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Ayurveda Consideration of Bhagandar; A Review Based on Literary Study**Dr.Piyush Vishnu Garud**PG Scholar, Dept. of ShalyaTantra,
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Pimpri, Pune.**Dr. Pradeepkumar B. Jondhale**Guide and HOD, Dept. ShalyaTantra,
Dr.D.Y.Patil collage of ayurved and research center,
Pimpri, Pune.**Abstract:**

Bhagandara is one of the GudgatVyadhi which is included in astomahagadvyadhis. Doshprakopakaahar-vihar, Constipation, Prolonged Sitting, Anal infections made key role as causative factors for bhagandara. The major clinical symptoms are Pain, Swelling, Pruritis Ani and Discharge. Ayurveda mentioned various treatments to manage bhagandara. We can manage bhagandara by Bhashajya (medicinal), kshar (chemical cauterization), agnikarma (thermal cauterization), Shastrakarma (surgery) etc. This article elaborates ayurvedic perspective of Bhagandar and its management.

Key Word-Ayurveda, Bhagandara.**Introduction**

Bhagandara is mentioned in various Ayurveda text by great efforts of acharyas like Sushruta, Charak, Waghbhata, Bhavprakash, Madhavkara etc. We can find this disease in ayurvedic text from nearby 2000BC. Bhagandara is a hollow tract connecting a primary opening inside the anal canal to a secondary opening in the perianal skin. Bhagandara is a disease caused by sedentary lifestyle. Bhagandara Patient neglect to reach hospital because of hesitation to show ano-rectal region. Due to late diagnosis it becomes worst disease condition and this becomes hard to manage. Ayurveda successfully managed bhagandara from nearby 2000BC. After long experience we can manage bhagandara in different ways by Bhashajya, Agnikarma, Shastrakarma, Ksharkarma etc.

Definition :

The condition in which there is Darana i.e. tear in the region of Bhag, Guda and Basti areas, is known as Bhagandara. Bhagandarpidika is differentiated from the other Pidika's in Gud region as: The Pidika within two Angula area of Guda and deep seated associated with pain and fever is known as Bhagandari-pidika. When in unsuppurative condition, it is Bhagandarapidika and when suppurates and then bursts open, it is Bhagandara. Other Pidika appearing near Guda accompanied with swelling, mild pain which disappears quickly should be considered different from Bhagandara-pidika.

Adhithana

Sushruta has explained the adhithana for Bhagandara in the Mansadharakala. Bhagandarpidika is situated within one or two Angulas of the Guda region within the Rakta and Mansa Dhatu. In the pathogenesis of Shatponaka Bhagandara Sushruta mentioned Mansa and Shonita as Dushya or Adhithana of Bhagandara.

HETU-(CAUSITIVE FACTORS)

Susrut	Vat-Pitta-Kaphaprakopakaahar and vihar, Asthishalya, Mamsa, Hard stool.
Charak (c.s.ci. 12/16)	Krumi, Truna, Asthi-shalya, Ingestion of foreign bodies, Ativyavay, Pravahan, Utkatukasana, AshvprasthGamana.

Vagbhat (a.h.u.28/1-2)	Hastiprasthagamana, Ashvaprasthgamana, Kathinasana, Utkatuasana, Agnisada, Mal etinicite, Ativyavay, Abration by stone, Cloth and Ground, Bastinetrasangharsha, Anistakarmapaka, Sadhusajjanagrahana
Madhavnidana	Kashay rasa, Rukshaguna and vataprakopakahara.
Bhavprakash	Sthaulya

Purva Rupa (Prodromal Symptoms)

1. Pain in sacral and pelvic area, Itching and Burning Sensation around the Guda region, Swelling appearing in the anus during riding vehicle or during defecation.

Rupa-(Symptoms)

The typical symptom is a discharging Vrana within two Angula region of Guda. Bhagandara Vrana is preceded by Bhagandara Pidika; which bursts, heals and reoccurs again and again. Sushruta described four types of pidika except Agantuja type. Vagbhata explained six types of Pidika; Agantuja and Pitta-Kaphaj Pidika are not mentioned.

