



A Comprehensive Review On *Guda Parikartika* (Fissure In Ano) In Ayurveda

Sanjay Gurjar

ABSTRACT

The "science of life," Ayurveda, contributes to a longer lifespan by both avoiding and treating illnesses to the best of its ability. An adequate number of people with *Parikartika* (Fissure in ano), an anorectal condition, are observed in clinical practice and have a high enough frequency in the general population. The *Sushruta Samhita*, an Ayurvedic textbook of surgery, has the oldest account of *Parikartika* (1500 B.C). *Parikartika* has been described by *Acharyas* as *Vyapad* of *Vaman* and *Virechan*. As the name implies, *Parikartika* is an ano-rectal ailment that affects the anal and perianal regions and is described in *Bruhatrayees*. It causes agony similar to that of an axe being sliced. Many individuals nowadays suffer from a variety of digestive problems, such as indigestion, acidity, constipation, and others, as a result of bad lifestyle choices, irregular eating habits, and disrupted sleep patterns. Both homemakers and working individuals frequently experience it. Hard stool passage brought on by constipation causes a longitudinal rip in the lower end of the anal canal, resulting in anosmia. Anal fissures account for 10-15% of anorectal problems and are distinguished by severe discomfort during and after defecation, blood tinged stool, searing agony that lasts for roughly 1-2 hours, and occasionally edema. In addition to using laxatives and wound-healing (*vranropan*) medications, the major goals of treating *Parikartika* using Ayurvedic principles should be stabilising digestive processes and enhancing the type, character, and consistency of stool. Conversely, contemporary care mostly consists on surgical procedures; nevertheless, the outcome has been shown to be less than ideal, with a high rate of recurrences. For this reason, a sincere attempt is undertaken in this case study to manage *Parikartika* using an entirely Ayurvedic method.

INTRODUCTION

According to Ayurveda, fissure in ano is referred to as *Guda Parikartika*, or simply *Parikartika*, which denotes a form of cutting or ripping pain or the feeling of being cut around with a scissor ('*Pari*' means around and '*kart*' means to cut with a scissor)^{1,2}.

Parikartika, also known as the Fissure in Ano, is observed on a daily basis in the practicing situation today on a very large scale, continuing even from ancient times.

It can manifest as an excruciating, ulcer-like, linear or oval longitudinal rip in the anal canal distal to the dentate line. It is marked by excruciating pain and burning feeling both during and after faeces, along with some bright red blood and sporadic itching³.

Unlike chronic anal fissures, which last longer than six weeks, acute anal fissures heal more quickly.

Parikartika is described in a distinct location in the Ayurvedic Samhitas. It is listed as a complication of *Virechan* (therapeutic purgation) in the *Charak Samhita*⁴.

It is described as *Bastivhyapad* in the *Susruta Samhita*⁵.

Vagbhatta stated that the primary cause of *Vibandha* (constipation) is *Mandagni* (poor digestive strength), which is the result of ailments⁶. Constipation is a problem with a variety of symptoms and a multifactorial aetiology.

⁷ Fissure-in-ano, a condition when the smooth wall of the anal verge or the longitudinal tear at the lower end of the anal canal are broken by hard stool, is commonly experienced by constipated individuals (*Parikartika*)⁸

DEFINITION

The words *Pari* (all around), *Kartana* (the act of cutting), and *Kartika* (sharp, shooting pain, especially in the rectum) are the roots of *Parikartika*.

Hence, *Parikartika* is a sudden, acute pain, particularly in the rectum.

According to *Acharaya Dalhana*, *Parikartika* refers to a *Guda* (anus) disease characterised by pain that is both cutting and ripping⁹.

Incidence

Anal fissures affect 1 in 350 persons, equally affecting men and women, and most frequently affecting those in their 15 to 40s.¹⁰ The illness typically affects women and usually arises after pregnancy or delivery. The elderly are less likely to experience it due to muscle atrophy. In men, anal fissures occur 90% of the time in the midline posteriorly and 10% of the time in the midline anteriorly. In females, posterior midline fissures are somewhat more prevalent than anterior ones.

