ISSN (P) : 2589-9120 / (O) : 2589-9139
PubMed-National Library of Medicine - ID: 101773527

International Journal of Medical Science and Applied Research (IJMSAR)

Available Online at: https://www.ijmsar.com

Volume – 7, Issue – 2, April – 2024, Page No. : 56 – 62

Role of Ayurveda in The Management of Parikartika W.S.R Fissure - in-Ano - A Review

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Citation of this Article: Dr. Meena Minoo Banwarilal, Dr. Ashok Chakra, Dr. Meena Rinoo Banwarilal, "Role of Ayurveda in The Management of Parikartika W.S.R Fissure - in-Ano - A Review.'' IJMSAR – April – 2024, Vol. – 7, Issue - 2, Page No. 56-62.

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Type of Publication: Original Research Article

Conflicts of Interest: Nil

ABSTRACT

One of the most common anal disorders, fissure in ano is described in detail in the texts of modern surgery. In Ayurveda, fissure in ano is called *guda parikartika*, or simply, *parikartika*. It is usually described as a symptom of other diseases such as *arsha, grahani, atisara, udavarta*, etc., or as a consequence of improper or excessive *panchkarma* (*virechana* and *vasti*) procedures that result in a tear in the anal region, with characteristics like burning pain, cutting pain, and bleeding during and after defecation. The principles of management of *parikartika* in Ayurveda are more focused on stabilising the digestive functions and improving the nature, character, and consistency of stool in addition to the use of laxatives (like castor oil) and wound healing (*vranaropaka*) agents. This is in contrast to modern surgery, where the management of fissure in ano revolves around relieving of muscular hypertonia through pharmacological or surgical means. The pathogenesis, symptoms, and treatment of anal fissures will all be covered in this article.

Keywords

Fissure in ano, constipation, *parikartika*, internal anal sphincter

INTRODUCTION

One of the most prevalent anal conditions is anorectal fissure. It is described as an excruciating, linear or oval, ulcer-like longitudinal tear in the anal canal distal to the dentate line. It is accompanied by excruciating pain and burning sensations both during and after faeces, along with sporadic itching and some bright red blood.[1] All age groups are affected, although younger and middle-aged patients with a strong tendency towards the posterior midline account for 90% of the casualties on average. Females have a higher prevalence of anterior midline fissures (25% instances) compared to males (8% occurrences). Fissures in the lateral sectors of the anal canal are uncommon and typically result from anal cancer, syphilis, HIV/AIDS, TB, or Crohn's disease. An acute fissure presents as a simple linear tear in the anoderm, whereas a chronic fissure manifests as a deeper oval ulcer with scarred edges, oedema, and fibrosis of the ulcer bed. Secondary changes associated with chronic fissures include hypertrophied papilla at the proximal end, sentinel tag at the distal end, anal cryptitis, and/or anal fistula.[2,3] The main pathogenic mechanism that causes the anoderm region to be susceptible to the development of anal fissure has been shown to be the relatively inadequate vascular supply in the posterior part of the anal canal and the elevated resting anal pressure resulting from muscular hypertonia.[4,5] A low-fiber diet, constipation, diarrhoea, colitis, prolonged sitting, trauma to the anal canal from passing hard stools, or other causes, are the causes of either or both of these mechanisms that underlie the formation of fissure in ano. Consequently, the use of pharmacological treatments (such as topical nitrates, calcium channel blockers, botulinum toxins, adrenergic antagonists, cholinergic agonists, etc.) and surgical methods like anal dilatation and sphincterotomy aim to correct these underlying pathological mechanisms. The phrase "*guda parikartika*," or simply "*parikartika*," in Ayurveda refers to fissure in ano and denotes a form of cutting or tearing pain or the feeling of being sliced around with a scissor (the word "pari" means around and "kart" means to cut).[6,7]Typically, it is explained as a symptom of another illness or as an aftereffect of poor equipment or an incorrect *panchkarma* (*virechan* and *vasti*) procedure. The current paper examines and evaluates the Ayurvedic notion of *parikartika* as well as its management in light of current medical science's understanding of anorectal fissures.

