

## Parikartika (Fissure in Ano) and Its Management In Ayurveda

Sunil Kumar Pandey, Varsha Saxena

Department of Shalya Tantra, Main Campus, Uttarakhand Ayurved University, Dehradun, Uttarakhand, India

### ABSTRACT

*Ayurveda*, the “science of life” helps in achieving a longer life span by preventing the occurrence of diseases as well as curing it to the possible extent. *Parikartika* (Fissure in ano) is an Anorectal disorder whose prevalence in general population is high enough and many patients are seen in clinical practice. The earliest description of *Parikartika* is available in the Ayurvedic Textbook of Surgery, the *Sushruta Samhita* (1500 B.C). *Acharyas* have explained *Parikartika* as *Vyapad* of *Vaman* and *Virechan*. Constipated people are unable to pass stool or pass hard stool which breaks the smooth wall of anal verge or longitudinal tear in lower end of anal canal this condition is called *Parikartika*. This Ano-rectal disease closely resembles Anal-fissure described in modern medical science. Acute fissure can be treated by *Nidana Parivarjana*, *Avagahana-sweda* (hot fomentation-sitz bath), *Matrabasti* and *Pathya Sevana*. Chronic Fissure can be treated by *Kshara sutra* therapy, *Kshara lepa* and *Agnikarma*. This article attempts to throw light on *Parikartika* and its treatment in *Ayurveda*.

**Key words:** Anal-fissure, Constipation, *Kshara Sutra*, *Parikartika*

### INTRODUCTION

Anorectal disorders are a group of medical disorders that occur at perianal and the junction of the anal canal and the rectum. Anorectal diseases are the group of diseases which are usually neglected by general surgeons and physician. It may be due to various factors like involvement of fecal matters, more probability of recurrence and very complex related anatomy. *Vagbhatta* mentioned that diseases are consequence of *Mandagni* (low digestive power),<sup>[1]</sup> which is main cause of *Vibandha* (constipation). Constipation is a complaint with multi-factorial etiology and various symptoms.<sup>[2]</sup> Constipated people are mostly pass hard stool which breaks the smooth wall of anal verge or longitudinal tear in lower end of anal canal this condition is called fissure-in- ano (*Parikartika*).<sup>[3]</sup>

Fissure-in-ano is very common in day to day practice of physicians and surgeons. It affects all age groups and both sexes are equally affected but more common in females.<sup>[4]</sup> It is longitudinal tear in the lower end of anal canal. Spasm of anal sphincter is main cause of fissure. Predominant symptom of anal fissure is unbearable pain, blood mix stool and burning sensation. Comparatively pain is more in acute type of fissure *Acharya Charaka* described it as

**Address for correspondence:** Dr. Varsha Saxena,  
Assistant Professor, Department of Shalya Tantra, Main Campus  
College, Uttarakhand Ayurved University, Harrawala, Dehradun,  
India.  
Email: drvarshasaxena2015@gmail.com

*Vaman-Virechana Vyapad* (complication of therapeutic emesis and therapeutic purgation),<sup>[5]</sup> *Basti Vyapad* (complication of medicated enema),<sup>[6]</sup> and *Bastinetra Vyapad* (complication of medicated enema tube).<sup>[7]</sup> *Sushruta* described *Parikartika* as *Virechana Vyapad*,<sup>[8]</sup> and *Basti Vyapad*.<sup>[9]</sup> *Vagbhatta* described it as *Upadrava* (complication) of *Vataja Atisara* (diarrhea).<sup>[10]</sup> *Kashyapa* mentioned that this disease is prevalently seen in pregnant women.<sup>[11]</sup> In the *Siddhithana* of the *Bhela Samhita*, *Parikartika* has been mentioned as a *Vyapad* of both *Virechana* and *Basti Karmas*.

### Aims and objectives of this study

To study the various aspects of *Parikartika* and its management in *Ayurveda*.

### MATERIALS AND METHODS

Descriptions of *Parikartika* and Fissure-in-ano have been studied and analyzed from relevant *Ayurvedic* classics, modern textbooks, journals and research papers.

