

A REVIEW OF BHAGANDARA W.S.R.- FISTULA -IN -ANO

Nirmala Devi NN¹,

Adithya J V²,

Siddayya Aradyamath³

¹PG Scholar Department of PG studies in Shalya Tantra. JSS Ayurveda Medical College. Mysore, Karnataka, India.

²Assistant Professor, Department of PG Studies in Shalya Tantra. JSS Ayurvedic Medical College, Mysore, Karnataka, India.

³Professor and HOD of PG Studies, Department of Shalya Tantra. JSS Ayurveda Medical College. Mysore, Karnataka, India.

ABSTRACT

Bhagandara is enumerated under *astamahagada* and clinically co-related to Fistula-in-Ano. It is a communicating track lined by unhealthy granulation tissue which opens internally in the anal canal or rectum or perianal region. Detailed description of this dreaded disease to mankind, was very elaborately detailed in *Sushruta Samhita* with excerpts even on its surgical line of management through novel techniques like usage of *Kshara sutra* which is the Gold Standard in the treatment of Fistula-in-Ano. In this article an attempt has been made to highlight the concepts of *Bhagandara* in detail and how *Ayurvedic* principles of management has an upper hand in treating this complicated disease has been highlighted and also few innovative treatments explained under *Chedhana Karma* (excision), which is seldom practiced has been revised.

Key Words: *Bhagandara, Astamahagada, Bhedana, Chedana, Ksharakarma*

INTRODUCTION: *Bhagandara* (fistula in Ano) is a chronic disease though it is; not fatal but quite discomforting and troublesome to the patient and it hampers quality of life of a patient. The incidence of a Fistula-in-Ano from an anal abscess Ranges between 26%-38%. The prevalence of Fistula -in-Ano is 8.6 cases for 100,000 population. In the Men the prevalence is 12.3 cases per 100,000 population and in women it is 5.6 cases per 100,000 population¹. Despite many advances in medical sciences, it poses a big challenge to the surgeons as there is no suitable curative treatment available so far; for the same reasons; *Susrutha* enumerated this disease under *astamahagada*² i.e, the disease which is quite troublesome and difficult to cure. He was the first to give a comprehensive description of the disease where he has described its etiology, clinical features and management through

Surgical, para-surgical and medical treatment for *Bhagandara*. According to *Acharya Sushrutha*, *Chedana karma* (Excision), *Bhedana karma* (incision) are done over the track. He also mentioned *kshara sutra* for *Nadi Vrana*³, *kshara sutra* is also indicated for *Bhagandara* according to *Acharya Charaka*. *Acharaya Chakradatta*⁴ has given idea about the preparation of the *kshara sutra*. The treatment of fistula in Ano still remains a surgical challenge. Number of surgical procedures have been developed to minimize the recurrence and to prevent damage to the anal sphincter muscles in high anal fistula, *Kshara sutra*, Endorectal advancement flaps, Dermal advancement flaps have all been used as an alternative to fistulotomy with variable success rates. Each of these procedure carries significant risk of pain, healing complications and incontinence. However, despite the

development of these new techniques, management of fistula in Ano is still a complex surgical problem. In general, the incision at perianal area should be either lunar or semi lunar in nature. These incisions are not only suitable to explore the disease but also minimize the chances of tissue and sphincter damage.

Rectum and Anal Canal in Ayurveda.

a) Embryology of Guda⁵:

According to Ayurveda, Intestine, Rectum and Anal canal are derived from the *Matruja bhava* i.e, Meternal source.

Definition: The structure which is filled with Dirt /excreta and helps in its removal is known as *Guda*.

Synonyms:

Payu, Apanam, Shakrit-dwara, Trivalikam.

Parts of Guda:

1. *Uttara Guda.*
2. *Adhara Guda.*
3. *Gudasta.*

Vascular supply to Guda⁶:

The organs of pelvic cavity including *Guda* are supplied by 32 *Siras* (channels) carrying humours viz *Pitta, Kapha* and *Vata*.

There are 10 *Dhamani* (pulsative channels) directed downwards to pelvis out of which - two *Dhamanis* are responsible for normal functioning of *Guda*.

