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Ayurvedic Management of *Parikartika* with Special Reference to Fissure in Ano : A case Report

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Abstract

Many people nowadays suffer from a variety of digestive problems, such as indigestion, acidity, constipation, etc., as a result of bad lifestyle choices, irregular eating habits, and disturbed sleep patterns. It is typical among both homemakers and working people. Constipation causes hard stool passage resulting a longitudinal rip at the lower end of the anal canal, which in turn causes an anal fissure. According to *Bruhatrayees*, *Parikartika* is characterised by discomfort in the anal and peri anal regions that resembles chopping with an axe. *Parikartika* can be correlated with fissure. Males and females exhibit fissures at the same rate. With a mean age of onset of 39.9 years, fissures are most frequently observed in middle-aged and younger patients.

Elderly people and youngsters can also develop fissures. The posterior midline is the most frequent spot for both males and females; over 75% of them occur there. A 37-year-old man arrived complaining of swelling at the anal region, a burning sensation at the anal region, bleeding during defecation, *Gudakandu*

(itchiness at the anus), and *Gudadaha* (burning at the anal region) pain at the anal region. He had taken analgesics to relievee pain but did not get relief, so he opted an Ayurvedic management at our institute.

With the help of sitz bath with *Haridra, Jatyadi Taila Guda Pichudharan, Yashimadhu Taila Matra Basti* and *Shamana Dravya*, the patient got significant relief from pain, burning sensation in the anal region and constipation. Signs and symptoms were assessed by using the assessment criteria of fissure in ano, and pain is assessed by VAS (Visual Assessment Scale). It can be inferred from this case study that the combination of *Basti*, sitz bath *Pichudharana* and *Ayurvedic Shamana Dravya* is an effective treatment modality in fissure in ano.

Keywords: Basti, Fissure in ano, Guda Pichu, Parikartika, Shamana Dravya

Introduction

A painful linear tear or defect in the distal anal canal that begins just below the dentate line and extends to the anal edge is known as an anal fissure (AF), also called a fissure-in-ano.[1] Ayurveda's primary goals are the prevention and treatment of illness. In the current practice scenario, *Parikartika*, or fissure in ano, is observed on a daily basis on a very large scale and has been since ancient times. It is typified by intense burning and agony during and after bowel movements, along with sporadic itching and mild bright red bleeding.[2] *Kartanvat Pida*, or "cutting-like pain", is what *Parikartika* means. Pregnant women and younger people are more likely to experience it.

These days, it is the most concerning issue that interferes with day-to-day activities. Hard stools, sedentary lifestyles, hot foods, low-fibre diets, and insufficient water intake can all lead to *Parikartika*, or fissures in the ano. Tuberculosis, ulcerative colitis, and Crohn's disease are secondary causes of anal fissures. Ayurveda states that *Udavarta*, *Arsha*, *Jirnajwara*, and *Atisara* diseases, as well as the physician's poor *Virechan* and *Basti* procedures, are the causes of *Parikartika* disease. The main cause of *Parikartika* (fissure in ano) is frequently constipation. At six o'clock, ulceration is caused by pressure from hard stool in the back of the anal canal and a lack of support for the muscles. Antibiotics, analgesics, laxatives, and ointments are among the modern scientific treatments for anal fissures.

Surgery, such as a Fisseroctomy, is advised if these palliative measures are ineffective. The cost of surgery is high, hospitalisation is necessary, and there is a potential that symptoms will return.[3]

Parikartika is mentioned in various places in the Ayurvedic Samhitas. It is listed as a complication of *Virechan* (therapeutic purgation) in the Charak Samhita.[4] *Parikartika Vyadhi* was characterised by Aacharya Sushruta as *Niruha Basti Vyapada*, complete with symptoms and remedies.[5] It is mentioned by Kashyapa as *Garbhini Vyapada*, which means "disease occurs in pregnancy".[2]

AIMS: Ayurvedic Conservative management of Fissure in Ano with special reference to Parikartika – A case study.

OBJECTIVES: 1.To observe alterations in symptoms and signs. 2. To identify an alternative to surgical techniques for the most practical, easy, and economical therapeutic care of Parikartika. 3. To evaluate the outcomes.