REVIEW OF LITERATURE

PARIKARTIKA

Texts from Ayurveda define *Parikartika* as a complication of *Vamana* and *Virechana* as well as a complication of *Atisara*. *Parikarthika* is the name given to a condition in which the patient feels as though they are having their anal canal sliced with scissors.

ETIOPATHOGENESIS OF *PARIKARTIKA*

As was previously mentioned, *parikartika* has been described in Ayurveda as a symptom of other diseases or as a side effect of certain treatments rather than as a separate illness entity. The following subheadings provide descriptions of the various etiological conditions for *parikartika* as stated in Ayurveda.

Parikartika as a Symptom Associated with Other Diseases

- ***Jwara*** – Due to decreased hunger and dehydration, stools become hard in situations of long-lasting fever (*jeerna jwara*), which can create a fracture or rip in the anal region during stool passage. Due to decreased hunger and dehydration, stools become hard in situations of long-lasting fever (*jeerna jwara*), which can create a fracture or rip in the anal region during stool passage.[8]
- ***Vataja Grahani*** – *Parikartika* has been enumerated as a symptom of *vataja grahani.* While describing the aetiology. Charaka has referenced the overindulgence in foods that are bitter, pungent, and astringent (*katu-tikta-kashaya*), as well as foods that are excessively dry (*atirooksha*) or cold (*atisheeta*), fasting, and repressing the urge to urinate. All of these elements work together to produce hard, dry excrement that can split ano during defecation.[9]
- ***Vataja Pakwatisara*** – *Guda parikartika* develops in later stages of *vataja atisara* when there is a spasm in the anal muscle and frequent passage of small but firm and foamy faeces with pain.[10]
- ***Malavritta Vata* –** It depicts the stage of chronic constipation brought on by poor motility or sluggish transit, which results in pelvic pain, abdominal distention, and the passing of hard, dry stools that cause anosmia.[11]
- ***Vyanavritta Apana Vayu*** – In addition to distention and vomiting, *parikartika* also happens here as a result of reverse peristaltic motions or abnormal colon and rectum motility functions.[12]
- ***Pureeshavrodhajanya Udavarta*** - while the urge to defecate is suppressed, the faeces are sent back into the colon where they become dry and hard from more water absorption, causing anal fissures while defecating.[13]
- ***Kaphaja Arsha*** – The frequent transit of faeces combined with mucus and tenesmus, or the suggestive characteristics of colitis, which cause recurrent damage to the anal canal and eventually result in the development of an anal fissure, are among the signs of *kaphaja arsha*.[14]
- **Prodromal symptom of *Arsha* –** The majority of the causative factors for *arsha* are related to diet, which can cause disturbances in digestive processes and consequently dyspepsia, flatulence, and changes in bowel habits, such as constipation or colitis-like symptoms, which can both increase the risk of developing an anal fissure.[15]
- **Complication of Excessive *Virechana*** (purgative therapy) – Charaka and Sushruta both advise against using strong or excessive purgation on a weak or malnourished individual since it can cause a fissure to form in the body.[16]

➢ **Complication of Excessive use of *Vasti*** (medicated enema therapy) – Charaka has also enumerated fissure in ano as a complication due to excessive use of *vasti* therapy.[17]

TYPES & SYMPTOMS OF PARIKARTIKA

➢ One description of the primary symptom of *parikartika* is feeling as though someone is cutting you with scissors. Dalhana described the pain as being like tearing or cutting. Furthermore, Sushruta has described flatus obstruction and burning feeling in the anal, perineal, and umbilical regions as symptoms of *parikartika* brought on by excessive purgation. Once more, Sushruta has addressed the symptom of bleeding before and after defecation in patients with *parikartika* in

relation to the management of diarrhoea (*atisara*).[18]

