu, Daha, Sopha and around the guda ↓
5.	Vyakti (Stage of Manifestation)	Bhagandara Pidika – Ama, Pachyamana Pakwavasta, Nadivrana, Bhagandara ↓
6.	Bheda (State of Complication)	Communicated with different adjacent organs or multiplicity of tracks Discharge flatus, faeces, urine and semen

Classification of bhagandara

S. No.	Bhagandara	S.S.	A.S.	A.H.	M.N.	S.S.	B.P.	Y.R.
1.	Shataponaka	+	+	+	+	+	+	+
2.	Ushtragreeva	+	+	+	+	+	+	+
3.	Parisravi	+	+	+	+	+	+	+
4.	Shambukavarta	+	+	+	+	+	+	+
5.	Unmargi	+	+	+	+	+	+	+
6.	Parikshepi	-	+	+	-	+	-	-
7.	Riju	-	+	+	-	+	-	-
8.	Arsho	-	+	+	-	+	-	-

Sushruta and **Vagbhata** from surgical point of view depending on opening or Bhagandara Nadi (fistulous track) the disease has been classified into two varieties.

1. **Arvachina**^[1] or Antarmukhi (Blind External)
2. **Parachina** or Bahirmukhi (Blind Internal)

Arvachina

The track opens inside the anal canal or rectal without external opening. It is called as Antarmukhi (Blind external).

Parachina^[2,3]

The track has got an external opening in perineal skin but the internal opening is blocked or absent. That's why it is called **Bahirmukhi** (Blind internal).

The internal opening due to reduced infection or improved immunity of the patient has got fibrosed.

Bhavaprakash and **Yagaranakar** have followed the same views of **Madhava nidan**.

Aetiopathogenesis of different types of bhagandar**1. Shatponaka bhagander**

Dalhana stated that **Shatponaka** means an abscess which has multiple openings like a **Chalanika** (sieve) and is described under shuka dosha as a disease. Thus fistulae and rectal sinuses which have got multiple small openings are called **Shataponaka**.

Goligher described such types of fistulae as follows "Multiple sinuses are often encountered and sometimes these are so numerous as they give the so **Watering can appearance**".

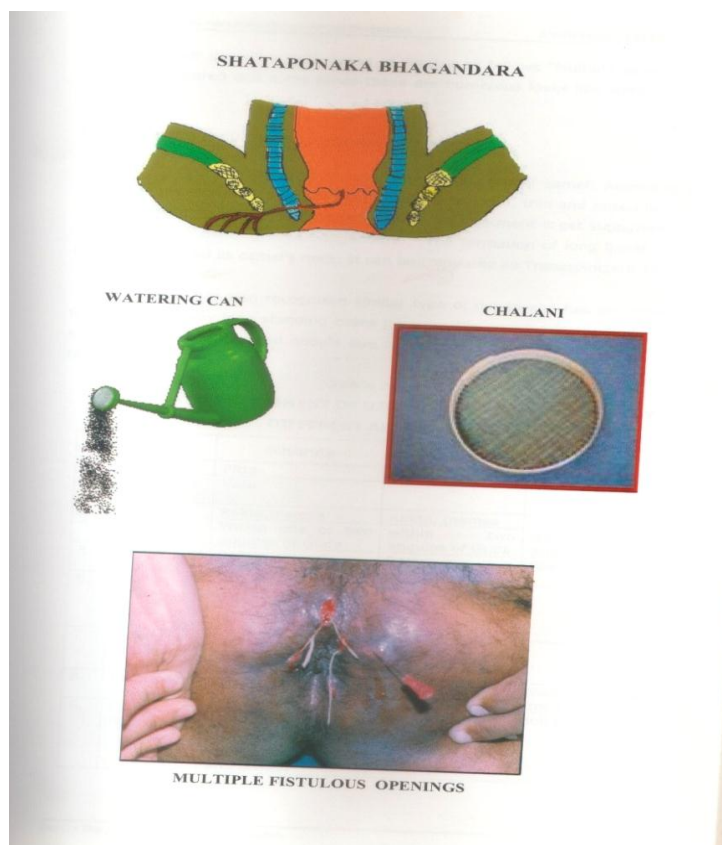
Comparative statement of shataponaka bhagandara by different authors

