



ISSN 2456-3110

Vol 9 · Issue 8

August 2024

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

**JAIMS**

An International Journal for Researches in Ayurveda and Allied Sciences



**Maharshi Charaka**  
Ayurveda

Indexed

# Pathya and Apathya in Bhagandara: Holistic Approaches to Fistula-in-Ano

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## ABSTRACT

*Bhagandara*, commonly known as fistula in ano, is a prevalent anorectal condition extensively described in classical Ayurvedic texts. Classified under *Ashtamahagada* by *Acharya Sushruta*, it initially appears as a *pidika* near the anus and transforms into *Bhagandara* upon rupture. The clinical features of this condition align closely with modern interpretations of fistula in ano, and its recurrent nature presents significant treatment challenges. While contemporary surgical methods offer various options, the management of this ailment remains complex for proctologists. Among Ayurvedic treatments, *Ksharasutra* has emerged as a particularly effective parasurgical intervention. In addition to surgical approaches, adherence to *Pathya* (beneficial) and *Apathya* (harmful) dietary rules plays a crucial role in the management and prevention of recurrence, enhancing overall treatment outcomes. This article explores the holistic understanding of *Bhagandara*, its clinical manifestations and the importance of diet in achieving optimal health.

**Key words:** *Bhagandara, Fistula in ano, Ksharsutra, Pathya Apathya*

## INTRODUCTION

In *Ayurveda*, *Bhagandara*, or *Fistula-in-ano*, is classified among the eight principal diseases (*Ashta Mahaaroga*).<sup>[1]</sup> This condition arises when the regions of *Bhaga*, *Guda*, and *Basti* become torn or damaged. It can progress through two stages: the *apakva-avastha*, referred to as *Pidakaa*, and eventually leads to the *Pakvaavastha*, resulting in *Bhagandara*.<sup>[2]</sup>

Anal fistulas are characterized by a chronic abnormal

passage that typically contains granulation tissue, creating a connection from the anorectal lumen (the internal opening) to an external site on the skin of the perineum or buttocks, and, in rare cases for women, to the vagina.<sup>[3]</sup>

Patients with *fistula-in-ano* typically experience recurrent purulent discharge, often mixed with blood, leading to discomfort that is temporarily alleviated upon pus discharge. A history of anorectal sepsis is common, and the passage of gas or feces through the external opening suggests an internal opening in the rectum. Ancient Ayurvedic texts and Hippocrates recognized the need for surgical intervention in such cases, highlighting the therapeutic challenges. *Kshara Sutra* therapy, emphasized in *Shalya Tantra*, has emerged as a preferred treatment method due to its effectiveness in reducing recurrence and incontinence risks.

Surgical intervention for *fistula-in-ano* necessitates hospitalization and ongoing post-operative care, and it carries notable risks, including a recurrence rate

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Submission Date: 13/07/2024 Accepted Date: 27/08/2024

### Access this article online

#### Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

DOI: 10.21760/jaims.9.8.32

ranging from 0.7% to 26.5%, as well as a significant potential for impaired continence, which can affect between 5% to 40% of patients.<sup>[4]</sup>

### MODERN REVIEW

Most anorectal fistulas are primarily caused by cryptoglandular infections due to enteric bacteria. These infections often originate from the anal glands, leading to the accumulation of pus in the intersphincteric space. This pus can spread in multiple directions - upward, downward, or laterally - resulting in abscess formation, most commonly in the perianal region or ischioanal fossa.<sup>[5]</sup>

The management of these abscesses typically involves drainage, either through surgical intervention or, in some cases, spontaneous rupture. Once the anorectal sepsis has drained, a communication may develop between the perianal region and the anal canal at the dentate line. If this communication remains, it can lead to the formation of an anorectal fistula, characterized by an abnormal connection between the anal canal and the skin.<sup>[6]</sup>

### CLINICAL PRESENTATION<sup>[7]</sup>

Anorectal fistulas present with a variety of symptoms that can significantly impact the patient's quality of life:

- **Purulent Discharge:** A hallmark symptom is the presence of purulent discharge around the anus and from within the anal canal. This discharge can be continuous or intermittent, depending on the severity of the fistula.
- **Hygiene Issues:** The discharge can lead to difficulties with anal hygiene, resulting in skin irritation and soiling. This can cause embarrassment and social withdrawal for affected individuals.
- **Recurrent Infections:** Patients often have a history of recurrent episodes of anorectal sepsis. These episodes may require surgical drainage or may rupture spontaneously, leading to acute pain and swelling.
- **Associated Conditions:** The clinical history may include various underlying conditions such as

sexually transmitted diseases (STDs), inflammatory bowel disease (IBD), or malignancy. Each of these conditions can complicate the clinical picture and management of anorectal fistulas.

