

# A Narrative review on multi modal Ayurvedic management of Bhagandara based on classical Ayurvedic textbooks

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## ABSTRACT

Introduction: *Bhagandara* (fistula-in-ano) is a common anorectal disorder characterized by the formation, suppuration, and spontaneous rupture of abscesses in the perianal region, leading to tract formation. *Ksharasutra* therapy (medicated alkaline thread) is widely recognized as the most effective Ayurvedic treatment for fistula-in-ano. It is associated with a low recurrence rate and effective tract management. According to Ayurveda, successful treatment requires not only addressing the *vyakta sthana* (manifested site of disease) but also eliminating *dosha dushti* from *udbhava sthana* (site of origin of disease). Therefore, an integrative approach is essential in the complete cure of the disease.

Methods: Classical ayurveda textbooks were referred for understanding *bhagandara chikitsa* by various acharyas which include Sushruta Samhita, Charaka Samhita, Ashtangahrdaya, Bhavaprakasha, Sargandara Samhita, Madhava nidana, Bhoja tantra, Chakradatta. Peer reviewed journals were also reviewed to understand the efficacy of various treatment modalities in *bhagandara*.

Results: As described by acharya Charaka, management begins with *shodhana* (purificatory) therapies such as *virechana* (purgation), followed by *shastra chikitsa* (surgical procedure). *Shodhana Karma* and *Samsarjana krama* (post-purification dietary regimen) helps to eliminate the vitiated doshas from the *udbhava sthana*. When *ksharasutra* therapy is administered following proper *sodhana* therapies, it aids in the removal of vitiated doshas in the *vyakta sthana*, promotes healing of the fistulous tract, and minimizes the risk of recurrence of the disease. This integrative method ensures complete disease resolution and restoration of dosha balance.

Conclusion: Effective management of fistula-in-ano in Ayurveda requires addressing both *udbhava sthana* and *vyakta sthana* through an integrative approach.

**Key words:** *Bhagandara, Ksharasutra, Shodhana, Fistula-in-ano.*

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## INTRODUCTION

Fistula-in-ano is an abnormal track which connects perianal skin to anal canal or rectum. This tract is lined by unhealthy granulation tissue.<sup>1</sup> It is difficult to treat and have high recurrence rate on the basis of complexity.<sup>2</sup> The surgical treatment in fistula-in-ano include fistulectomy, fistulotomy, seton therapy, TROPIS, LIFT etc.<sup>3</sup> These procedures become surgical challenge because of recurrence and incontinence. It also possesses physical and

psychological trouble to patient.<sup>4</sup> In Ayurveda, *ksharasutra* therapy is considered effective for *bhagandara*. This technique minimizes complications and recurrence associated with conventional surgery. By integrating *ksharasutra* with *sodhana* therapies, fistula-in-ano can be managed successfully.

## METHODOLOGY

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The present study was conducted based on a thorough review of classical Ayurvedic texts, including Charaka samhitha, Sushruta samhitha, Ashtanga Hridaya from *brihatrayis* and Sarangdhara samhitha, Yogaratnakara, Bhavaprakasha nigantu from *laghutrayis*. Literatures included in Chakradatta and Bhoja samhitha were also reviewed to explore the traditional understanding and management principles of *bhagandara*.

