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Review Article

Review Article on Bhagandara

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ABSTRACT

Ayurveda is an eternal branch considered as the science of life. Its prime motto is maintaining the health of healthy individual first and then curing the disease, which promotes a disease free, healthy life span. Ayurveda is an abundant ocean full of knowledge consisting of eight superior branches. Amongst them Shalya Tantra is the prime branch rich in surgical concept. History reveals that the period of Acharya Sushrut was the golden era of surgery where various surgical procedures were performed. More over in regards of anorectal and perineal surgery, Acharya has expounded much, with an approach of emphasise both surgical and Para surgical measures. Bhagandara can be screened in ancient Ayurvedic texts and varying systematic, scientific detailed descriptions are found. It is the common ano-rectal disease prevalent in the population worldwide. Because of its tedious nature of healing Bhagandara is considered difficult to be cured also it is found to be one amongst the Ashta Mahagada, where Acharya has explained the limitation of the treatment by considering it as Duschikitsya Vyadhi. Hence this article has emphasized on the available discretion on various types of Bhagandara and its management.


INTRODUCTION

Ano-rectal diseases like Arsha, Bhagandara are considered difficult to be cured among them Bhagandara is considered as one of the Ashta Mahagada. Bhagandara can be screened in ancient Ayurvedic texts and varying systematic, scientific detailed descriptions are found. It is one of the most common ano-rectal diseases prevalent in the population worldwide. The literal meaning of

Bhagandara is “Darana” in Bhaga, Guda and Basti Pradesha i.e., splitting up or piercing of perianal region. Its pre suppurative stage is considered as Pidika and the suppurative stage is known as Bhagandara. In contemporary science Bhagandara can be correlated to fistula in ano, an inflammatory response to anal gland infection resulting in the formation of an unhealthy track composed of unhealthy granulation tissue and fibrous tissue, having an external opening in the perianal skin and

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an internal opening in the anal canal or rectum. It is characterised by persistent pus discharge associated with intermittent pain which further can lead to several complications if not treated properly. As the ulcer is located in anal region, which is more prone to infection and persistent pus discharge, irritates the person. While considering the surgical point of view, history reveals that the period of Acharya Sushrut was the golden era of surgery where various surgical procedures were performed. Considering Chikitsa, Acharya has described almost all sorts of management in which surgery still have no comparison. Moreover in regards to anorectal and perineal Surgery, Acharya has expounded much, with an approach of emphasising its types and accordingly it's both surgical and Para surgical measures.

Ayurvedic View:

Most of the Ayurvedic classics the description of the disease is available but Acharya Sushruta, the father of Indian surgery has described all the detail of Bhagandara. Bhagandara is a disease that exists among human beings since the period of Vedas and Puranas. Puranas and Samhitas (Bruhatrayees and Laghutryees) do have abundant evidences regarding the existence and treatment of this disease.

Etymology of Bhagandara:

The word Bhagandar made up by the combination of two terms “Bhaga” and “Darana”, which are derived from root “Bhaga” and “dri” respectively. The meaning of Bhaga is, all the structures around the Guda including yoni and vasti^{1,2}

Definition of Bhagandara:

The Darana of Bhaga Guda and vasti with surrounding skin surface called Bhagandar. Further he has described that a deep rooted apakva pidika within two angula circumference of Guda Pradesh

associated with pain and fever is called Bhagandar pidika. When it suppurates and burst open, is called Bhagandara³.

Nidana (Etiological Factors) of Bhagandara

According to Different Acharyas^{4,5}

(A) Aharaja factors-

1. Kashaya-rasa sevana
2. Ruksha sevana
3. Mithyaahara (Apathya sevana)
4. Asthi yukta ahara sevana (B) Viharaja factors
5. Excessive sexual activity
6. Sitting in awkward position
7. Forceful defecation
8. Horse & elephant riding (C) Agantuja factors-
9. Trauma by krimi
10. Trauma by asthi
11. Improper use of vasti-netra
12. As the cause of hemorrhoids (D) Manasika factors-
13. Papakarma
14. sadhu sajjan ninda

Classification of Bhagandara:

Acharyas have classified the Bhagandar on the basis of doshik involvement and clinical consideration of its pathogenesis. According to Charak Samhita, There is no description about the types of Bhagandar .

According to Sushrut there are five types of Bhagandar -

1. Shatponaka - originating from vata dosha.
2. Ushtragreeva - originating from pitta dosha.
3. Parishravi - originating from kapha dosha
- Shambukavarta - originating from Tridosha
4. Unmargi - caused by agantuja factors. According Aashtanga Sangraha and Hridyam , eight types of Bhagandra are



described. Among these five types are same that of Sushrut and other three types are

5. Parikshepi- originating from vata and pitta dosha
6. Riju- originates from vata& kapha dosha.
7. Arsho Bhadandra- originates from pitta and kapha dosha.. Acharyas again classified each type of Bhagandar according to its opening whether presents externally or internally

(1) Parachina (Bahirmukham) -having external opening.

(2) Arvachina (Antarmukham)- having internal opening

Purva Rupa (Prodromal Symptoms) of Bhagandara:

The purvarupa of Bhagandar includes pain in kati-kapala region, itching, burning sensation and swelling in Guda. These features become more aggravated during riding and defaecation.

Rupa (Signs & Symptoms) Of Bhagandara:

The most typical sign and symptoms of Bhagandar are a discharging Vrana within two-finger periphery of perianal region with a history of Bhagandarpidika, which bursts many times, heals and recurs repeatedly and is painful. Specific type of discharge, pain and characters shows in different type of bhagandar, according to doshaj involvement .

