



AYURVEDIC REVIEW ON PARIKARTIKA (FISSURE-IN-ANO)

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ABSTRACT

Guda-parikartika (Fissure-in-ano) is a painful condition which affects the anal region. It is characterised by a tear or ulcer in the anus. According to *Ayurveda* classics such as *Sushruta Samhita* and *Charak Samhita*, *Parikartika* is a complication of *Vamana-Virechana* and *Basti Karma*. Due to the change in way of living, intake of *Viruddha Ahara*, the prevalence of *Parikartika* is increasing at a faster rate in young and middle aged adults. Approximately thirty to forty percent of the population suffer from problems of anal region and around ten to fifteen percent cases of anorectal disorders are found to be of *Guda Parikartika* (anal-fissure). The main clinical feature is *Kartanavat* and *Chhedandvat shoola* in *Guda*. The *Viruddh Ahara* and *Vihara*, aggravates the *Pitta Dosha* which leads to the constipation. This inturn vitiates *Apan vata* resulting in formation of fissure causing severe pain in the anal region and severe spasm of anal sphincter. Modern medical science provides management of anal fissure through analgesics, anti-inflammatory drugs, stool softeners, topical anesthetics, soothing agents, Lord's dilations, Fissurectomy, Anal advancement flap surgery etc. Conventional treatment modalities are time consuming, expensive and have various side effects. As *Ayurveda* emphasizes on eliminating the main causative factor of a disease; many scholars have mentioned various procedures of invasive and non invasive nature to pacify the vitiated *Doshas*. The painful condition of *Parikartika* can be treated by proper fiber rich diet, internal medications and local applications of formulations comprising of *Madhura*, *Sheeta*, *Snigdha dravyas* etc. Some procedures such as *Anuvasana basti*, *Picchabasti*, *Madhura*, *Kashaya dravya Siddha basti*, *Lepa*, etc. are also found to be effective in the management.

KEYWORDS: *Guda-parikartika*, *Kartanavat*, *Chhedandva*, *Shoola*, Constipation, *Madhura*, Anal sphincter, *Basti*.

INTRODUCTION

Anorectal disorders are increasing in today's time due to the change in lifestyle and increasing consumption of *Viruddh Ahara*. They consist of disorders that occur in the perianal region and at the junction of the anal canal and the rectum. Anal fissure is termed as *Parikartika* in the *Ayurveda*. *Parikartika* word is derived from *Pari* and *Krintati* where *Pari* word mean around and *Krintati* word indicates clip or cut off. The *Kartika* word indicates sharp shooting pain.^[1] *Ayurveda* classics does not consider *Parikartika* as an independent disease, it is mentioned as symptom of other diseases or complication of *Ayurvedic* procedures or some instrumentation. In *Sushruta chikitsa sthana*, *Guda Parikartika* is considered as one of the *Virechana vyapada*, in which there is excruciating cutting pain in the *Guda*, *Nabhi* and

surrounding areas.^[2] According to the *Ayurveda* classics such as *Charaka samhita* and *Sushruta samhita*, *Parikartika* is mentioned as one among the *Lakshanas* of *Basti karma vyapada*.^[3]

In *Sushruta Samhita* various symptoms are described such as cutting pain (*Kartanwat Vedana*) in anus, penis, umbilical region.^[4] Whereas in *Charaka Samhita* symptoms like scanty constipated stools, pricking pain in groins and sacral area, and bleeding per rectum are mentioned.^[5]

An anal fissure is usually seen in young and middle aged adults. The condition is more common in women.^[6] In ninety percent of cases the site of occurrence of the anal fissure is midline posteriorly. It is found that in ninety

percent males, fissures usually occur in the midline posteriorly and much less anteriorly. But in females it is found that sixty percent fissure occur on the midline posteriorly and in forty percent cases fissure occurs anteriorly.^[7]

Nidana (Etiological factors)

Unhealthy lifestyle such as smoking, lack of proper sleep, intake of too much fried, junk food, frequent and heavy intake of *Sabudana* (sago), less intake of *Dravyahar* (liquids) etc. Some other etiological factors like trauma at *Guda* region during pregnancy, post haemorrhoidectomy, inflammatory bowel diseases, particularly Crohn's disease and sexually transmitted diseases such as syphilis etc.^[8] *Ayurvedic* texts describe various causative factors of *Parikartika* such as *Vamana-Virechana-Vyapada*, *Atisara*, *Divaswapan* (sleep during afternoon), *Jagarana* (late night sleeping), *Arsha*, *Udavarta Basti-karma Vyapada*, *Vaatika Grahani*, intake of food having the qualities of *Ruksha* (dry), *Ushana* (hot), *Lavana* (salty), improper instrumentation while performing the *Panchakama* procedures etc.

Samprapti (Pathogenesis)

The *Guda* region (anal canal) is formed from the essence of *Rakta*, *Vayu*, *Pitta* and *Kapha Dosha*. In *Parikartika*, *Vedana* (pain) is the main *Lakshana* which indicates vitiation of *Vata Dosha*. *Guda* is considered to be the actual site of *Apan vayu*. *Vata* is the dominant *Dosha*. *Guda* (anus) is actual site of *Vata* especially *Apan vayu*.^[9]

There are various factors mentioned by many *Acharyas* which leads to the condition of *Parikartika*. When *Vamana* and *Virechana* procedures are done using *Teekshna*, *Ushna* and *Pitta prakopaka* medicine in *Mridu Koshtha* and *Mandaagni*, this causes aggravation of *Vata* and *Pitta* which leads to *Parikartika*.^[10]

