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## LITERARY REVIEW OF PARIKARTIKA W.S.R TO FISSURE IN ANO

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### ABSTRACT :

*Parikartika* is one of the commonest ano rectal disease. The health of an individual depends on his diet and life style, diet plays very important role in *Parikartika*. the disease *parikartika* is mentioned in all *Ayurvedic samhitas* ,including *Brhatrayes* and *laghutrayees*. The word *parikartika* means *parikartanavat vedana* around the *guda* i.e cutting type of pain. *parikartika* is also having the symptoms like burning sensation , bleeding which can be correlated to fissure in ano. About 30-40% of the population suffer from proctologic pathologies at least once in their life. Anal fissure comprises of 10 -15% of anorectal disorders. *Parikartika* is not mentioned as a separate disease entity but it is mentioned as a complication of different *Ayurvedic* procedures such as *virechana* and *basti* and also complication of some diseases like *Arsh Atisar*, *Grahani*. *Parikartika* is treated with internal medications and local applications formulated by using *Madhura* , *Sheeta*, *Snigdha dravyas*. Local therapies like *Anuvasana basti*, *Piccha basti*, *Taila poorana*, *Lepa*, *Pichu dharana* are given prime importance in the management.

**Keywords :** fissure in ano , *parikartika*, *Shoola*, *Basti*.

## INTRODUCTION:

The word *parikartika* can be split into two, *pari-* around, about ; *kartana* – act of cutting off; the *Parikartika* is sharp shooting pain (in rectum)<sup>1</sup>. An anal fissure is a superficial tear in the skin distal to the dentate line . it is a result of hard stool or constipation , faulty bowel habits, lack of local hygiene, injury etc. anal fissures are common in both adults and children. In females , the ailment is usually triggered during pregnancy and following child birth. Anal fissure is of two types acute and chronic. The majority of the anal fissures are occur at the posterior midline in males and anterior mid lines in females. Acute fissure in ano lasts for less than six weeks, causes spasmodic and burning type of pain during and after defecation along with bleeding or blood stained stool, Which leads to more discomfort and will hamper the routine work. In *Ayurveda* it is correlated to *parikartika* , The word *parikartika* means *parikartanavatvedana* around the *guda* i.e cutting type of pain and Pain is the predominant character produced due to aggravated *vata*, burning sensation in *guda* is due to *pitta dosa* and discharge due to the *shlesma* are the three main *doshas* involved in *parikartika*. it is symptom rather than a disease. There are many different opinion. *Dalhan* mention it is a cutting and tearing pain everywhere, where as *jejjat*, and *Vijayaraksita*, mention its cutting type of pain specially localize in *Guda*. So basically *Parikartika* is a sharp shooting pain, specially in the rectum. Where as an anal Fissure is an elongated ulcer in the long axis of the anal canal.

## DEFINATION

Excrutiating cutting type of pain all around *Guda*, *Bastishiras* and *Nabhi* is termed as *Parikartika*<sup>2</sup>. An anal fissure (synonym: fissure-in-ano) is a longitudinal split in the anoderm of the distal anal canal which extends from the anal verge proximally towards, but not beyond, the dentate line<sup>3</sup>.

## NIDANA:

Diet plays very important role in *Parikartika* which is evident by references. *Vagbhata* and *Kashyapa* have explained that intake of *Mudga*, *Kodrava*, *Chanaka* and such other pulses and *Rooksha aharas* which are water absorbent in nature (*Sangrahi*) leading to constipation. If a person debilitated with *Mridukoshta* or *Mandagni*, the ingestion of *Atirooksha*, *Atiteekshna*, *Atiushna*, *Atilavana ahara* causes *Dushana* of *Pitta* and *Anila* and produces *parikartika*.

In Ayurvedic texts proper classification of *Nidaana*, *Rupa*, and *Sampraapti* etc. of *Parikartika* is not found anywhere at one place. But many *Nidaana* that might directly or indirectly produce *Parikartika* are described by *Aacharya's* which are found scattered in the text. In *Parikartika*, *Vata* is the dominant *Dosha*. The etiological factors of *Parikartika* as per *Aacharya Sushruta*.

1. *Aagantuja Hetu* (Exogenous factors)
2. *Nidaanarthakaaree Roga* (Complications of other diseases)

**Aagantuja Hetu (Exogenous factors)<sup>5</sup>**

The trauma at *Guda* leading to *Parikartika*. During the procedure of *Basti* or *Virechana*, iatrogenic complications may develop in the form of *Parikartika*. It may happen due to rough and thick *Basti Netra*.