Process of defecation⁷:

As content of food digested from stomach enters intestine, the cumulative effect of *Pachaka pitta, Vyana Vayu* divides it into two components - *Sara* component which provides nutrition to the body and *Kitta* component which is food residue, is expelled out of the body in the form of feces by the act of defecation. *Pravahini* helps in compressing and pushing the feces downwards. *Visarjani* relaxes during this process and thus allows the contents to

move further and *Samvarani* controls the final act of evacuation. Thus, *Apama Vayu* and the three *Vallis* are responsible for initiating and completing the act of defecation as well as maintain the continence.

Derivation of Word *Bhagandara*⁸:

The word *Bhagandara* composed of two words *Bhaga* and *Dharana*, which are derived from root '*Bhaga*' and '*dri*' respectively.

The area between the anus and genitalia is known as *Bhaga*.

Dharana means 'To destroy'. Since this disease causes '*dharana*' ie infiltration and penetration into rectum, bladder, and vagina etc. it is called *Bhagandara*.

Definition of *Bhagandara*⁹

The *Bhagandara* is named from the fact that it bursts the rectum, the perineum, and the bladder (*Bhaga, Guda, Basti*) and the place adjoining to them. The abscess which appear with in the 2 *Angula* of this area are called *Bhagandara Pidaka* in their *Apakwastha* and they are called *Bhagandara* on the stage of *Pakwastha*.

Nidana of *Bhagandara*¹⁰:

- *Ahithaahara, Vihara*
- *Vega dharana*
- Sitting on very hard and uneven seats and in improper posture.
- *Papakarma.*
- *Agantuja- As cause of Hemorrhoids.*
- *Trauma by krimi.*
- *Trauma by Asti.*
- *Improper use of Vasti Netra.*

CLASSIFICATION¹¹:

1. *Arvaachenam (Antar Mukha)* = opened in to rectal wall with temporarily external opening.
2. *Paracheenam (Bahir Muka)* = opened externally with apparently closed internal opening.

Table no 1 ACCORDING TO DIFFERENT AUTHOURS DOSHIK CLASSIFICATION OF BHAGANDARA¹³:

| TYPES | SUSRUTA | ASTANGA HRIDAYA | YOGA RATNAKARA | MADAVA NIDANA | BHAVA PRAKASA |
|----------------------------------|---------|-----------------|----------------|---------------|---------------|
| <i>Vata /Sataponaka</i> | ✓ | ✓ | ✓ | ✓ | ✓ |
| <i>Pitta/ UstraGreeva</i> | ✓ | ✓ | ✓ | ✓ | ✓ |
| <i>Kapha /Parisravi</i> | ✓ | ✓ | ✓ | ✓ | ✓ |
| <i>Vata Pitta/Parikshepi</i> | - | ✓ | - | - | - |
| <i>Vata Kapha/ riju</i> | - | ✓ | - | - | - |
| <i>Kapha pitta /Arsha</i> | - | ✓ | - | - | - |
| <i>Sannipatika/Sambookavarta</i> | ✓ | ✓ | ✓ | ✓ | ✓ |
| <i>Kshataja/Unmargi</i> | ✓ | ✓ | ✓ | ✓ | ✓ |

Table no 2 Nidana, samprapti, lakshana of different kinds of Bagandara :

| Name of Type | Dosha | Nidana/ Samprapti | Nature/ Course of Track /Appearance. | Features | Discharge |
|---------------------------------|--------------|---|---|--|---|
| <i>SATAPONAKA BHAGANDARA.</i> | VATA | <i>Aswapuchchabaalanuchit amsatakshakamitianye</i> The aggravated Vayu condenses /Vitiates Rakta and Mamsa dhatu. Produces several <i>Pidakas</i> (boils) around the anus. Most of them communicating with one another. | Fistula with multiple external openings like a water - cane or sieve | <i>Pidakas are Aruna varna, Toda, Vestana, Tadana, Chedana, Bedana, Vyadana, Soocheebhiri va</i> type of pain | Continuous thin clear foamy, oozing comes out of opening. |
| <i>USTRA GREEVA BHAGANDARA.</i> | PITTA | Excessive use of <i>katu, teekshna usna dravyas, atikroda vyayama, pitta prakrutki</i> leads to Aggravated pitta carried down by the Vayu in to the rectum. Give rise to the small elongated; red pustule. Which resembles neck of camel in shape /inverted 'n' -u' shaped track. | Long curved track with secondary extention like the shape of camel's neck (long, curved, with a hump) | <i>Osha</i> (sense of boiling) <i>Chosha</i> (sense of suction), <i>Daha</i> (severe burning sense) type of pain is seen in <i>Ushtragreeva Bhagandara</i> | Warm and foul smelling. |
| <i>SAMBOOKAVARTA.</i> | SANNI PATAJA | <i>Poornaadhyaaavartasa mbookavarta.</i> Curve screw type like | Fistula track which | Pricking and burning pain with itching | Multi colour |

