

## Holistic Healing Approaches: A Comprehensive Review of Aragvadhadi Sutra in the Management of Bhagandara

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**Abstract:** *Bhagandara (fistula-in-Ano) is a challenging and long-standing condition of the Ano-rectal region that significantly impacts the quality of life, causing pain, discharge, and discomfort in otherwise healthy individuals. Traditional surgical treatments often come with complications, making **Kshara sutra therapy** a revolutionary alternative. Among these, **Aragvadhadi sutra** has been recognized as a standardized and effective option. This study evaluates the effectiveness of Aragvadhadi sutra in managing fistula-in-Ano while exploring its classification, clinical features, and treatment options. By combining insights from ancient Ayurvedic texts by Acharya Sushruta and Vagbhata with modern medical knowledge, the study provides a clearer understanding of the disease. It highlights the advantages of **Kshara sutra therapy**, known for its minimal recurrence rates and patient-friendly approach. This integrative approach offers a safe, economical, and effective solution for treating fistula-in-Ano, bridging ancient wisdom with contemporary practices.*

**Keywords:** *Bhagandara, Aragvadhadi sutra, Fistula-in-Ano, Types of Bhagandara, Astamahagad*

**1. Introduction:** Bhagandara (Fistula-in-Ano) is one of the oldest diseases known to the medical history and it remained a problematic disease to both patients and surgeons throughout the surgical history. Bhagandara was first described in detail by Acharya Sushruta (1500-1000BC) (Rabiya Shaikh & Maitree Patel, 2022). In modern medical science, Hippocrates has made the first reference for surgical treatment of fistulous disease. In 1376, the English Surgeon John Arderne (1307-1390) wrote treatises of fistula in Ano, hemorrhoids, which described fistulotomy and use of seton in fistula in 19<sup>th</sup> century. The word Bhagandara is formed by the combination of two terms "Bhaga" and "Darana". The word Bhaga means all the structures around the Guda (Ano-rectal region) which includes Yoni (vagina) in case of females and the Basti (urinary bladder) and the word Darana means tear of the surface associated with pain (Chhangani, 2020). According to Acharya Bhava Mishra the Bhaga is the synonym for Yoni (vagina) and the Mehana (penis). Acharya Vijayarakshita and Srikanth Dutta has mentioned that three structures namely Bhaga (vagina), Basti (urinary bladder) and Guda (Ano-rectal canal) can be considered as Bhaga (Wang et al., 2017).

### 1.1 Types of Bhagandara

#### 1.1.1 Sushruta's Classification (Ss. Ni.4/4)

He has classified the disease under five types, namely Shataponaka, Ushtragreeva,

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Parisraavee, Shambooka-avarta, Unmaargee. These varieties have Doshic predominance of Vaata, Pitta, Kapha and Tridoshaja Sannipata respectively till Shambooka-avarta whereas Unmaargee originates with Abhigaata (trauma).

**Table 1: According to Acharya Sushruta, Bhagandara is classified into 5 types:**

Types	Doshas
Shatponak	Vata
Ushtagreeva	Pitta
Parisravi	Kapha
Shambukavarta	Sanipataj
Unmargi	Aagantuj

### 1.1.2 Vaagbhathas Classification (Ah. Ut 28/5)

In addition to above five varieties mentioned by Sushruta, three more types are introduced by Vaagbhata namely, Parikshepee, Riju and Arsho-bhagandara; hence total number of Bhagandaras is eight. These extra 3 types told by Vaagbhata occur due to the predominance of two Doshas (Dvandaja). Thus, Parikshepee is dominated with Vaata and Pitta, Riju is dominated with Vaata and Kapha and Arshobhagandara is dominated with Pitta and Kapha.

