

# Ayurvediy Conservative Management of Parikartika - Fissure in Ano - A Case Study

Dr. Rupali S. Shinde<sup>1</sup>, Dr. Prasad P. Pande<sup>2</sup>

<sup>1</sup>PG Scholar, <sup>2</sup>Professor,

<sup>1,2</sup>Department of Rachana Sharir, PMT's Ayurved College, Shegaon, Ahmednagar, Maharashtra, India

## ABSTRACT

Parikartika as the name suggests is the ano-rectal disease explained in Bruhatrayees in which there is a pain like cutting with Axe in the Anal and perianal area. Nowadays, due to unhealthy lifestyle, irregular food habits, disturbed sleep pattern many people are suffering from many digestive issues like indigestion, acidity, constipation etc. It is common in working individual as well as homemakers. Constipation results in hard stool passage, which results in longitudinal tear in the lower end of anal canal results in fissure in ano. Anal fissure comprises of 10-15% of anorectal disorders and is characterized by excruciating pain during and after defecation, blood stained stool, burning sensation almost for 1-2 hours after defecation, sometime swelling. In Ayurveda Parikartika is usually described as a symptom found in other diseases like arsha, grahani, atisara, udavarta etc. or as a complication of faulty instrumentation and excessive or improper panchkarma (virechan and basti) procedures which produce a tear in anal region with features of cutting or tearing type of pain, burning sensation and bleeding during and after defecation. While treating Parikartika by applying ayurvedic principles one has to mainly focused on stabilizing the digestive functions and improving the nature, character, and consistency of stool in addition to the use of laxatives and wound healing (vranropan) agents. And on the counterpart, modern management includes chiefly Surgical interventions but the result was found to be less satisfactorily with much recurrences. That is why in this case study genuine effort made here to manage Parikartika by fully Ayurvediy approach.

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**KEYWORDS:** Parikartika, Fissure in Ano, Parikartika chikitsa

## INTRODUCTION

Parikartika or Fissure in Ano are seen in current practice scenario on a very high scale on day to day basis which are even continuing since ancient times. It can be presented as a painful, linear or oval, ulcer like longitudinal tear in the anal canal distal to the dentate line which is characterized by severe pain and burning sensation during and after defecation with a little bright red bleeding and occasional itching [1]. Acute anal fissure heals early compare to chronic Anal fissure which persists for more than six weeks.

In Ayurved Samhitas Parikartika is described in different place. In Charak Samhita it described as complication of Virechan(therapeutic purgation)[2]. In Susruta Samhita it describe as Bastivhyapad [3]. Kashyapa mention it's as Garbhini Vyapad (Disease occurs in Pregnancy) [4]. Fissure-in-ano has become

most common and painful condition in ano-rectal disease. It is commonly seen in young age peoples and pregnant women. It is a very painful because of injury to somatic nerve supply to the anal region. In modern science treatments includes analgesics, antibiotics, laxatives and ointment and anal dilatation, sphincterotomy, fissurectomy. Surgeries of Fissurein-ano are expensive and require long stay in hospital.[5] All these procedures having its own complications.

In Ayurveda there are so many preparations and best surgery procedure also. The condition fissure-in-ano, commonly encountered in ano-rectal practice has similar location, pathology and clinical features of parikartika like anal pain, burning sensation at anal region, constipation, stools streaked with blood etc.

**AIMS:**

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

**OBJECTIVES:**

1. To observe the changes in sign and symptoms.
2. To find the most convenient, simple and cost effective therapeutic management of Parikartika along with substitute to operative modalities.
3. To analyse the results.

**METHODOLOGY:**

To achieve the Aims and Objectives of the study, this work has been carried out in the following manner

1. Conceptual study
2. Case Study
3. Discussions
4. Conclusions.

**1. CONCEPTUAL STUDY:**

As explained above the Fissure in Ano is a painful, linear or oval, ulcer like longitudinal tear in the anal canal distal to the dentate line which is characterized by severe pain and burning sensation during and after defecation with a little bright red bleeding and occasional itching. Most common and important cause includes prolonged and excessive standing and sitting, excessive straining during defaecation, chronic constipation, sedentary lifestyle with lack of workouts, digestion problems, dietary mis habits.

**2. Case Study**

A 48 years old female patient, school bus assistant mavashi by occupation, came to us with chief complaint of,

- A. Excruciating pain (Gudapradeshikartanvatvedana)
- B. Swelling at anal region (Gudapradeshialpashoth)
- C. Burning sensation at anal region (Gudapradeshidaha)
- D. Constipation (Malavashtmbha)

**Treatment**

Patient had above complaints since last 10 days.

H/o Covid infection and admitted for the same for 10 days in government hospital one month back. No History of any other illness and past surgery.

