



A Review article on Fistula in Ano- Bhagandar

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ABSTRACT

Fistula in ano, a chronic abnormal communication between the anal canal and perianal skin ¹, continues to challenge both Ayurvedic and modern surgical systems. It often presents with recurrent discharge, pain, and infection, making complete cure difficult. The Ayurvedic concept of Bhagandara closely resembles the modern understanding of fistula-in-ano, and both systems emphasize the importance of surgical and para-surgical management for successful treatment. The integrated approach combining Ayurvedic Ksharasutra therapy and modern diagnostic and surgical advancements provides effective and minimally invasive management. This article presents a comprehensive overview of fistula-in-ano from both Ayurvedic and modern perspectives, focusing on diagnosis, pathogenesis, and integrated management strategies.

Keywords: *Fistula in ano, Bhagandara, Ksharasutra, Ayurveda, Modern surgery, integrated management.*

INTRODUCTION

Fistula in ano is a common anorectal disease characterized by a track between the anal canal and the perianal skin. Despite advances in surgical techniques, recurrence remains a concern. Incidence rate of fistula in ano is 1.1–2.2 per 10,000 population/year in India. ² Ayurveda describes this condition under the term Bhagandara, one of the Ashta Mahagadas (eight major diseases).³ Both systems aim to eradicate the fistulous tract, prevent recurrence, and preserve anal continence.

The integration of Ayurvedic and modern management techniques offers a holistic approach — addressing not only the local pathology but also systemic imbalances that predispose individuals to recurrence.

AIM AND OBJECTIVES

1. To correlate Bhagandara described in Ayurvedic classics with fistula-in-ano in modern medicine.
2. To study the etiopathogenesis to chikitsa of fistula in ano- bhandandar

MATERIALS AND METHOD

This review is based on classical Ayurvedic texts, modern surgical literature, and published research articles related to integrated approaches for fistula-in-ano. Comparative and integrated evaluation was done between Ayurvedic principles and contemporary medical practices.

Ayurvedic View – Bhagandara

According to Sushruta Samhita, Bhagandara originates from the region between the Guda (anus) and Basti (urinary bladder).⁴ Improper diet, lifestyle, or trauma lead to Dosha aggravation—particularly Vata—resulting in inflammation and abscess formation, which eventually ruptures to form a fistulous tract.

Types of Bhagandara (Sushruta classification):⁵

1. Shataponaka Bhagandara
2. Ushtragreeva Bhagandara
3. Parisravi Bhagandara
4. Shambukavarta Bhagandara
5. Unmargi Bhagandara

Each type varies based on tract direction, discharge, and clinical presentation

Samprapti (Pathogenesis):⁶

Dosha: Predominantly Vata and Pitta

Dushya: Mamsa, Rakta, Meda

Srotas: Purishavaha Srotas

Srotodushti: Sanga and Vimargagamana

Ayurvedic Management:⁷

1. Shodhana (Purification): Kshara, Agnikarma, Raktamokshana
2. Shastra Karma (Surgical): Excision of tract similar to fistulectomy
3. Ksharasutra Therapy: A medicated thread prepared with Apamarga Kshara, Snuhi latex, and Haridra powder; applied in the fistulous tract to achieve cutting, draining, and healing effects simultaneously

Functions: Chedana, Bhedana, Lekhana, Ropana

Advantages: Minimal recurrence, sphincter preservation, cost-effectiveness

Modern View – Fistula in Ano⁸

Fistula-in-ano is defined as a chronic granulating tract connecting two epithelialized surfaces — usually the anal canal and the perianal skin

Etiopathogenesis

Usually secondary to cryptoglandular infection of the anal glands. It may also occur due to tuberculosis, Crohn's disease, trauma, or malignancy

Classification

1. Intersphincteric
2. Transsphincteric
3. Suprasphincteric
4. Extrasphincteric

Each type is categorized according to the relationship of the tract with the anal sphincters.

Clinical Features

Persistent discharge

Pain and swelling

Itching and irritation

Occasional bleeding

External opening near the anal verge

Modern Management

Fistulectomy: Complete excision of tract

Fistulotomy: Opening of tract with healing by secondary intention

Seton Technique: Gradual cutting with thread, preserving sphincter function

LIFT Procedure: Ligation of intersphincteric fistula tract

Fibrin Glue/Plug: Minimally invasive modern methods

Combined Outcome: Faster healing, minimal recurrence, better patient comfort, anal continence preservation, shorter hospital stay, and cost-effectiveness

DISCUSSION

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CONCLUSION

An integrated Ayurvedic and modern approach provides a comprehensive, patient-centric management plan for fistula-in-ano. Ksharasutra remains the cornerstone of Ayurvedic treatment, while modern diagnostic and surgical advancements enhance safety and precision. Combined therapy results in higher cure rates, minimal recurrence, and sphincter preservation, marking it as a promising global strategy for managing fistula-in-ano

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