**Nidaanarthakaree Roga<sup>6</sup> (Complications due to procedures or other diseases)****Due to faulty procedure**

If *Vamana* and *Virechana* with *Teekshna*, *Ushna* and *Pittaprapakopaka* medicine is given to the patients having *Mridu Koshta* and *Mandaagni* then *Pitta* and *Vata Prakopa* leads to *Parikartika*, *Atiyoga* of *Virechana*<sup>7</sup>. If *basti* of *Tikshna*, *Ushna* & *Lavan Dravya* is given to the patient. The Rough introduction of *Basti Netra* also causes ulcer in anus and related pain. *Basti Netra* which is big in size and having rough surface also causes ulcer in anus. *Charaka* has also mentioned *Parikartika* as complication of *Vamana* and *Virechana*<sup>8</sup>. He has quoted that if strong medicine is given to *atisnigdha* and *gurukosthee* patient in *Saamavastha* or very thin, *Mridu kosthee* and weak patient, it causes *Parikartika* with severe pain in ano<sup>9</sup>.

Sharangadhara has also mentioned 76 complications of *Basti* and *Parikartika* is one among them.

**Due to diseases<sup>11,12</sup>**

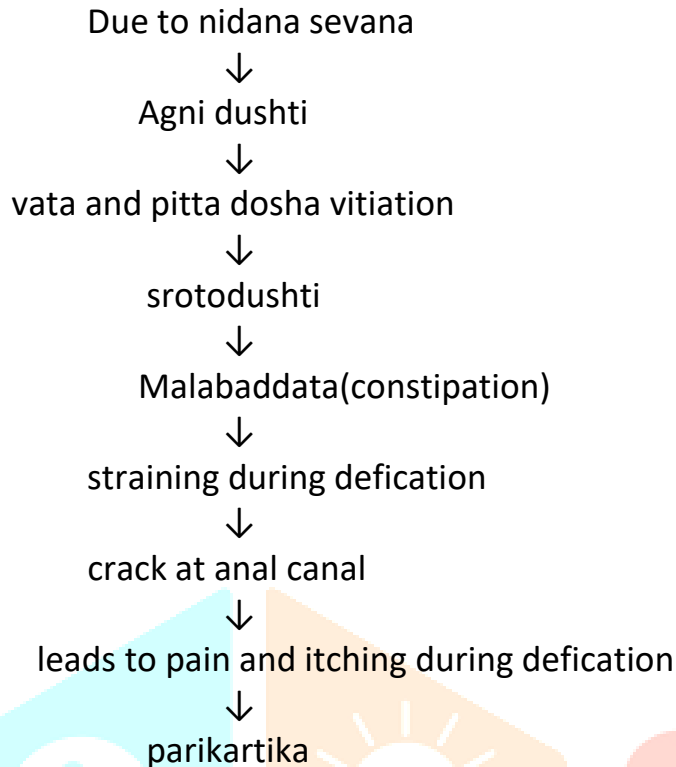
*Vaataja Pakvaatisaara*, *Aadhmaana*, *Urdhva Vaataja Pakvaatisaara*, *Urdhvavaata*, *Purvaroopo of Arsha*, *Vaataja Arsha*, *Sahaja Arsha*, *Vaatika Grahane*, *Garbhaavastha*.

**Etiology:**

1. Constipation has been the most common aetiological factor.
2. Spasm of internal Sphincter has also been incriminated to cause fissure-in-ano.
3. When too much skin has been removed during operation for haemorrhoids, anal canal stenosis may result in which anal fissure may develop when hard motion passes through stricture.
4. Diarrhoea
5. Local ischemia
6. Trauma

**Other causes :**

- ▶ Ulcerative colitis
- ▶ Crohn's disease
- ▶ Syphilis
- ▶ Tuberculosis
- ▶ Straining during parturition.

**SAMPRAPTI:****PATHOLOGY:**

In Fissure-in-ano, there is a trauma to the lower anal canal caused by the movement of hard scybalous stool. Pain will be so severe that patient may avoid defecation for days together until it becomes inevitable. This leads to hardening of stools, which further tear the anoderm during defecation, setting a vicious cycle. The lower anal canal is supplied with the same somatic nerves which supply the sphincter muscles. So any irritation to the lower part of anal canal will cause these sphincters to go into spasm. Anal fissures consistently show that when these muscles are contracting too strongly, generate a pressure in the canal that it is abnormally high. And during defecation contraction pulls the edges of fissure apart and prevents the fissure from healing. Also this increased pressure and contraction will compress the blood vessels of anal canal and reduce the blood flow. This relative ischaemia further contributes in delaying the healing of ulcer.

