

“Review article of Bhagandara (Fistula-in-ano)”**** Dr. Ravikumar Shyam Suryawanshi * Dr.Nitin Urmaliya**

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Abstract: The present paper is based on Ayurvedic concept Bhagandara.” From Clinical view, It is common disease now-a-days. in Gud vikar. The details of this disease have mentioned in the classics. Bhagandara is a common disease occurring in the ano-rec-tal region. At first it present as pidika around guda and when it bursts out, it is called as Bhagandara .It can be correlated with Fistula in ano. The prevalence in men is 12.3cases per 100,000 populations and in women is 5.6 cases per 100,000 population. . At present most common surgical procedure adopted in the treatment of fistula in ano is fistulectomy and fistulotomy. Newer mo-dalities like fibrin glue, fibrin plug treatment are being used as treatment modalities. This surgical management carries several complications like frequent damage to the sphincter muscle resulting in incontinence of sphincter control, fecal soiling, rectal prolapse, anal stenosis, delayed wound healing and even after complete excision of the tract there are chances of subsequent recurrence. But for Application of Kshar Sutra, intervention of doctor is necessary and compulsory. Hence it was decided that, this process can be make more convenient for the patient. Finally main intention for presenting this paper is to share basic details of Bhagandara for proper Treatment.

Key words – Kshar, Bhagandara, Probing, Pus, Gud vikar etc.

Introduction:-

Bhagandara is a common disease occurring in the ano-rec-tal region. At first it present as pidika around guda and when it bursts out, it is called as Bhagandara .It can be correlated with Fistula in ano. The prevalence in men is 12.3cases per 100,000 populations and in women is 5.6 cases per 100,000 population. . At present most common surgical procedure adopted in the treatment of fistula in ano is fistulectomy and fistulotomy. Newer mo-dalities like fibrin glue, fibrin plug treatment are being used as treatment modalities. This surgical management carries several complications like frequent damage to the sphincter muscle resulting in incontinence of sphincter control, fecal soiling, rectal prolapse, anal stenosis, delayed wound healing and even after complete excision of the tract there are chances of subsequent recurrence.

Materials & Method:-

All Ayurvedic and Modern literature related to Bhagandara.

Details are as follows –

AYURVEDIC VIEW:

Actually Bhagandara diseases is mentioned in Many Ayurvedic classics but Acharya Sushruta, the father of

Indian surgery has described all the detail of Bhagandara.

Etymology of bhagandara:

The word Bhagandar made up by the two root words like “Bhaga” and “Darana”, which means Bhaga is, all the structures around the Guda including yoni and vasti and Darana means To tear apart. So Bhagandar means Tearing of surrounding skin of Bhaga area(Guda and vasti). Actually it is a deep rooted apakva pidika within

two angula circumference of Guda Pradesh is called Bhagandar pidika. It is also associated with pain and fever. In Suppuration stage, It make internal or External tract in Bhaga area.

Nidana (Etiological Factors)

- Mithya- ahara(Apathya sevana)
- Asthi yukta ahara sevanaa
- Excessive sexual activity
- Sitting in awkward position
- Kashaya-rasa sevana
- Ruksha sevana
- Forceful defecation
- Horse & elephant riding
- Trauma by krimi etc.
- Improper use of vasti-netra
- Papakarma

Classification of Bhagandara:

According to Charak Samhita, There is no description about the types of Bhagandar but as per Sushrut there are five types of Bhagandar. They are as follows -

1. Shatponaka
2. Ushtragreeva
3. Parishravi
4. Shambukavarta
5. Unmargi

Here 1 to 4 originated from Doshas and 5 type caused by agantuja factors.

According to Aashtanga Sangraha and Hridayam, There are eight types of Bhagandra. Among these five types are same that of Sushrut and other three types are as follows -

6. Parikshepi
7. Riju
8. Arsho –Bhagandra

Another classification –

1. Parachina (Bahirmukham)

2. Arvachina(Antarmukham)

Purva Rupa (Prodromal Symptoms) of Bhagandara:

- Burning sensation in anal region
- Swelling in Guda.
- Pain in kati-kapala region,
- Itching

Rupa (Signs & Symptoms) Of Bhagandara:

- History of Bhagandarpidika
- Discharging
- Vrana within two-finger
- Pain etc.

Samprapti(Pathogenesis) of Bhagandara:

The Vata, Pitta and Kapha Doshas undergo Chaya due to specific etiological factors. Then after long duration of contact of same etiological factors, Doshas get aggravated at their normal site. It is known as Prakopavastha. Then Dosha migrate through the body. It is known as Prasaraavastha. Lastly Dosha gets lodged in Guda. Here it is known as Sthana -samshray. At this stage patients will have different Purvarupa like pain etc. at the anus along with formation of Pidaka. In the Vyakta stage, Pidika suppurates and bursts in different tract of Anus. If neglected, further it causes Darana of Vasti, Guda etc. and discharge Vata, Mutra, Pureesha etc. which is termed as Bhedavastha. Here, Vata is the predominant Dosha. Also the other type of Samprapti is due to Agantuja reasons where the wound occurs first and then the Dosha get sited producing further symptoms.