Table 3

S. No.	Features	Sushruta	Vegbhata	Madhavkar
1.	Dosha	Vata	Vata	Vata
2.	Dusya	Rakta, Mamasa	Rakta, Mamsa	Not mentioned
3.	Sthana (site)	Within one or two angulas of guda	Within two anugula of guda	Within two anugula of guda
4.	Colour of pidika	Aruna	Shyav, Aruna	Not mentioned
5.	Character of pain	Prickling, cutting, beating, splitting, biting, tearing	Prikling, splitting, twitching	Severe pain
6.	Character of discharge	Thin, frothy, clear, copious abundant	Thin, frothy, abundant	Frothy
7.	Colour of discharge	Not mentioned	Not Mentioned	Aruna
8.	Other features	Multiple openings in later stage discharge of flatus, urine and semen	Multiple openings	Multiple opening in later state, discharge of urine faeces and semen

2. Ushtrangreeva bhagandara

This is also called as ustra shirodhara by madhavkar. Literally the word Ushtrangreeva denotes a **Neck of Camel**. According to **Sushruta**, in this type of bhagandara, the pidika is red, thin and raised like the neck of camel. If these pidika neglected without treatment it get suppurate and bursts leads to Ushtrangreeva Bhagandara.

The formation of long linear tracts may be compared as camel's neck.

Goligher has also recognized similar type of fistula and has described as follows- "in many long standing cases however the opening is situated on the summit of little or red nodule due to exuberant granulation tissues".

USHTRAGREEVA BHAGANDARA



Table 4: Comparatives statement of ushtragreeva bhagandara by different authors.

S. No.	Features	Sushruta	Vegbhata	Madhavkar
1.	Dosha	Pitta	Pitta	Pitta
2.	Anubanda dosa	Vata	-	-
3.	Dushya	Rakta, mamsa	Rakta, mamsa	-
4.	Sthana (site)	Within one or two angulas of guda	Within two angula of guda	Within two angula of guda
5.	Colour of dipika	Rakta	Rajani	Rakta
6.	Charater of pidika	Thin, elevated Ushatragreevakara	Thin, small, warm, smoky and raised swelling	-
7.	Character of pain	Ushana, chosha, burning pain like agni and kshara	-	-
8.	Character of discharge	Warm offensive	-	Warm offensive smell
9.	Other features	Tiny boil raised like neck of camel later on discharge of flatus, faeces, urine and semen	Fever, raised like neck of camel	Boil suppurates

3. Parisravi bhandara

The term parisravi has been used because of the continuous discharging nature of wound. **Sushruta** has describe that provoked vayu carries vitiated kapha at the area of guda and results into Parisravi **Bhagandara**. It may be classified under tubercular fistulae and sinuses. Generally it is seem that their perianal boil takes long couse to suppurate and burst patient's main complaint of itching and lubricous persistent discharges. Usually their track takes long horizontal or high rectal course.

Table 5: Comparative statement of parisravi bhagandara by different authros.

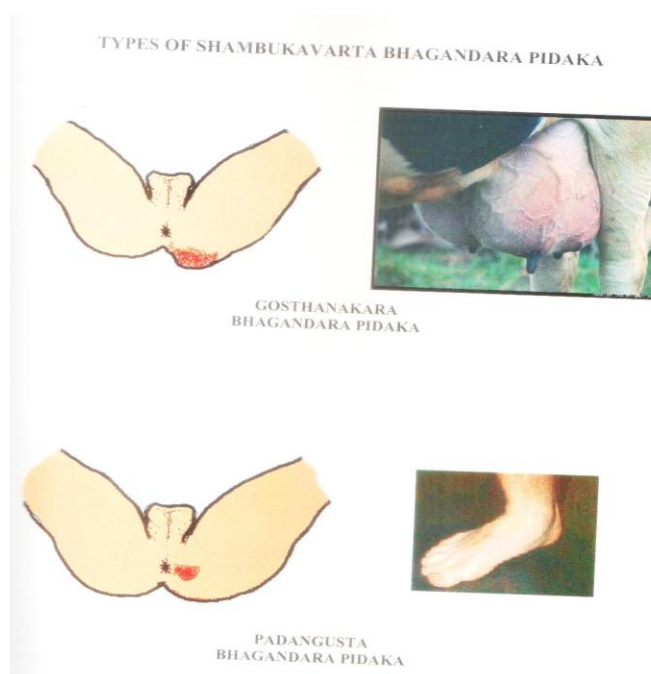
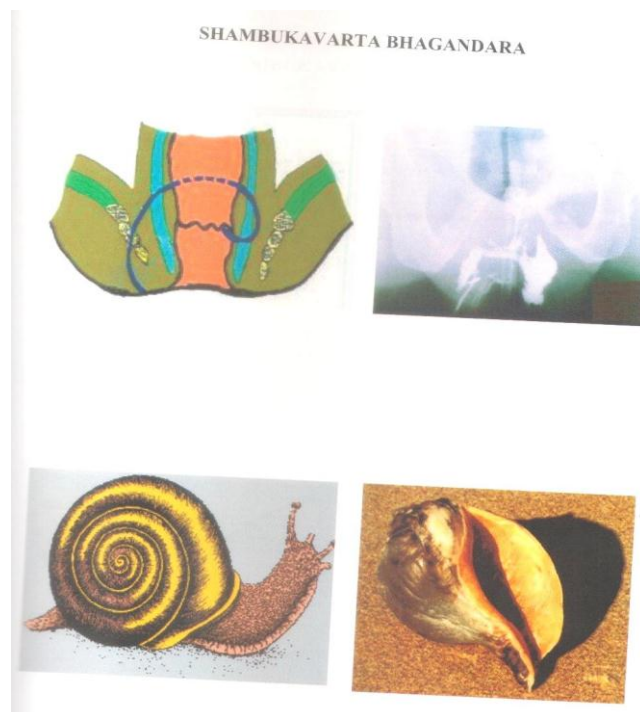
S. No.	Features	Sushruta	Vegbhata	Madhav
1.	Dosha	Kapha	Kapha	Kapha
2.	Anubanda dosa	Vata	-	-
3.	Dushya	Rakta, mamsa	Rakta, mamsa	-
4.	Sthana (site)	Within one or two angulas of guda	Within two angula of guda	Guda
5.	Colour of dipika	Suklabhasa	Pandu	Suklabhasa
6.	Charater of pidika	Sthira (firm)	Sthira, snigdha mahamula (deeply situated)	Kathina (hard)
7.	Character of pain	Kandu (Itching)	Kandu (Itching)	Kandu, Manda Vedana
8.	Character of discharge	Pichila (Sticky) constant discharge	Pichila, profuse discharge	Thick discharge
9.	Other features	Form boil, hard and indurated ulcer later on discharge of flatus, faeces, urine and semen	Firm, shiny and deep rooted	Hard boil