Case Study

A 37-year-old male patient, watchman by occupation, came to us with the chief complaint of *Gudapradeshi Kartanvat Vedana* (excruciating pain) and *Gudapradeshi Alpa Shoth* (swelling at the anal region). *Gudapradeshi Daha* (burning sensation at the anal region), *Sarakta Mala Pravrutti* (bleeding during defecation), *Guda Kandu* (itching at the anus), *Malavashtmbha* (constipation), *Guda Daha* (burning at the anal region), and *Gudapradeshi Vedana* (pain at the anal region). The patient has had the above complaints for the last month. But 5 days back, pain became aggravated daily, and the symptoms, like pain and burning sensation, were persisting up to one to two hours after defaecation. No H/O HTN, DM, or any other illness or past surgery. Past treatment history was nothing specific, and no relevant family history was found in the personal history. As this patient suffered from the above complaints for one month, he had to take modern medicine for that. The patient got symptomatic relief for 2-3 days, and then again, he started suffering from all the above symptoms: unbearable pain and a burning sensation that doesn't stop with modern medicines.

Asthvidha Pariksha

Table 1

Table Showing *Asthvidh Pariksha*

Nadi	*Vata Pradhana Pittanubandhi*

Mala	*Malavstambh*
Mutra	*Prakruta*
Kshudha	*Prakruta*
Jivha	*Saam*
Shabda	*Prakruta*
Sparsh	*Samshitoshna*
Drika	*Prakruta*
Aakruti	*Krisha*

O/E (On Examination)

GC - Fair Pulse -82/min

Bp - 130/80 mm/Hg

Spo2 – 98 %

RR – 16/min

Pallor - Absent

Icterus - Absent

Local examination of *Gudavrana*

6 O'clock Position Posterior Midline Fissure No sentinel tag present

Local Examination:

P/A – Soft

Liver and Spleen – Not palpable

Peri anal region – Swelling around anus

Anal verge: Painful

K/C/O – HTN

No H/o – Any drug allergy

Habits: *Vishamashana, Paryushita Ahara, Ratri Jagrana, Ruksha* and *Sheeta and Ruksha Ahara.*

Lab Investigation: Hb – 10.2 gm%, RBS:- 97

Diagnosis: Anal Fissure at 6 o'clock position with small external tag.

S/E (Systemic examination)

RS - AE=BS

CVS - S1S2 NORMAL

CNS – Conscious and Oriented

Therapeutic Interventions

Table 2

Table Showing Timeline of Treatment

Sr. No.	Date	Intervention	Dose	Rationale	Anupana
1	02/02/2025 To 23/02/2025	*Erand* oil Laxative	10 ml HS	*Vatanulomak* & Removes Constipation	*Koshna Jala*
		Sitzs bath with *Haridra*	TDS	*Vrana Ropaka*	---
		Raktastambhaka vati	500mg 1 BD	*Raktastambhana*	Koshna Jala
2	07/02/1015 to 23/02/2025	*Jatyadi* oil *Gudagata Pichudharana*	5ml	*Vrana Ropaka, Vata Shamaka,* lubrication	---

3	07/02/2025 to 23/02/2025	*Yastimadhu* oil *Matra Basti*	30 ml	*Vrana Ropana* and to remove constipation and to lubricate the passage	---
		Triphala guggulu	500 mg 1 BD	*Vrana Shodhana* and *Ropana*	*Koshna Jala*

Observation and Result

Table 3

Table Showing Regression of symptoms during treatment

Sr No	Symptoms	1st day	6th day	11th day	16th day	21th day
	Gudapradeshi kartanvat Vedana (Excruciating pain)	++++	+++	+	0	0
	Gudapradeshi alpa Shoth (Swelling at anal region)	++++	+++	++	0	0
	Gudapradeshi Daha (Burning sensation at anal region)	++++	+++	+	0	0
	Sarakta	++++	++	+	0	0

	Malpravrutti (Bleeding during defecation)					
	Guda kandu (Itching at Anus)	++++	+++	+	0	0
	Malavashtmbha (Constipation),	++++	+++	++	+	0
	Gudapradeshi Vedna (Pain at anal region).	++++	+++	+	0	0

