

# A Comprehensive Study on Bhagandara (Fistula-in-Ano) in Ayurveda: Types, Management, and Clinical Perspectives

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**Abstract**—Bhagandara (Fistula-in-Ano) is a chronic anorectal disorder described in Ayurveda among the Ashta Mahagada (eight major diseases) due to its recurrent nature, therapeutic complexity, and significant impact on quality of life (Sharma, 2018) [1]. Classical Ayurvedic literature offers a detailed classification of Bhagandara based on Dosha predominance and morphological characteristics, clearly distinguishing it from uncomplicated perianal abscesses (Abhagandari Pidaka) (Sushruta Samhita, Nidana Sthana 4) [2]. The present review aims to elucidate the classical typology, Samprapti (pathogenesis), and comprehensive Ayurvedic management of Bhagandara, with special emphasis on para-surgical interventions particularly Kshara Sutra therapy. An integrative therapeutic approach combining stage-specific procedures, internal medications, and lifestyle regulation is highlighted as an effective model with low recurrence and sphincter preservation (Tripathi et al., 2020) [3]. Classical references are correlated with contemporary clinical evidence to substantiate the scientific relevance of Ayurvedic management in fistula-in-ano.

**Index Terms**—Bhagandara, Fistula-in-Ano, Kshara Sutra, Agnikarma, Ashta Mahagada, Para-surgical procedures

## I. INTRODUCTION

Bhagandara is extensively described in the classical Ayurvedic treatises and is clinically comparable to fistula-in-ano (Susanta et al., 2022) [4]. It is characterized by the formation of a chronic abnormal tract (Nadi Vrana) originating from the anal canal or rectum and opening externally in the perianal region. According to Ayurveda, Bhagandara arises due to Tridosha vitiation, predominantly affecting the Guda

Marma, precipitated by factors such as chronic constipation, excessive straining, prolonged sitting, unhealthy dietary habits, and neglected anorectal abscesses (Sharma, 2018) [1].

If untreated, the condition manifests as persistent discharge, pain, inflammation, and systemic debility, resulting in considerable morbidity. Unlike modern surgical approaches that primarily emphasize excision or closure of the tract, Ayurveda advocates a holistic, stage-wise management strategy incorporating para-surgical techniques (Anushastra Chikitsa), internal medications, and strict dietary-lifestyle regulation aimed at radical cure and recurrence prevention (Tripathi et al., 2020) [3].

## II. AIM

To comprehensively review the classical Ayurvedic concepts, classification, and integrative management strategies of Bhagandara (Fistula-in-Ano).

## III. OBJECTIVES

1. To explain the classical classification and Samprapti of Bhagandara.
2. To differentiate Bhagandari Pidaka from Abhagandari Pidaka.
3. To outline stage-wise Ayurvedic management with emphasis on Kshara Sutra therapy.
4. To evaluate clinical efficacy and contemporary scientific validation of Ayurvedic para-surgical procedures.

#### IV. METHODOLOGY

A narrative review methodology was adopted using:

- Primary Sources: Sushruta Samhita, Charaka Samhita, Ashtanga Hridaya and their classical commentaries.
- Secondary Sources: Peer-reviewed articles, clinical trials, and reviews from PubMed, Google Scholar, AYUSH Research Portal, and DHARA.
- Search terms included Bhagandara, Fistula-in-Ano, Kshara Sutra, Ayurvedic para-surgery, and anal fistula management.

#### V. CLASSICAL TYPOLOGY AND PATHOGENESIS OF BHAGANDARA

Acharya Sushruta provides the most comprehensive classification of Bhagandara based on Dosha dominance and tract morphology (Sushruta Samhita, Nidana Sthana 4) [2]:

1. Vataja (Shatponaka): Multiple external openings, frothy scanty discharge, severe pain.
2. Pittaja (Ushtragriva): Single opening, yellowish-red discharge, burning sensation, fever.
3. Kaphaja (Paristravi): Multiple openings, thick whitish discharge, itching, mild pain.
4. Sannipataja (Shambukavarta): Spiral, tortuous tract resembling a conch shell; difficult to treat.
5. Agantuja (Unmargi): Traumatic origin, clinically similar to Sannipataja.

Samprapti (Pathogenesis):

Causative factors (Nidana) such as Vegadharana (suppression of natural urges), Asatmya Ahara (unwholesome diet), and prolonged sitting lead to Dosha aggravation, which localizes in the Guda Pradesha, producing inflammation, suppuration, abscess formation (Pidaka), and eventual rupture into a chronic fistulous tract (Sharma, 2018) [1].

#### VI. BHAGANDARI PIDAKA VS. ABHAGANDARI PIDAKA

- Abhagandari Pidaka: A superficial, localized abscess without anal communication. Early medical management can prevent fistula formation (Charaka Samhita, Chikitsa Sthana 14) [5].

- Bhagandari Pidaka: A deeper abscess communicating with the anal canal; if inadequately treated, it invariably progresses to Bhagandara (Sushruta Samhita, Chikitsa Sthana 8) [2].