**Table 2: Acharya Vagbhata has mentioned 3 more types of Bhagandara:**

Types	Doshas
Parikshepi	Vata-pitta
Riju	Vata-kapha
Arsho bhagandara	Pitta-kapha

## 1.2 Bhagandara Classified depending upon Dosha involvement

### 1.2.1 Shataponaka Bhagandara

According to Acharya Dalhana Shatponaka means s hundred, Ponaka is opening. Pidaka with multiple openings like Chalanika (Sieve), fistula and rectal sinuses have multiple opening. Goligher describe such type of Bhagandara as watering can appearance.

**Table 3: Comparative Statement of Shataponaka by Different Authors**

S. No	Features	Sushruta	Vagbhata	M.Nidana
1	Dosha	Vata	Vata	Vata
2	Sthana	Rakta, Mamsa	Rakta, Mamsa	-
3	Sthana (site)	Within one or two Angula of Guda	Within one or two Angula of Guda	Within one or two Angula of Guda
4	Colour of Pidika	Aruna	Aruna, Shyava	-
5	Character of Pidika	Pricking, cutting, beating, splitting, biting, whipping, tearing.	Pricking, splitting, twitching.	Severe pain

6	Character of discharge	Thin, frothy, clear, copious, abundant.	Thin, frothy, abundant	Froathy
7	Colour of discharge	-	-	Aruna
8	Other features	Multiple opening, discharge of flatus, urine and semen	Multiple opening	Multiple opening, discharge of flatus, urine and semen

### 1.2.2 Ushtragreevi Bhagandara

This word denotes neck of camel, this is red, thin and raised like camel's neck. In this Two stages of clinical characteristics can be seen in Ushtragreeva i.e., Pidika (boil) stage and Bhagandara proper. If this stage is neglected it leads to suppuration. In proper Bhagandara stage the burning pain appears as if being burnt with fire or caustics with warm and offensive discharge.

**Table 4: Comparative Statement of Ushtragreeva Bhagandara by Different Authors**

S. No	Features	Sushruta	Vagbhata	M.nidana
1	Dosha	Pitta	Pitta	pitta
2	Anubandha dosha	Vata	-	-
3	Sthana	Rakta, Mamsa	Rakta, Mamsa	-
4	Sthana	Within one or two Angula of Guda	Within one or two Angula of Guda	Within one or two Angula of Guda
5	Colour of Pidika	Rakta	Rajani	Rakta
6	Character of Pidika	Thin, elevated, Ushtragreeva Akara	Thin, small, warm, smoky, and raised swelling	-
7	Character of pain	Ushna, burning pain like again and Kshara	-	-
8	Colour of discharge	-	-	-
9	Another feature	Tiny boil raised like neck of camel later discharge of flatus, faeces, urine and semen	Fever, raised like neck of camel	Boil suppurates

### 1.2.3 Paristravi Bhagandara

The term Paristravi is used because of its continuous discharging nature, according to Aachaarya Sushruta provoked Vayu carries the vitiated Kapha at the area of Guda and leads to Paristravi Bhagandara. In this type of bhagandara continuous discharge from wound, where Vata carries vitiated Kapha to Guda. Patient usually complaint of itching and lubricous discharge. Usually, the track leads to long horizontal or high rectal course.

**Table 5: Comparative Statement of Paristravi Bhagandara by Different Authors**

S. No	Features	Sushruta	Vagbhata	M.nidana
1	Dosha	Pitta	Pitta	pitta
2	Anubandha dosha	Vata	-	-
3	Sthana	Rakta, Mamsa	Rakta, Mamsa	-
4	Sthana	Within one or two Angula of Guda	Within one or two Angula of Guda	Within one or two Angula of Guda
5	Colour of Pidika	Rakta	Rajani	Rakta
6	Character of Pidika	Thin, elevated, Ushragreeva Akara	Thin, small, warm, smoky, and raised swelling	-
7	Character of pain	Ushna, burning pain like again and Kshara	-	-
8	Colour of discharge	-	-	-
9	Another feature	Tiny boil raised like neck of camel later discharge of flatus, faeces, urine and semen	Fever, raised like neck of camel	Boil suppurates

#### 1.2.4 Shambookaarvata Bhagandara

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). This is the type of Bhagandara which is having Tridoshic status. The Bhagandara wound is of different colours with the characteristic pain which vary, and it appears like the whirls in a river or like the pattern of spiral ridges of a snail.