4. Shambukavarta bhagandara

Shambukavarta = Ridges of a conchshell or Spirals found in the conchshell present in rivers.

Vata getting aggravated, combining with aggravated pitta and kapha and moving downward, becomes localised in the areas described earlier, gives rise to a pidaka (eruption) of the size of the big toe, having the features of all the dosas, accompanied with pricking pain, burning sensation, itching and other symptoms; if not treated in time, it undergoes ripening

(suppuration) and forms an ulcer which exudes fluids of different colours, produces pain which resembles the sambukavarta (spirals found in the conchshell present in rivers-pain deep seated and moving circularly). This bhagandara is called Sambukavarta bhagandara.



"That born from all the dosas 15 known as Shambukavarta. Since it resembles the spirals of a conch shall. Multiple sinuses har the rectum accompanied with sever pain.

Astang hardya also follow the same symptoms as Astang Sanghra.

The fistula in ano having various types of colours, pain and discharge in which the boil looks like the teat of a cow and has a sinus coiled like a shail. It is called 'Sambukavarta' (Which is due to vitiation of all the three dosas).

Pathogenesis of sambukavarta bhagandara

1.	Sanchaya (Stage of accumulation)	:	Mithyahr vihar, aswaprista gamana, utkuta kasana etc. accumulation of vata, pitta and kapha at normal sites.
2.	Pakopa (Stage of provocation)	:	Vata, pitta and kapha further aggravates because of the continued indulgence in nidan causing aggravation of vata, pitta, kapha locally.
3.	Prasara (Stage of propagation)	:	Vata getting more aggravated and combining with aggravated pitta and kapha and moving downwards becomes localised in the two angulas around the guda.
4.	Sthana samshraya (Prodromal symptoms)	:	Vata, pitta and kapha lodged around the guda and vitiate the mamsa and rakta dusti and cause gives rise to a pidaka of the size of the big to having the features of all the three dosas, accompanied with pricking pain, burning sensation, itching and other symptoms.
5.	Vyakti (Stage of manifestation)	:	If pidaka not treated in time, It undergoes ripening (suppuration) and forms an ulcer which exudes fluids of different colours, produces pain which resembles the smambukavarta.
6.	Bheda (Stage of complication)	:	Communicated with different adjacent organs or multicity of tracks, discharge flatus, faeces, urine & semen.