Vatika Pidika - They are having Aruna or Shyava Varna associated with different types of pain like Toda, Bheda, Sphuranetc.

Paitika Pidika - It is red colored and thin. These Pidika are Ragayukta and have Osha-chosha types of pain.

Kaphaja Pidika - Shukla (white) or Pandu (pale yellow) colored, hard with sensation of itching.

Sannipatika Pidika - Type of pain in this are mixed type e.g. Toda, daha, kandu etc. Vagbhata has added some complications like pain, anorexia, burning sensation, thirst, fever, vomiting etc.

Vata-Pittaja Pidika - They have Shyava-tamra, severe pain, local rise of temperature and burning sensation.

Kapha Vataja Pidika - These are Pandu or Shyava colored and do not suppurates soon.

Samprapti-(Pathogenesis)

According to Susruta the pathogenesis of a disease progresses in six states or Avasthas; which are called as Shatkriyakala.

1. Sanchyavastha- There is accumulation of Doshas at their normal sites due to Mithya Aharvihara or local trauma.
2. Prakopavastha- Doshas are aggravated at their normal sites because of the continued Nidan-sevana.
3. Prasaravastha- In this stage Doshas moves outside from their own sites and spread to distant places i.e. Guda region and causes disturbances of Agni and Doshas situated at this site.
4. Sthan Sanshryavastha- Doshas get vitiated the Dushyas i.e. Rakta and Mamsa Dhatus. Thus produce the prodromal symptoms of Bhagandara like pain, itching, swelling and burning sensation at the region of Guda.
5. Vyaktavastha- After suppuration Bhagandara Pidika is converted to Bhagandara disease.
6. Bhedavastha- The Doshas penetrates deeper, vitiating the deeper Dushyas, and complicates the disease by discharging flatus, feces, urine and semen from the openings. This is the sixth or last stage.

Types of Bhagandara

A) According To Doshas -

- 1) Satponaka Bhagandara- It is produced by the vitiation of Vata. Having multiple openings like a sieve thus is named as sataponka.

- 2) UstragrivaBhagandra-Ustragriva means neck of camel.Sushruta has stated that pitttajabhagandarapidika is small red.
- 3) ParisraviBhagandara-It is produced by the vitiation of kappa. In this type there will be continuous discharge from fistula it causes itching lubricious and persistent discharge.
- 4) SambhukavartaBhagandara-Vitiation of all three doshas.Sambukvarta means ridges of conch of shell. Its suggests that pathway of track is curved and deeper on look like ridges of shankha.it may resembled a horse shoe shaped fistula in ano.
- 5) UnmargiBhagandara-It produced by trauma of asthishalya, trun etc. with ingested food on reaching guda.Thereafter the contact of infectious material promotes the suppuration and helps in sinus or fistula formation.
- 6) ParikseiBhagandara-Vitiation of Vata and pitta.thepidika is tamravarna and cause pain and burning sensation in anal region.
- 7) RijuBhagandara-Aggravated vata and kapha produce the pidika later on it supporates and form a straight track in the anal region fistula arising from the anterior half of anal canal.
- 8) ArshoBhagandara-Vitiation of Kapha and Pitta.The track is present at the base of Arshas and there are mixed type of discharge from multiple opening of the wound.

B) According To Opening

Sushrut used term termprachina (bahirmukhi) arvachin (antarmukhi) Vagbhhat classified Arvachin (blind internal), Prachin (blind external).

Management of Bhagandara

Gadanigraha has mentioned the principle of the management of Bhagandara which should be done in two stages.

First stage-It is better to perform RaktaMokshan by Jalauka.

Second stage- Excision should be performed followed by Kshara karma or Agni karma.

Treatment according to AacharyaCharaka – First of all Virechana should be given to the Bhagandara patient. Then track is checked with Eshni (probe) and Patana (incised) done. After proper Shodhana of track, hot Tail (oil) is applied over it. Another alternative treatment is to excise track by tying Ksharsutra and then treating it as Vrana.

The whole treatment can be grouped under two major headings.