## RESULTS

### Fistula-in-ano description by *laghutrayis*:

#### Bhavaprakasha:

In *Bhagandara Adhikara* of the *Madhyama Khanda* of Bhavaprakasha, the disease condition *bhagandara* is discussed in detail. This chapter explains the derivation, premonitory symptom, types, treatment, post-purification dietary regimen of the disease. Bhavaprakasha describes five types of *bhagandara*: *Shataponaka*, *Ushtragriva*, *Parisravi*, *Sambukavarta*, and *Unmargi*. In the management of *bhagandara pidika*, *raktamokshana* (blood-letting) and *seka* (pouring liquid medicaments) are advised.<sup>5</sup> For unripened stage (*apakwa pidika*), treatments such as *apatarpana*, *virechana*, and other *upakramas* are indicated. In ripened stage (*pakwa avastha*) after spontaneous rupture, probing is done to assess the tract, followed by interventions like *patana* (incision), *agnikarma* (thermal cauterization), or *kshara karma* (alkaline cauterization)).<sup>6</sup> External applications such as *Tiladi kalka*, *Sumanadi kalka*, *Trivridadi kalka*, *Nyagrodhadi taila*, *Visyandana taila*, *Nisadi taila*, and *Karaviradi taila* are recommended.<sup>7</sup> In *shastra chikitsa*, *Sataponaka* type is treated with both surgical excision and thermal cauterization. Incision techniques include *Ardhalangalaka*, *Langalaka*, *Sarvatobhadra*, and *Gothirithaka*. In *Ushtragriva*, surgery is followed by alkaline cauterization. For *Parisravi* and *Sambukavarta* types, surgical excision is followed by either thermal or alkaline cauterization. In *Agantuja* type, thermal cauterization using a heated instrument like *Jambavoshta shalaka* is advised.<sup>8</sup>

#### Sarangadhara samhita:

The *Prathama Khanda* of Sarangadhara Samhita, eight types of *bhagandara* are described: *Shataponaka*, *Ushtragriva*, *Parisravi*, *Riju*, *Parikshepi*, *Arsho*, *Agantuja*, and *Unmargi*. For the effective management of *bhagandara*, several internal medications are recommended along with *swedana* and *virechana*. The internal formulations suggested include *Khadiradi Kwatha*, *Narayana Churna*, *Lavanabhaskara Churna*, *Chitrakadi Churna*, *Sooranadi Vataka*, *Chandraprabha Guti*, *Yogaraja Guggulu*, *Triphala Guggulu*, *Triphala Modaka*, *Kanchanara Guggulu*, *Kaseesadi Ghrita*, *Shadbindu Ghrita*, *Lohasava*, *Vidangarishta*, *Dashamoolarishta*, *Kanakasundarorasa*, and *Abhayamodaka*.<sup>9</sup>

#### Madhava nidana:

The *Bhagandara Nidana adhyaya* provides an account of the condition *bhagandara*, covering its causative factors,

classification into various types, characteristic clinical features, prognosis, and possible complications.

The text classifies *bhagandara* into five principal types based on the nature, shape, and clinical presentation of the tract. These are: *Shataponaka* (characterized by multiple openings resembling a sieve), *Ushtragriva* (resembling the neck of a camel), *Parisravi* (with continuous discharge), *Sambukavarta* (spiral-shaped, like a conch), and *Unmargi* (with an erratic or deviated tract).<sup>10</sup>

### Fistula-in-ano description by *Brihatrayees*:

#### Charaka samhitha:

Charaka has given a description of *bhagandara* in *shopha chikitsa adhyaya*. *Nidana* of *bhagandara* includes injury on anal region by external pathogens including microbes, bony pieces intake, excessive sexual activity, excessive straining during defaecation, sitting in improper postures, sitting in irregular surfaces and riding for prolonged time. Due to these *nidana* painful inflammatory swelling arise in anal region. These inflammatory swelling become ripe and burst open to form fistula-in-ano.<sup>11</sup> The treatment starts with purgation therapy which brings back the *dushta dosha* to normalcy. Followed by probing as well as incision to be done. After doing *marga vishudhi* (purification of the tract), *dahana* of the tract with *taila* is performed. Then using *ksharasutra* the tract should be cut open and then it should be treated like an ulcer.<sup>12</sup>

#### Vagbhata:

Vagbhata describes about etiology and treatment of *bhagandara* in *Ashtangahridaya uttarastana Bhagandara pratishedha adhyaya*. The *nidana* of *bhagandara* includes prolonged riding on elephant, horse etc, sitting on hard surface, sitting in improper postures, following unsuitable activities mentioned in *arsho roga nidana*, sins in previous lives and effects of abusing ascetics.