Sadyasadyata (Prognosis) of Bhagandara :

All types of Bhagandar are curable with difficulty; except Tridoshaj and Agantuja. They are incurable, as said by Acharya Sushrut.

According to Acharya Vagbhata, When the Nadi (track) of Bhagandar, which cross Pravahini vali and Sevani are incurable. Also if there is discharge of Mutra, Purisha and Krimi from track then it is incurable.

Chikitsa (Management) Of Bhagandara:

Generally there are two different lines of treatment like -

1. Bhagandarpidika chikitsa (i.e. in Apakvawastha)
2. Bhagandar chikitsa (in Pakvawastha)

So there are 4 ways to manage Bhagandara. They are -

1. Preventive measures
2. Surgical measures
3. Para-surgical measures

4. Adjuvant measures

Bhagandara pidika chikitsa- It should be managed with eleven measures beginning with aptarpana and ending with virechana. They are aptarpana, alepa, parisheka, abhyanga, swedana, vimlapana, upnaha, pachana, vishravana, snehana, vama and virechana.

Surgical Procedure:

Here excision(Chhedan karma) and incision (Bhedan karma) over the track should be done as per condition.

Para Surgical Management:

1. Raktamokshana (Blood-letting)
2. Kshara Karma (Chemical cauterization)
3. Agnikarma (Thermal cautery).

Here Ksharsutra is a kind of Kshara-therapy, which is applied with the help of thread. It has been observed earlier but the Ksharsutra owes the credit of standing as a complete treatment of Bhagandara.

So some advantages of ksharsutra therapy are as follows –

1. Minimal trauma
2. No bleeding
3. Anaesthesia is seldom required.
4. The patient is fully ambulatory.
5. Minimal hospital stay.
6. Therapy is costing less.
7. Very narrow and fine scar.
8. The recurrence rate is practically nil.

Adjuvant Measures:

Swedan, parishek, avgahan, vranashodhan & vranaropan lepa, varti, taila, guggulu, shothahar drugs, Ghrita, Taila, Arishta and dipan, pachan, mridu rechak drugs use as adjuvant measures for bhagandar in different classics.

Pathya:

Tila taila, Sarshap taila, Vilepi, Jangala mamsa, Shalidhanya, Mudga, Patola, Shigru, Balamulaka, Tiktavarga, and madhu etc.

Apathya -

Krodha, Asatmya, Aswaprishthayaan, Vegavarodh, Vyayama, Gurvahara, Maithuna, Sahasakarma, Ajirna, Madya. These are avoided.

Modern view**Etymology**

“Fistula” means hollow structures.

Definition

- Fistula is an abnormal track leading from a mucous membrane to another mucous surface or to the skin.

Causes

- Foreign body penetrating from outside**
- Other disorders like** Ulcerative colitis Rectal duplication, Trauma etc.
- Crypto glandular Hypothesis
- An acute abscess
- Infections like** Anal fissure, Infected sebaceous glands etc

Mechanism of fistula formation

- 4 stages
 - Stage of infection
 - Stage of burrowing
 - Stage of Abscess formation
 - Stage of Secondary opening

Classifications

- Park’s classification**
(according to the relationship of primary tract to the anal sphincters)
 - Intersphincteric
 - Trans sphincteric
 - Supra sphincteric
 - Extra sphincteric

Clinical Presentation

- Swelling in the perianal area
- Diarrhoea
- Discoloration of skin surrounding the fistula
- External opening in the perianal region.
- Perianal discharge

- Perianal pain
- Bleeding
- Fever
- Past medical history

Clinical Examination **Inspection**

- Presence of external opening/s in anal region.

 Palpation (D.R.E.)

- Palpation of perianal region may result in expression of pus and Probing.

Goodsall's Rule

- If the external opening is anterior to an imaginary line drawn-across the midpoint of the anus, the fistula runs straightly into the anal canal.
- If the external opening is situated posterior to the line, the track usually will curve and the internal opening will be on the midline posterior of the anal canal.

INVESTIGATION

- Transrectal Ultrasound
- Fistulography
- BIOPSY
- MONTOUX TEST
- Sigmoidoscopy
- CBC
- FBS
- X-RAY(Lumbosacral)
- Colonoscopy
- CT
- MRI

Differential Diagnosis

- Haemorrhoids
- Chron's disease
- Fissure in ano

- Pilonidal Sinus
- Hidradenitis Suppurativa
- Perianal Abscess
- Ulcerative colitis

Treatment

- Conservative**
 - Antibiotics.
 - Anti –Inflammatory drugs.
 - Sitz bath.
 - Maintenance of local hygiene, and avoid causative factors

Operative procedures

- Fistulotomy
- Fistulectomy
- Setons
- Fibrin Glue
- Anal fistula plug
- Endo/ano-rectal advancement flap
- Ligation of Intersphincteric Fistula Tract (LIFT)
- Video assisted anal fistula treatment (VAAFT)
- LCAF (Laser Coagulation of Anal Fistula)

Conclusion:

- **There are many Anal disorders now-a-days.**
- Bhagandara (Fistula-in-ano) is one of them.
- So Ayurvedic management of Bhagandara (Fistula-in-ano) is best in modern era.

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