**Table 6: Comparative Statement of Shambookaarvata Bhagandara by Different Authors**

Features	Sushruta	Vagbhata	M.Nidana
Dosha	Vata, Pitta, Kapha	Vata, Pitta, Kapha	Vata, Pitta, Kapha
Dushya	Rakta, Mamsa	-	-
Sthana (site)	Within 1 or 2 Angulas of Guda	-	-
Colour of Pidika	Colour of previous all three Pidikas	-	Bahu varna (various colours)
Shape of pidika	Padangusta Pramana	Padangusta Pramana	Gosthanakara
Character of	Pricking, burning,	Severe pain	Severe pain

pain	Itching		
Character of Discharge	Bahu varna srava variegated colours	-	Bahu varna srava variegated colours
Other features	Pain is like waves in Purna Nadi Shambukavarta	Line of track Shambukavarta shula, Daha arochaka, Jwara	Nadi is like Shambukavarta

### 1.2.5 Unmargi Bhagandara

This type of Bhagandara is 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. The Bhagandara is created directly by the Krimi (worms or maggots) without the formation of the Pidaka initially. Therefore, Krimi, history of trauma, ingestion of bone pieces (foreign body) plays important role in producing clinical features of this variety of Bhagandara. Apart from these symptoms, discharge of flatus, faeces, urine and semen through the openings is also mentioned by Sushruta.

**Table 7: Comparative Statement of Shambookaarvata Bhagandara by Different Authors**

S. No	Features	Sushruta	Vagbhata	M.Nidana
1	Cause	Asthi Shalya	Asthi Shalya	Asthi Shalya
2	Site	Guda	Guda	Guda
3	Number of openings	-	-	Multiple
4	Type of discharge	Vata, Mutra, Purisha, Shukra, Krimi	-	-

### 1.2.6 Parikshepee Bhagandara

Aachaarya Vaagbhatha, mentioned the Doshic predominance of Vaata and Pitta responsible for Parikshepee Bhagandara<sup>30</sup>. It is based on the clinical status. It travels round the rectum resembling with the horseshoe type of Bhagandara. Thus, Shambookaarvata Bhagandara, described by Sushruta can be considered under the same heading. Aachaarya Arundudda and Indu mentioned that the track surrounds the Guda hence can be resemble to posterior horseshoe Ischio rectal fistula.

### 1.2.7 Riju Bhagandara

Riju Bhagandara has been described as the one having a straight tract opening directly into the anal canal in the anterior half. Aachaarya Vagbhata mentioned Vata and Kapha Dosha to be responsible for the formation of Riju Bhgandara<sup>31</sup>. If any variety of above mentioned Bhagandara takes a straight route to open to the anal canal it can be taken as Riju Bhagandara.

### 1.2.8 Arsho Bhagandara

This is the third additional variety of Bhagandara described by Vaagbhatha having Doshic predominance of Pitta and Kapha.<sup>32</sup> The main feature of Arsho Bhagandara is that it lies in the root of a pile mass.

## **2. Treatment:**

Acharya Sushruta has told that Shambukavarta (Sannipataj) and Kshataj Bhagandara are Asadhya and remaining kashta-sadhya. Acharya Sushruta told conservative management in Bhagandara like use of Nyagrodhaadi dravays for Shodhana, Ropana, Vranay, Sangrahi, Daha, Medoghan karma etc.

Besides this, Acharya Sushruta also told two specific treatments:

- (i) Kshara karma (ii) Agni karma

### **2.1 Kshara Karma**

With the help of kshara karma, kshara sutra is the special reference for Bhagandara. The Kshara sutra is a specialized Ayurvedic surgical thread renowned for its efficacy in treating anorectal disorders, particularly fistula in Ano.