Due to etiology vitiation of *rakta* and *mamsa* occurs in anal region leading to formation of an inflammatory swelling within one or two *angula* range from the anal margin opening either to the interior or exterior. The inflammatory swelling later burst open to form *bhagandara* which is exudative in nature due to its proximity to the urinary bladder. *Fistula-in-ano* causes tearing pain in perineum, anal and urinary bladder region. It expels flatus, urine, faeces and semen through small orifices if left untreated.<sup>13</sup> *Shataponaka*, *ushtragreeva*, *parisravi*, *riju*, *parikshepi*, *arsho*, *agantuja* and *unmargi* are the 8 types of *bhagandara* by Vagbhata.<sup>14</sup> During inflammatory swelling stage *sodhana* therapies, bloodletting, pouring liquid medicaments etc to be done to prevent ripening of the inflammatory swelling. If ripening has occurred then oleation therapy, *avagaha sweda*, probing, surgery, chemical or thermal cauterization to be performed based on the type of *bhagandara*.<sup>15</sup>

#### Sushruta:

Sushruta explains about *bhagandara* in *Bhagandara nidanam* and *Bhagandara pratishedham adhyaya* respectively. According to Sushruta *bhagandara* commences with an eruption, which bursts later and forms

the sinus.<sup>16</sup> There are 5 types of *bhagandara shataponaka*, *ushtragriva*, *parisravi*, *sambukavarta* and *unmargi*.<sup>17</sup> If the condition is in inflammatory swelling stage eleven treatment modalities for inflammatory swelling is to be performed. And if in ripe stage oleation therapy, avagaha sweda, probing, surgery, chemical or thermal cauterization is to be performed.

Surgical treatment is grouped into 3 stages-purva karma, pradhana karma and paschat karma.

#### **Purvakarma**

*Snehana* and *avagaha sweda* are advised during *purvakarma*. *Shastra karma* is to be done without taking any food.

#### **Pradhana karma**

Patient to be taken in lithotomy position. Using a probe the fistula is investigated for its opening outwards or inwards through a *Bhagandara yantra*. The patient is asked to strain and probe is introduced into the internal opening.<sup>18</sup> Then the tract is excised or cauterised as required. *Chedana* of the tract is done based on the type of *bhagandara*. In *sataponaka* type the specific incisions includes *ardha langala*, *langhala*, *sarvathobhadra*, *goteerthaka*. In *parisravi* type *kharjura patra*, *Chandra ardha*, *Chandra chakra*, *soochimukha* and *avagmukha* are the *sastra visesa*.

#### **Paschat karma**

The general principles in *agropaharaneeya adhyaya* of Sushruta Samhita sutrastana can be adopted.

#### **Figure 1: Treatment according to Sushruta**

#### **Other treatment modalities by Brihatrayees**

##### **Parasurgical procedures:**

**Raktamokshana:** for relief of pain and inflammation and in swelling of recent onset bloodletting is indicated. In acute inflammatory conditions with hard and firm swelling, painful, reddishwide based, those due to poison effect bloodletting specially *jaloukavacharana* is indicated.

**Kshara karma:** *Prathisaraneeya* type (external application) of *kshara karma* is specifically indicated in *bhagandara*.<sup>19</sup> *Kshara karma* is indicated in *ushtragreeva*, *parisravi* and *parikshepi* type of *bhagandara*. *Ksharasutra* made from the drugs with *kshara* property are indicated in *Krishna*, *durbala*, *bhiru*, *nadivrana*, *marmasrita* conditions.

**Agnikarma:** Cauterization with *agnikarma* is indicated in *shataponaka*, *unmargi* and *parisravee* type of *bhagandara*. In *unmargi* type cauterization with *jambavosta* or *tapta salaka* is done. In *ushtragriva* type *agnikarma* is contraindicated due to its *pitta* predominance. Also, in order to avoid the recurrence of *bhagandara* thermal cauterization of fistulous tract is important. Acharya charaka has also mentioned cauterization of fistulous tract with oil.<sup>20</sup>

**Varti prayoga:** *Aragwadhadi varti* with honey and medicated ghee is advised in *bhagandara*. In children *varti* with *tagar*, *amaltas* and *haridra* pasted in honey and medicated ghee is kept in the tract. *Kshara varti prayoga* is performed in fistula in which the internal opening is not patent.