### DISCUSSION

#### Definition of *Parikartika*

*Parikartika* is derived from- *Pari* = all around; *Kartana* = the act of cutting; and *Kartika* = sharp shooting pain (especially in rectum). So, *Parikartika* is a sharp shooting pain, especially in the rectum. *Acharaya Dalhana* has described the term *Parikartika* as a condition of *Guda* (anus) in which there is cutting and tearing pain.<sup>[12]</sup>

## Incidence

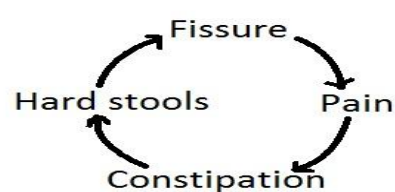
The incidence of anal fissures is around 1 in 350 adults and they occur equally commonly in men and women and most often occur in adults aged 15 to 40. [13] The condition is more common in women and generally occurs during the pregnancy or childbirth. It is uncommon in the aged because of muscular atony. 90% of anal fissure occurs in the midline posteriorly and only 10% occur at the midline anteriorly in males. In females, fissure on the midline posteriorly are slightly commoner than anteriorly.

## Etiology

*Ayurveda* has explained *Parikartika* (fissure-in-ano) as *Vyapad* (complication) of *Vaman* (Therapeutic Emesis) and *Virechan* (therapeutic purgation). Diet also plays an important role in *Parikartika*. As per modern science intake of non-fibrous food leads to hardening of stools and causes Fissure-in-ano. Other causes may be spasm of internal sphincter or too much skin removed during operation for hemorrhoids. Secondary causes of anal fissure are Ulcerative colitis, Crohn's disease, Syphilis and Tuberculosis.

## Pathophysiology

The disease has complex patho-physiology. Due to severe pain, patient may avoid defecation for days together until it becomes unavoidable. This leads to hardening of stools, which further causes tear during defecation and thus leads to a vicious cycle.



The lower anal canal and the sphincter muscles are supplied with the same somatic nerves. So any irritation to the lower part of anal canal will cause these sphincters to go into spasm. This may further leads to stasis of fecal matter or infectious agents in chronic wound resulting in infection of the crypt of anal canal; the infection further travels through anal gland to perianal region, which leads to formation of abscess that bursts out and forms fistula-in-ano.

## Classification

An anal fissure is either acute or chronic. Acute anal fissure is a deep tear through the skin of anal margin extending into the anal canal. There are little inflammatory indurations or edema of its edges. There is associated spasm of the anal sphincter muscle. *Acharya Kashyapa* has described three types of *Parikartika*- [14] *Vatika*, *Paittika* and *Shlaishmika Parikartika*.

## Clinical Features

- ❖ The pain is sharp and agonizing, starting during defecation and lasting for an hour or more.
- ❖ Periods of remission occur for days or weeks.
- ❖ Blood in stool is small in amount, usually in the form of streak attached to hard stool and is bright red in color.

- ❖ Swelling and discharge is characteristic of chronic fissure, which may be complicated by peri-anal excoriation.
- ❖ Chronic fissures often have a sentinel tag/pile ('sentinel' because it guards the fissure) at the distal aspect, which is caused by inflammation.

*Sushruta* while describing the symptoms of this disease speaks of features like cutting/burning pain in anus, penis, umbilical region and neck of urinary bladder with cessation of flatus. Whereas, *Charaka* has described features like pricking pain in groin and sacral area, scanty constipated stools and frothy bleeding per rectum.

## Examination

In most patients, it is possible to make a diagnosis of anal fissure by proper history taking and inspection.

**Inspection:** Despite excessive sphincter activity, it is usually possible to notice a skin tag along with a small amount of blood or discharge in the perineum. Gentle traction on the lateral margins of the perineum nearly always reveals a fissure present below the dentate line. Sometimes perianal dermatitis also presents near anal verge, which causes itching to the patient. In this condition, it is necessary to treat dermatitis along with fissure.