| | | | | | |
|--|-----------------------|---|--|--|---|
| | | <p>the ridge of a snail or shell.</p> <p><i>Bhagandara</i> vitiated due to <i>Vata</i> - brings about the <i>pitta Sleshma Prakopa</i> Reaches <i>Guda</i> region. All the 5 <i>doshas</i> thus Vitiated; result in the formation of a very large seized boil around the anus</p> | <p>curve around the anal canal like the turns of snail's shell or screw.</p> | | |
| UNMAARG EE BHAGAND ARA. | KSHATA JA | <p><i>Uth</i> = <i>Oordhwam</i>. <i>Margee</i> = <i>path.</i>, <i>Unmargee</i>= <i>oordhwamarga</i> (upward path)</p> <p>Bone pieces and other pointed, hard substances swallowed along with food get impacted at the anus, Injures the area around the anus - Resulting in <i>Shalyaja</i> or <i>Unmargeebhagandara</i>. If ignored, then becomes infested with maggots - these maggots Eats the region of the anus causing tear in perianal region.</p> | <p>No specific course of track (non crypto glandular in origin)</p> | <p>Gross destruction of perineal and ano rectal region due to gangrene and maggotification</p> | <p>Pus ,faeces,flatus,urine,semen,etc..</p> |
| PARISRAVI BHAGAND AR | SLESH MAJA | <p><i>Atisthoulya, Medomamsa, ativruddi,</i> Leading a lazy and luxurious life without any work,<i>Adhyasana, Diwaswapna, vegadaran</i> Vitiated <i>kapha</i> being pushed down gets Accumulated in the region of <i>Guda</i> and forms a lump (<i>Pitika</i>) near anus The swelling lasts for several months without any symptoms and ruptures after several months</p> | <p>Fistula with copious discharge (due to abcess cavity)</p> | <p>Itching, and less pain full</p> | <p>Continuous and slimy</p> |

| | | | | |
|--|--|--|--|--|
| <p>The swelling losts for several months without any symptoms and ruptures after several months.</p> | | | | |
|--|--|--|--|--|

PURVAROOPA OF BHAGANDARA:

Pain, itching, burning sensation, are felt in the anus especially after travelling and defecation associated with back ache.

SADYA AND ASADYA:

ASADYA:

- *Pravahi Valipraphtham*[high anal]
- *Sannipata*
- *Kshataja*

KRICHRA SADYA:

- *Sataponaka*
- *Ustragreeva*
- *Parisravi*
- *Parikshepi*
- *Rijvakhya*

CHIKITSA OF BHAGANDARA¹²:

The Management of *Bhagandara*

- I. Preventive
- II. Curative

Preventive measures:

a. In Apakwa Pidaka:

As per the *Dosha* predominance, the first eleven *Upakrama* of *Shashtiupakrama* can be implemented in *apakwastha* like *Apatarpana, Lepana, Virechana, Vamana*.

b. In Pakwa Pidaka:

- *Shastra karma.*
- *Kshara karma.*
- *Agni karma.*

Curative management;

a) Medical management.

i) Oral drugs for management of *Bhagandara*.

- *Narayana rasa*
- *Navakarshikaguggulu.*
- *Vidangadileha.*

ii) Application of *Varti*

- *Varti* made from latex of *snuhi, arka, mixed with daruharidra.*

iii) Application of *Kalka*

- *Kalka* made of *taila, haritaki, lodra, haridra, vacha.*

iv) Application of *Kashaya*

- Application of *taila - Karaviraditaila, Nishadi taila, Saindhavaditaila.*

b) Surgical management:

General principles of management of *Bhagandara*

- *Chedana* (excision)
- *Eshana* (probing)
- *Chedana/patana* (Incision)
- *Marga vishodana* (cleansing the fistulous track)
- *Darana* (Cauterization)
- *Vrana chikitsa* (wound Management)
- PostOperative
- *Kshara sutra therapy.*

The treatment of choice of *Bhagandara* is *chedana*, but other surgical procedures like *Bhedana, Lekhana, Eshana*, are also equally important in the management of *Bhagandara*.