- In addition, attempts have been made to categorise *parikartika* according to the pathological location and dosha involvement. When describing the symptoms that do not indicate a good prognosis, Charaka divided *parikartika* into two categories: the first was caused by upper gastrointestinal pathology and was associated with features of diarrhoea; the second type was caused by colonic pathology and was associated with severe constipation or obstruction to the flatus and faeces.
- The Kashyapa Samhita mentions the possibility of *parikartika* during pregnancy. It is advised to treat it in accordance with the *dosha* (*vata, pitta, or kapha*) that is implicated. This dosha should be determined by evaluating the type of pain (cutting, burning, or itching) and the characteristics of the stool (dry and hard, bleeding, or mucus discharge).[19] Therefore, it may be said that the characteristics of fissure in ano, such as burning feeling, agony akin to being slashed, and bleeding during and after defecation, are similarly mentioned in Ayurveda and modern surgical textbooks.

MANAGEMENT OF *PARIKARTIKA* (FISSURE)

The treatment of *parikartika* has also been discussed in relation to the corresponding disorders or their complications, as *parikartika* has been defined as a symptom or complication of other diseases. Ayurvedic texts have suggested both systemic (to treat the underlying disease and digestive system) and local (to reduce pain and encourage healing of ulcers) care in various circumstances. These texts can be broadly categorised as follows:

- **Stabilizing the Digestive Functions by Diet and Medicines**

  Many pharmaceutical dietary preparations have been suggested, taking into account the significance of reduced digestive functions and decreased appetite. For instance, patients with persistent fever (*jeerna jwara*) are recommended to consume soupy meals made by blending raw *bilwa* powder with decoctions of *bala, vrikshamla, kola,* and other herbs when their faeces have turned hard and dry from dehydration and lack of appetite.
- Additionally, milk enhanced with castor root infusion or raw *bilwa* pulp helps alleviate *parikartika*. In a similar vein, it has been suggested that using buttermilk and medicated ghee made from medications that increase appetite can stabilise the digestive system in cases of *vataja grahani and kaphaja arsha*, respectively.[20,21]Kashyapa has recommended using medicinal *yusha*, a unique type of semisolid food preparation mentioned in Ayurveda, to cure *parikartika* in a pregnant woman.
- **Use of Laxatives:** Use of laxatives (such as castor oil) in addition to a fat-rich diet has been prescribed in cases of *malavritta vata, vyanavritta apana vayu, or udavarta*, where constipation is the main culprit. This allows the faeces to become soft and evacuate easily without causing any further frictional trauma to the ulcer, which then heals gradually.[22,23]
- **Use of Basti Therapy:** Use of *pichchha basti* (medicated enema with astringent properties)

prepared from black sesame, ghee, honey, and *madhuyashti* (Glycyrrhiza glabra) and *anuvasana basti* (oil based medicated enema) prepared from *madhuyashti* etc. has been recommended in cases of *parikartika* resulting from excessive purgation therapy. Due to overuse of *basti* therapy, *parikartika* is also advised in cases involving both of these kinds of *basti* preparations.[24] These preparations are helpful in controlling diarrhoea and lubricate the anorectal region as well and thus facilitate the healing of ulcer.

- **Use of *Vranaropaka* (wound healing) agents:** Although most of the time treating the underlying cause of the ulcer aids in its healing, in situations when anal trauma from things like improper instrumentation has resulted in an ulceration in the anal canal, the ulcer should be treated according to wound care guidelines. The application of therapeutic oils or ghee made from plants such as sesame, jasmine, neem, and others aid in ulcer healing.
- **Use of *Kshara* and *Ksharasutra***: Many Ayurvedic researchers and practitioners now support the application of *kshara* and the ligation of *ksharasutra* in situations of chronic fissure.[25,26] Although these techniques are not recommended in Ayurvedic books from antiquity for fissure in ano, they are used in chronic fissures with consideration for the function of *kshara* in wound bed preparation.