#### **Shodhana chikitsa:**

*Virechana* is the expulsion of morbid *doshas* out of the body. The process of elimination of vitiated *doshas* through *adho bhaga* is called as *virechana*. *Virechana* eliminates *kapha*, *pitta doshas* and does *vata anulomana*. It also does *srotosudhi* and *agnivridhi*. After pacification of vitiated *tridoshas*, *sthanika chikitsa* (local procedures) such as *ksharasutra* can give increased cutting and healing rate in fistula-in-ano. The treatment procedure should always be planned after considering the strength of the disease and patient. In *pidika* stage also *virechana karma* is indicated by acharya Sushruta to prevent fistula-in-ano formation in the premonitory stage itself.

#### **Conservative management in Bhagandara:**

Procedures such as *alepa*, *parisheka*, *upanaha*, *snehana*, *swedana* and internal medications are mentioned in *Bhagandara chikitsa* as mentioned in table 1.

**Table 1: Conservative management in bhagandara**

Procedure	Indication	Formulation
<i>Alepa</i>	<i>Ushtragreeva</i>	<i>Tila kalka lepa with ghrita</i>
	<i>Parisravi</i>	<i>Drugs with mutra and kshara</i>
2. <i>Parisheka</i>	<i>Sataponaka</i>	<i>Madhuka taila parisheka</i>
	<i>Ushtragriva</i>	<i>Pariseka with medicated ghee</i>
3. <i>Swedana</i>	<i>Parisravi</i>	<i>Sukhoshna anu taila sechana and dhara with emetic drugs</i>
	<i>Sataponaka</i>	<i>Nadisweda and avagaha sweda for relief of pain and discharge</i>
4. <i>krimi chikitsa</i>	<i>Parisravi</i>	<i>Upanaha sweda with drugs along with mutra and kshara</i>
	<i>Aganthuja</i>	<i>Krimihara yogas</i>
5. <i>Arsha chikitsa</i>	<i>Arsho bhagandara</i>	<i>Shastra karma</i>

#### **Formulations in Bhagandara**

In *bhagandara* many internal medications and external applications are mentioned by various acharyas as in table 2.

Table 2: Formulations in *Bhagandara*

Internal medications	External applications
<i>Guggulu panchapala choorna</i>	<i>Magatyadi taila</i>
<i>Uthamadi choornam</i>	<i>Madukadi taila</i>
<i>Amrutadi choornam</i>	<i>Nyagrodhadi taila or ghrita</i>
<i>Magadhikadi choornam</i>	<i>Syanthana taila</i>
<i>Vilanga saradi choornam</i>	<i>Jyothismatyadi taila</i>
	<i>Chitrakadi taila</i>

### Bhagandara as per other acharyas:

#### Bhoja:

Mentions that in fistula-in-ano openings are created near vaginal, rectal and perianal regions like *bhaga*.

#### Chakradatta:

*Bhagandara chikitsa prakarana* explains about the *chikitsa* of *bhagandara* as mentioned in the below figure 1.<sup>21</sup> Chakradatta in *nadivrana chikitsa* discusses about *ksharasutra prayoga*. *Ksharasutra* application is indicated in *nadivrana of krisha, durbala, bhiru* and also in *bhagandara* and *arbudadi*.<sup>22</sup>

Figure 2: Chikitsa of *bhagandara* as per Chakradatta

## DISCUSSION

### Core concepts in roga samprapti

According to ayurveda's basic principles maintaining the normalcy of dosha, dhathu, mala and agni are very important in preserving the healthy status of an individual. If there is an imbalance among these factors the disease pathogenesis takes place. Acharya Charaka, in *Grahani Chikitsa* of the Charaka Samhita, describes that *Agni* (digestive fire) helps in maintaining health, and its impairment leads to the formation of *ama* - a key factor in the development of many diseases. Classical indicators of health such as longevity, colour, strength, health, growth and lustre are dependent on the integrity of *Agni*.<sup>23</sup> Further, in *Udara Chikitsa* (treatment of abdominal disorders), it is stated that *Mandagni* is the root cause of all diseases.<sup>24</sup> Thus, regulating *Agni* is essential in prevention and management of a wide range of diseases. In Ashtanga Hridaya Sutrasthana, Acharya Vagbhata further states that *Dosha Dushti* (vitiating of doshas) is the primary cause of all diseases.<sup>25</sup> These vitiating Doshas, often aggravated by *ama* and *agnimandya*, disturb the homeostasis of the body. Just as a bird's shadow moves everywhere as it flies, disturbance of *dosha* affects the entire body and is the root factor behind all pathological changes. Even if the primary etiology lies in *dhathus* (tissues), the manifestation of disease always involves vitiating of *doshas*. The *doshas* are the final common pathway for disease occurrence. This emphasizes that *dosha dushti* is the root cause in the pathogenesis of all diseases. Hence maintaining equilibrium of *dosha, dhathu, mala* are very importance in curing any disease pathology.

