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Comprehensive Review Of *Parikartika* With A Focus On Anal Fissure: Exploring The Historical And Modern Perspectives

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Abstract

Parikartika is a frequently encountered anorectal ailment. Typically, *Parikartika* is likened to a fissure in ano due to its significant discomfort. In *Ayurvedic* literature, *Parikartika* is not classified as an independent medical condition but rather as a complication arising from various Ayurvedic therapies such as *Vaman, Virechana, and Basti*, as well as from certain ailments like *Arsh* and *Atisar*, and *Grahani*. An individual's well-being is closely tied to their dietary choices, constipation, environmental factors, and way of life. In our contemporary world, lifestyle-related disorders like hypertension, diabetes mellitus, hypothyroidism, obesity, and more are affecting a substantial portion of the global population. Anorectal disorders such as fissures in ano and hemorrhoids can be attributed to poor dietary habits and an unhealthy lifestyle. Traditional treatments for fissure in ano, as described in Ayurveda (*Gudaparikartika)*, involve a holistic approach combining dietary modifications, lifestyle changes, and herbal therapies. Moreover, modern medical interventions, including topical medications, botulinum toxin injections, and surgical procedures like lateral internal sphincterotomy, have shown efficacy in managing chronic and recurrent fissures.

Keywords: *Basti, Chhedandvat Shool, Guda, Kartanwat, Vaman, Virechana*

Introduction

Ayurveda, often regarded as the science of life, has a twofold purpose. Firstly, it aims to maintain an individual's health, and secondly, it endeavors to heal diseases. In contemporary times, due to unhealthy lifestyles, there is a considerable prevalence of patients experiencing constipation coupled with rectal ailments. An anal fissure, also known as fissure-in-ano, is a longitudinal tear in the anoderm, the tissue lining the distal anal canal [1]. This tear extends from the anal verge towards the dentate line but does not surpass it. The development of a longitudinal tear in the lower part of the anal canal gives rise to a condition known as fissure in ano, which is notorious for its intense pain and its impact on the anal region. A significant portion of the population, roughly 30 to 40%, grapples with anal issues, and within anorectal disorders, anal fissures account for 10 to 15%. They

manifest as excruciating pain during and after bowel movements, accompanied by incremental bleeding from the anus, often coupled with anal sphincter spasms. In Ayurveda text, it is described as *Parikartika*. The term *"Parikartika"* can be broken down as follows: "*Pari*" means 'all over,' 'whole,' 'every entity,' or 'every aspect,' and "*Kartika"* is derived from the verb *'Krita*,' which means 'to cut.' Therefore, "*Parikartika*" implies "to cut circumferentially" or "to cut all around." It refers to a condition in which the patient experiences a sensation of pain as if the Guda (anus) is being cut all around with scissors. *Parikartika* is recognized by symptoms like *Kartanwat* and *Chhedandvat Shool* in the Anal region, although it is worth noting that sentinel tags, unlike in Parikartika, can be likened to *Shuskarsh*, as described in the *Charak Samhita*.

Aetiology:[2]

The exact cause of an anal fissure, especially why it often occurs in the posterior midline, is not fully understood. Traditionally, acute anal fissures are believed to result from trauma caused by straining during the passage of hard stools or, less commonly, from repeated episodes of diarrhea. The posterior midline location may be linked to the increased shearing forces that occur during defecation at this site, coupled with a less elastic anoderm that has a higher density of longitudinal muscle extensions in that part of the anal circumference. Anterior anal fissures are more common in women and may develop after vaginal childbirth. Chronicity can result from repeated trauma, anal muscle tension, and vascular insufficiency. Vascular problems can arise either due to increased sphincter tone or because the posterior commissure has less blood supply compared to the rest of the anal circumference.

In Ayurvedic texts, a comprehensive classification of the causes *(Nidaana),* symptoms (*Rupa*), and pathogenesis (*Sampraapti*) of *Parikartika* is not found in one place. However, various causes that may directly or indirectly lead to *Parikartika* are described by Ayurvedic scholars and are scattered throughout the texts. In *Parikartika*, Vata is considered the predominant Dosha. The etiological factors of *Parikartika* can be categorized into three types according to the teachings of *Acharya Sushruta*:

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

***Nija Hetu* (Endogenous factors):**

The primary symptom of *Parikartika* is pain, indicating the involvement of vitiated Vata Dosha[3]. Consequently, all factors that contribute to the derangement of *Vata Dosha* can be considered as *Nidana* (causes) of *Parikartika*. In Ayurvedic classics, factors responsible for the vitiation of *Vata Dosha* are described.