DISCUSSION

An elaborate description of *guda parikartika* is given in multiple settings in different Ayurvedic books, albeit it is not identified as a separate disease entity in Ayurveda. This description is in concordance with the aetiology and symptomatology of fissure in ano reported in modern surgery. Both Ayurveda and contemporary surgical texts describe the clinical features of a painful tear in the anal canal with bleeding and burning sensation that may be caused by dietary factors, anal trauma from hard faeces or other causes, conditions that cause increased frequency of defecation, such as colitis and diarrhoea, and the description of a fissure in the ano during pregnancy. The principles of management, however, take a slightly different approach. While Ayurveda places more emphasis on stabilising digestive functions and improving the nature, character, and consistency of the stool, modern surgery focuses more on relieving the muscular hypertonia of the anal sphincters through pharmacological and surgical means, with no specific surgical approach defined for *guda parikartika.* However, using laxatives and wound-healing medicines is a frequent strategy in both systems.

CONCLUSION

In 90% of cases of acute fissures, Ayurveda medications can treat the fissure and restore bowel regularity. Patients who are unwilling to have surgery, such as those with heart conditions, diabetes, AIDS, or Hepatitis B, or who have conditions where recovery from surgery is difficult, could always be offered these. Conservative treatment is less successful in chronic and recurrent diseases than it is in acute ones. In certain situations, surgical and nonsurgical treatments are necessary. *Parikartika* is primarily caused by the *vata* and *pitta doshas*, but the *saam dosha* is also important for *mandaagni,* and *mandaagni* is basically responsible for *koshtha* and *mala baddhata.* Therefore, it is very important to take care of the *saama* and *niraama* condition of *koshtha*

and roughness of body before prescribing medication for *samshodhana* or to treat constipation. If a patient has *aama* during *parikartika* treatment, then *langhana, paachan,* and *rukshana* are recommended.

REFERENCE

1. Beaty JS, Shashidharan M. Anal Fissure. Clin Colon Rectal Surg. 2016 Mar;29(1):30-7. doi: 10.1055/s-0035-1570390. PMID: 26929749; PMCID: PMC4755763.
2. Madoff RD, Dykes SL. 2007. Benign Anorectal: Anal Fissure. In: Wolff BG, Fleshman JW, Beck DE, Pemberton JH, Wexner SD, editors. The ASCRS Textbook of Colon and Rectal Surgery. New York: Springer Science Business Media, LLC; 178-91.
3. Wienert V, Raulf F, Miltz Horst. 2017. Anal Fissure: Symptoms, Diagnosis and Therapies. Switzerland: Springer International Publishing AG; 1-168.
4. Farouk R, Duthie GS, MacGregor AB, Bartolo DC. 1994. Sustained internal sphincter hypertonia in patients with chronic anal fissure. Dis Colon Rectum;37(5):424–429.
5. Schouten WR, Briel JW, Auwerda JJ, De Graaf EJ. 1996. Ischaemic nature of anal fissure. Br J Surg;83(1):63–65.
6. Acharya YT, editor. 2008. Ayurveda Dipika Sanskrit commentary of Chakrapani on Charaka Samhita Indriya Sthana: Chapter 10, Verse 16-17. Reprint ed. Varanasi: Chowkhambha Surbharati Prakashana.
7. Thakral KK. 2014. Hindi Translation of Nibandha Samgrah Sanskrit commentary of Dalhana on Sushruta Samhita Chikitsa Sthana: Chapter 34, Verse 16. 1st ed. Varanasi: Chowkhambha Orientalia; 524.
8. Patel JR, Dudhamal TS. A comparative clinical study of *Yashtimadhu Ghrita* and lignocaine-nifedipine ointment in the management of *Parikartika* (acute fissure-in-ano). Ayu. 2017 Jan-Jun;38(1-2):46-51. doi: 10.4103/ayu.AYU_93_17. PMID: 29861592; PMCID: PMC5954261.
9. Shastri KN, Chaturvedi GN. 2007. Vidyotini Hindi Commentary on Charaka Samhita, Chikitsa Sthana: Chapter 15, Verse 59- 63. Reprint ed. Varanasi: Chowkhambha Bharti Academy; 462.
10. Shastri KN, Chaturvedi GN. 2007. Vidyotini Hindi Commentary on Charaka Samhita, Chikitsa Sthana: Chapter 19, Verse 5. Reprint ed. Varanasi: Chowkhambha Bharti Academy; 558.
11. Shastri KN, Chaturvedi GN. 2007. Vidyotini Hindi Commentary on Charaka Samhita, Chikitsa Sthana: Chapter 28, Verse 70- 72. Reprint ed. Varanasi: Chowkhambha Bharti Academy; 760.
12. Shastri KN, Chaturvedi GN. 2007. Vidyotini Hindi Commentary on Charaka Samhita, Chikitsa Sthana: Chapter 28, Verse 211. Reprint ed. Varanasi: Chowkhambha Bharti Academy; 812.
13. Shastri AD, editor. 2008. Ayurveda Tattva Sandipika Hindi commentary on Sushruta Samhita Uttara Tantra: Chapter 55 Verse 8. Varanasi: Chaukhamba Sanskrit Sansthan; 405.
14. Shastri KN, Chaturvedi GN. 2007. Vidyotini Hindi Commentary on Charaka Samhita, Chikitsa Sthana: Chapter 14, Verse 17. Reprint ed. Varanasi: Chowkhambha Bharti Academy; 422.
15. Shastri AD, editor. 2009. Ayurveda Tattva Sandipika Hindi commentary on Sushruta