Classification

Anal fissures can be acute or persistent. An acute anal fissure is a deep rip that extends into the anal canal from the skin of the anal edge. Its edges have minor edema or inflammatory indurations. The anal sphincter muscle spasm is related to this. Three varieties of *Parikartika* have been described by *Acharya Kashyapa*: *Vaatika*, *Paittika*, and *Shlaishmika Parikartika*¹¹.

Etiology

Parikartika, or fissure-in-ano, is defined by *Ayurveda* as a complication of *Vaman*, or therapeutic emesis, and *Virechan*, or therapeutic purgation. Another significant factor in *Parakartika* is diet. According to current scientific research, eating non-fibrous food causes stools to become harder and can result in fissure-in-ano. Additional reasons might be an internal sphincter spasm or excessive skin removal from a haemorrhoid surgery. Anal fissures can also result from syphilis, tuberculosis, inflammatory colitis, and Crohn's disease¹².

Etiopathogenesis Of Parikartika

As was previously noted, *Parikartika* has been described in *Ayurveda* as a symptom of other diseases or as a side effect of certain treatments rather than as a separate illness entity. The following subheadings provide descriptions of the several etiological circumstances for *Parikartika* as they are mentioned in *Ayurveda*.

Parikarkita and its Associated Symptoms In Other Disease

- **Jwara**: Due to decreased hunger and dehydration, stools become hard in situations of long-lasting fever (*Jeerna Jwara*), which can create a split or tear in the anal area during stool transit¹³.
- **Vataja Grahani**: *Parikartika* has been listed as one of the symptoms of *Vataja Grahani*. In his description of the aetiology, *Charaka* made reference to the overindulgence in meals that are bitter, pungent, and astringent (*Katu-Tikta-Kashaya*), as well as foods that are excessively dry (*Atirooksha*) or cold (*Atisheeta*), fasting, and suppressing the desire to defecate. All of these elements work together to produce hard, dry faeces that can split an ox during defecation¹⁴.
- **Vataja Pakwatisara**: *Guda Parikartika* is a condition that arises in the later stages of *Vataja Atisara* when there is an increase in the tonicity of the anal muscle (i.e., a spasm) and there is frequent passage of very little but hard and foamy excrement with discomfort¹⁵.

- **Malavritta Vata:** This stage represents chronic constipation brought on by poor motility or delayed transit, which results in pelvic discomfort, abdominal distention, and the passing of hard, dry stools that cause fissures in ano¹⁶.
- **Vyanavritta Apana Vayu** – In this case as well, *Parikartika* develops along with distention and vomiting as a result of reverse peristaltic movements or abnormal colon and rectum motility functions¹⁷.
- **Pureeshavrodhajanya Udavarta:** When the desire to defecate is suppressed, the faeces are forced back into the colon, where they become dry and hard from more water absorption, which leads to anal fissures during defecation¹⁸.
- **Kaphaja Arsha** — This condition is characterised by recurrent transit of mucus- and tenesmus-mixed faeces, which suggests colitis and causes anal fissure formation as a result of repetitive stress to the anal canal¹⁹.
- **Prodromal symptom of Arsha:** Dietary elements that cause disturbances in digestive processes, resulting in dyspepsia, flatulence, and altered bowel habits, are the main causal factors reported for *Arsha*²⁰.

Pathology

The disease's pathophysiology is intricate. The patient may postpone defecating for days at a time until it becomes impossible due to excruciating discomfort. This causes the stools to become harder, which creates more tears when faeces are passed, creating a vicious cycle. The somatic nerves that supply the sphincter muscles also supply the lower anal canal. These sphincters will thus spasm in response to any stimulation to the lower portion of the anal canal. This might also result in the stasis of faecal matter or infectious agents in chronic wounds, which could lead to an infection of the anal canal's crypt. The infection could then spread from the anal gland to the perianal area, where it could develop an abscess that would eventually burst and become a fistula in ano²¹.