Table 4

Table Showing Assessment Criteria of Fissure in Ano

Sr. No.	**symptom**	**grade**	**description**
	Pain	1	No pain (0)
		2	Mild pain (1-3)
		3	Moderate pain (4-6)
		4	Severe pain (7-9)
		5	Very severe pain (10)
2	Burning Sensation	0	Never
		1	Less than one hour
		2	More than 1 hour and less than or equals to 2 hours

		3	More than 2 hours and less than or equals to 3 hours
		4	More than 3 hours and less than or equals to 4 hours
3	Bleeding	0	Never
		1	Rarely, (less than or equals to 25% of defecations)
		2	Sometimes, (more than 25% and less than or equals to 50% of defecations)
		3	Often, (more than 50% and less than or equals to 75% of defecations)
		4	Always, (more than 75% of defecations)
4	Sphincter Tonicity	0	Normal
		1	Hypotonicity
		2	Hypertonicity

Table 5

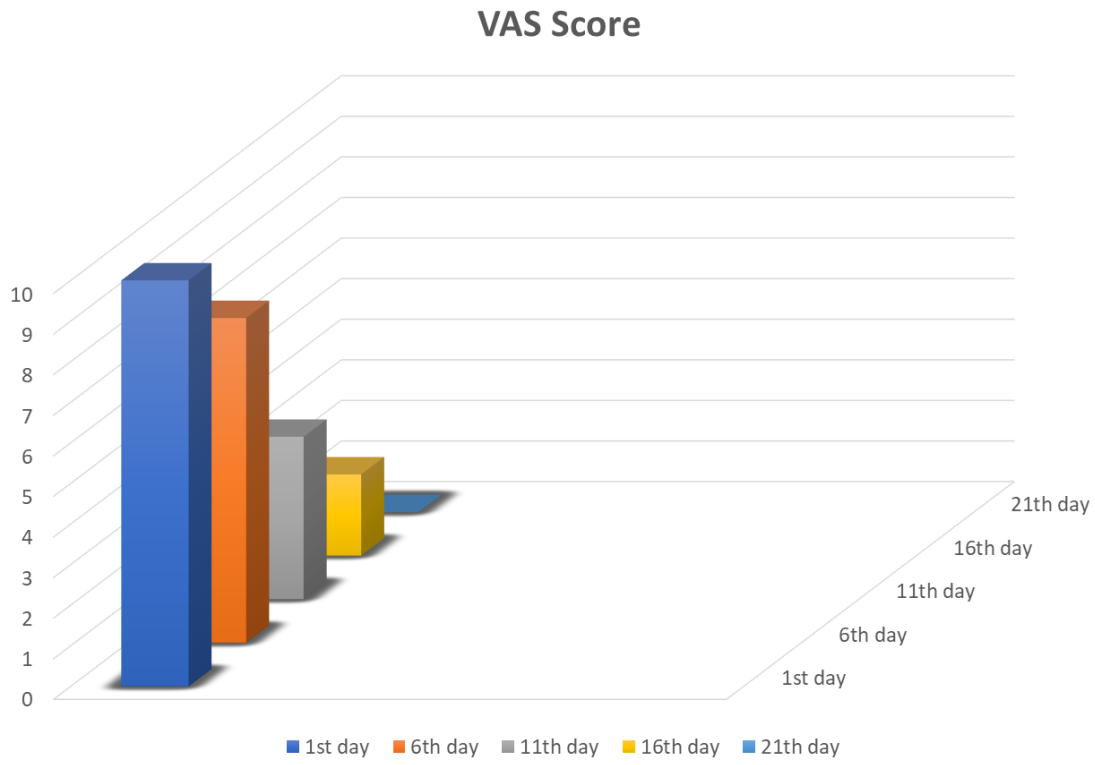
Table Showing result of Assessment Criteria of Fissure in Ano

Symptoms	**Gradation Score**				
	On 1st day	**On 6th day**	**On 11th day**	**On 16th day**	**On 21th day**
Pain	4	4	2	1	0
Burning sensation	4	3	2	1	0
Bleeding	2	1	0	0	0

Sphincter Tonicity	1	1	0	0	0

Figure 1

Figure showing VAS Score Before and After reatment



Discussion

One of the excruciating anorectal conditions that manifests as an abrupt, superficial break in the anal canal's continuity is fissure in ano. Because *Parikarthika* has a painful longitudinal ulcer, she can be classified as *Sadya Vrana*. [6]

The medications that help cure ulcers and lessen the burning and cutting pain should be the foundation of treatment plans for anal fissures. As was already established, every medication used on a patient has unique qualities. Within 15 days following therapy, the primary benefit of this treatment is the total elimination of complaints such as discomfort, burning, and blood leaking during and after bowel movements. Another benefit mentioned is that the ulcer in the anal fissure will completely heal in 21 days.