A) Prevention Measures

1. Nidan-parivarjana i.e. Avoidance of causative factors of the disease.

2. Managementof Bhagandarapidika

Management of Bhagandarapidika:

According to Sushruta, it should be treated with eleven Upakramas out of ShasthiUpakramas, They areAptarpana, Alepa, Parisheka, Abhyanga, Swedana, Vimlapan, Upanaha, Pachana, Vistravana, Snehana, Shodhana (Vamana and Virechana).

According to Vagbhata, Virechana, Raktamokshana and Sechana with sheetaAushadhiDravyas. Lepa with SheetaviryaAushadhi are also useful to prevent the Pidika from suppuration and will subside.

According to Chakradatta patient should be given light diet and purgative. Bloodletting should be performed to avoid suppuration.VatapatrdiLepa is also indicated.

B) Curative Measures.

The curative treatment is needed when the untreated Pidika gets suppured and turns into Bhagandara.

1. GeneralPrincipal of management
- 2.Surgical measures
- 3.Para surgical measures
4. Medicinal treatments

1) General Principal of management

If Pidika appears, it should be treated first. When Pidika gets suppured, surgical treatment is considered. Generally the probe should be introduced into the fistula track and the whole track should be excised or laid open. Then open wound should be managed with Agnikarm (fire cauter) or Ksharakarma. Shodhana and Ropana of wound should be done. Sushruta has also described treatment of Bhagandara according to their types.

2) Surgical Measures

Surgical point of view all types of Bhagandara is divided into 2 types according to their opening.

Parachina or Bahirmukha - Eshani or probe is introduced through the external opening into the track; the track is raised and whole of it is excised from the base.

Avachina or Antarmukha - Internal opening is first located by introducing the Bhagandara Yantra and by asking the patient to do Pravahana. Then Eshani is introduced into the internal opening and incision is made over it. The whole track is excised followed by cauterization with Kshara and Agni.

C) Para-surgical Measures :

Apart from the surgical procedure, various Para-surgical measures have also been employed in management of Bhagandara. They can be used either alone or in combination as aid to the surgical procedure. Different procedures are mentioned in various texts as follows-

1. Rakta-mokshana. 2. Agni-karma. 3. Kshara-karma.

1. Rakta-mokshana

There are four methods for Rakta-mokshana- Shringa, Jalauka, Alabu and Siravedhan. Out of these measures Jalaukavcharan is found to be effective in pidaka stage of Bhagandara.

2. Agnikarma

The agnikarma is indicated in all types of Bhagandara except Ushtragriva Bhagandara. The hard fibrous tissue is present in the fistula track, which prevents the healing of track. So Agnikarma is done after exploration of track, to cauterize the unhealthy necrosed tissue and to stop bleeding. There is development of healthy granulation tissue, after fibrous tissue has been burnt out. Thus the wound heals properly. Vagbhata also described that the entire discharging openings should be cut open and then burnt by Agnikarma (A.H.U.28/26) so that the Bhagandara does not recur.

3. Ksharkarma-

This act as chemical cauter which dissolves the fibrous track and then fresh healthy granulation tissue develops and wound heals without recurrence.

Kshar-Varti-Mentioned by susruta which prepared with powder of aragvadh, haridra, aguru by mixing grut and madhu. Chakradatta also mention another varti by mixing snuhi latex, kshara, haridrapowder. varti inserted in bhagandaragati.

Ksharsutra-The use of Ksharasutra therapy in the management of this disease is very useful in curing non-healing ulcers (Dushta Vrana) and also in reducing the inflammation. It is one of the minimal invasive surgical measure. It acts by healing and cutting of the track and there is very negligible rate of recurrence.

Medicinal Treatment

1) Local medicine-This includes varieties of Lepas, oils etc.

Shodhan and Ropan Dravyas-1. Jyotishmati, Langli, Shyama, Danti, Trivrita, Kushtha, Shatahva, Golomi, Tilvak, Girimallika, Kashisha and Kshirivarga. (Su.Chi.8/39). 2. Kushtha, Trivrita, Tila, Danti, Magadhi, SaindhavMadhu, Rajani, Triphala and Tuttha (Su.Chi.8/42). 3. Panchtiktaguggulu and NyagrodhadiGana (Su.Chi.8/47).