***Aagantuja Hetu* [4] (Exogenous factors):**

Trauma to the Guda region can lead to the development of Parikartika. Iatrogenic complications in the form of *Parikartika* may arise during procedures such as *Basti* or *Virechana*. This can occur due to the use of rough and thick *Basti Netra* (catheter or instrument used in Basti therapy).

***Nidaanarthakaaree Roga*[5,6] (Complications due to procedures or other diseases):**

Vamana and *Virechana*: - When Vamana (therapeutic vomiting) and Virechana (purgation therapy) are administered with *Teekshna* (sharp), *Ushna* (hot), and *Pitta-prakopaka* (Pitta-aggravating) medicines to patients with Mridu *Koshtha* (soft stools) and *Mandaagni* (weak digestion), it can lead to the aggravation of Pitta and Vata Dosha, resulting in the development of *Parikartika*. Overuse of *Virechana* (Atiyoga)[7] can also contribute to this condition.

Basti: - Administering Basti therapy with *Tikshna* (sharp), *Ushna* (hot), and *Lavan* (salty) substances to the patient can lead to complications[8]. Additionally, rough insertion of the Basti Netra (catheter or instrument used in Basti therapy) can cause ulcers in the anus and associated pain[9].

Size and Surface of *Basti Netra*[10]-: The use of a *Basti Netra* that is large in size and has a rough surface can also result in anal ulcers.

Charaka has also mentioned Parikartika as a complication of Vamana and Virechana therapy[11]. He states that the administration of strong medicines to patients who are very thin, have Mridu Kosthee (soft stools), and are weak can lead to Parikartika with severe anal pain[12]. Sharangadhara mentioned in the texts 76 complications of Basti therapy, and Parikartika is one of the complications among them.

Due to Diseases:

Vaataja Pakvaatisaara:- This is a condition characterized by diarrhea of a *Vataja* (predominantly caused by Vata Dosha) nature[13,14].
Aadhmaana:- Aadhmaana is a term used to describe abdominal distension or flatulence.
Urdhva Vaayu:- This refers to the upward movement of *Vata Dosha* in the body, which can lead to various disorders.
Urdhvavaata:- Urdhvavaata indicates the upward movement of air or *Vata Dosha* in the body.
Purvaroopa of Arsha:- This suggests that *Parikartika* can be a precursor or early sign of *Arsha* (hemorrhoids).
Vaatika Grahanee:- Vaatika Grahanee refers to a condition where *Vata Dosha* predominates in the *Grahanee* (digestive tract).
Garbhaavastha:- This term relates to pregnancy, suggesting that *Parikartika* can also occur during pregnancy.

Clinical Features[15]:

Acute Anal Fissures:- These are characterized by severe anal pain during bowel movements, which often subsides spontaneously but recurs during the next bowel movement. Fresh blood is typically noticed on tissue after wiping.
Chronic Fissures:- Chronic fissures are identified by an enlarged anal papilla internally and a sentinel tag externally. An indurated anal ulcer lies between them, overlaying the fibers of the internal sphincter. Patients with chronic fissures may also experience itching due to irritation from the sentinel tag, discharge from the ulcer, or discharge from an associated intersphincteric fistula that may have developed through infection penetrating via the fissure base. This condition can affect individuals of all ages, from infants to the elderly, and occurs equally in men and women.
Anterior Fissures:- In women, around 10% of fissures are anterior, and many of these may occur postpartum, while in men, only about 1% of fissures are anterior. Fissures located elsewhere around the anal circumference or exhibiting atypical features should raise suspicion of a specific underlying cause. In cases where a thorough examination cannot be conducted in the clinic, early examination under anaesthesia with biopsy and culture may be recommended to exclude conditions like Crohn's disease, tuberculosis, sexually transmitted infections (syphilis, Chlamydia, chancroid, lymphogranuloma venereum, herpes simplex virus), cytomegalovirus, Kaposi's sarcoma, B-cell lymphoma, and squamous cell carcinoma.

Ayurvedic Text References:

Charaka-: *Charaka* has mentioned severe pain in the anus while describing *Parikartika* as a complication of Vamana and *Virechana* therapy.
Sushruta-: In the chapter of Vamana *Virechana Vyapada*, Sushruta has described the cardinal symptom of *Parikartika* as sharp cutting and burning pain in the Guda. He also mentioned cutting pain in the penis, umbilical region, and neck of the urinary bladder. The causative *Doshas* are *Vata* and Pitta, with the pain predominantly displaying *Vatika* (related to Vata) and *Paittika* (related to Pitta) characteristics, including a sensation of cutting and burning in the anus.
Vagbhatta-: *Vagbhatta* has described the same signs and symptoms of *Parikartika* as those mentioned by Charaka and Sushruta.