As she suffered from above complaints for 10 days, she had to take modern medicine for that. The patient got symptomatic relief for 2-3 days, then again, she started suffering from Excruciating pain (Gudapradeshikartanvatvedana), Swelling at anal region (Gudapradeshialpashoth), Burning sensation at anal region (Gudapradeshidaha), Constipation (Malavashtmbha), Bloodstained stool (Saraktamalapravrutti) this time all symptoms unbearable and pain and burning sensation doesn't stop with modern medicines. For Ayurvedic Treatment she came to our Ayurved OPD.

- Nadi (pulse) = 90/min.
- Mala (stool) = Malavashmbha, SaRakta.
- Mutra (urine) = Prakrut.
- Jihwa (tounge) = Saam.
- Agni = Kshudhamandya.
- Shabda (speech) = prakrut (Normal).
- Sparsha (skin) = prakrut.
- Druka (eyes) = prakrut Akruti = krusha.
- Bala = Madhyama.
- Raktachaapa (B.P) = 110/70 mm/Hg.

**Local Examination:**

P/A – Soft

Liver - Palpable and Spleen – Not palpable

Perianal region – Swelling around anus

Anal verge: Painful

No H/o – DM, HTN, BA, TB

No H/o – Any drug allergy

Habits: Mix diet

Lab Investigation: Hb – 9.1 gm%, RBS:- WNL

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

**Table 1: Previous Treatment**

Sr. No	Drug	Dose	Chemical Composition	Uses	Doses
1	<i>T. Rabekind</i>	20 mg	Rabeprazole	Antacid	1 bd before meal
2	<i>Tab. Zifi</i>	200 mg	Cefixime	Reduce Infection	1 bd after meal
3	<i>Tab SN 15 Plus Diclofenac</i>	50 mg+	Serratiopeptidase	Reduce Pain and Inflamaion	1 bd after meal
4	<i>Tab Chymoral</i>	Forte	Trypsin and chemotrypsine	Anti-inflammatory enzymes	1 bd after meal
5	<i>LOX Gelly Lidocaine</i>	2%		Reudce pain for local appln	Twice a day
6	<i>Syp. Mom Plus sodium picosulphate</i>		Liquid paraffin laxative		2 spoon at bedtime only

**Table 2: Ayurvedic Treatment**

Sr. No	Drug	Uses	Doses
1	<i>Shatdhout Ghrut</i>	Reduce Swelling and wound healing	3 times a day for local application
2	<i>T. Kaishor Guggul Sharangdhar Samhita Path</i>	Fasten the healing process & reduce pain and swelling	2 tds after meal with water
3	<i>Raktasthambhakvati, Nagkeshar, ShuddhaLaksha, Mocharas, ShuddhaGairik, DoorvaSwaras, Red ochre</i>	Reduce Bleeding& reduce swelling	2 bd after meal with water
4	<i>Gandharv Haritaki chunra haraitaki, erand oil Laxative</i>	Vatanulomak & Removes Constipation	1 to 2 teaspoons at bedtime with warm water
5	<i>Jatyadi oil 25ml + Madhuyasti oil 25 ml matra basti</i>	fasten the wound healing process, to remove constipation and to lubricate the passage	7 Days

Patient has advised to -

- Avoid Spicy and non-veg food
- Fibres food in diet.
- Buttermilk with jeera & saindhav
- One spoon of cowghee with one cup of warm cow milk early morning empty stomach.
- Avoid late night sleep.
- Anal sitz bath in warm water daily

Duration: 21 days (3 weeks)

**On day 1**



**after 3 days**



**After 7 days**



**after 14 days**

**Table 3: Showing Regression of Symptoms during Treatment**

Sr. No	Symptoms	0thday	1stweek	2ndweek	3rdweek
1	<i>Gudapradeshikartanvatvedana</i> (Excruciatingpain)	+++	++	+	0
2	<i>Gudapradeshialpashoth</i> (swellingatanalregion)	++	+	+	0
3	<i>Gudapradeshidaha</i> (burningsensationatanalregion)	+++	++	+	0
4	<i>Malavashtmbha</i> (Constipation)	+++	+	+	0
5	<i>Saraktamalapravrutti</i> (Stoolsstreakedwithblood)	++	0	0	0

### 3. Discussion

#### Hetu

#### Ahar

- A. Rukshanasevan(daily biscuit & other bakery product consumption)
- B. Ruksha-Amla-lawanaAhar(fast food and junk food-weekly).
- C. Heavy food (sabudana –once in week)
- D. Low intake of water.

#### Vihar

- A. Prolong standing.
- B. Jagarana (late night sleeping hour)

#### Manasika Nidan

Chinta, krodha causes vata vrudhi.

### 4. Conclusion

Reviewing the above case study, it can proudly said that an ayurvediy plan of management with accurate thought of Dosh dusthi and its related factors is an ideal solution in treating such type of cases. Samprapti of such diseases if understood thoroughly and proper ayurvedic guidelines and principles applied properly then sampraptibhang occurs and we

get best result in treatment of such diseases. This case is one of best example of Magic of Ayurveda.

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