Lepa - VataPatradiLepa , VidalasthiLepa, KushthadiLepa , TiladiLepa , Rasanjanadi Kalka Lepa, TilaabhyadiLepa, TrivritadiLepa, BhunagaChurnaLepa, Trivrita, Nagadanti, Manjistha with milk, SaindhavaLavana and Honey (Su.Chi.8/40).

Taila - Karveeraditaila, Vishyandanataila, Nishadyataila, AnuTaila (Su.Chi.8/34), Saindhvadyataila, Jyotishmati tail (A.H.U.28/34), MadhuyasthiyadiLepa (A.H.U.28).

2) General medicine

Pana's -KhadiradiKwatha;Trikatu, Vacha, Hingu, Panchlavan, powder of Ajawayan with Kanji, KulthaKwatha, Sura or Sauvira (Su.Chi.8/38); Use of Mamsa rasa- Jambukamamsa rasa.

Guggula-NavkarshikaGuggula,SaptvinshatiGuggula, TrifaladiGuggula (A.H.U.28/42).

Lehan-VidangadiLeha (A.H.U.28/37),GuduchyadiLeha (A.H.U.28/38), Magadhikadi Leha(A.H.U.28/39) ,GuggulyadiLeha(A.H.U.28/40).

Rasa - Narayan Rasa, ChitraVimandako Rasa.

Pathya (Indications) In Bhagandara

Following Aahara-Vihara is indicated for a the patient suffering from Bhagandar-Shalidhanya, Mudga, PatolaVilepi, Jangal Mansa Rasa, Shigru, Vetagra, Dhattura, Bal mulaka, Til, Sarshaptaila, Tiktavarga, Ghrita, Madhu.

Apathya (Contraindications)

Avoid disease causative factors.

Sadya-Asadhyattav(Prognosis)

SADHYA -None of the bhagandara is sukhasadhyata.Shataponak, ustragriva, paristravi, riju, parikshepi, arshabhagandara arekrushsadhyata.

ASADHYA-Unmargi and sambukvarta, Bhagandara with discharge of flatus, feaces,urine,semen,Krimi, Bhagandara which crosses pravahinivali.

Conclusion

Bhagandara is disease caused by sedentary lifestyle.BhagandaraPatientneglect to reach hospital because of hesitation to show ano-rectal region. Due to late diagnosis it become worst disease condition and this becomes hard to manage. Ayurveda successfully managed bhagandara from nerby 2000 years. After long experience we can manage bhagandara in different ways by Bhaishajya,Raktmokshana, Agnikarma,Shastrakarma,Ksharkarma etc.

References-

- 1) ShashtriA.D., Sushrut Samhita in Ayur-vedaTatvaSandipika, chaukhamba San-skritsansthan, sutra sthanam chapter 33,p-126.
- 2) Chakradatta, SriChakrapanidata, by Sri JagdishvaraprasadTripathi, edited by BhisagratnaPt.Brahmashankara Mishra, Chowkhamba Sanskrit series Office,Varanasi -221001,Fifth Edition 1983, arshachikista, chapter 5/148,p-66.
- 3) Shashtri A.D.,Sushrut Samhita in Ayur-vedaTatvaSandipika, chaukhamba San-skritsansthan, nidansthanam chapter Su.Sha. Su. Ni. 4/4,p-244.
- 4) Shashtri A.D.,Sushrut Samhita in Ayur-vedaTatvaSandipika, chaukhamba San-skritsansthan, nidansthanam chapter Su. Ni. 4/12,p-246 9.Prof. Sharma P.V. in Caraka Samhita by maharsiagnivesh with English translation, ChaukhambhaOrientalia Varanasi, vol II chikitsasthanam, syavthuchikitsa chapter 12/96 ,p-203.
- 5) Dr. TripathiBhramanand in Astanghridyam, nirmalahindicommentary, chaukhambha Sanskrit sansthan Delhi, uttarsthan chapter 28/1-2,P-1092