Pathophysiology

Etiological factor
(Ex: - Hard faeces, Trauma)

Tear in anal canal mucosa(fissure)
Severe anal pain

Spasm of the internal sphincter

Impairment of intersphincteric blood circulation

Impaired healing

Chronic Anal Fissure

Treatment[16]:

After confirming the diagnosis in the clinic or under anesthesia and excluding secondary causes of anal ulceration, conservative management is typically effective for healing almost all acute and the majority of chronic fissures. The emphasis should be on normalizing bowel habits, including making the passage of stool less traumatic, adding fibers to the diet to bulk up the stool, using stool softeners, maintaining adequate water intake, and employing warm baths and topical local anesthetic agents to relieve pain. In the management of *Parikartika*, there are various treatment approaches and considerations outlined in both modern medical and Ayurvedic perspectives:

Modern Medical Approach:

Conservative Management: - The mainstay of treatment in modern medicine involves conservative approaches, as anal dilators are often associated with low compliance and limited effectiveness. Conservative management primarily focuses on the topical application of pharmacological agents that relax the internal sphincter, including nitric oxide donors such as glyceryl trinitrate (GTN) and diltiazem. Botox injections can also be an alternative medical treatment option. The cure rate with these options is approximately 50%, though GTN ointment may be associated with headaches in some patients.

Operative Measures[17]: - Surgical interventions may be considered when conservative measures are ineffective. These surgical options include lateral internal sphincterotomy (open or closed method), Lord's dilation (blunt sphincterotomy), and fissurectomy with local advancement flap.

Ayurvedic Approach:

- In Ayurveda, *Parikartika* is considered a complication of *Sansodhana Chikitsa* (purification therapies) and certain diseases.
- The treatment principles for *Parikartika* in Ayurveda revolve around checking the vitiated *Vata* and *Pitta doshas* and addressing any associated abdominal disorders, as *Vata* and *Pitta* are often the primary culprits behind the condition.

- Diet recommendations vary depending on the patient's condition. In Saama (with Ama) condition, *Langhana* (lightening), Deepana (digestive), and *Ruksha-Ushna-Laghu* (dry, warm, and light) diet is suggested. In cases of severe Vata aggravation, Ghrit (ghee) with *Daadimarasa* may be recommended. Certain medicinal preparations like *Devdaaru*, Tila *Kalka, Ashvattha, Udumbaar, Plaksha*, and *Kadamba Siddha* milk are also utilized[18].
- **Local Treatment**: Ayurvedic treatment may involve various types of *Basti*(enemas) which includes Pichha Basti, *Anuvasana Basti, Sheetala Basti* prepared using Ghrita (clarified butter), milk, and other herbal drugs with *Vata-shamak* (balancing Vata), *Vrana Ropak* (healing wounds), and *Pitta-shamak* (balancing Pitta) properties. The choice of Basti is often made based on the predominant Dosha involved in each case.
- Ayurvedic texts like *Kashyapa Samhita* provide guidelines for managing *Parikartika* based on Dosha predominance.

Discussion: -

Parikartika is primarily caused by the vitiation of *Pitta* and *Vata doshas*, with the accumulation of these vitiated doshas in the *Guda* region. It is more commonly seen in middle-aged individuals. The passage of hard stools is a significant contributor to the development of anal fissures. Ayurvedic treatment emphasizes the importance of considering the patient's body constitution (*Prakriti*), condition of the gastrointestinal tract (*Kostha)*, and the presence of Ama (undigested or toxic substances) before prescribing treatment. Depending on the patient's condition, Ayurvedic management includes dietary recommendations, Basti Karmas, and specific herbal remedies to balance the vitiated doshas.

Conclusion

Ayurvedic management appears to have a good success rate in acute cases of *Parikartika*, while modern treatments may not yield favourable outcomes in more than 50% of cases. Therefore, Ayurveda emphasizes a holistic approach to treating *Parikartika*, considering individual characteristics and causative factors.

Finally, it can safely the summarized that Ayurveda management will definitely play an important role in alloying the cardinal symptoms of *Parikartika* and the fissure-in-ano heal very rapidly. There is no need to put the patients to general anesthesia, hospitalization or need to take time off from work. The work opens up further outlets for future detailed research.

Parikartika is a challenging anorectal condition with a multifaceted etiology and a significant impact on individuals. A sedentary life & long sitting in hard places and stressful life play important role in predisposition to the condition. Treatment options vary, and a personalized approach that combines modern medical practices with Ayurvedic principles may provide a more comprehensive and effective solution for managing this condition.

REFERENCES

1. Bailey &Love's Short practice of Surgery,edited by Professor Sir Norman Williams Professor P.Ronan O'Connell, Professor Andrew W.McCaskie, Ch.74,edition -27, ,CRC Press Tayler &Francis Group, published in, 2018; 1352.