## **3. AIMS AND OBJECTIVES**

- To evaluate the effect of Aragvadhadi Sutra in management of Fistula-in-Ano.
- To find the solution of less irritant but most effective traditional treatment for Bhagandara.
- To find the economical as well as minimise the problem of preparation and application of kshara sutra therapy.
- To enhance the rate of healing.

## **4. MATERIAL AND METHODS**

### **a) Selection of patients**

Patient with classical features of the (Fistula-in- Ano) attending the OPD and IPD of Shalya Tantra department of Chandra Shekhar Singh Ayurveda Sansthan will be selected randomly for this clinical study irrespective of sex, religion and occupation etc. A detail proforma will be prepared based on the Ayurvedic text and Allied sciences. The patient fulfilling the inclusion and exclusion criteria will be registered on this proforma and scoring of the different clinical features will be done on the assessment criteria.

### **b) Inclusion Criteria**

- Clinical Signs and Symptoms of all types of Bhagandara.
- Patient age ranging between 18-60 yrs.

### **c) Exclusion Criteria**

To ensure the accuracy and safety of the study, certain groups of patients will not be included. These include individuals testing positive for **HBsAg, HCV, or HIV**, as well as those with secondary fistulas associated with or caused by specific conditions. These conditions include **ulcerative colitis, osteomyelitis of pelvic bones, Crohn's disease, and tuberculosis**. Additionally, patients with **uncontrolled diabetes, pelvic abscess, rectal carcinoma**, or other **systemic disorders** will be excluded. Common anal conditions such as **hemorrhoids** and **fissure-in-Ano** also fall under the exclusion criteria, ensuring that the study focuses solely on cases directly relevant to its objectives. This careful selection helps maintain the integrity of the research and prioritizes patient safety.

## **5. Preparation of Aragvadhadi Sutra**

A surgical linen thread number 20 is spread out lengthwise to the Kshar Sutra Hangers. The paste of Aragvadhya fruit pulp, Madhu and Ghrita will be smeared on the thread on its whole

length and dried in Kshar Sutra cabinet. The dried thread was again smeared with the same paste this process will be repeated for 5 times. Then the thread will again smear with same paste and in wet condition the thread will be smeared over the Haridra and Tagar powder alternately for 3 days each. In this way a thread will be smeared with total of 11 coating of paste of Aragvadh Madhu and Ghrita and 3 coatings of Hridra and 3 coatings of Tagar powder. The thread will be prepared in the department of Shalya Tantra in Chandra Shekhar Singh Ayurveda Sansthan Kaushambi for clinical application.

### 6. Investigations

**Table 8. To support the clinical diagnosis following routine and specific (if required) investigations will be performed**

Hematological	CBC, BT, CT, ESR
Biochemistry	Random Blood Sugar, LFT, KFT
Serology	HIV, HBsAg, HCV.
Urine Examination	Routine and Microscopic
Proctoscopy	DRE and with the help of proctoscop
Radiological	MRI Fistulogram/X-RAY Fistulogram
Cardiological	ECG

**7. Study Design:** This clinical study will involve 60 patients in a randomized, open, and prospective format. Conducted over a period of 12 to 18 months, the research will take place at both outpatient (O.P.D.) and inpatient (I.P.D.) levels. Each patient will be observed and treated until the complete disappearance of the fistula-in-Ano, ensuring personalized and focused care throughout the study duration.

**8. Assessment Criteria:** Assessment will be made according to the grade based on clinical observations (subjective and objective parameters) before and after treatment.