The treatment can be divided in to three major steps:

- a) *Purva karma*
- b) *Pradhana karma*
- c) *Paschat karma*.

a) **POORVA KARMA:** Every case has to be treated with the eleven Preoperative methods from *Apatarpana* to *Virechana* described under *Vrana chikitsa*

b) **Pradhana Karma:**

Management of Different Types of Bhagandara:

1. Management of Sataponaka Bhagandara:

- The fistulous tracks should be laid open in multiple sittings. It is preferred to treat the tracks one by one rather than simultaneous excision or laying open of all the tracks at one time.
- Laying open of all the tracks at a time may cause *Vidaarana*.
- Depending upon the extent and nature of fistulous track:
 - a) *Langalaka:* *Langalak* means “HAL” that is plough used by former in field. The incision should have two arm Perpendicular to each other and extending on either side like “T” [T - shaped incision]
 - b) *Ardha langalaka:* *Ardalangalaka* means the incision should be same as above but with only one arm like half of “HAL” i.e, plough without handle. This may be similar to “L.”
 - c) *Gotheerthaka:* Incision resembling the shape of cowshoof [a semi-lunar incision along with central extension]
 - d) *SarvothoBhadraka:* The incision is made all around the anal canal [circular]; protecting the *Seevani* or Median raphe.

2. Management Of Ustra Greeva Bhagandara:

- No specific type of incision has been described. And incision can be planned as needed to remove unhealthy tissue or excise the fistulous track. Surgeon should evade the use of *kshara* and *agnikarma* after incision, because this may create severe pain full condition during post operative period.

3. Management of Parisravi Bhagandara:

- The fistulous track along with the cavity should be identified and excised or laid open.
- Once excised; the area should be cauterized by *kshara* or *Agni*.
- For laying open or excision of track.
 - a. *Kharjurapatraka* [V shaped incision] incision should having branches like the junction of date palm leaf. There is one main incision followed by Secondary incision draining in to deeper one
 - b. *Ardha Chandra* [Semi lunar incision]
 - c. *Chandra chakra* [Circular incision]
 - d. *Suchi Mukha* [Cone-shaped incision with the tip towards anal margins]
 - e. *Awangamukha* [cone-shape; but tip of cone is away from anal margins]

4. Management of Unmargi Bhagandara:

- It arises due to impaction of foreign body in Guda and requires removal of foreign body by appropriate surgical intervention.

5. Management of Parikshepi Bhagandara:

- It is due to vitiation of *Vata-Pitta dosha* and form a circular fistula around the anus like the coat [pit] around the fort.

- *Parikshepi* also treated like *Sathaponaka* in addition with *kshara sutra* application.

6. Management of *Ruju Bhagandara*:

- It is due to *vatakapha* and develops a straight fistula causing a tear in the rectum. It is difficult to cure and Samanya treatment.

7. Management of *Sambookavarta*:

- It is caused by all the *Doshas* and resembles the shell of a snail in its sinus causes severe pain and laceration of rectum by its multiple sinuses.
- It is *Asadhyato* cure.

8. Management of *Arshobhagandara*:

- *Arsho-Bhagandara* is a type of fistula in Ano, secondary to fissure bed infection and associated with sentinel tag.
- Advisable to excise the tag and fissure bed prior to *kshara sutra* treatment.
- Otherwise the tag may get inflammed during therapy.
- No specific incision have been mentioned for *Shambukavarta*, *Parikshepi* or *Rijubhagandara*.