**RUPA:**

As per Sushruta the symptoms of Parikartika are:

1. **Guda Sadaham Parikartanam** (Cutting Pain & Burning sensation in Guda)
2. **Nabhi medhrabasti shirasu sadaham Parikartanam** (Referred pain to Umbilical region, Penis and Fundus of Bladder).
3. **Anila songa** (Avrodha of Apana Vayu)

4. **Vayu Vishatambha** (Vigunata in Vayu)
5. **Aruchi.**

As per Charaka the symptoms of Parikartika are:

1. **Trikavamkshanabastinam todam** (Cutting pain in Groin, Flanks and Sacral region).
2. **Nabheradho ruja** (Pain in Para-Umbilical region)
3. **Vibandha** (Constipation)
4. **Alpamuthanam** (Passage of scanty stool)

The symptoms, due to the vitiation *Vayu dosha* and the *Dhatus*.

Dusya	Symptom	Associate modern terminology
<i>Twak,</i>	<i>Toad, Paripotana</i>	<i>Twakbhed,</i> Tearing and splitting of skin with cutting pain
<i>Rakta,</i>	<i>Vrana</i>	Ulcer
<i>Mamsa</i>	<i>Granthisula</i>	Swelling(skin tag) with pain

The type of pain in Vrana and related symptom according the involvement of Dosa.

Involve d dosa	Type of pain in Vrana	Related symptom
<i>Vatika</i>	<i>Vidaran</i> (cutting pain)	<i>Parikartan</i> (cutting pain)
<i>Paittaka</i>	<i>Daha</i> (burning pain)	<i>Daha</i> (burning sensation) <i>Asra-srava</i> (bleeding per rectum)
<i>Kapha</i>	<i>Kandu</i> (pruitis)	<i>Piccha-srava</i> (mucous discharge)

**CLINICAL FEATURE :**

**Pain:** - The acute pain associated with the act of defecation is the prominent symptoms. The pain may last from few minutes to several hours. The pain is of cutting, tearing, splitting and burning etc. type because the fissure involves the extremely sensitive squamous epithelium.

**Bleeding:** - Bleeding is frequently accompanied with an anal fissure, but the quantity lost is very minimal.

**Constipation and change in bowel habits:** - The inevitable association of pain with the act of defecation make patient defers going to stool.

**Swelling:** - large Sentinel tag may become aware of this as a lump at the anus and may complain as having a painful external pile.

**Discharge:** - A mild serous discharge from the surface of an anal fissure is common.

**BHEDA OF PARIKARTIKA**

Acharya Kashyapa has classified this disease as per Doshas into 3 types –

- 1) **Vatika Parikartika:** Pain is like cutting or pricking in nature.
- 2) **Paitika Parikartika:** The character of pain is of burning nature.
- 3) **Shaleshmika Parikartika:** Dull ache pain represents the Kapha predominant Parikartika.

**TYPES:**

There are two types of fissure-in-ano:

Acute

Chronic.

1)**Acute fissure-in-ano** is a tear in the lower half of the anal canal and lasts for less than 6 weeks. Causes spasmodic and burning type of pain during and after defecation along with bleeding or blood stained stool.

2)**Chronic fissure-in-ano** is a deep ulcer with thick oedematous margins and lasts for more than 6 weeks. At the upper end of the ulcer there is hypertrophied papilla.

At the lower end of the ulcer there is a skin tag known as 'sentinel pile'.

Spasm of the internal sphincter is present.

Sometimes infection may lead to abscess formation.

**EXAMINATION:**

In most patients it is possible to make a diagnosis of anal fissure by inspection alone. The patient is usually anxious and may be in pain also patients are naturally fearful of having a rectal examination.

**Inspection**

it is usually possible to notice a skin tag along with a small amount of blood or discharge on the perineum. Gentle traction on the lateral margins of the perineum nearly always reveals a fissure present below the dentate line.

**Palpation**

If patient allows palpation is performed only after inspection. Digital rectal examination (DRE) is to be done by introducing properly lubricated index finger and thumb remains outside to palpate pathology around anal verge. Intense spasm of the sphincters and an irregular, painful depression near the anal margin are usually prominent features of acute fissure. In chronic fissure a fissure bed with indurated edges is present which sometime associates with hypertrophied anal papillae. Subcutaneous abscess, submucosal abscess and intersphincteric abscess associated with chronic fissure are also noticed sometimes by digital rectal examination.

**Proctoscopy**

It is usually not done in case of fissure in ano, if hemorrhoid or other pathology present it can be done in local anesthesia.