#### 8.1 Subjective Parameters:

**Table 9. Observed Sign & symptoms will be graded based on scoring system prepared for that by Paul O. Madson & Peter. These are as follows:**

Parameters	No symptom	Mild Symptoms	Moderate symptoms	Severe symptoms	Very severe symptoms
<b>Itching</b>	0	+	++	+++	++++
<b>Pain</b>	0	+	++	+++	++++
<b>Discharge</b>	0	+	++	+++	++++
<b>Burning Sensation</b>	0	+	++	+++	++++
<b>Inflammation</b>	0	+	++	+++	++++

## 8.2 Objective Parameters:

$$\text{U.C.T.} = \frac{\text{Total No. of days taken for cut through}}{\text{Initial length of tract in cm.}} = \dots\dots\dots\text{Days/cm}$$

## 9. Follow up:

The follow-up period for this study will last three months to ensure thorough monitoring of patient recovery. The first follow-up will take place 15 days after completing the treatment. The second follow-up will occur another 15 days later. A third follow-up will be scheduled one month after the second, and the final follow-up will be conducted one month after the third. This structured approach ensures consistent care and a close evaluation of each patient's progress.

## 10. DISCUSSION :

The clinical study delves into the incidence of fistula-in-Ano, exploring its occurrence based on factors such as age, sex, religion, chronicity, length of the fistulous track, type of Bhagandara, and clinical findings. The condition is most prevalent in individuals aged 20–40, with the highest incidence of 42.5% observed in the 31–40 age group. Men are more commonly affected, accounting for 62.5% of cases compared to women. Among treatment options, **Kshara Sutra therapy** has emerged as the most globally accepted and scientifically validated approach for managing fistula-in-Ano. Studies have shown this method has minimal chances of recurrence, solidifying its position as a trusted treatment.

The classification of **Bhagandara (fistula-in-Ano)**, as described in ancient texts by Sushruta and Vagbhata, offers valuable insights that align with modern clinical understanding of the disease. Each type has distinct characteristics and clinical presentations. For instance, **Shataponaka Bhagandara** is characterized by multiple small openings, resembling a sieve, akin to the "watering can perineum" seen in cases of fistulae with multiple openings. **Ushtragreeva Bhagandara**, with its red, raised swelling shaped like a camel's neck, often develops into a long linear track comparable to a trans-sphincteric fistula, a condition also acknowledged in Goligher's classifications. **Parisravi Bhagandara** is notable for its continuous mucoid discharge and association with large cavities, often taking a long horizontal or high-rectal course, making it like inter-sphincteric or tubercular fistulas. Meanwhile, **Shambukavarta Bhagandara** is marked by deep, inward-directed pain and swelling shaped like whirlpools, indicative of a high rectal external sinus with a curved track. Other types, like **Unmargi Bhagandara**, arise from trauma without doshic involvement, such as mucosal tears caused by hard stools or foreign substances, leading to sinus formation. **Parikshepi Bhagandara**, on the other hand, surrounds the rectum like a fort's moat and is comparable to a posterior horseshoe ischioanal fistula. Simpler types like **Riju Bhagandara** exhibit straight tracks originating from the anterior anal canal, while **Arsho Bhagandara** arises from chronic fissures, often leading to infection of sentinel piles and the development of superficial fistulas. By integrating these ancient classifications with modern medical terminology, the study enhances understanding and provides a robust foundation for effective diagnosis and treatment.



**11. CONCLUSION :** Bhagandara (fistula-in-Ano) is a complex and historically challenging disease that demands a nuanced understanding and careful management. Drawing from the profound knowledge of Ayurvedic classics and modern insights, this study highlights the importance of integrating ancient classifications with contemporary medical practices. While Bhagandara remains difficult to treat, modalities like Kshara sutra therapy have proven to be highly effective and widely recognized for their precision and minimal recurrence rates. The holistic approach of Ayurveda, with its preventive, curative, and para-surgical strategies, provides a comprehensive framework for managing this condition. Through such integration of time-tested wisdom and scientific validation, this study opens doors to more effective, economical, and patient-friendly treatment solutions for fistula-in-Ano.