- **Physical Examination:** On physical examination, there is often an external opening located around the anal canal. However, particularly in patients with intersphincteric fistulae, the external opening may not be visible, making diagnosis challenging. A thorough examination, including digital rectal examination, is essential for accurate assessment.
- **Pain and Discomfort:** Patients frequently report pain or discomfort in the anal region, especially during bowel movements or when sitting. This pain can be sharp or throbbing and may exacerbate with prolonged sitting.
- **Impact on Daily Activities:** The condition can significantly hinder daily activities, affecting work and social interactions due to both physical discomfort and the psychological burden of managing symptoms.
- **Diagnostic Imaging:** In some cases, imaging studies such as ultrasound, MRI, or contrast fistulography may be necessary to assess the extent of the fistula and its relation to the anal sphincter complex. These studies can help guide surgical planning.
- **Management Options:** Management typically involves surgical intervention to promote healing and prevent recurrence. Options may include fistulotomy, seton placement, or advancement flap procedures, depending on the complexity of the fistula and the patient's overall health.

### Pathology of Anorectal Fistulas

#### Ayurvedic Perspective

In *Ayurveda*, anorectal fistulas, or *Bhagandhara*, are classified as a chronic condition resulting from the derangement of doshas (body energies). The key elements of its pathology include:

- **Dosha Imbalance:** *Bhagandhara* is often attributed to an imbalance of the *Vata* and *Pitta doshas*. *Vata*, associated with movement and dryness,

contributes to the tearing and disruption of tissues, while *Pitta*, associated with heat and metabolism, can lead to inflammation and infection.

- **Dhatu Dysfunction:** The pathology involves a disruption in the dhatus (tissues), particularly *Rakta* (blood) and *Mamsa* (muscle), which can result in necrosis and granulation tissue formation.
- **Aama Formation:** The presence of *Aama* (toxic, undigested material) can further aggravate the condition, leading to systemic imbalances and chronic infection. The accumulation of *aama* is often a result of poor digestion and diet, contributing to the formation of fistulous tracts.
- **Stage of Disease:** *Bhagandhara* is typically viewed in two stages: *Apakva* (immature) and *Pakva* (mature). In the *Apakva* stage, the focus is on managing symptoms and reducing inflammation, while in the *Pakva* stage, the focus shifts to addressing the established fistula and preventing recurrence.

### Modern Perspective

From a modern medical standpoint, the pathology of anorectal fistulas is characterized by:<sup>[8]</sup>

- **Cryptoglandular Infection:** The most common cause of anorectal fistulas is a cryptoglandular infection, where bacteria invade the anal glands, leading to abscess formation. The infection is primarily caused by enteric bacteria, such as *Escherichia coli*.
- **Abscess Formation:** The initial phase involves the formation of an abscess in the intersphincteric space, which may expand and rupture, creating an abnormal channel (fistula) between the anal canal and the perianal skin.
- **Tissue Inflammation and Granulation:** The inflammatory response leads to the production of granulation tissue. As the abscess resolves, the persistence of communication between the anal canal and external skin results in the formation of a fistulous tract lined with this granulation tissue.
- **Chronicity:** Once established, the fistula may become chronic, characterized by intermittent

drainage of pus, discomfort, and potential complications, such as recurrent infections or complications with sphincter function.

- **Risk Factors:** Several factors may contribute to the development of anorectal fistulas, including a history of inflammatory bowel disease (such as Crohn's disease), previous anal surgery, trauma, or radiation therapy. Certain lifestyles and dietary factors can also predispose individuals to anal abscesses and subsequent fistula formation.
- **Diagnostic Techniques:** Modern medicine employs various diagnostic tools, including physical examination, imaging studies (such as ultrasound and MRI), and sometimes endoscopic techniques, to accurately diagnose the extent and type of fistula present.