Samprapti (Pathogenesis) of Bhagandara:

The development of Bhagandar can be described as follows according to Shatkriya kala. The Dosha undergoes Chaya as a normal physiological response to various endogenic and exogenic stimuli, when the person continues to use the specific etiological factor they undergoes vitiation of Dosha and Dushya. Then they get aggravated at

their normal site. It is known as Prakopawastha. This progress to subsequent stage and the Dosha migrate through the body. It is known as Prasara-wastha. Ultimately it gets lodged in Guda after vitiating Rakta and Mamsa. Here it is known as Sthanasanshray. At this stage patients will have different Purvarupa like pain in waist (Katikapala), itching, burning sensations and swelling at the anus along with formation of Pidaka. In the Vyakta stage Pidika suppurates and continuously passes different type of discharge through it with association of various kind of pain. If neglected, further it causes Darana of Vasti, Guda and Bhaga and discharge Vata, Mutra, Pureesha through it, which is termed as Bhedavastha. Here, Vata is the predominant Dosha accomplished with Pitta and Kapha. The second type of Samprapti is due to Agantuja reasons where the wound occurs first and then the Dosha get sited producing further symptoms. When the wound is produced simultaneously there is vitiation of Dosha and there is pain and discharge.

Sadyasadyata (Prognosis) of Bhagandara on The Basis of Different Parameters:

According to Acharya Sushrut, all types of Bhagandar are curable with difficulty; except Tridoshaj and traumatic, those are incurable. According to Acharya Vagbhata, the Nadi (track) of Bhagandar, which cross Pravahini vali and Sevani are incurable. If through Bhagandar Apana vayu, Mutra, Purisha, Krimi and Shukra are expelled, the Bhagandar should be considered as incurable.

Chikitsa (Management) Of Bhagandara:

There are different lines of treatment in different stages (Awastha) of Bhagandar. It depends on two parameters viz –



1. Bhagandarpidika chikitsa (i.e. in Apakvawastha) &

2. Bhagandar chikitsa (in Pakvawastha)

The management of Bhagandara can be divided in 4 major types:

- A. Preventive measures
- B. Surgical measures
- C. Para-surgical measures
- D. Adjuvant measures

A. Preventive measures- It includes

1. Avoidance of causative factor

2. Bhagandara pidika chikitsa- The Bhagandara pidika (Apakvawastha), 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, vamaana and virechana .

B. Surgical Procedure:

According to Acharya Sushruta, excision (Chhedan karma) and incision (Bhedan karma) over the track should be different types, which is depends upon the type of the fistula.

C. Para Surgical Management (Ambulatory Treatment):

Para surgical measures have been employed in the management of Bhagandara either alone or in combination as auxiliary to surgical procedure. The most common para surgical procedures adopted are –

- 1. Raktamokshana (Blood-letting)
- 2. Kshara Karma (Chemical cauterization)

3. Agnikarma (Thermal cautery). Ksharsutra is a kind of Kshara-therapy, which is applied with the help of thread. It has been observed earlier that Kshara has always been used as an adjuvant to the surgical procedure in Bhagandara, but the Ksharsutra owes the credit of standing as a complete treatment of Bhagandara without the aid of any operative procedure.

Excellence of ksharsutra therapy over surgical management.

- 1. Minimal trauma and no tissue loss as compared to surgical excision.
- 2. No bleeding in ksharsutra application while owing to huge amount of bleeding occurred in fistulectomy.
- 3. Anaesthesia is seldom required.
- 4. The patient is fully ambulatory.
- 5. Minimal hospital stays.
- 6. No incontinence.
- 7. Therapy is costing less.
- 8. Very narrow and fine scar.
- 9. No anal stricture if properly treated.
- 10. The recurrence rate is practically nil.

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

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



DISCUSSION

Acharya Sushruta, revered as the father of surgery, has provided a comprehensive explanation of Bhagandara in the Sushruta Samhita. This condition is now understood to closely correspond with what modern medicine refers to as fistula-in-ano. He thoroughly detailed its definition, causes, classifications, and pathogenesis based on the concept of Shatkriyakala (stages of disease progression). The early symptoms (Purvarupa), clinical signs (Rupa), management strategies at various stages, and potential complications are meticulously described by the Acharya. According to him, infections originating in hair follicles or sebaceous glands, when left untreated, can develop into fistulas. The most prominent symptom is pus discharge from the perianal region, often accompanied by pain and tenderness. Acharya Sushruta also discussed Bhagandara Pidika—an initial abscess formation which, if not addressed properly, may progress into a fistulous tract. He classified Bhagandara based on dosha involvement and the specific symptoms associated with each type. Stage-wise treatment protocols are also outlined in detail. In the early, unripe stage of the condition, he recommends therapies ranging from Apatarpana (fasting or depletion) to Virechana (purgation) as part of Vranachikitsa (wound management). When the lesion matures, procedures like Snehan (oleation) and Avagaha Swedana (sitz baths or fomentation) around the anal region are suggested. Among Ayurvedic para-surgical approaches, Ksharsutra and Agnikarma are emphasized for their effectiveness in treating Bhagandara. While Agnikarma—the application of thermal cauterization—is suitable for all types except the Pittaja variety, its primary aim is to control bleeding and cauterize the granulation tissue within the tract. Ksharsutra therapy stands out as a gold standard treatment, known for its lower recurrence rates and minimal risk of

incontinence compared to modern surgical interventions. Acharya Sushruta also described Chedana Shastrakarma, the surgical excision of the fistulous tract, as a viable method for advanced cases. Despite the evolution of modern surgical techniques, Ksharsutra therapy continues to be recognized as a more reliable and scientifically validated treatment with better outcomes in terms of recurrence and continence preservation.

CONCLUSION

The prevalence of fistula-in-Ano is increasing day by day. Treatment of fistula remains challenging. Management of fistula in ano needs complete knowledge of perianal anatomy and pathophysiology. 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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