PASCHAT KARMA:

- Pain management
- Wound management (During immediate Post-operative period, *vrana shodana* drugs and *vrana ropana* are to be used. Formention with medicated decoctions also helps in local cleaning of wound and minimize wound infection).
- Bowel regulation (laxatives like *Tripala*, *haritaki*, *abhayarista*)
- Prevention of re occurrence.

iii) PARASURGICAL MEASURES:

1. *Rakta mokshana*
2. *Agni karma*
3. *Kshara karma*

Concepts of *Bhagandara* in Modern Science ¹³:

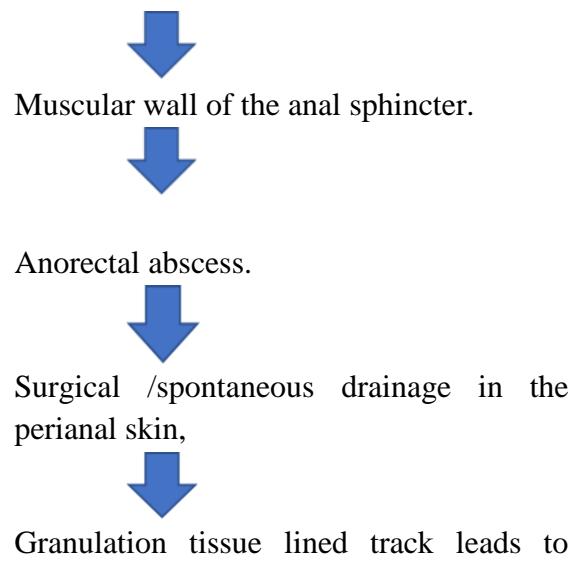
Fistula in Ano: Fistula is defined as an abnormal communication between any two epithelium lined surfaces. A fistula in Ano denotes a chronic granulation track or cavity communicating the rectum or anal canal to the perineal skin.

Causes:

- Results from an anorectal abscess which burst spontaneously or was opened in adequately.
- Ulcerative colitis
- Crohn's diseases
- Tuberculosis
- Colloid carcinoma of the rectum
- Carcinoma
- Radiation therapy
- Actinomycosis
- Chlamydial infections.
- Diabetics
- AIDS

Pathophysiology:

The crypto glandular hypothesis infection in the anal canal



Classification:

Classified fistula in Ano according to their relationship to the anal Splinters and in particular to the anorectal ring.

- Low fistula: opening of anal canal at the level of pectinate line.
- a) Sub cutaneous 5%
- b) Sub mucus 5%
- c) Low anal 75%
- d) High anal 8%
- e) Ano rectal 7%
- Ischiorectal or infralevator.
- Pelvirectal or supralevator.

Parks classification:

- Intersphincteric
- Simple low track
- High blind track
- High track with rectal opening.
- Rectal opening without perineal opening.
- Extra rectal Extention.
- Secoundary to pelvic disease.
- Transsphincteric
- Uncomplicated
- High blind track
- Suprasphincteric
- Uncomplicted
- High blind track
- Extrasphincteric
- Secondary to anal fistula.
- Secondary to trauma.
- Secondary to anorectal disease.
- Secondary to pelvic inflammation.

Other fistulas:

- Rectovaginal fistulas.
- Radiation - associated fistulas.
- High fistulas.
- Suprasphincteric fistulas.
- Horseshoe fistulas.
- Fistula connected with an anal fissure.
- Fistula with granulomatous infection.
- Colloid carcinoma arising with perianal fistula

Diagnosis and Diagnostic Tools in Fistula in Ano:

- Goodsall's rule in diagnosing internal opening of fistula in Ano
- Palpation
- Probing
- Anoscopy
- Proctoscopy
- Saline test.
- Hydrogen peroxide and methylene blue test.
- Sigmoidoscopy -rigid and Flexible
- Fistulogram/sinogram
- Trans rectal/Endoanal ultrasonography.

Management of Fistula in Ano¹⁴:

1.Fistulotomy.

The best treatment in terms of absolute cure is to lay open the fistula.

2.Seton:

The term is derived from the Latin word seta meaning bristle. A seton is a thread of foreign material that is placed in the fistulous track.

Fibrin Glue.

Fibrin glue helps in the treatment of fistula by two ways. First, the occlusion of the fistulous track with sealant immediately stops the ongoing contamination of the track with the stools, mucus, blood and pus.

Second, the human proteins within the sealant serve as chemotactic agent, attracting fibroblast other cells required for wound healing.

4.Anal Fistula Plug.

The cone shaped bioprosthetic plug made from porcine small intestine submucosa. The principal effect of the fistula plug is to close the internal opening which is same as that with mucosal advancement flap. It also stimulates native tissue remodelling to eventually close fistulous track.