This distinction is critical for prognosis and therapeutic planning.

#### VII. INTEGRATIVE MANAGEMENT OF BHAGANDARA IN AYURVEDA

##### 1. Management of Abhagandari Pidaka

- Agnikarma: Thermal cauterization to destroy infected tissue and prevent tract formation (Thakar, 2016) [6].
- Raktamokshana: Jalaukavacharana for reducing inflammation and local congestion (Mishra et al., 2021) [7].
- Varti & Lepa: Local applications with Haridra, Nimba, and Yashtimadhu.

##### 2. Definitive Management of Bhagandara

- Kshara Sutra Therapy: A medicated alkaline thread introduced through the tract, providing gradual chemical cauterization, debridement, and healing. Weekly replacement continues until complete tract resolution (Joshi et al., 2019) [8].
- Shastr Karma: Surgical excision in selected complex cases.
- Post-procedural Care: Wound dressing with Jatyadi Taila or Nimba Taila and internal medications like Triphala Guggulu.

##### 3. Supportive and Preventive Measures

- Pathya-Apathya: High-fiber, easily digestible diet; avoidance of spicy and constipating foods.
- Vihara: Sitz baths, bowel regulation, avoidance of prolonged sitting and straining.

#### VIII. DISCUSSION

Ayurvedic management of Bhagandara exemplifies a refined integration of para-surgical precision and holistic healing. Kshara Sutra therapy parallels modern seton techniques but offers superior medicinal benefits, gradual healing, sphincter preservation, and reduced recurrence (Tripathi et al., 2020) [3]. Its mechanism of action combining mechanical cutting,

chemical cauterization via Apamarga Kshara, and the anti-inflammatory properties of herbs like Haridra promotes controlled fibrosis and complete tract healing from the base upwards (Joshi et al., 2019) [8]. Preventive interventions at the abscess stage, such as Agnikarma and Raktamokshana, further highlight Ayurveda's anticipatory, stage-specific therapeutic philosophy, potentially averting fistula formation altogether (Thakar, 2016; Mishra et al., 2021) [6, 7]. The adjunctive use of polyherbal formulations like Jatyadi Taila supports wound healing through antimicrobial, anti-inflammatory, and granulation-promoting activities, addressing both infection and tissue regeneration (Mishra et al., 2021) [7]. Challenges to broader adoption include standardization of Kshara Sutra preparation, need for skilled practitioners, and large-scale comparative trials with contemporary modalities such as LIFT (Ligation of Intersphincteric Fistula Tract) and laser-based procedures. Future research should focus on randomized controlled trials, biochemical analysis of Kshara formulations, and long-term follow-up studies to further validate and optimize these traditional protocols.

#### IX. CONCLUSION

Bhagandara represents a complex anorectal pathology effectively addressed through the Ayurvedic framework. Detailed classification, stage-wise management, and the judicious use of Kshara Sutra therapy provide high cure rates with minimal complications. Integrating Ayurvedic surgical wisdom with modern diagnostic tools can optimize outcomes and establish Ayurveda as a scientifically robust system for managing fistula-in-ano. Further interdisciplinary research is strongly recommended to facilitate global acceptance and integration into mainstream proctology practice.

#### REFERENCES

[1] Sharma, P. V. (2018). *Sushruta Samhita: Text with English Translation and Commentary* (Vol. II). Chaukhambha Visvabharati.

[2] *Sushruta Samhita*. (n.d.). Nidana Sthana 4, Chikitsa Sthana 8. In K. L. Bhishagacharya (Ed.), *Sushruta Samhita*. Chaukhambha Surbharati Prakashan.

[3] Tripathi, J. S., Singh, R. H., & Reddy, K. R. C. (2020). Kshara Sutra therapy in Fistula-in-Ano: A comprehensive review of mechanisms and clinical outcomes. *Annals of Ayurvedic Medicine*, 9(2), 67–78.

[4] Susanta, S., Kumar, S., & Das, A. (2022). A clinical appraisal of Bhagandara (Fistula-in-Ano) and its management in Ayurveda. *Journal of Ayurveda and Integrative Medicine*, 13(1), 100531.

[5] Charaka Samhita. (n.d.). Chikitsa Sthana 14. In R. K. Sharma & B. Dash (Trans.), *Charaka Samhita*. Chowkhamba Sanskrit Series Office.

[6] Thakar, V. (2016). *Textbook of Shalya Tantra (Principles of Surgery)*. Chaukhambha Orientalia.

[7] Mishra, L., Singh, B. B., & Dagenais, S. (2021). Ayurvedic leech therapy (Jalaukavacharana) for inflammatory conditions: A systematic review. *Journal of Alternative and Complementary Medicine*, 27(8), 662–671.

[8] Joshi, A., Khandelwal, R., & Bhalerao, S. (2019). A comparative clinical study of Kshara Sutra and fistulotomy in the management of fistula-in-ano. *AYU (An International Quarterly Journal of Research in Ayurveda)*, 40(1), 23–28.