Table 6

S. No.	Features	Sushruta	Vegbhata	Madhav
1.	Dosha	Vata, Pitta, Kapha	Vata, Pitta, Kapha	Vata, Pitta, Kapha
2.	Dushya	Rakta, Mamsa	Not mentioned	Not mentioned
3.	Sthana (site)	Within one or two anguls of guda	-	-
4.	Colour of dipika	Colour of previous all three pidikas	-	Bahu varna (various colours)
5.	Shapes of pidika	Padangusta pramana	Padangusta pramana	Gosthanakara
6.	Character of pain	Prickling,	Severe pain	Severe pain

		burning, itching		
7.	Character of discharge	Bahu varna srava (variegated colours)	-	Bahu varna srava (variegated colour)
8.	Other features	Pain is like waves in Purna Nadi Shambukavarta	Line of track Shambukavarta, shula, daha, arochaka, jwara	Nadi is like Shambukavarta

5. Unmargi bhagandara

This type of bhagandra caused by trauma and initially there is no doshic involvement takes place. When a person consumes meat along with pieces of bone, these pieces get mixed with hard faeces and reach the rectum and anal canal by the stimulation of apan vayu. Here they become transverse and as they are being expelled, rub against the wall of rectum and anal canal causing injury. This injury part is infested with krimi, which progressively destroys the mamsa resulting in the formation of a bhagandara. Krimi burrows the anal canal and rectum through these openings flatus, faeces, and urine semen and krimi discharged.

UNMARGI BHAGANDARA

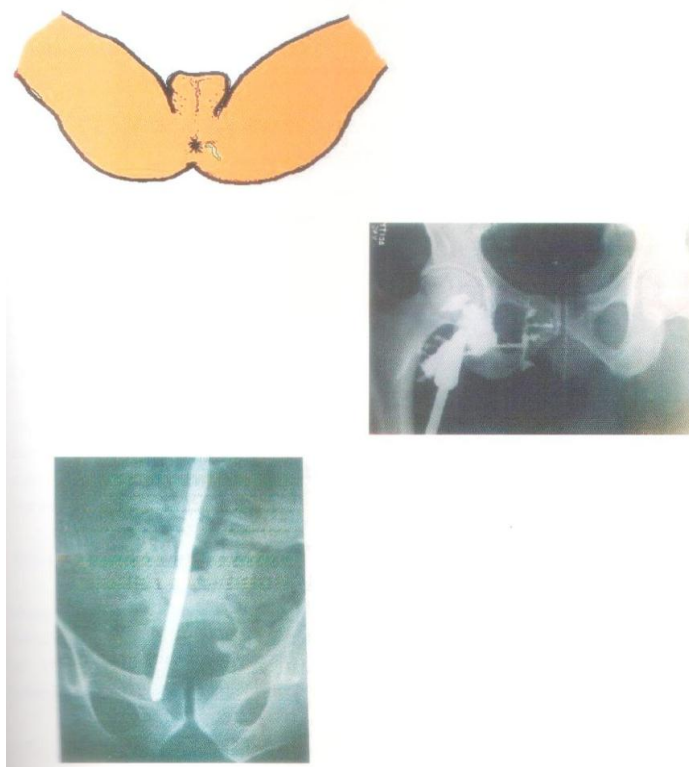
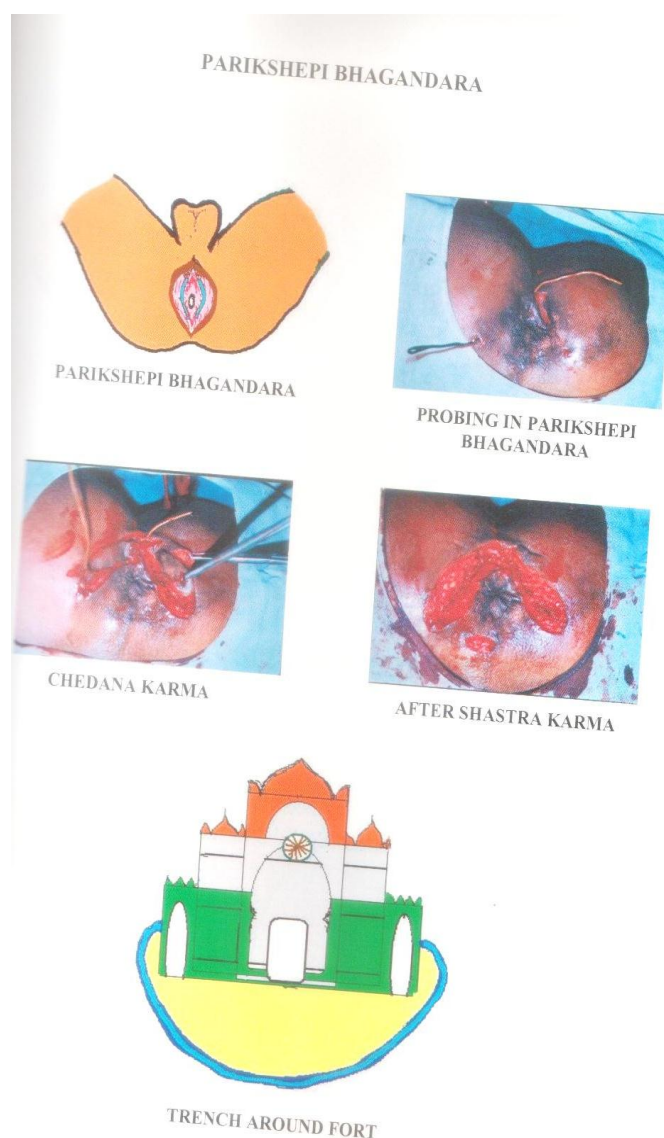


Table 7: Comparative statement of unmargi bhagandara by different authors.

