

A REVIEW ARTICLE ON *SHATAPONAKA BHAGANDARA*[Radhika Pachamalai<sup>1</sup>](#), [Narmada M.G<sup>2</sup>](#)<sup>1</sup>PG Scholar, <sup>2</sup>Professor,

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## ABSTRACT

*Bhagandara* disease has been explained in detail by *Sushruta* highlighting it as one among the *Ashtamahagada* and out of five types of *Bhagandara*, *Sambukavarta* considered as *Asadhya*, remaining four are *Kruchrasadhya*. *Bhagandara* is a track lined by unhealthy granulation tissue, pus discharge and can be correlated with *Fistula-in-Ano*. *Shataponaka (Vataja) Bhagandara* which is having *Nidana*, *Samprapthi*, *Purvarupa*, *Rupa*. *Acharya Sushruta* explained *Shashtra Karma* with 4 unique incisions to avoid complication. The same procedure can be correlated to fistulotomy and fistulectomy which is told in *Fistula-in-ano*. Even though *Ksharasutra* popularly used in *Bhagandara*, *Shastrakarma* plays main role in *Shataponaka Bhagandara*. Conditions are like *fistula-in-ano* with multiple opening, Tubercular *fistula-in-ano*, *Hidradenitis suppuritiva*, *Crohn's disease* with *fistula-in-ano*, *Uncontrolled diabetic patient* with multiple *fistula-in-ano*, *Perianal actinomycosis* can be included under *Shataponaka Bhagandara*. In order to avoid multiple incisions and to enhance quick healing these incisions can be used in multiple track.

**Keywords:** *Shataponaka bhagandara*, Tuberculosis *fistula-in-ano*, *Hidradenitis suppuritiva*, *Sitz bath*, Incisions.

## INTRODUCTION

In *Ayurveda* texts we have brief information about '*Bhagandara*', its literary meaning of '*Bhaga*' denotes the structures around *Guda* (anus) including *Yoni* and *Basti*, '*Darana*' word means tear of surface causing pain. *Bhagandara* (*fistula in ano*) is

one among commonest *ano-rectal disease*, which exists in human being from *pre-Vedic* and *post Vedic* period which evidences in *Samhitas* regarding existence and treatment of the disease. *Sushruta* has explained *Nidana* (*Aetiology*), *Poorvarupa* (*Pro-*

dromal features), *Samprapti* (Pathogenesis), *Bheda* (Types), *Lakhshana* (Clinical features), *Sadhyasadhya* (Prognosis), *Upadrava* (complication), *Pathaapathya* (Salutary and unsalutary) and *Chikitsa* (Treatment) in his *Sushruta Samhita*. In case of *Shataponaka Bhagandara* its management by 4 unique incisions.

*Bhagandara Pidaka* a swelling occurring two *Angula* (fingers) around the *Guda* (anus) which is *Goodhamoola* (deep rooted) and is accompanied with *Ruk* (pain) *Jwara* (fever) is known as *Bhagandara Pidaka*.<sup>(1)</sup> *Bhagandara* Classified depending upon *Dosha* involvement<sup>(2)</sup>

1. *Shataponaka (Vataja)* In this *Shata* is hundred, *Ponaka* is opening. *Pidaka* with multiple openings like *Chalanika* (Sieve), fistula and rectal sinuses have multiple opening.
2. *Ustragreeva (Pittaja)* word denotes neck of camel, this is red, thin and raised like camel's neck.
3. *Parisravi (Kaphaja)* continuous discharge from wound. Where *Vata* carries vitiated *Kapha* to *Guda*.
4. *Sambukavarta (Vata, Pitta, Kapha)* 'Ridges of a Conchshell' suggests that the track is curved and deep. *Pidaka* (Boil) is large and elevated and has *Padangushta Pramana* (Tip of the great toe size).
5. *Unmargi (Agantuja)* caused by trauma with no *Dosha* involvement. *Asthi shalya* (Bony foreign body) or any *Shalya* ingested with *Ahara* (food), reaching *Guda* causing trauma to develop this *Bhagandara*.

According to *Ashtanga Sangraha* and *Ashtanga Hridayam*<sup>(3)</sup> there are 8 types of *Bhagandara*. Among these five types explained as above same described by *Sushruta* and remaining three are: 1. *Parikshepi Bhagandara (Vata Pittaja)* *Tamara varna* (white color) *Pidaka* associated with burning sensation, pain in perineal region. 2. *Ruju Bhagandara (Vata Kaphaja)* forms straight track. Which is whitish or slightly blackish discharge and difficult to deal. 3. *Arsho Bhagandara (kapha Pittaja)* reaching the base of *Arshas* (Haemorrhoid) forming *Shopha* which is whitish in colour. Causing burning sensation, itching and pain. It suppurates very quickly to discharge continuously. This track is seen at the base of *Arshas*.