**References:**

1. Aacharya Jadavji trikamji Sushruta Samhita; Dalhana, Nibanda sangraha Commentary; Chowkhambha Surabharati Prakaashana, Varanasi, 1st Edition; Reprint 2014; Nidanastana 4/5, Pg. 281
2. Acharya Jadavjitrkamji Sushruta Samhita; Dalhana, Nibanda sangraha Commentary; Chowkhambha Surabharati Prakashana, Varanasi, 1st Edition; Reprint 2014; Nidanastana 4/7, Pg. 281
3. Aacharya Vagbhatha, Ashtaanga Hridayam: Aruna Dutta's, Sarvaanga Sundari Commentary and Hemadri's Ayurveda rasayana Commentary; Edited by Anna Moreshwar Kunte, Chaukhamba Sanskrita Sansthana, Varanasi, Reprint 2018; Uttarasthana 28/ 5, Pg.877
4. Acharya Vagbhatha, Ashtanga Hridayam: Aruna Dutta's, Sarvaanga Sundari Commentary and Hemadri's Ayurveda rasayana Commentary; Edited by Anna Moreshwar Kunte, Chaukhamba Sanskrita Sansthana, Varanasi, Reprint 2018; Uttarasthana 28/ 12, Pg.878
5. Acharya Vagbhatha, Ashtaanga Hridayam: Aruna Dutta's, Sarvaanga Sundari Commentary and Hemadri's Ayurveda rasayana Commentary; Edited by Anna Moreshwar Kunte, Chaukhamba Sanskrita Sansthana, Varanasi, Reprint 2018; Uttarasthana 28/ 13, Pg.878
6. 20. Acharya Vagbhatha, Ashtanga Hridayam: Aruna Dutta's, Sarvaanga Sundari Commentary and Hemadri's Ayurveda rasayana Commentary; Edited By Anna Moreshwar Kunte, Chaukhamba Sanskrita Sansthana, Varanasi, Reprint 2018; Uttarasthana 28/ 14, Pg.878
7. Acharya Vagbhatha, Ashtaanga Hridayam: Aruna Dutta's, Sarvaanga Sundari Commentary And Hemadri's Ayurvedarasayana Commentary; Edited By Anna Moreshwar Kunte, Chaukhamba Sanskrita Sansthana, Varanasi, Reprint 2018; Uttarasthana 28/ 17, Pg.878
8. 22. Acharya Jadavjitrkamji Sushruta Samhita; Dalhana, Nibandasangraha Commentary; Chowkhambha Surabhaarati Prakashana, Varanasi, 1st Edition; Reprint 2014; Nidanastana 4/8, Pg. 281
9. Chhangani, P. (2020). CLINICAL EVALUATION OF ARAGVADHADI SUTRA IN THE MANAGEMENT OF BHAGANDARA. In Certified Journal | 225 Pushpa. World Journal of Pharmaceutical and Life Science (Vol. 6, Issue 11). www.wjpls.org
10. Rabiya Shaikh, & Maitree Patel. (2022). Bhagandara: A Review Article on Types of Bhagandara and its Management. International Journal of Ayurveda and Pharma Research, 129–138. <https://doi.org/10.47070/ijapr.v10i4.2231>
11. Sri Vijay Raksita and Srikanta Dattas Vidyotini Tika, Madhukosha Sanskrit Comentatory Madhav Nidana P-2 Chaukhamba Sanskrit Sansthan Reprint 2004 Ch 46/2 Pg -135
12. . Sri Vijay Raksita and Srikanta Dattas Vidyotini Tika, Madhukosha Sanskrit Comentatory Madhav Nidana P-2 Chaukhamba Sanskrit Sansthan Reprint 2004 Ch 46/3 Pg -135
13. Sri Vijay Raksita and Srikanta Dattas Vidyotini Tika, Madhukosha Sanskrit Commentatory Madhav Nidana P-2 Chaukhamba Sanskrit Sansthan Reprint 2004, Ch 46/5 Pg -135
14. ang, Q., He, Y., & Shen, J. (2017). The best surgical strategy for anal fistula based on a network meta-analysis. *Oncotarget*, 8(58), 99075–99084. <https://doi.org/10.18632/ONCOTARGET.21836>