5.Endorectal Advancement Flaps:

Mucosal advancement flaps are used particularly for Extrasphincteric and suprasphincteric fistulae.

The principle of the technique is; to cover the internal opening by internal sphincter and rectal mucosa is advanced from above and, at the same time, opening the external component of the fistula and draining any coexisting sepsis more recently full thickness flaps have been used.

6. Anocutaneous Advancement Flap:

This is the another method advocated for the management of fistula crossing the external sphincter in the middle or upper one third especially in patients undergone one or more pelvic repairs. The advantage of this procedure is that anal anatomy is not altered and in case of failure, other procedures can still be performed.

7. Fistulectomy.

It is a technique for excising the fistulous track. It is technically difficult and involves careful dissection around the fistulous track through to its internal opening i.e. coring out the track. Side tracks if present must be similarly excised. The defect in the external sphincter requires closure. Although the technique preserves anal sphincter function.

8. LIFT [Ligation Of Intersphincteric Fistulous Track]

This procedure aims at total anal sphincter preservation and is applicable especially in fistula of Intersphincteric variety. this technique involves mainly two steps as removal of infected crypt and secured closure of internal opening.

9. VAAFT [Video Assisted Anal Fistula Treatment].

This technique involves use of an endoscope i.e. Fistuloscope and involves mainly two steps.

- Diagnostic step
- Operative step

DISCUSSION:

- *Bhagandara* (fistula in Ano) is a chronic disease though it is; not fatal but quite discomforting and troublesome to the patient and it hampers quality of life of a patient. it also imposes psychological stress on the patient. Due to improper food habits and life style changes, prevalence of this disease has increased day by day.
- A disease or sinus that tears or damages the area around the genitalia, urinary bladder and anus is known as *bhagandara*. Often it results after bursting of *bhagandara pidaka* or an abscess in this region. The sinus may discharge flatus, feaces, urine, seminal fluid or even worms at time.
- There are five main types of *bhagandara pidaka* and after suppuration/burst open they lead to five different types of *bhagandara*.
- A full clinical history and diagnostic imaging techniques are indispensable to gain information about type of fistula and to rule out associated conditions.
- The management of *bhagandara* can be both preventive, and curative, in curative medical, surgical and para surgical line of management.
- In the management of different types of *Bhagandara* Acharya sushruta recommended some incisions. those incision have similarity in shape with some objects.
- Number of surgical procedures have been developed to minimize the recurrence and to prevent damage to the anal sphincter muscles in high anal fistula, cutting seton, Endorectal advancement flaps, Dermal advancement flaps have all been used as an alternative to fistulotomy with variable success rates. Each of these procedure carries significant risk of pain,

healing complications an incontinence. This has led surgeons to switch to alternative methods of treatment like fibrin glue, anal fistula plug which do not carry any risk of sphincter function.

- *Kshara sutra* procedure cuts and heals the tract. It destroys and removes unhealthy tissues and promotes healing of fistulous track. It is a minimally invasive procedure.
- The patient should avoid heavy exercise, strenuous work or fighting to exhaust, over indulge in sexual activity for 1 year after recovery from *bhagandara*.

CONCLUSION: *Bhagandara* may be considered as a type of chronic sinus in the perianal area or perineum which discharges pus or blood and if left untreated, there may be discharge of faeces, flatus, urine and semen or it may be secondary to the suppuration of abscess resulting in the tearing or destruction of these areas. The treatment of fistula – in-Ano still remains a surgical challenge. The various modalities of treatment explained for the management of fistula in modern sciences although advanced comes with its own set of limitations. The usage of *kshara sutra* in the management of *bhagandara* has its own set of benefits with very less re-occurrence rates. This is a boon for the entire mankind as any modality of treatment at the end, we expect benefit to the patient with least complication rates and high success rates. Usage of other novel techniques like different types of incisions like kharjoora patraka type of *chedana* of the fistulous track followed by usage of *kshara sutra* seems to be of high value and hence this article was written to throw some light on this unvisited areas of knowledge told in the context of *Bhagandara*. The wise surgeon should know the detailed

knowledge about the disease and its surgical treatment.