According to *Sushruta* depending upon opening of *Bhagandara Nadi* 1. *Arvachina* means *Antarmukhi* (Blind internally) 2. *Parachina* means *Bahirmukhi* (Blind externally).

***Shataponaka Bhagandara:*** *Nidana* are due to indulgence in unsalutary diets and habits, *Vata Prakupita*, *Sannivrutta* (condensed) and gets *Shribhutha* (localized) around *Guda* in one or two *Angulas*, involves the *Mamsa*, *Shonitha* gives rise to specific type of *Aruna Varna* (Black color) *Pidaka* and *Toda* (pain like pin and needles prick). If it remains untreated, suppuration results (anorectal abscess), which is close proximity to the *Mutrashaya* (urinary bladder) the *Vrana* (wound) is always *Praklinna* (moist) *Shataponakavad Anumukhashchidrairaapooryatai* (full of multiple small holes like that in a sieve) from those minute holes copious, clear or foamy discharge flows out continuously and there is (*Taadya*) whipping, (*Bhidyaa*) tearing, (*Chidya*) biting and (*Soochi*) pricking pain in the wound and there is also (*Avadeerya*) splitting sensation of the anus. If neglected; flatus, urine, faeces and semen start coming out of those openings; such a *Bhagandara* is called *Shataponaka*.<sup>(4)</sup>

Management of *Bhagandara*: Patient afflicted with *Bhagandara Pidaka* (ano-rectal abscess) should be treated in its yet to suppurated stages by the eleven procedures beginning with *Apatharpana* (fasting), *Alepa* (application of paste), *Parisheka* (spraying), *Abhyanga* (anointing), *Swedana* (sudation), *Vimlapana* (gentle massage by the fingers), *Upanaha* (application of poultice), *Pachana* (induction of suppuration), *Visravana* (blood letting), *Sneha paana* (internal oleation), *Vamana* (emesis) and *Virechana* (purgation). Once *Pidaka* becomes *Pakva*, the patient should be made *Snighdha*, *Swinna* by *Avagaha* (immersion in warm water), patient made to lie on bed in lithotomy position as told in *Arsha chikitsa* and *Vaidya* should examine the externally or internally openings of *Bhagandara*. The Fistula opening is located and *Eshani* (Probe) is introduced into the track and *Shashtra paathyeth* (excised). If the condition cannot be treated by *Shashtra* then *Kshara* or *Agnikarma* can be done.<sup>(5)</sup> *Sneha Pariseka: Vataja Vedana Anutaila Ushna* (warm) *Parisheka*. *Swedana* and sitz bath: 1. *Bashpa Sweda*: The anal region anointed with oil and patient made to sit over basin, which is covered with *Chidrasharavika* (lid

having an aperture) emitting steam and contains *Vatagnaushadhi* 2. *Nadi Sweda* (Tubular sudation): Patient in recumbent position *Swedana* is given. 3. *Avagaha Sweda*: Patient immersed (to the waist) in *Ushnodaka* for *Vedana Shamaka* (Pain pacifies). 4. *Upanaga Sweda*: In case of *Vatakaphaja Vedana*. **Management of Shataponaka Bhagandara** should take incision of *Nadi* (track) which is interconnecting in external opening and after it heals up the remaining one should be taken up for operation. **Fistula** is excised. **Complications**: The surgeon when excises unconnected tracks by one continuous incision, causes extensive wound and anus being torn open. From this passage faeces and urine comes out. **Shataponaka bhagandara's different incisions**<sup>(7)</sup> 1. *Langalaka*: “*Dwabhyam Samabhyam Paarshvabhyam*”, incision having two arms extending on either side. Like T shaped incision. 2. *Ardha Langa-laka*: “*Hrusvamekataram*”, similar incision with one arm. Like L shaped incision. 3. *Sarvatobhadra*: “*Mandalangkushadrusha*”, incision surrounding the anal canal on all four side, except the perineal raphe. Like Circular shaped incision. 4. *Gothirhaka*: “*Gomutragathisadrusha*”, cow passing urine during walking then the pattern of urine on ground. Semicircular or “S” shaped incision. *Paschat Karma* of *Bhagandara Chikitsa*<sup>(8)</sup> **Swedana dravyas** to reduce *Ruja* (pain), to stop *Srava* (discharge) are: *Krushara* (Gruel prepared with rice, black gram and sesame), *Payasa* (rice cooked with milk and sweetened), *Mamsa* (Meat), *Kashaya*, *Nadi Sweda* (Tubular sudation). Later *Paana* (Drink) and *Parisheka*. By these procedure *Vin* (faeces), *Mutra* (urine) comes out through their natural passages and other *Upadrava* are undoubtedly cured.