Clinical Features²¹

- Defecating causes the excruciating, intense pain, which lasts for at least an hour.
- Remission periods last for a few days or weeks.
- There is frequently a little quantity of bright red blood in the stool, which resembles a streak linked to a firm stool.
- Chronic fissure is characterised by swelling and drainage, which can be exacerbated by peri-anal excoriation.
- Sentinel tag or pile is frequently seen at the distal aspect of chronic fissures and is brought on by inflammation.

Examination²¹

An accurate history and examination may be used to diagnose anal fissure in the majority of individuals.

Inspection: In spite of high sphincter activity, a skin tag and a little quantity of blood or discharge in the perineum are typically visible. If one applies gentle pressure to the perineum's lateral edges, a fissure located beneath the dentate line is almost always detected. Perianal dermatitis can occasionally also occur close to the anal margin, causing the patient to scratch. It is essential to treat both fissure and dermatitis in this situation.

Palpation: To palpate the pathologies surrounding the anal verge during a digital rectal examination (DRE), insert an index finger that has been well lubricated. Acute fissure is often characterised by two main symptoms: an irregular, painful depression close to the anal edge, and a severe spasm of the sphincters. A fissure bed with indurated borders is seen in chronic fissures, and this fissure bed occasionally corresponds with a hypertrophied anal papilla (sentinel tag). DRE may occasionally detect abscesses linked to a persistent fissure.

MANAGEMENT ²¹

There are a lot of topical current applications such as steroids, anaesthetics, nitrate preparation, topical calcium channel blockers, and botulinum toxin injections, however they all have some drawbacks. Treatments for the various phases of chronic fissure and sentinel tag include anal dilatation, fissurectomy, fissurectomy with skin grafting, and open sphincterotomy. However, there is a good chance that these surgical treatments will result in problems such as bleeding, wound healing, fistula or abscess development, and impaired continence. Therefore, Ayurvedic medications and treatments can be utilised in place of these to prevent these issues.

Acute Fissure in Ano

Conservative therapy usually resolves 70% of acute fissures; if not, they become chronic fissures. Ayurvedic remedies, however, are mostly utilised while a disease is in its first stages in order to reduce the likelihood that it would advance to chronicity. The primary goals of the treatment are to reduce sphincter spasm, encourage fissure wound healing, calm the anal canal, and lessen excruciating pain along with the accompanying burning feeling and bleeding.

1. **Nidana Parivarjana:** Removal of aetiology, or Nidana Parivarjana, is the initial stage in therapy.
2. **Avagahana-sweda** (Hot fomentation- Sitz bath): After every bowel movement, taking a seat in a warm or hot water tub reduces discomfort and temporarily relaxes the internal sphincter spasm.
3. **Durvadya Taila**-applied locally: Durva (Cynodactylon), Kampillaka (Mallotus philippensis), Daruharidra (Berberis aristata), and Til taila (sesame oil) are the main ingredients of Durvadya taila.
4. Local administration of **Matra-basti** enema: This device facilitates simple faeces removal and serves as a retention enema. As Parikartika, it heals the ailments brought on by an exacerbated Vata (associated with movement). Giving Matra-basti causes local Snehana (oleation) and relieves the spasm, which reduces the discomfort. It lubricates the anal canal and softens stools.
5. **Ghrita Pichu:** Butter oil swabs, or ghrita-pichu, protect the fissure wound, calm the anal canal, reduce discomfort by relaxing the sphincter, and cleanse the wound to aid in the healing process of ulcers.
6. **High-fibre diet:** To promote better digestion and regular bowel movements, patients should consume foods high in fibre and lots of water. The kind of diet and its fluidity affect how quickly food passes through the digestive system. The faster it enters the rectum and causes distension and evacuation, the more water and indigestible residue it contains. Soft stools take less pressure to pass and improve the blood flow by relaxing the anal sphincter muscles.