### Management of Specific Types of *Bhagandhara*<sup>[9,10]</sup>

1. **Śataponaka *Bhagandhara*:** This variant is characterized by multiple openings on the external skin. *Ayurvedic* texts suggest that one tract should be excised at a time, allowing for healing before addressing the next. Attempting to excise all tracts in a single incision can lead to injury of the rectal walls and sphincters, resulting in impaired sphincter function and potential leakage of flatus, feces, or urine. Both *Suśruta* and *Vāgbhata* outline different incision techniques based on the location of the tracts and their relationship to the anal sphincters.
2. **Ūstragrīva *Bhagandhara*:** For this type, no specific incision technique is prescribed. The treatment involves simple excision of the tract, followed by the application of *Kṣāra* to eliminate necrotic tissue. *Suśruta* advises against cauterization with *Agni* (fire) as it can exacerbate *Pitta Doshā*.
3. **Parisāvī *Bhagandhara*:** In this type, the track is first located with a probe, then excised, and the wound is cauterized using *Kṣāra* or *Agni*. After cauterization, the wound should be washed with warm water, and a *Vasti* of warm *Anutaila* (oil) is administered. *Suśruta* provides various incision methods based on the nature of the track and the patient's condition.

4. **Śambūkāvarta Bhagandara:** This type is considered *Asādhyā* (incurable) due to the involvement of all three doshas. Therefore, only conservative measures are recommended for treatment.
5. **Unmārgī Bhagandara:** Also classified as *Asādhyā*, this type arises from injury caused by a foreign body. The treatment principle involves excision of the track and removal of the foreign body, followed by cauterization with Agni. Afterwards, *Kṛimihara* (anti-parasitic) drugs are applied locally and taken internally.
6. **Parikṣepī Bhagandara:** *Vāgbhata* suggests that this type should be treated similarly to *Nādivraṇa*, utilizing *Kṣārasūtra* (medicated thread) for management.
7. **Rīju Bhagandara:** There are no specific treatment protocols outlined for *Rīju Bhagandara*. It can be managed like other simpler forms of *Bhagandara*.
8. **Arśo Bhagandara:** This condition occurs when *Arśas* (hemorrhoids) coexist with *Bhagandara*. Treatment for *Arśas* should be prioritized before addressing the fistula.

#### Pathya (Wholesome Guidelines) for Bhagandara

To effectively manage *Bhagandara*, incorporating specific foods and practices into your diet can aid in healing and restoring balance. Here's a comprehensive list of *Pathya* recommendations based on traditional Ayurvedic principles:

#### Dietary Recommendations<sup>[11,12]</sup>

1. **Takra (Buttermilk):** Known for its cooling properties, buttermilk aids digestion and helps balance Pitta dosha.
2. **Rices:**
  - **Rakta Shali, Maha Shali, and Shashtika Shali:** These varieties of rice are nutritious and easy to digest, providing essential nutrients without aggravating the condition.
3. **Vegetables:**
  - **Mulaka (Radish):** Aids digestion and detoxification, promoting a healthy gut environment.

4. **Legumes:**
  - **Kulattha (Horse Gram):** Known for its detoxifying properties and ability to promote digestion.
5. **Fruits:**
  - **Bilwa (Aegle marmelos):** Supports digestive health and has anti-inflammatory properties.
6. **Herbs:**
  - **Kutaja (Holarrhena antidysenterica):** Used for its beneficial effects on digestive health and for addressing dysentery.
  - **Shunthi (Ginger):** Aids digestion, reduces inflammation, and has warming properties.
  - **Pippali (Long Pepper):** Enhances digestion and respiratory function.
7. **Other Foods:**
  - **Dadima (Pomegranate):** Rich in antioxidants and supports digestive health.
  - **Mamsa Rasa (Meat Soup):** Provides nourishment and supports healing, particularly when well-prepared.
  - **Ushna Jala (Hot Water):** Drinking warm water aids digestion and helps maintain proper hydration.
8. **Beverages:**
  - **Arishta, Tushodaka, Seedhu, Madira:** These fermented drinks can aid digestion and support gut health when consumed in moderation.
  - **Yavagu (Gruel) and Yusha (Broth):** Light and nourishing, these preparations can support digestion without overloading the system.
9. **Dairy:**
  - **Dugdha Pana (Milk Consumption):** Milk can be beneficial, especially when warm, as it nourishes the body and promotes healing.

#### Lifestyle Practices

- **Avgahana (Tub Bath):** Taking a tub bath can help relax the muscles and improve circulation in the pelvic area, aiding recovery.