### Clinical Samprapti of *Bhagandara*

Continuous exposure to etiology such as improper diet, sedentary lifestyle, suppression of natural urges, etc. will lead to the vitiating of *doshas*, primarily in the *koshta*. This leads to *Jatharagni mandya*, resulting in impaired digestion and the formation of *ama*. The presence of *ama* causes *srotodushti*, leading to improper circulation of *rasa dhathu* and other *dhatus*. As a result, the *dushyas* become involved, and *sama rasa dhatu* is formed.<sup>26</sup> The vitiating *doshas* then spread from their *udbhava sthana*, primarily the *amashaya*, and localize at a site of *kha-vaigunya* (vitiating body channels), which in this case is the anal region (*vyaktha sthana*). At this site, there is a functional disturbance of *Apana Vata* along with the vitiating of *Rakta* and *Mamsa dhatus* as mentioned in table 3, leading to the formation of *bhagandara pidika*. If untreated or improperly managed, this manifests as *bhagandara* as shown in flowchart 1, characterized by chronic sinuses with pus discharge and local tissue degeneration.

Table:3 *Samprapti ghataka* of *Bhagandara*

<i>Dosha</i>	<i>Vata, pitta, kapha</i>
<i>Dushya</i>	<i>Rakta, mamsa</i>
<i>Adhistana</i>	<i>Guda</i>
<i>Srothas</i>	<i>Purishavaha</i>
<i>Srothodushti</i>	<i>Sanga, vimargagamana</i>
<i>Vyaktha sthana</i>	<i>Guda vali</i>
<i>Roga marga</i>	<i>Madyama</i>
<i>Vyadhi Avastha</i>	<i>Purana</i>
<i>Agni</i>	<i>Mandagni</i>
<i>Sadya-asadyatha</i>	<i>Krichrasadya</i>

Figure3: *Samprapti* of *Bhagandara*

**Importance of *samprapti vighatana* in *bhagandara chikitsa***

*Bhagandara* manifests through the pathogenesis involving *ama*, *dosha dushti*, and site-specific *dhatu kshaya*, demanding both *sodhana* and *shamana* interventions based on *dosha* predominance and stage of presentation. Hence treatment should focus on restoring the internal balance of *doshas*, *agni* and *dhathu*, where our ayurveda can play an excellent role. While analyzing *samprapti* of *bhagandara* there is change in level of *doshas* at both *vyakta stana* and *udbhava stana*. So, treatments selected should also alleviate *dosha dushti* in both these places. Nowadays *ksharasutra* is the most effectively adopted treatment procedure and that too clears the *dosha dushti* in *vyaktha sthana* of the disease only. If the *dosha dushti* in *udbhava sthana* persists, even after treating the *vyaktha sthana*, there is a chance of recurrence of the disease. Hence to prevent this recurrence it is important to address the *udbhava sthana* of the *roga* also. For this, therapies combining treatments applicable at both *udbhava* and *vyaktha sthana* are needed. Similarly, while observing the treatment of *bhagandara* in different *samhitas*, most of the methods are addressing the *dushti* of *vyaktha sthana* only. Only very few *acharyas* have mentioned about *shodhana karma* before the usual treatment of *bhagandara*. So, adopting these *sodhana* procedures and bringing the *doshadi* factors to normalcy is very essential in curing the disease and preventing the recurrence of the disease.