REFERENCES:

1. Incidence and prevalence of Fistula -in -Ano. <https://emedicine.medscape.com> updated: Mr 27, 2020 Author: Juan L Poggio, MD, MSc, DSc, chief editor
2. *Sushruta Samhita* of *Susrutha* with the *Nibanda Sangraha* commentary of *Sri Dalhanacharya*. And the *Nyachandrika Panjika* of *Sri Gayadasacharya* edited by *Vaidya yadavji Trikamji Acharya*. Publisher by Chaukamba Sanskrit Samskruta Sanstana.
3. *Sushruta Samhita* of *Susrutha* with the *Nibanda Sangraha* commentary of *Sri Dalhanacharya*. And the *Nyachandrika Panjika* of *Sri Gayadasacharya* edited by *Vaidya yadavji Trikamji Acharya*. Publisher by Chaukamba Sanskrit Samskruta Sanstana. *susrutha chikitsa* 17/29
4. A text book of Outline of *Salyatantra* by Dr Syed Mohammed Jalaludheen, Published by Chaukhamba Sanskrit sansthan Varanasi.2018 edition[*chakradatta - arshodikaram*145
5. A Manual fistula in Ano and *Ksharasutra* therapy by Dr M Sahu, first Edition: 2015, published by National resource center on *kshara sutra* therapy. Department of Shalya Tantra, faculty of Ayurveda institute of Medical Sciences, Banaras Hindu University Varanasi - 221005 India.
6. A Manual fistula in Ano and *Ksharasutra* therapy by Dr M Sahu, first Edition: 2015, published by National resource center on *kshara sutra* therapy. Department of Shalya Tantra, faculty of Ayurveda institute of Medical Sciences, Banaras Hindu University Varanasi - 221005 India.

7. A Manual fistula in Ano and *Ksharasutra* therapy by Dr M Sahu, first Edition: 2015, published by National resource center on *kshara sutra* therapy. Department of Shalya Tantra, faculty of *Ayurveda* institute of Medical Sciences, Banaras Hindu University Varanasi - 221005 India.

8. *Shalya Tantra Vignanam* (Surgery in *Ayurveda*) by Dr M.Rama Sundar rao ;GCIM ,Third edition 2006;Bhagandara (Fistula in Ano) pg no 704.

9. *Shalya Tantra Vignanam* (Surgery in *Ayurveda*) by Dr M.Rama Sundar rao ;GCIM ,Third edition 2006;Bhagandara (Fistula in Ano) pg no 704.

10. *Shalya Tantra Vignanam* (Surgery in *Ayurveda*) by Dr M.Rama Sundar rao ;GCIM ,Third edition 2006;Bhagandara (Fistula in Ano) pg no 704.

11A Manual fistula in Ano and *Ksharasutra* therapy by Dr M Sahu, first Edition: 2015, published by National resource center on *kshara sutra* therapy. Department of Shalya Tantra, faculty of *Ayurveda* institute of Medical Sciences, Banaras Hindu University Varanasi - 221005 India.

12.A Manual fistula in Ano and *Ksharasutra* therapy by Dr M Sahu, first Edition: 2015, published by National resource center on *kshara sutra* therapy. Department of Shalya Tantra, faculty of

Ayurveda institute of Medical Sciences, Banaras Hindu University Varanasi - 221005 India.

13.A Manual fistula in Ano and *Ksharasutra* therapy by Dr M Sahu, first Edition: 2015, published by National resource center on *kshara sutra* therapy. Department of Shalya Tantra, faculty of *Ayurveda* institute of Medical Sciences, Banaras Hindu University Varanasi - 221005 India.

14.A Manual fistula in Ano and *Ksharasutra* therapy by Dr M Sahu, first Edition: 2015, published by National resource center on *kshara sutra* therapy. Department of Shalya Tantra, faculty of *Ayurveda* institute of Medical Sciences, Banaras Hindu University Varanasi - 221005 India.

Corresponding Author: Dr. Nirmala Devi NN,PG Scholar Department of PG studies in Shalya Tantra. JSS Ayurveda Medical College. Mysore, Karnataka, India.

Email:nirmaladevin818@gmail.com

Source of support: Nil Conflict of interest:
None Declared

Cite this Article as : [Nirmala Devi NN et al : A Review of Bhagandara W.S.R.- Fistula -in -Ano] www.ijaar.in : IJAAR VOL V ISSUE IV SEP-OCT 2021 Page No:233-243