According to *Vagbhata*<sup>(2)</sup>: *Vataja Pidaka* features *Shyava*, *Aruna*, *Toda*, *Bedha*, *Sphurana* and *Ruk*. *Shataponaka Bhagandara* with *Anumuka Chidra* (minute opening) like *Chalani* (sieve of water can). Characters of discharge (*Srava*): *Accham* (abounded), *Tanu* (thin), *Phenasamyutham* (along with froth). *Shataponaka* management by *Nadi Bedana* is done by interconnecting one after the other to make it a single *Nadi Patayeth* (excise) it completely. So that previous incision heals faster. In order to avoid recurrence.

According to *Bhavaprakasha*, *Madavakara* of *Madava Nidana* and *Sri Vaidya Sodala* of *Gada Nigraha*<sup>(9),(10),(11)</sup> *Shataponaka Nidana*: Because of excessive consumption of *Kashaya*(Decoction), *Ruksha Ahara* (Dry food) leads to *Vata* aggravation causing *Pidaka* in ano-rectal region. If it is neglected, it undergoes suppuration and is associated with severe pain and frothy red discharge. There may be multiple openings through which urine, faeces and semen are oozed out.

The conditions can be included under *Shataponaka Bhagandara* are: *Fistula in ano* with multiple opening, *Tubercular fistula-in-ano*, *Crohn's disease* followed by *fistula-in-ano*, *Hidradenitis suppuritiva*, *Uncontrolled Diabetic patient* with multiple *fistula-in-ano*, *Perianal Actinomyces*.

**Fistula In Ano**: *Fistula* Latin word means reed, pipe or flute. A *Fistula-in-ano* is a chronic abnormal communication, usually lined to some degree by granulation tissue, which runs outwards from the anorectal lumen (the internal opening) to an external opening on the skin of the perineum or buttock (or rarely in women to the vagina).

**Table 1:** Aetiology of *Fistula in ano*<sup>(12)</sup>

Non-specific	cryptoglandular origin	
Specific	Ano-rectal disease	Fissure in ano, Hemorrhoidectomy, sclerotherapy of hemorrhoids, Inflammatory bowel disease, Crohn's disease, Ulcerative colitis, pilonidal sinus.
	Infections	tuberculosis, Actinomyces, lymphogranuloma venereum, Bursitis ischiadica.
	Malignancy	Anal carcinoma, low rectal carcinoma, blood dyscrasia Post irradiation.
	Trauma	Penetrating injuries, Episiotomy, Surgery of the prostate, ingested foreign bodies, instrumentation, injures due to enema.

**Pathogenesis:** Stage 1: Infection, Stage 2: Burrowing, Stage 3: Abscess formation, Stage 4: formation of secondary opening.

Clinical features predominantly this disease seen in men and middle age. 1 History of abscess burst 2 Pus

discharge 3 fistula is essentially a painless condition, if the discharge ceases and pus accumulates, pain is experienced till the abscess bursts, gives immediate relief. 4 Soreness and itching of the perianal skin.

**Table 2:** Classification of Fistula in ano:

MILLIGAN MORGAN'S (1934) AND GOLIGER (1975)	PARK'S (1976) CLASSIFICATION Scarcely recognized
1. Subcutaneous (5%)	1. Intersphincteric (70%)
2. Low anal (75%)	2. Transsphincteric (25%)
3. High anal (8%)	3. Suprasphincteric (4%)
4. Anorectal (7%) i. Ischiorectal or Infralevator ii. Pelvirectal or Supralevator	4. Extrasphincteric (1%)
5. Submucous or High intermuscular (5%)	

### Surgical Management

- Fistulotomy:** Patient in lithotomy position, bi-digital examination is made under anesthesia. A probe is inserted fistula track is laid open with scalpel blade. Done in very low level fistula.<sup>(12)</sup>
- Fistulectomy:** skin around the external opening the tissue around the fistula is infiltrated with local anaesthetic agent to reduce bleeding. Probe is passed through external opening or the external opening grasped with tissue forceps or stay suture. The technique involves coring out of the fistula by diathermy cautery. Done in low anal fistula.<sup>(12)</sup>
- Seton:** A silk or linen ligature is passed across the fistula and left in place with a tie. It's done for intermediate and intersphincteric fistula. It is used prior to definite procedure like fistulectomy or advancement of flap.<sup>(13)</sup>
  - loose setons: no tension upon the encircled tissue, there is no intention of cutting tissue. Material used are setons non-absorbable, non-degenerative, comfortable. It stimulates fibrosis adjacent to the sphincter muscle and helps easy drainage of collected pus.
  - Tight or cutting setons are placed with the intention of cutting through the enclosed muscle.