**MANAGEMENT:**

There are so many topical applicant are available in allopathic system of medicine such as topical anesthetic agent, steroids, nitrate preparation, topical calcium channel blocker in the modern medical science but all have certain limitations. Various surgical procedures such as anal dilatation, fissurectomy, fissurectomy with skin grafting, Lateral internal sphincterotomy (Open method

Closed method ), sphincterotomy with cryo-therapy, sphincterotomy with radiofrequency surgery are used to treat in various stage of chronic fissure and sentinel tag.

**Treatment for Fissure-in-Ano:**

Up to 70 % of acute fissure resolve with conservative medicine, if not they progress to form a chronic fissure. However, Ayurvedic preparations are used in primary stage of disease the chance to progression in chronic one can minimized. The main aim of treatment is to relive sphincter spasm and healing of fissure wound, soothing of anal canal and to relieve the agonizing pain and associated burning sensation and bleeding.

**Parikartika Chikitsa**

1)**Matra basti (type of Anuvasana basti):** It acts as a retention enema and it helps in easy voiding of stools, by this *Vatanulomana* occurs and it cures the diseases caused by aggravated *Vata* as *Parikartika* is *Vata* dominate *Vyadhi*. By giving *Matrabasti* local *Snehana* occurs, spasm will also be relieved and thus brings down the pain. It softens the stools, lubricates the anal canal and provides an easy evacuation.

**2)Pichha vasti** prepared from Madhu, ghrita along with addition of Yastimadhu and krishna Tila Kalka to it.

**Pichha vasti** containing Kashaya, Madhur Rasa & Sheetala Dravyas.

**3)Tailapoorana:** In this Procedure Per rectal administration of 15-20 ml oil (having *Vranaropana* property) will reduce the spasm of the sphincter muscles by that pain reduces and ulcer heals<sup>12</sup>.

**4)Taila/Grita pichu:** It forms protective layer over fissure wound, it soothes the anal canal so relieves pain by releasing sphincter tone and it cleans the wound thus helps in healing of ulcer.

**5)Avgaha sweda (hot fomentation-sitz bath):** Sitting in the warm/hot water tub reduces the pain and relaxes spasm of internal sphincter for some time. It also helps in cleaning of fissure wound. Sitz bath is highly effective in treatment of fissure. It is done for 10 to 15 minutes.

### PATYA FOR PARIKARTIKA

- 1) Luke warm water sitz bath so as to subside pain.
- 2) If ama is present then Langhan, Pachana, Ruksha-usna & Laghu Ahara should be consumed.
- 3) Madhur Rasa & Vata Anulomaka Ahara-Vihara should be taken.
- 4) leafy vegetables and avoidance of constipation and strain during defecation.
- 5) Old Rakta Shali and Shasti shali, Yava and Kulutha are advised .

### APATYA FOR PARIKARTITA

- 1) Vegadharana, maithuna, sitting in utkata-asana.
- 2) Vyayama, Krodha, Guru Ahara Sevana.
- 3) Ati tikshna,Ati-lavana, Ati-ruksha aahara sevana.

**DISCUSSION:** On the basis of location, nature of pathology and features, *Gudaparikartika* can be correlated to Fissure-in-ano. The detail description about *Nidana* (etiology), *Samprapti* (pathogenesis), *Laxana* (symptoms) & *Chikitsa* (treatment) is mentioned in Sushruta samhita, Kashyapa samhita, Astanga Hridaya etc. There is detail description about conservative and surgical treatment for Fissure-in-ano. The disease *parikartika* occur due to *pitta* and *vata* .Due to these etiological factors vitiated *doshas* get accumulated in the *guda* region. The disease is most common in middle age group. Passage of hard stool is main cause of tear in lower part of anal canal. In the treatment of *Parikartika*, if the patient having *aama*, then *langhan pachan ruksha* is indicated, i.e. hot and light food should be prescribed, and if the patient is weak and his body is *ruksha* then Madhura and *brihmaniya* food should be recommended.



## CONCLUSION

- Ayurvedic preparations are all effective & these can cure fissure and regularize bowel upto 90% cases of acute fissures.
- Medical management is the first line of treatment in anal fissure, in general it includes high fiber diet , sitz bath etc . Taila poorana, anuvasana basti, taila pichu or ghrata pichu etc are lubricates and soothe the anal canal through its snigdha , snehana guna More over these are easy procedure and cost effective method with best result.
- Infiltration with Rubber tube helps in relieving the sphincter spasm as there was retention of medicament, also its contact with the lesion was there for longer duration and together helped in healing the fissure quickly. It lubricates the anal canal and provide easy evacuation of faeces and thus promotes healing of fissure.

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