The main factors preventing a fissure-in-ano from healing naturally are frequent contact with the mucosa, continuous faecal pollution of the lesion, and continuous sphincteric muscle spasm. In this instance, a calming drug such as *Vata-Pittahara* action, *Vedana Sthapana*, *Vrana Ropana*, and *Vrana Shodhana* is more suitable.

One of the factors contributing to an anal fissure is constipation. *Eranda Taila* is a simple, harmless, innocuous purgative that can be recommended based on the patient's physical strength, digestive fire, and the severity of the illness. The underlying cause of many illnesses is indigestion. *Ama*, the primary cause of the pathophysiology of numerous diseases, is endogenous toxins. These situations can be avoided by using castor oil.[7]

A sitz bath helps to relieve discomfort from fissures, lowers inflammation, and calms the anal region. Sushruta claims that *Haridra* has *Vrana Shodhaka* qualities that enhance the healing of wounds. [8, 9] Haridra's *Katu, Tikta Rasa, Ruksha,* and *Ushna* qualities are crucial for the healing of wounds.[10] *Haridra* has a *Vrana Shodhana* (purification) effect, which aids in wound debridement and both prevents and eliminates infection. A glabridin component found in *Yashtimadhu Taila* lowers inflammation in the colon. It can prevent intestinal mucosal ulcers and improve the healing process in inflammatory mucosa. *Yastimadhu taila*'s aforementioned qualities aid in maintaining *Vrana*'s moisture content, which facilitates the healing process.[11]

Triphala acts as a mild laxative and aids in tissue healing while also improving the patient's digestion. *Emblica officinalis* (*Amla*), *Terminalia chebula* (*Hareetaki*), *Terminalia bellerica* (*Vibheetaki*), *Piper longum* (*Pippali*), and *Commiphora mukul (Guggulu*) were the ingredients of the *Triphala Guggulu* tablets. The ability of *Triphala* to heal wounds is well documented. Additionally, it helps to check for additional infections and calms the irritated mucous layer. One of the most well-known Ayurvedic herbs for reducing inflammation is *Guggulu*. Additionally, it aids in the repair of fistula-in-ano irritation.[12]

The majority of *Jatyadi Taila*'s ingredients are *Vedanasthapana*, *Ropaka*, and *Shothahara*. *Haridra, Daruharidra, Neem*, Among the elements that possess *Abhaya* and *Lodhra* are antimicrobial qualities that inhibit the growth of bacteria and enhance the wound-healing process. Components such as *Manjistha*, *Karanja* and *Sariva* are able to purify *Vrana*, or wounds. *shodhana*. *Naktahva* and *Abhaya* possess wound-healing and antioxidant properties (cell healing). *Katuka* improves the migration of dermal myofibroblasts, endothelial cells, and re-epithelialisation, fibroblasts infiltrating the wound bed, and neo-vascularisation. *Patola, Sikta,* and *Jati* are all capable of using *Vrana Ropana* to cure wounds.[13]

Conclusion

Parikartika is a painful anorectal disorder characterized by cutting and burning pain in the *Guda* region, which closely resembles fissure-in-ano in modern medicine. In the present case study, treatment was planned based on Ayurvedic principles of *Vata-Pitta Shamana*, *Agni Deepana*, *Mala Anulomana*, and local wound healing (*Vrana Ropana*). Internal medications helped in regulating bowel habits and reducing pain and inflammation, while *Matra Basti* and local therapeutic measures promoted healing of the fissure and improved sphincter relaxation. Significant relief was observed in cardinal symptoms such as pain during defecation, bleeding per rectum, burning sensation, and constipation within the treatment period. This case highlights that Ayurvedic management offers a safe, effective, and non-surgical approach in the management of fissure-in-ano, with minimal adverse effects and improved quality of life.

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Conflict of interest – None

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