**Treatment based on *nidana panchaka* in *bhagandara***

The treatment of *bhagandara* focusses on reversal of the underlying pathophysiology, which includes *dosha dushti*, involvement of *dushyas*, and the *udbhava sthana*. An integrative management strategy combining both *shodhana* and *shamana* therapies, based on the predominant *dosha*, chronicity of the condition, and extent of tissue involvement is needed. At *vyakta sthana*, local

interventions such as *jaloukavacaraṇa* (leech therapy), *shodhana karma*, and the use of the *ekadasha upakrama* (11 treatment modalities for wound healing), including *seka*, *Ksharasutra*, *Ksharavarti*, *Ksharataila*, *Dahana* and *Sastra karma* are indicated. These local interventions will clear *dosha dushti* as well as promote effective cutting and healing of the fistulous tract. When *agnimandya* is present, it is corrected through *dipana* and *pachana* medications along with internal purification therapies like *virechana* or *basti*, followed by proper dietary regimens to restore the metabolic balance. Thus, a carefully staged and *dosha*-specific treatment as mentioned in table 4 and table 5 is crucial to interrupt the *samprapti* and ensure faster healing of the fistulous tract.

Table 4: Treatment based on *nidana panchaka*

<i>Dosha</i>	<i>Vata, pitta, kapha</i>	<i>Sodhana</i> procedures <i>Samana</i> medications
<i>Dushya</i>	<i>Raktha, mamsa</i>	
<i>Udbhava sthana</i>	<i>Amashaya</i>	
<i>Vyakta stana</i>	<i>Guda vali</i>	<i>Jaloukavacharana</i> <i>Sodhana</i> <i>Vata patradi lepa</i> <i>Apatarpanadi virechanantha-ekadasha upakrama</i> <i>Sekam</i> <i>Ksharasutra</i> <i>Ksharavarti</i> <i>Ksharataila</i> <i>Dahana</i> <i>Sastra karma</i>
<i>Agni</i>	<i>Agnimandya</i>	<i>Sodhana</i> procedures <i>Samana</i> medications
<i>Srotas</i>	<i>Purishavaha,</i>	<i>Sodhana</i> procedures

Table 5: Treatment based on *shat kriya Kala*

<i>Kriyakala</i>	<i>Samprapti ghataka</i>	<i>Chikitsa</i>
<i>Sanchaya</i>	<i>Agnimandya</i>	<i>Sodhana</i> procedures <i>Samana</i> medications
<i>Prakopa</i>	<i>Dosha dushti</i>	
<i>Prasara</i>	<i>Dhathu dushti</i>	
<i>Sthanasamsraya</i>	<i>Bhagandara purvarupa lakshanas</i>	
<i>Vyakta</i>	<i>Bhagandara pidaka formation</i>	<i>Jaloukavacharana</i> <i>Sodhana</i> <i>Vata patradi lepa</i> <i>Apatarpanadi virechanantha ekadasha upakrama</i> <i>Sekam</i> <i>Ksharavarti</i> <i>Ksharataila</i> <i>Dahana</i> <i>Sastra karma</i>

Bheda	Bhagandara formation	Eshana, Sastra karma, agnikarma ksharakarma, taila dahana, ksharasutra, alepa, pariseka, upanaha, krimi chikitsa, avagaha sweda, snehana, swedana, ksharavarthi, aragwadhadhi varthi
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**Multi-modal ayurvedic management of bhagandara  
Vyakta Stana chikitsa in Bhagandara:**

If the condition is in *bhagandara pidika* stage ekadasha upakrama for wound management is to be performed. Also, in *avagada* (deep) condition, *jaloukavacharana* should be adopted. And if *pidika* is in *pakwa* stage (suppurative) *snehana* (oleation), *avagaha sweda* (tub fomentation), *eshana* (probing), *sastra karma*, *kshara* or *agnikarma* is to be performed. *Ksharasutra* therapy is also mentioned here to cure the disease factors at *vyakta sthana*.