**Palpation:** Digital rectal examination (DRE) is to be done by introducing properly lubricated index finger to palpate the pathology around anal verge. The two usual prominent features of acute fissure are intense spasm of the sphincters and an irregular, painful depression near the anal margin. In chronic fissure, a fissure bed with indurated edges is present, which sometime associates with hypertrophied anal papilla (sentinel tag). Abscesses associated with chronic fissure can sometimes also be noticed by DRE.

## Management

Many topical modern applicants as anesthetics, steroids, nitrate preparation, topical calcium channel blocker and injection of botulinum toxin etc. are available, but all have certain limitations. Various surgical procedures such as anal dilatation, fissurectomy, fissurectomy with skin grafting and open sphincterotomy are used to treat the various stages of chronic fissure and sentinel tag. But complications as impairment of continence, fistula or abscess formation, bleeding and wound healing are more or less associated with these surgical procedures. Hence to avoid these complications, *Ayurvedic* medicaments and therapies can be used instead.

### Treatment for Acute Fissure-in-Ano

Usually 70 % of acute fissure resolve with conservative treatment, or else they get converted to chronic fissure. However, *Ayurvedic* preparations are used mainly in the primary stage of disease and it is then that the chance to progression to chronicity can be minimized. The main aim of the treatment is to relieve sphincter spasm, promote healing of fissure wound, soothe the anal canal and relieve the agonizing pain and associated burning sensation and bleeding.

1. **Nidana Parivarjana** (removal of etiology)- It is the first step of treatment.

2. **Avagahana-sweda** (Hot fomentation- Sitz bath): Sitting in warm/hot water tub after each bowel movement soothes the pain and relaxes the spasm of internal sphincter for some time.
3. **Local application of *Durvadya taila***-<sup>[13]</sup> Main ingredient of *Durvadya taila* is *Durva* (*Cynodondactylon*), *Kampillaka* (*Mallotus philippensis*), *Daruharidra* (*Berberis aristata*) and *Til taila* (sesame oil).
4. **Local application of *Matra-basti*** (enema)- It acts as a retention enema and helps in easy voiding of stools. It cures the diseases caused by aggravated *Vata* (related to movement) as *Parikartika*. By giving *Matra-basti*, local *Snehana* (oleation) occurs and the spasm also gets relieved, thus bringing down the pain. It softens the stools, lubricates the anal canal and facilitates easy evacuation.
5. ***Ghrīta-pichu*** (butter oil swab)- It helps in healing of ulcer by forming a protective layer on the fissure wound, soothing the anal canal, relieving the pain by releasing sphincter tone and cleaning the wound.
6. **High fiber diet**- Patients should take fiber rich food and plenty of fluids to improve digestion and regularize bowels. The rate of intestinal passage of food depends upon the nature of the diet and its fluidity. The greater the indigestible residue and water content, the more rapidly it reaches the rectum, producing distension and thereafter evacuation. Soft stools relax the anal sphincter muscles and help the blood to flow; it also requires little pressure to pass.

#### Treatment for Chronic Fissure-In-Ano

1. ***Kshara Sutra* Therapy (medicated thread)**- Ligation of *Kshara sutra* to sentinel pile masses may cause them to fall within a few days.
2. ***Kshara Lepa* (coating of alkali)**- *Lepa* of *Pratisaraneeya* (external) *Kshara* is done over the chronic fissure-in-ano ulcer surface. The scraping action of *Kshara* reduces the excess fibrous tissue present over the ulcer surface, causing the ulcer to heal, with a simultaneous relaxation of the sphincter too.
3. ***Agni karma* (cauterization)**- Para surgical procedure like *Agnikarma* have been widely advised by *Sushruta*. *Agnikarma* provides a marked relief and no recurrence is seen too. In it, excision of sentinel piles (electrothermal cautery) is done.

## CONCLUSION

*Parikartika* (Anal fissure) is due to elevated internal anal sphincter tone caused by trauma due to hard stool. The general treatment includes *Nidana parivarjana* (remove the cause), *Avagahana* (sitz bath), local application of oil which is effective for *Vrana ropana*

(wound healing) and stool softeners. Chronic fissure-in-ano is treated surgically and the sentinel tag is cured with *Kshara sutra*.

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