**Tuberculosis and Crohn's disease with Fistula in ano<sup>(14)</sup> Features:** multiple tracks of fistula-in-ano, induration around the fistula is lacking, opening is ragged and flush with the surface, surrounding skin is discoloured and discharge is watery. In more than 30% of patients suffering

from pulmonary tuberculosis, virulent tubercle bacilli are present in rectum.

**Hidradenitis suppuritiva<sup>(15)</sup>:** It's a chronic suppurative condition of apocrine glands of the skin in axilla/perineum/mons pubis/thighs/scrotum. Common in young obese females.

**Pathogenesis:** Apocrine gland duct obstruction due bacterial infection making multiple glands involvement, which is secondary infection of staphylococcus aureus, streptococci lead to skin oedema, multiple raised pustules and multiple communicating fistulae formation. Disease does not extent above dentate line on into sphincter.

**Sinus presentation:** scarred area, discharge, skin changes, pain, tenderness and foul-smelling fluid.

**Treatment:** Weight reduction, proper hygiene, Antibiotics and analgesics, Incision and drainage of abscess, laying open of all communicating tracks and regular dressing, Radical local excision of entire apocrine bearing perineal skin with reconstruction using flap, Recurrence is known to occur.

### DISCUSSION

In *Shataponaka Bhagandara* management *Sushruta* advocated various incision for successful results. *Langalaka* means plough (agricultural instrument) similar to English letter T. This incision applicable in case when two or more external opening of fistula connected to single internal opening. Example: external opening at 11 'O' clock, 1 'O' clock, 12 'O'



clock position and all three have internal opening at 12 'O' clock position. Make incision interconnecting from 11 'O' clock to 1 'O' clock position allow it to drain pus discharges and heal. Later excise the track at 12 'O' clock position. So that whole cavity exposed, and pus drainage happens faster, and healing happens as *Sadhyovrana. Ardha Langalaka*: plough with one arm, English letter like "L". Example: external opening at 4 'O' clock, 5 'O' clock, 6 'O' clock position and only for 6 'O' clock external opening has internal opening at 6 'O' clock position. Make incision interconnecting from 4 'O' clock to 6 'O' clock position allow it to drain pus discharges and heal. Later excise the track at 6 'O' clock position. *Sarvatobhadra incisions*: when multiple opening around anal canal from anal verge in all direction having same cavity and internal opening. Incision made to open the full cavity and no potent space. *Gothirthaka*: *Dalhana* commentator of *Sushrut Samhita* give some description of *Gothirthaka* when a cow passing urine during walking then the pattern of urine on ground, like the Yoni of cow, on the marks that printed in mud where cow drinks water near any river or pond. In all these structures has the similarity with the semi-circular shape. The pattern of urine on ground similar to "S", that have curve which are semi-circular. Both lips of *Yoni* are semi-circular and both side of *Khur* of cow are also semi-circular. multiple external opening has small cavity we just make small semi-circular incision for quick drainage of pus, helps in avoiding injury to healthy tissue. Fig.1 and Fig.2 **Advantages of these incisions**: No additional incision or excision is required so that additional scarring and recur-

rence can be avoided. Result will Aesthetic and noticeably long scars can be avoided. Dispersion of tension on the scar can be expected, to reduce mechanical force on the dermis of the wound edge.

All the incision are helpful in multiple track, *Vaidya* should select the incision appropriately according the patient condition so that quick *Shodhana*(cleaning) of the track followed by *Swedana* procedures on wound, which helps for fast healing of wound and unwanted injury to the healthy tissue can be avoided.

In case of Tubercular Fistula in ano, Crohn's disease with Fistula in ano, Uncontrolled diabetic with multiple tracks of Fistula and Perianal actinomycosis are primary cause should be treated first.

*Shataponaka Bhagandara* features and treatment procedures similar to Fistula-in-ano with multiple tracks, Hidradenitis suppuritiva and excluding systemic diseases. In all this condition *Shataponaka Bhagandara* incision technique can be applied for the fast cleaning of tracks and quick healing.

## CONCLUSION

In case of multiple form of tracks instead of *Ksharasutra* procedures, *Shataponaka Bhagandra* incision taken, therefore ramification of the track can be stopped. Further quick healing can occur so that patient can recover from the disease soon. In future clinical study can be taken on *Shataponaka Bhagandara* incision are *Langalaka*, *Ardhalangalaka*, *Sarvatobhadra*, *Gothirtaka* in conditions of multiple track sinuses followed by different types of *Swedana* procedures on wound for *Shodhana* and *Vedhana Shamaka*.



Fig 1. *Shataponaka Bhagandara* Fig 2. *Gothirtaka* (S shaped incision)

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