S. No.	Features	Sushruta	Vegbhata	Madhav
1.	Cause	Asthi Shalya	Asthi Shalya	Asthi Shalya
2.	Site	Guda	Guda	Guda
3.	Number of Openings	-	-	Multiple
4.	Type of discharge	Vata, mutra, purisha, sukra, krimi	-do-	-do-

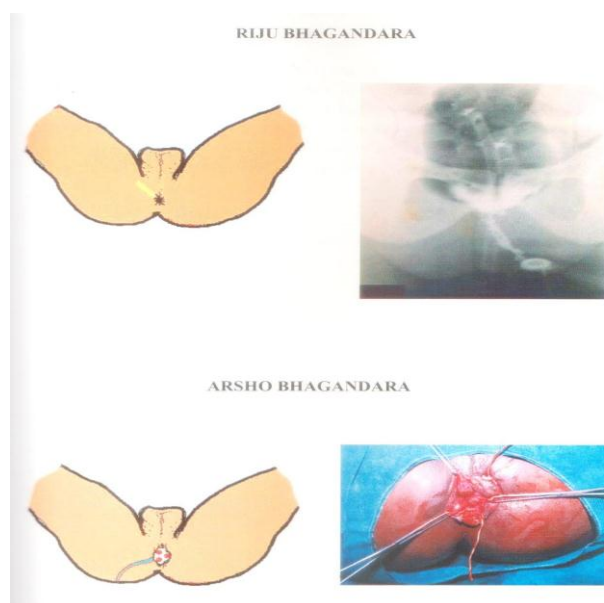
6. Parkshepi bhagandra

This is an additional description of Vagabhata. It originated from vitiated vata and pitta. Pidika of this variety is in tamra varna, causing burning sensation and pain in the perianal region. The track is curved in this type. **Arundutta** and **Indu** states that the track of **Parikshepi Bhagandara** surrounds the Guda as the **trench surround the fort**.



7. Riju bhagandra

This is again an additional description of Vagabhata. The doshika involvement in this Riju bhagandara is vata and kapha. Vitiated and kapha tear the anal canal producing a linear track associated with severe pain. Because of its straight nature of track, it is called riju Bhagandara. Fistulae arising from the anterior half of the anal canals are usually at right in nature can be compared as Riju bhagandara.



8. Arsho bhagandara

It was originated from pitta and kapha and which reaching at the base of arsha, produces whitish shophha which causes burning and itching pain. This swelling suppurates quickly to discharge continuously and Arshomoola become wet. The tract is present at the base of arsha and mixed type of discharges from multiple openings of the wound.

One of the most common types of fistula arises from the chronic tissues. Formation of a large labours fleshy mass from the anal papilla on the dentate line at the upper end of the fissure in later states. Infection of the sentinel pile which develops at the lower end the fissure at the anal verge may lead to the formation of superficial fistula. This type of fistula can be compared as Arsho Bhagandara.

Sadhyasadyata (Prognosis)

In generally all types of Bhagandara irrespective to its course and doshik involvement require special attention for cure. Therefore, it has been mentioned in Astamahagada. All the authors

have considered Shambukavarta (Tridoshaya) and Unmargi (agantuga) are Asadhya while remaining are Kricha Sadhya.

Bhagandara discharges flatus, faeces, urine. Semen and krimi are incurable. We can say that ano-rectal, recto-vaginal, recto-urethral fistulas are incurable. Any tract of Bhagandara which cross pravahani valli and sevani (perineum) are also incurable.