### Apathya (Unwholesome Guidelines) for Bhagandhara

For individuals suffering from *Bhagandhara*, it is crucial to avoid certain foods and lifestyle practices that can exacerbate the condition. Here's a detailed list of unwholesome practices to be mindful of:

#### Dietary Avoidances

##### 1. Foods with Unwholesome Rasa:

- **Kashaya Rasa (Astringent):** Excessive intake can aggravate Vata and contribute to dryness.
- **Katu Rasa (Pungent):** These can increase heat in the body and worsen inflammation.
- **Lavana Rasa (Salty):** High salt intake can lead to water retention and aggravate Pitta dosha.
- **Ruksha (Dry) and Guru (Heavy) Guna:** Foods that are dry or heavy can hinder digestion and worsen symptoms.

##### 2. Temperature Extremes:

- **Ati Sheeta (Excessively Cold) and Ati Ushna (Excessively Hot) Ahara:** Foods that are either too cold or too hot can disturb the digestive process.
- **Vidahi Anna (Corrosive Foods):** These foods can cause irritation and inflammation in the digestive tract.

##### 3. Unwholesome Food Combinations:

- **Abhishyanda Ahara:** Foods that are overly moist can increase *Kapha* and lead to digestive disturbances.
- **Viruddha Ahara:** Contradictory food combinations that can disturb digestion.
- **Ajeerna Bhojana:** Consuming food that is difficult to digest can worsen symptoms and lead to complications.

##### 4. Excessive Meat and Fats:

- **Mamsa (Meat), Vasa (Fat), and Sneha (Oily Foods):** Overconsumption can lead to heaviness and digestive issues.

#### Lifestyle Avoidances

##### 1. Physical Strain:

- **Riding of Horses and Camels:** These activities can cause undue pressure and strain on the pelvic region.
- **Strenuous Exercise:** High-impact activities can exacerbate symptoms and lead to discomfort.

##### 2. Sexual Activity:

- **Excessive Intercourse:** Engaging in vigorous sexual activity can put strain on the anal region and worsen the condition.

##### 3. Sleep Practices:

- **Diwaswapna (Day Sleep):** Sleeping during the day can disturb the body's natural rhythms and lead to increased lethargy, affecting recovery.

##### 4. Exposure to Excessive Vata and Heat:

- **Excessive Vata Seva:** Activities that increase Vata (e.g., windy or dry environments) can aggravate symptoms.
- **Atapa Sevan (Exposure to Excessive Heat):** Overexposure to heat can lead to increased Pitta and worsen inflammation.

#### CONCLUSION

This review highlights the multifaceted nature of, emphasizing its classification, clinical presentation, and the significance of tailored treatment approaches. Vaidya Lolimba Raja and Acharya Charaka underscore the profound significance of *Pathya Ahara* (wholesome diet) and *Vihara* (lifestyle practices) in maintaining health and preventing disease. Vaidya Lolimba Raja emphasizes that adherence to a *Pathya Ahara* can negate the need for medicinal intervention, while persistent consumption of *Apathya Ahara* inevitably leads to disease manifestation. Acharya Charaka reinforces this notion, stating that a wholesome regimen is fundamental to life, whereas neglecting it is akin to inviting death.

The evidence indicates that inappropriate and irregular dietary and lifestyle practices significantly contribute

to the development of *Gudagata Rogas*, including *Bhagandara*. In our modern context, many individuals lack awareness regarding the importance of good dietary habits and lifestyle choices, leading to a rise in these disorders.

To foster health and prevent illness, it is crucial to embrace the recommended *Aahara* and *Vihara* regimens tailored to one's individual constitution (*prakriti*). Following principles such as *Ashta Aahara Vidhi Visheshayana*, practicing *Dinacharya* (daily routines), *Ritucharya* (seasonal routines), and maintaining a balanced sleep cycle are essential components of a healthy lifestyle. By prioritizing these holistic approaches, individuals can enhance their well-being and mitigate the risk of developing conditions like *Bhagandara*, promoting a healthier future for themselves and their communities.

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**How to cite this article:** Satya Santosh Sahoo, P. Hemantha Kumar, Lokendra Pahadiya, Hetal Koriya, Tapaswini Dalasinghary. Pathya and Apathya in Bhagandhara: Holistic Approaches to Fistula-in-Ano. J Ayurveda Integr Med Sci 2024;8:205-210. <http://dx.doi.org/10.21760/jaims.9.8.32>

**Source of Support:** Nil, **Conflict of Interest:** None declared.

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