**Udbhava stana chikitsa in Bhagandara:**

**Virechana:**

*Virechana karma* is indicated before the surgical and para surgical procedures. *Virechana* eliminates *kapha*, *pitta doshas* and does *vata anulomana* (downward movement of *vayu*). It also clears the channels of circulation and promotes the digestive fire. *Amasaya* is considered as the *udbhava sthana* for *bhagandara*. *Virechana* has a crucial role in eliminating the vitiated *doshas* from both *amapakwasayas* and entire body. It helps to reduce *agnimandya* and, owing to its *ushna* and *tikshna* properties, effectively removes *srotodushti*. Along with this *virechana* also restores the functional balance among the *tridosas*. This therapy is also recommended for diseases arising from *dhatu dushti*, making it a key treatment modality in various diseases. Hence performing this procedure during the management of *bhagandara* is also very essential.<sup>27</sup>

**Vasti:**

In all patients, *Virechana Chikitsa* may not always be feasible due to the need for strict dietary regimens during *snehapana*. In such situations, *Vasti* can be considered as an effective alternative. The classics describe *Vasti* as "*Ardha Chikitsa*" in *Kayachikitsa*, highlighting its therapeutic importance. Additionally, Acharya Vagbha emphasizes that *Vasti* is the primary line of treatment for disorders arising below the umbilicus (*adhonabhija rogas*), making it especially suitable for conditions like *fistula-in-ano*. Also, in the clinical management of *fistula-in-ano*, *Vasti* emerges as a major treatment modality due to its multifaceted action on the underlying pathophysiological mechanisms. *Vasti* enhances *Agni deepiti*, thereby improving digestion, intermediary metabolism, and tissue-level metabolic processes, which are often impaired in chronic anorectal disorders. It contributes to *Dhatu abhivardhana* (nourishes tissue elements), promoting the regeneration and strengthening of tissues depleted within the perianal and pelvic region. Moreover, through its *Sroto Visodhana* effect, *Vasti* facilitates the clearance of accumulated metabolic waste from the *srotas*, restoring normalcy.

*Agnimandya*, *Dhatu dourbalya*, and *srotovaigunya* are recognized as core contributors in the *samprapti* of *bhagandara*, *Vasti* therapy effectively targets these imbalances. Thus, beyond its therapeutic role, *vasti* also serves a preventive function, interrupting the disease process and minimizing the recurrence rate. This positions *vasti* as both a curative and prophylactic intervention in the integrative Ayurvedic management of *fistula-in-ano*.<sup>28</sup>

**Formulations in bhagandara chikitsa**

**Chiruvilwadi kashayam:**

*Chiruvilwadi Kashayam* is a classical ayurvedic formulation used in the management of gastrointestinal disorders such as indigestion, constipation, haemorrhoids, *fistula-in-ano*, and loss of appetite. It is referenced in the *Sahasrayoga*, under the *Kashaya Prakarana*, and is valued for its *dipana*, *pachana*, *vata-anulomana* and immunomodulator property. From a clinical and pathophysiological perspective, *fistula-in-ano* often originates due to *mandagni* at the *udbhava sthana*, particularly the *amasaya*. By stimulating *agni* and correcting digestive and metabolic disturbances, *Chiruvilwadi Kashayam* helps in breaking the early disease process. Its ability to clear *ama*, regulate *vata*, and support gut health making it a supportive formulation in the treatment of *fistula-in-ano*, particularly in the initial and post-purificatory stages to maintain *agni* and prevent recurrence.<sup>29</sup>

**Guggulupanchapala choorna:**

In the management of *fistula-in-ano*, the use of *Guggulupanchapala* plays a supportive role by addressing key underlying factors such as *agnimandya* and *srotorodha*. The formulation enhances *jatharagni* through its *dipana* and *pachana* actions, which are crucial in correcting metabolic disturbances that contribute to the formation and chronicity of *fistula-in-ano*. By restoring *agni* and clearing obstructions in the *srotas*, the vitiated *doshas* gradually return to equilibrium. The *ushna*, *chedana*, and *lekhana* properties of the formulation are particularly effective in eliminating *Kapha*-related blockages within the anorectal channels. This facilitates the proper expulsion of *mala*, prevents further stagnation, and supports the healing of affected tissues. In this way, *Guggulupanchapala* contributes to both the *samprapti vighatana* and the promotion of healthy *dhatu*s, aiding in long-term recovery of disease and reducing its recurrence.<sup>30</sup>

**Guggulutiktaka kashayam:**

*Guggulutiktaka Kashaya* is a classical Ayurvedic formulation traditionally indicated for inflammatory and suppurative conditions. In *fistula-in-ano*, it plays a dual role owing to its *Pitta-Kapha hara* and *Vata anulomana* properties. By facilitating the downward movement of *Vata*, it acts at the *udbhava sthana* - primarily

the *amasaya* region -correcting the imbalance that initiates the pathological process. Simultaneously, due to its anti-inflammatory and wound-healing effects, it acts on the *vyakta sthana*, i.e., the perianal tissues, aiding in the reduction of swelling, pain, and discharge.<sup>31</sup>