Chronic Fissure in Ano^{22,23}

1. **Kshara Sutra Therapy** (medicated thread): Sentinel pile masses may tumble in a matter of days if Kshara Sutra is tied to them.
2. **Kshara Lepa** (alkali coating): Kshara Lepa of *Pratisaraneeya* (external) is applied to the surface of the chronic fissure-in-ano ulcer. *Kshara's* scraping motion decreases the extra fibrous tissue that is covering the ulcer's surface, healing the ulcer and allowing the sphincter to relax at the same time.
3. **Agni karma** (cauterization): *Sushruta* has frequently recommended parasurgical procedures like *Agnikarma*. *Agnikarma* offers noticeable alleviation, and there is also no sign of recurrence. It involves the use of electrothermal cautery to remove sentinel piles.

DISCUSSION

The aetiology and symptomatology of fissure in ano, as described in contemporary surgery, are quite similar to the detailed description of *Guda Parikartika* found in numerous Ayurvedic sources, despite the fact that it is not identified as a separate disease entity in Ayurveda. Both Ayurveda and contemporary surgical texts describe the clinical features of a painful tear in the anal canal with bleeding and burning sensation that can be caused by dietary factors, anal trauma from hard faeces or other causes, conditions with increased frequency of defecation like diarrhoea and colitis, and the description of fissure in ano during pregnancy. The principles of management, however, take a slightly different approach. While Ayurveda focuses more on stabilising digestive functions and improving the nature, character, and consistency of the stool, modern

surgery focuses more on relieving the muscular hypertonia of the anal sphincters through pharmacological and surgical means. No surgical approach is defined for *Guda Parikartika*. Nonetheless, using laxatives and agents to cure wounds is a standard practice in both systems.

CONCLUSION

A raised internal anal sphincter tone brought on by trauma from a hard stool is the cause of *Parikartika*, also known as an anal fissure. The general therapy consists of using stool softeners, *Avagahana* (sitz bath), *Nidana parivarjana* (remove the reason), and local use of oil, which is useful for *Vrana Ropana* (wound healing). Surgery is used to treat chronic fissure-in-ano, and *Kshara Sutra* is used to heal the sentinel tag.