Management of bhagandara

1. General principles

Charaka being physician just enumerated the main principles of management of bhagandara as follows

- A. Virechana - Purgation
- B. Eshana - Probing
- C. Patana - Incision
- D. Marga Vishodhan - Cleaning the bhagandar marga
- E. Dahan - Cauterization using taila
- F. Kshara sutra - Excision of the tract
- G. Vrana chikitsa - Wound management measures are adopted once the fistulous track is completely excised

Acharya shodhal has described stage wise principal of management of Bhagandara

A. First stage

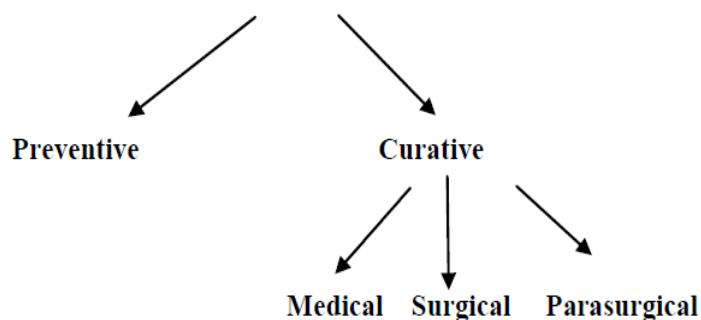
The is stage of Bhagandaara pidika, when there is no suppuration, it is better to perform raktamokshana by leech, because in initial stages of inflammation, local blood supply enhances which causes pain, swelling, hyperaemia, itching. According to Ayurveda, Raktmokshana is helpful to reduce the disease and its symptoms.

B. Second stage

It is the stage of formation of Bhagandaror stage of suppuration. In this stage one can perform excision of track followed by cauterization with kshara or Agni along with the use of first eleven measures of **shashthi upakrama** by **Sushruta**.

Bhavapraakash and **Bhaishajya Ratnavali** have also advocated the surgical procedures followed by **kshara** or **Agnikarma** to do the chemical and thermal cauterization of the open wound.

2. Different Modalities of Management



A. Preventive measures

1. Nidana parivarjana

The etiological factors of Bhagandara must be avoided

2. Prevention of suppuratin of pidika (Boil)

All ancient Ayurvedic authors emphasized that pidika in the perianal region should not neglected and should be treated according, it cannot get suppurated.

- (i) **Vagbhata** advised Dehasodhan, Raktamokshana and Parisheka during the stage of pidika to avoid suppuration.
- (ii) **Sushruta** has mentioned first eleven measures among 60 upakramas in vrana chikitsa for treatment of Bhagandara.

They are

- (a) General treatment – Apatarpana, Abhyanga, Svedana, Pachana, Vasravana, Snehan, Sodhan
- (b) Local treatment – Alepa, Parisheka, Vimlapana, Upanaha.

B. Curative measures

(1) Medical management

It is advised in both Bhagandara pidika stage and after surgical excision of the fistula track. The aim of medical treatment in pidika stage to prevent the disease and its symptoms, in children, every effort to be made to control the diseases by medical management as Agni karma, kshara karma and Sastra Karma are difficult to practice. Medical treatment consists of local and systemic management.

i) Local

a) Management in amavasta: Follows the same principles of management of amasopha like Vimplapana, Avasechana, Upanaha, Patana, Sodhana, Ropana and Vaikrtapah.^[4]

b) Drugs which helps in purification of track after surgical excision:^[5] Trikatu, Vacha, Hingu, Lavana and Dipyaka drugs along with Kanji, Kulatha mix in the form of a paste and apply on wound.

c) Drugs which help in healing of track

- Paste prepared from Rasanjana, Haridra, Manjista, Nimba, Trivrit and Danti can apply on the wound for healing.
- Ushana Anutaila irrigation nandi sweda and Awagaha Sweda by using decoction of vatahara drugs.
- The measures provide lubrication of anal canal relieves pain, cleans the part and finally promotes healing.

ii) Systemic

- a) Deepana and Pachana Drugs-Pippali, Pippalimula, Chavya, Chitrak, Vacha, Hingu, Ajamoda, etc.
- b) Mridu Virechan Drugs- Aragvadha, Haritaki, Shunthi, Trivrit etc.
- c) Krimighna Drugs- Vidhanga, Vacha, Palasha, Tulsi.
- d) Shothahara Drugs- Guggulu, Triphala, Dashmula.

2. Surgical management

The main treatment that has been advocated for bhagandar is chedan or excision. It is the first line of treatment in kashta sadhya/asadhya bhagandar or adopted in case the medical management fails. Surgical treatment can be divided into three stages.

A) Purva karma (Preoperative)– Preparation of the patient Position of the patient Instruments.

B) Pradhan karma (Operative)– General

C) Paschat karma (Post operative) – General

Specific

A) Purva karma (Preoperative measures)

(i) Preparation of the patient: Before the adoption of the surgical procedure, the patient should be prepared with Snehana, swedana Langhana and Virechana.

(ii) **Position of the patient:** Patient should lie down on a table in lithotomy position as described for the operation of arshas.

(iii) **Instruments:** The instrument which was used is known as bhagandara yantra similar to arsho yantra except in bhagandara yantra the area above the opening is closed so that the instrument appears semi lunar. Length of this instrument in males is four angulas and five angulas in circumference. But in the case of female, the yantra should be as much as the length of the palm of the patient and six angulas in circumference.