#### **Triphala guggulu:**

*Triphala Guggulu* is a widely used classical Ayurvedic formulation known for its actions on the gastrointestinal tract, inflammation, and systemic detoxification.<sup>32</sup> In fistula-in-ano, it plays a significant therapeutic role due to its *rechana*, *dipaniya* and *Vata-shamaka properties*. *Triphala*, a key component, supports digestion, relieves constipation, and assists in systemic detoxification-addressing *agnimandya* and the *udbhava sthana* of the disease. *Guggulu* possesses potent anti-inflammatory and analgesic actions, targeting the *vyakta sthana* of fistula-in-ano by reducing local pain, inflammation, and promoting wound healing.

Additionally, modern pharmacological studies have proved the anti-inflammatory, antioxidant, antimicrobial, and immunomodulatory properties of both *Triphala* and *Guggulu*. These effects contribute significantly to the control of secondary infections and promote faster healing of the fistulous tract. Thus, *Triphala Guggulu* serves as a multidimensional therapeutic agent, supporting the core treatment goals in fistula-in-ano - namely, restoring digestive function, reducing local inflammation, clearing srotas, and preventing infection-related complications.<sup>33</sup>

#### **Importance of pathyapathya in bhagandara chikitsa**

Following *pathya* and avoidance of *apathya* has a crucial role in the management of fistula-in-ano, as they help control the root cause of the disease.<sup>34</sup> By following proper dietary and lifestyle guidelines as mentioned in table 6, the *udbhava sthana* of the disease can be protected from further *dosha dushti*, thereby preventing progression and recurrence of the disease condition.

**Table 6: Pathya apathya in Bhagandara**

<i>Pathya</i>	<i>Apathya</i>
<i>Takra</i>	<i>Vidahi Anna</i>
<i>Rakta Shali, Maha Shali, and Shashtika Shali</i>	<i>Ati Sheeta and Ati Ushna Ahara</i>
<i>Mulaka</i>	<i>Abhishyandi Ahara</i>
<i>Kulattha</i>	<i>Viruddha Ahara</i>
<i>Bilwa</i>	<i>Ajeerna Bhojana</i>
<i>Kutaja</i>	<i>Excessive Meat and Fat</i>
<i>shunti</i>	<i>Excessive katu, Kashaya, lavana rasa</i>
<i>Pippali</i>	<i>Strenuous Exercise</i>
<i>dadima</i>	<i>Excessive sexual Intercourse</i>
<i>Ushna Jala</i>	<i>Diwaswapna</i>
<i>Yavagu and Yusha</i>	<i>Excessive Vata Seva</i>
<i>Dugdha Pana</i>	<i>Excessive Atapa Sevan</i>
<i>Avagaha</i>	<i>Ruksha and guru ahara</i>

#### **CONCLUSION**

The management of *bhagandara* in Ayurveda is fundamentally rooted in addressing both the *udbhava sthana* and the *vyakta sthana*. While contemporary Ayurvedic practice has increasingly emphasized *Ksharasutra* therapy, which has shown up to 80% curability, the possibility of recurrence remains in cases with excessive *dosha* vitiation or when systemic pathology is not addressed. To ensure complete and sustained healing, an integrative Ayurvedic approach is essential—one that combines *shodhana chikitsa* to target the root pathology in the *udbhava sthana*, along with local interventions like *Ksharasutra* to manage the *vyakta sthana*. Ayurvedic formulations with *Dipaniya*, *Pachana*, *Srotoshodhana*, and anti-inflammatory properties aid in *samprapti vighatana*, thereby breaking the cycle of disease progression. Moreover, adherence to *pathya-apathya* is crucial in preventing further *dosha dushti* and maintaining systemic balance. Thus, for the complete resolution and prevention of recurrence in fistula-in-ano, an integrative treatment strategy that equally emphasizes both the systemic and local aspects of the disease is not only beneficial but essential.

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