REFERENCES

1. Acharya YT, editor. 2008. Ayurveda Dipika Sanskrit commentary of Chakrapani on Charaka Samhita Indriya Sthana: Chapter 10, Verse 16-17. Reprint ed. Varanasi: Chowkhambha Surbharati Prakashana.
2. Thakral KK. 2014. Hindi Translation of Nibandha Samgrah Sanskrit commentary of Dalhana on Sushruta Samhita Chikitsa Sthana: Chapter 34, Verse 16. 1st ed. Varanasi: Chowkhambha Orientalia; 524.
3. Madoff RD, Dykes SL. 2007. Benign Anorectal: Anal Fissure. In: Wolff BG, Fleshman JW, Beck DE, Pemberton JH, Wexner
4. Kashinath shastri, Gorakhnath chaturvedi (1996) Charak Samhita 23rd edn., Uttarardha, siddhi-stan, Adhaya no. 6, shloka no. 61-62, Chukhambha vishbahrati publication, Varanasi, pp. 1027.
5. Kavi raja ambika dutt shastri (1997) Sushrut Samhita 11th edn., Chikitsa stan, Adhaya no34, Shloka no.16, Varanasi, : Chukhambha sanskruta sanstahan publication, Varanasi, pp.151.
6. Vagbhata: Ashtanga Hridaya, revised by Vidyotini Hindi commentary by Kaviraja Atrideva Gupta, Edited by Vaidya Yadunandan Upadhyaya, Published by Chaukhambha Sanskrit Sansthan, Varanasi, 3 rdEd.,2002, Vi.S.201, Sutrasthana 4, p.535.
7. International Journal of Advances in Pharmacy Biology Chemistry, Constipation and Ayurvedic Churna for its treatment by P. S. Borhade, TA Deshmukh, IJAPBS – Volume 2(1), Jan Mar. 2013.
8. Manipal Manual of Surgery 2 nd edition, chapter 131, p.531
9. Kashyapa Samhita by Vriddhajivaka, revised by Vatsya with Sanskrit introduction by Nepal Rajguru Pandit Hemraj Sharma, edition reprint 2002 Chaukhamba Sanskrit Sansthan, Pune, Garbhini chikitsa adhyaya, p.95.
10. Anal Fissure – Basics – Epidemiology". Best Practice. British Medical Journal. Apr 23, 2012. Retrieved 30 June 2012
11. Kashyapa Samhita by Vriddhajivaka, revised by Vatsya with Sanskrit introduction by Nepal Rajguru Pandit Hemraj Sharma, edition reprint 2002 Chaukhamba Sanskrit Sansthan, Pune, Garbhini chikitsa adhyaya, p.95.
12. Pandey SK, Saxena V. Parikartika and Its Management in Ayurveda. Int J Ayurveda & Med Sc 2018; 3(3): 21-23
13. Acharya YT, editor. 2008. Ayurveda Dipika Sanskrit commentary of Chakrapani on Charaka Samhita Chikitsa Sthana: Chapter 3, Verse 186. Reprint ed. Varanasi: Chowkhambha Surbharati Prakashana.
14. Shastri KN, Chaturvedi GN. 2007. Vidyotini Hindi Commentary on Charaka Samhita, Chikitsa Sthana: Chapter 15, Verse 59- 63. Reprint ed. Varanasi: Chowkhambha Bharti Academy; 462.
15. Shastri KN, Chaturvedi GN. 2007. Vidyotini Hindi Commentary on Charaka Samhita, Chikitsa Sthana: Chapter 19, Verse 5. Reprint ed. Varanasi: Chowkhambha Bharti Academy; 558.
16. Shastri KN, Chaturvedi GN. 2007. Vidyotini Hindi Commentary on Charaka Samhita, Chikitsa Sthana: Chapter 28, Verse 70- 72. Reprint ed. Varanasi: Chowkhambha Bharti Academy; 760.
17. Shastri KN, Chaturvedi GN. 2007. Vidyotini Hindi Commentary on Charaka Samhita, Chikitsa Sthana: Chapter 28, Verse 211. Reprint ed. Varanasi: Chowkhambha Bharti Academy; 812.
18. Shastri AD, editor. 2008. Ayurveda Tattva Sandipika Hindi commentary on Sushruta Samhita Uttara Tantra: Chapter 55 Verse 8. Varanasi: Chaukhamba Sanskrit Sansthan; 405.

19. Shastri KN, Chaturvedi GN. 2007. Vidyotini Hindi Commentary on Charaka Samhita, Chikitsa Sthana: Chapter 14, Verse 17. Reprint ed. Varanasi: Chowkhambha Bharti Academy; 422.
20. Shastri AD, editor. 2009. Ayurveda Tattva Sandipika Hindi commentary on Sushruta Samhita Nidana Sthana: Chapter 2 verse 9. Varanasi: Chaukhamba Sanskrit Sansthan; 307.
21. Pandey SK, Saxena V. Parikartika and Its Management in Ayurveda. Int J Ayurveda & Med Sc 2018; 3(3): 21-23
22. Bhuyan C, Dudhamal TS, Gupta SK, Jaiswara S. 2009. Effect of Kshara-Karma in Parikartika (Acute Fissure in Ano). Indian Journal of Ancient Medicine and Yoga, 2(3):65-75.
23. Bhagat P, Sekhar Namburi UR, Sharma S, Suryawanshi MN. 2015. Pain management in Fissure-in-Ano by Invasive and NonInvasive Methods: An Ayurvedic Review. International Journal of Ayurvedic Medicine, 6(2):128-133