Samhita Nidana Sthana: Chapter 2 verse 9. Varanasi: Chaukhamba Sanskrit Sansthan; 307.

16. Shastri AD, editor. 2009. Ayurveda Tattva Sandipika Hindi commentary on Sushruta Samhita Chikitsa Sthana: Chapter 34 verse 16. Varanasi: Chaukhamba Sanskrit Sansthan; 187.
17. Shastri KN, Chaturvedi GN. 2007. Vidyotini Hindi Commentary on Charaka Samhita, Siddhi Sthana: Chapter 12, Verse 30. Reprint ed. Varanasi: Chowkhambha Bharti Academy; 1108.
18. Shastri AD, editor. 2008. Ayurveda Tattva Sandipika Hindi commentary on Sushruta Samhita Uttara Tantra: Chapter 40 Verse 103. Varanasi: Chaukhamba Sanskrit Sansthan; 225.
19. Tewari PV, editor. 2008. Kashyapa Samhita, Khila Sthana: Chapter 10, Verse 102-104. Varanasi:Chaukambha Vishvabharati; 565.
20. Shastri KN, Chaturvedi GN. 2007. Vidyotini Hindi Commentary on Charaka Samhita, Chikitsa Sthana: Chapter 14, Verse 77. Reprint ed. Varanasi: Chowkhambha Bharti Academy; 430.
21. Shastri KN, Chaturvedi GN. 2007. Vidyotini Hindi Commentary on Charaka Samhita, Chikitsa Sthana: Chapter 15, Verse 77. Reprint ed. Varanasi: Chowkhambha Bharti Academy; 464.
22. Shastri KN, Chaturvedi GN. 2007. Vidyotini Hindi Commentary on Charaka Samhita, Chikitsa Sthana: Chapter 26, Verse 11, 27-31. Reprint ed. Varanasi: Chowkhambha Bharti Academy; 718, 722.
23. Shastri KN, Chaturvedi GN. 2007. Vidyotini Hindi Commentary on Charaka Samhita, Chikitsa Sthana: Chapter 28, Verse 197. Reprint ed. Varanasi: Chowkhambha Bharti Academy; 810.
24. Shastri KN, Chaturvedi GN. 2007. Vidyotini Hindi Commentary on Charaka Samhita, Chikitsa Sthana: Chapter 36, Verse 36- 37. Reprint ed. Varanasi: Chowkhambha Bharti Academy; 196.
25. Bhuyan C, Dudhamal TS, Gupta SK, Jaiswara S. 2009. Effect of Kshara-Karma in Parikartika (Acute Fissure in Ano). Indian Journal of Ancient Medicine and Yoga, 2(3):65-75.
26. Bhagat P, Sekhar Namburi UR, Sharma S, Suryawanshi MN. 2015. Pain management in Fissure-in-Ano by Invasive and NonInvasive Methods: An Ayurvedic Review. International Journal of Ayurvedic Medicine, 6(2):128-133