- 6) Prof. Sharma P.V. in Caraka Samhita by maharsiagnivesh with English translation, ChaukhambhaOrientalia Varanasi, vol II chikitsasthanam, syavthuchikitsa chapter 12/96 ,p-203.
- 7) Shashtri A.D.,Sushrut Samhita in Ayurveda Tatva Sandipika, chaukhamba Sanskrit sansthan, nidanasthanam chapter Su. Ni. 4/31,p-245.
- 8) Dr. TripathiBhramanand in Astanghridyam, nirmalahindicommentary, chaukhamba Sanskrit sansthan Delhi, uttarsthan chapter28/5,p-1092
- 9) Shashtri A.D.,Sushrut Samhita in Ayurveda TatvaSandipika, chaukhamba Sanskrit sansthan, chikitsasthanam chapter S. Chi. 8/4,p-45.
- 10) Dr. TripathiBhramanand in Astanghridyam, nirmalahindicommentary, chaukhamba Sanskrit sansthan Delhi, uttarsthan chapter 28/24,P-1095.
- 11) BhavaprakashNighantu; Published by ChaukhambhaBharati Academy, Varanasi Bhavmishra, Edited by Dr. Pandey G.S.2002.
- 12) MadhavNidanam; With commentary by Shrivijayrakshit and Shrikanthadatta, , Chaukhambha Sanskrit Sansthan, Varanasi Madhavkar, Edited by Shri YadunandanUpadhyay 2003.
- 13) Dr. TripathiBhramanand in Astanghridyam, nirmalahindicommentary, chaukhamba Sanskrit sansthan Delhi, uttarsthan chapter 28/24,P- 1095.
- 14) Shashtri A.D.,Sushrut Samhita in Ayurveda TatvaSandipika, chaukhamba Sanskrit sansthan, nidanasthanam chapter Su.Ni. 4/5-9,p-245.
- 15) Shashtri A.D.,Sushrut Samhita in Ayurveda TatvaSandipika, chaukhamba Sanskrit sansthan, nidanasthanam chapter Su.Ni. 4/5-9,p-245.
- 16) Shashtri A.D.,Sushrut Samhita in Ayurveda TatvaSandipika, chaukhamba Sanskrit sansthan, sutra sthanam chapter Su.Ni. 21/36,p-94.
- 17) Shashtri A.D.,Sushrut Samhita in Ayurveda TatvaSandipika, chaukhamba Sanskrit sansthan, nidanasthanam chapter Su.Ni. 4/13,p-245.
- 18) Shashtri A.D.,Sushrut Samhita in Ayurveda TatvaSandipika, chaukhamba Sanskrit sansthan, chiktasthanam chap-terSu.Chi. 8/3,p-45.
- 19) Indradevtrpathi, in Gadnigrah of Acharya Sodhal, Vidyotini commentary chaukhamba Sanskrit series, vaaranashi,Gadnigraha-uttar 7/10-14,p-432.
- 20) Shashtri A.D.,Sushrut Samhita in Ayurveda TatvaSandipika, chaukhamba Sanskrit sansthan, chiktasthanam chap-ter Su. Chi. 8/5-7,p-45.
- 21) Prof. Sharma P.V. in Caraka Samhita by maharsiagnivesh with English translation, ChaukhambhaOrientalia Varanasi, vol II chikitsasthanam, syavthuchikitsa chapter 12/96 ,p-203.
- 22) Dr. PraveenKumar And dr. K.K.Sijoria Diagnosis And Management Of Ano-Rec-tal Diseases By published by Chaukhambha Sanskrit Pratishthan Delhi first edition 2002,p-68.
- 23) ShashtriA.D ,bhaisjyaratnavali,bhagandar rogadohikar,p-872.
- 24) Shashtri A.D.,Sushrut Samhita inAyurvedaTatvaSandipika, chaukhamba Sanskrit sansthan, chiktasthanam chap-ter Su. Chi. 8/54,p-48.