This Bhagandara yantra and anal opening are lubricated by Ghrita. Then yantra is to be introduced into guda after instructing the patient to strain.

The instrument should be made up of iron, horns or wood and contains two holes, one for visualization and other to conduct the operation.

B) Pradhana karma (Surgical procedures)

(i) **I general surgical procedures in bhagandara:** The patient should be placed on operation table on Lithotomy position. Then anus should be lubricated and bhagandara track is examined to decide whether the bhagandara is parachina (blind external) or arvachina (blind internal).

In case of **Arvachina Bhagandara**, the eshani yantra (probe) is to be introduced into the external opening and whole track has to be excised from the root. But in case of **Parachina**, Bhagandara yantra is inserted into the anal canal and patient is asked to strain. During straining, the eshani (probe) is introduced into the internal opening.

Then the whole track has to be excised followed by cauterization with the help of kshara and Agni.

This is Sushruta's technique same as **Fistulectomy**.

(ii) Specific surgical procedures to different types of bhagandara

1. **Shataponaka bhagandara:** The specific features of this bhagandara is multiple opening on the external surface of skin. It has been suggested that one track should be excised at once time after the healing of the previous wound gradually remaining tracks should be operated similarly. If multiple tracks are excised by single incision such wound causes **guda vidirana** i.e. cause injury to the rectal walls and sphincters and leads to impairment of Sphincteris functions and may lead to leakage of flatus, faeces, urine.

Different incisions for shataponaka bhagandara

Both **Sushruta** and **Vagbhata** have described different types of incision which can be applied according to the situation of tracks, relations with the anal sphincters etc.

Table 8

S. No.	Type of incision	Shape described in Ayurvedic text	Analogous
1.	Langalaka	Incision having two aarims extending on either side	T-shaped
2.	Ardha langalaka	A similar incision with one arm	L-shaped
3.	Sarvatobhadra	Incision Surrounding the anal canal on all four sides	Circular
4.	Goteerthaka	Incision resembling the shape of cow's khur	Semi-circular

- 2. Ushtragreeva bhagandara:** There is no specific incision has been described for ustragreeva bhagandara but simple excision of the track followed by application of **Kshara** to remove the necrotic tissue. **Sushruta** had contraindicated the **Agni** for cauterization because Agni may aggravate the pitta dosha.
- 3. Parisravi bhagandara:** The track is excised and later on wound should be cauterized with kshara or Agni followed by the wound is washed with Luke warm water and vasti of warm anutaila is given.

The different incisions are described by Susruta according to nature of the Track and Patient.

Table 9

S. No.	Type of incision	Analogous
1.	Kharjura patraka	Branched incision shaped like leaf of date.
2.	Chandraradha	Semi-lunar incision
3.	Chandra chakra	Circular like full moon
4.	Suchi mukha	Pin-pointed or inverted cone incision towards the anal margin
5.	Awangumukha	Same incision in opposite directions

- 4. Shambukavarta bhagandara:** It is a sannipatas variety (Having tridoshic involvement). Therefore it is considered as asadhya (Incurable) for treatment. Hence, only conservative measures were described.

5. **Unmargi bhaagandara:** It is described as asadhya, even though management has been described by both **Sushruta** and **Vagbhata**. It is caused due to injury from foreign body; hence the principle of treatment is excision of track and removal of foreign body followed by cauterization with Agni. Later **Krimihar** Drugs should be used locally and also taken internally.
6. **Parikshepi bhaagandara- Vagbhata** has suggested that it has to be treated on the lie of **Nadivrana** with **Kshara sutra**.
7. **Riju bhaagandara:** No specific treatment is described for this Bhaagandara. Therefore, it can be treated same as the other simple types of Bhaagandara.
8. **Arsho bhaagandara:** It is the co-existence of Arshas along with **Bhaagandara**. **Vagabhata** specially mentioned that arshas treatment should be done prior to the treatment of bhaagandara.

C) Paschat karma

(i) General measures

"Pradhana karma Phalanuvritti Karma paschat karma" has been described by **Harachandara**. It means all the measures adopted to achieve best results of Pradhana karma. So after Shastra karma, Bhaagandara would be treated according to Vrana chikista.

Swedana (Local fomentation)

According to Sushruta swedana is of four types,

- a) **Sthali sweda:** This is the modified form of nadi sweda. In this type, steam is passed through multiple holes.
- b) **Nadi sweda-** It facilitates to give fomentation by steam through a pipe.
- c) **Droni awagaha sweda-** This is nothing but hot sitz bath in Luke warm water or vatahara decoctions.
- d) **Upanaha sweda** – A bolus is prepared from the meat of certain animals or plants. Then it is boiled to give swedan on affected part which helps in relieving the pain and vrana ropana.