2. Bailey &Love's Short practice of Surgery,edited by Professor Sir Norman Williams Professor P.Ronan O'Connell, Professor Andrew W.McCaskie ,Ch.74,edition -27, ,CRC Press Tayler &Francis Group, published in, 2018; 1352,

3. Maharshi Sushruta, Sushruta Samhita of acharya Sushruta,edited by,Kaviraj Ambikadutta Shastri, Sutra sthan ,Ch.17 , Ver.12 , edition 2007,Varanasi chaukhambha Sanskrit Sansthan, 2007.

4. Maharshi Sushruta, Sushruta Samhita of acharya Sushruta,edited by,Kaviraj Ambikadutta Shastri chikitsa sthan ,Ch.35,Ver 32, edition 2007,Varanasi chaukhambha Sanskrit Sansthan, 2007; 155.

5. Maharshi Sushruta, Sushruta Samhita of acharya Sushruta,edited by,Kaviraj Ambikadutta Shastri chikitsa sthan ,Ch.34,Ver 3, edition 2007,Varanasi chaukhambha Sanskrit Sansthan, 2007; 147.

6. Maharshi Sushruta, Sushruta Samhita of acharya Sushruta,edited by,Kaviraj Ambikadutta Shastrichikitsa sthan ,Ch.34,Ver 16, edition 2007,Varanasi chaukhambha Sanskrit Sansthan, 2007; 151. 7. Maharshi Sushruta, Sushruta Samhita of acharya Sushruta,edited by,Kaviraj Ambikadutta Shastri chikitsa sthan ,Ch.34,Ver 8, edition 2007,Varanasi chaukhambha Sanskrit Sansthan, 2007; 148. 8. Maharshi Sushruta, Sushruta Samhita of acharya Sushruta,edited by,Kaviraj Ambikadutta Shastri chikitsa sthan ,Ch.35,Ver 32, edition 2007,Varanasi chaukhambha Sanskrit Sansthan, 2007; 155.

9. Maharshi Sushruta, Sushruta Samhita of acharya Sushruta,edited by,Kaviraj Ambikadutta Shastri chikitsa sthan ,Ch.36,Ver 3, edition 2007,Varanasi chaukhambha Sanskrit Sansthan, 2007; 156.

10. Maharshi Sushruta, Sushruta Samhita of acharya Sushruta,edited by,Kaviraj Ambikadutta Shastri chikitsa sthan ,Ch.36,Ver 6, edition 2007,Varanasi chaukhambha Sanskrit Sansthan, 2007; 156.

11. Agnivesha,Charaka samhita of Acharya Charak,Dridhabala krit,edited by Pt.Kashi Nath Shastri and Dr.Gorakh Nath Chaturvedi, Siddhi sthan.Ch.6 Ver.30 edition,Varanasi:Chaukhambha Bharati Acadamy, 2007; 1023. 12. Agnivesha,Charaka samhita of Acharya Charak,Dridhabala krit,edited by Pt.Kashi Nath Shastri and Dr.Gorakh Nath Chaturvedi, Siddhi sthan.Ch.6 Ver.61-63 edition,Varanasi: Chaukhambha Bharati Acadamy, 2007; 1028.

13. Agnivesha,Charaka samhita of Acharya Charak,Dridhabala krit,edited by Pt.Kashi Nath Shastri and Dr.Gorakh Nath Chaturvedi, Chikitsa sthan.Ch.19 Ver.5 edition,Varanasi:Chaukhambha Bharati Acadamy, 2007; 558.

14. Vagbhata,Astangahrdayam,vidyotini hindi commentary by Kaviraj Atrideva Gupta,edited by,Vaidya Yadunandana Upadhyaya,Nidana sthan Ch.8Ver.7,edition;reprint 2016 Varanasi:Chaukhambha Prakashan, 2016; 337.

15. Bailey &Love's Short practice of Surgery,edited by Professor Sir Norman Williams Professor P.Ronan O'Connell, Professor Andrew W.McCaskie ,Ch.74,edition -27, ,CRC Press Tayler &Francis Group, published in, 2018; 1352.

16. Bailey &Love's Short practice of Surgery,edited by Professor Sir Norman Williams Professor P.Ronan O'Connell, Professor Andrew W.McCaskie ,Ch.74,edition -27, ,CRC Press Tayler &Francis Group, published in, 2018; 1352.

17. Dr.Rajgopal Shenoy K ,Manipal Manual Of Surgery, ,Ch.31, second edition ,CBS Publisher &distributer, 2005; 532

18. Agnivesha,Charaka samhita of Acharya Charak,Dridhabala krit,edited by Pt.Kashi Nath Shastri and Dr.Gorakh Nath Chaturvedi,Siddhi sthan.Ch.6 Ver.62-66 edition,Varanasi: Chaukhambha Bharati Acadamy, 2007; 1028.