Mandagni (low digestive power) and *Vata Prakopa* are the main cause of *Malvrodha* (constipation). In constipation, a person mostly passes hard stool which breaks the smooth wall of anal causing longitudinal tear in lower end of anal canal.^[11] Spasm of anal sphincter is also one of the main cause of fissure. Fissure-in-ano is a condition in which small elongated ulcer develops in the lower part of the anal canal, usually at 6'o clock position. In case of Acute fissure person experiences severe and sharp cutting pain at the anal region, bleeding per rectum, mucous discharge, itching etc.^[12]

Dushya such as *Twak*, *Rakta* and *Mamsa* are affected gradually with the progress of disease. The obstruction of *Apan Vayu* leads to the formation of *Parikartika* associated with *Udavarta*. The various etiological factors cause *Dusti* of *Purishavaha Srotas* which results in vitiation of *Vayu*. In turn, *Vata* localizes in *Twak*, becomes *Ruksha* thus develops tendency to crack. As the disease progresses formation of ulcer takes place and when it localizes in *Mamsa*, it causes formation of tags and produces pain. **Figure 1** depicts the pathogenesis of development of *Parikartika*.



Figure 1: Samprapti of Parikartika.

Symptoms

- The pain is sharp, shooting type which start during defecation and last for an hour or more.
- Pain in anus, penis, umbilical region and neck of urinary bladder
- Blood in stool
- Constipation
- Swelling and discharge seen in case of chronic fissure
- Discharge can produce itching
- Abdominal discomfort, irritability etc.

Classification

According to *Ayurveda* classics, *Parikartika* is classified into following types:^[13]

- *Vataja* – Patient complains of cutting type of pain
 - *Pittaja* – Patient complains of burning sensation
 - *Shleshmika* – Patient complains of itching type of pain
- According to modern science, anal fissure is classified into:
- Acute - Acute anal fissure is a deep tear through the epithelial surface of anal margin extending into the anal canal. There are signs of oedema on its edges and it is associated with spasm of the anal sphincter muscle. Patient gives history of less than six weeks.
 - Chronic - Chronic fissures has deep scar and patient gives history of more than six weeks. It also show formation of sentinel tag at the distal aspect.^[14]

Examination^[15]

In most of the cases, proper history taking and inspection helps in the diagnosis of anal fissure.

Inspection:-A small amount of blood or discharge in the perineum can be seen along with a skin tag. Gentle traction on the lateral margins of the perineum can help in figuring out a fissure present below the dentate line. Sometimes peri-anal dermatitis causes itching to the patient which should be treated immediately.

Palpation:- Digital rectal examination (DRE) can be done by palpating the pathology around anus through lubricated index finger. The two main clinical features of acute fissure are the spasm of the sphincters and an irregular, painful ulcer/ tear near the anal margin. In chronic fissure, sentinel tag (hypertrophied anal papilla) is present.

Management

The main aim of treatment is to provide relief in pain, discomfort and heal the anal fissure. Acute anal fissures usually heal on their own with self-care but chronic anal fissures need medicine or surgery to heal properly. Modern medical science manages fissure-in-ano through various applicants such as anaesthetics, steroids, nitrate preparation and injection of botulinum toxin etc, but they have certain limitations. Chronic fissures are managed through various surgical procedures such as anal dilatation, fissurectomy and open sphincterotomy.^[16]

There are many complications seen after surgical procedures such as fistula or abscess formation, bleeding and improper wound healing.

Ayurveda consider *Nidana parivarjana* (remove the cause) as the first step towards managing a disease. The person should stop following *Viruddha Ahara* and *Vihara. Ahara* comprising of *Langhana, Ushna* and *Laghu Guna, Madhur rasa* should be consumed. Patient should avoid strain during defecation.^[17]

Conservative treatment is done to reduce the pain, muscle spasm, swelling and to soften the stool. Drugs like *Triphala Churna, Panchasakar Churna* acts as laxative agents. Some topical anaesthetic gels can help in relieving the pain.

Swedana (Hot-Sitz bath) – Patient is advised to sit in warm/hot water tub after each bowel movement which helps in relieving the pain and provides relaxation to the spasm of sphincter.

Various drugs possessing properties like, *Vata-Shamak, Pitta Shamak* such as *Kasisadi tail, Vranaropak tail, Jatyadi Ghrita* etc. helps in relaxing the anal muscles and increases blood flow which promotes healing. Oral preparations such as *Chitrakadi vati, Khadiradi vati, Abhayarishta* etc. increase the *Deepana, Pachana* (digestive fire). *Anuvasana basti* with *Bala taila, Jatyadi taila* etc. is found to be effective against constipation. *Matra-basti* helps in softening the stools; lubricates the anal canal and therefore helps in easy defecation. *Yashtimadhu taila* (*Glycerrhiza glabra*) is rich in *Madhur Rasa* which acts like *Vatanashak* therefore it should be applied locally at the anus. *Taila* (oil) provides lubrication thus reduces pain and cracks at the anus. Patient should consume lots of liquids like water and buttermilk to reduce the constipation.

CONCLUSION

Anorectal disorders are increasing due to the change in lifestyle and increasing consumption of *Viruddh Ahara. Parikartika* is a condition of cutting and tearing pain in the *Guda* region. There are various complications which arise after modern conventional treatment. *Ayurvedic* treatment is proved to be effective and it prevents the chances of conversion of acute fissure to chronic fissure. The main goal of *Ayurveda* treatment for *Parikartika* is to relieve the sphincter spasm, pain, associated burning sensation, bleeding and promote healing of fissure wound. The treatment modalities includes *Nidana parivarjana* (remove the cause), *Avagahana swedana* (sitz bath), intake of laxative drugs, local application of oil, fiber rich diet, etc.

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