- (ii) **Specific measures:** Specific measures of postoperative management for **Shataponaka**, **Ushtragreeva**, **Parisravi**, **Shambukavart** and **Unmargi bhaagandara** are mentioned by Sushruta and Vagabhata.

1. Shataponaka bhagandara

Formentation should be performed with krishara and anupa mamsa (aquatic animal meat) to relieve the pain.

- Nadi sweda should be done with decoction prepared from **Bilwadigana** (Brihat Panchamula).
- Irrigation of the wound must be done with certain drugs like Mrdvika, Kanji, Wine, Sauviraka, Madhuka probably for their antiseptic and anti-inflammatory actions.
- Kushta, Salts Vacha, Hingu and Ajamodha in equal quantities should be taken with Ghrita.

2. Ushtrageeva bhagandara

- Application of paste of Sesamum seeds with Ghrita and bandage advocated.
- Wound can be dealt same as with that of other Bhagandara wound.

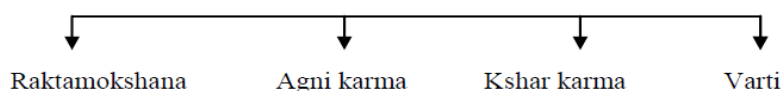
3. Parisravi bhagandara

- Irrigation of the wound with warm **Anutaila** and application of ointments.
- **Parisheka** with decoctions of emetic drugs.
- **Poultices** and hot pastes mixed with cow's urine and alkalies should be applied.

4. Parasurgical measures

The use of certain parasurgical measures are mentioned by different authors for both individual as well as aid to surgical procedures.

Parasurgical



(ii) Raktamokshana (Blood letting)

Raktamokshana is letting out the blood from a vein or an artery in small quantity. All Ayurvedic authors have suggested **Raktamokshana** in the management of **Bhagandara pidika** to prevent suppuration and further progression of disease. The aim of **Bloodletting** is to alleviate the vitiated dosha in **Amavasta**. Jalukavacharana is the most preferable method in bhagandara.

(iii) Agni karma (Thermal cauterization)

Agni karma is done by applying heated shalaka made up of different metals having suitable measurements according to track. The application of heat is to stop the haemorrhage occurs during and after surgical procedure in different types of Bhagandara except in Ushtragreeva.

Pratisarana type of Agni karma is most preferable in Bhagandara.

The aim of **Agni karma** may be to burn away the fibrous walls of the tract which is the main factors to delay wound healing. Once the fibrous tract is burnt out, then it may be expected to develop healthy granulation tissue and wound heals without recurrence.

(iv) Kshara karma (Chemical cauterization)

Kshara karma can be performed after surgical procedure or independently. It is also one variety of cauterization by using photochemical substance. **Praatisaraniya kshara** which is in liquid form is especially indicated in **Bhagandara**.

This may act as chemical cautery which burns out the fibrous track and then fresh healthy granulation tissue develops and wound heals without recurrence.

The kshara sutra acts by excision of track and at the same time by cauterization of the hard fibrous tissue around the track and also drains the track properly.

(v) Varti (Medicated wick)

Varti has been mentioned in bhagandara, chikitsa by Sushruta. It is prepared by mixing the powders of **Aragvadha**, **Haridra**, **Kala** (Aguru) with **Madhu** and Ghrita. It is used for sodhana and ropana of tracks.

Chakradutta also described another type of varti which is prepared by mixing **Snuhi** latex, **Kshara** and **Haridra** Powder. This type of **Medicated Varti** is inserted inside the **Bhagandara Gati**. It may act by cauterizing the fistulous tissue and draining the track.

Beneficial diet to the patient

Cereals - Shali rice

Pulses - Mudge

Vegetables - Patola, Shigru, Balamuli, Vatragra, Tikta Varga

Oil - Tila taila, Sarasapa taila, Ghrita

Food preparation - Vilapee

Meat - Jangala mamsa

Others - Honey

He should take according to doshik involvement of the disease.

Apthya (Contra-indication)

1. Vyayam (Exercise)
2. Vyavaya (Intercourse)
3. Kopa (Anger)
4. Aswa Pristayana (Horse riding)
5. Guru Ahar (Heavy Diet)
6. Madya (Alcohol)
7. Vegavarodha (Retaining of urine, faeces, flatus etc.)
8. Ajeerna (Indigestion)
9. Sahas karma (excessive work than capacity.)
10. Asatmya (Ahar, Vihar are not suitable to prakriti)

The above habits should be strictly avoided at least for one year.

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