



Literary Review Of Parikartika W.S.R. To Fissure In Ano

Dr. Nilima Pandey,¹ Dr. Balendra Singh,² Dr. Pawan Dhangar,³ Dr. Divya Sinha⁴

1) P.G. Scholar, Shalya Tantra Dept., Govt. Ayurveda College, Raipur, Chhattisgarh, India.

2) Professor and HOD Shalya Tantra Dept., Govt. Ayurveda College Raipur Chhattisgarh, India.

3) P.G. Scholar, Shalya Tantra Dept., Govt. Ayurveda College, Raipur, Chhattisgarh, India

4) P.G. Scholar, Shalya Tantra Dept., Govt. Ayurveda College, Raipur, Chhattisgarh, India

ABSTRACT

Ayurveda the natural science which not only cures the disease but also prevents from disease. Ayurveda is a beautiful path to lead a disease free life. Nowadays due to sedentary life style many diseases affect the mankind among them parikartika is the most common one. Parikartika is described by acharya Charaka in siddhi sthan chapter 7 in Virechan vyapad, acharya Sushruta has described it in bastivypad and acharya kashyap has described about parikartika in khilstan in the complication of garbhini. Due to wrong food habits many life style disorders like Diabetes Mellitus, Hypertension, obesity, Cardiac problems, Thyroid has become major challenges for the mankind. In the same way anorectal diseases like haemorrhoids, fistula, fissure are also the results of improper food habits and inappropriate life styles.

KEYWORDS: Parikartika, Kartanwat Vedana, Guda.

INTRODUCTION

The first aim of Ayurveda is to maintain the health of a person and if anyhow one gets diseased then the secondary aim is to cure the disease.¹ Due to faulty food habits and lifestyle constipation leading to anorectal diseases are quite high. In samhitas parikartika is defined as kartanvatvedana in and around anus during and after defecation. According to modern science fissure in ano is described as a longitudinal tear in the thin, moist tissue (mucosa) that lines the anus. An anal fissure generally results due to the continuous passage of hard stools during a bowel movement. Anal fissures typically cause pain and bleeding with bowel movement especially a fresh streak of blood along with the stool is typically found in fissure in ano. One can experience spasm in the ring of muscle at the end of anus (anal sphincter).²

Nirukti³

Parikartika is made up of two words Pari and Kartika. Pari is used as a prefix meaning all around and Kartika derived from Sanskrit word krita meaning kartanam or cutting pain. Thus parikartika means cutting sensation or pain all around the anus region

Definition⁴

Acharya Kashyapa said cutting and tearing pain in guda region is considered as Parikartika. Fissure in ano is described as a longitudinal tear in the thin, moist tissue (mucosa) that lines the anus.

Aetiology⁵

- 1) The most commonest aetiological factor of fissure in ano is the constipation.
- 2) Spasm of internal sphincter may also lead to fissure in ano.
- 3) Anal stenosis may develop if too much of the skin has been removed during ano rectal surgeries like haemorrhoids, fistula in ano. If hard stool passes through this stricture fissure in ano may develop.

Nija nidana : Vedana (pain) is the main symptom of Parikartika , so Vata dosha vitiation must be there⁶. Hence all factors responsible for vitiation of Vata dosha can be considered under Nidana of Parikartika.

Mithya Ahara

Vata and Pitta prakopaka ahara that is Ati tikta, katu, kashaya ,alpa ahara ,pramit ashana, upwas, katu, amala lavana, ushna tikshna ahara, abhisyandi bhojana, guru bhojana, ati snehapana, madyapana leads to parikartika.

Mithya Vihara-

Asanshodhana, diwasapna, ratrijagrana, pravahana, utkutasana, atyasana, ativyavaya are some of the vitiating factors of parikartika.

Agantuja Nidana

Aaghataja chhatha (Vastinetra Vyapada)⁷

The improper administration of basti pipe that is if the pipe is displaced or is turned over during administration causes tear, ulceration pain in the anal region. Excessive elongation of the bastinetra may cause trauma to the ano rectum region. This condition should be treated in the same way as traumatic wound.

If the basti netra is pushed too far inside it causes bleeding per rectum, produces ulceration and pain due to friction on the walls of rectum

Due to Diseases

Vataja Pakvaatisara⁸, Aadhman⁹, Urdhwa Vaayu, Urdhwavata, Purvaroopo of Arsha, Vataja Arsha, Sahaja Arsha, Vaatika Grahanee¹⁰.

Clinical Features

1) Pain ¹¹

Pain is one of the main symptom of fissure in ano. Pain starting with and following defecation (usually following an hour or more) has been variously described as sharp, biting, burning, excruciating.

2) Bleeding ¹²

Bleeding is another important symptom of fissure in ano. During defecation passage of bright streaks of blood along with the stool or will be seen in the tissue paper.

3) Discharge and pruritis ¹³

Slight serous discharge occurs from the surface of a fissure. Presence of purulent discharge indicates towards development of submucous abscess and its rupture in the anal canal or externally

4) Constipation ¹⁴

Due to passage of hard stool pain aggravates, so the patient fear to defecate and hold the urge of defecation which further favours the constipation. Constipation leads to the spasm of internal sphincter which ultimately favours fissure in ano.

Hard stool-Fissure-Pain-Constipation.

TYPES

Fissure in ano are of two types

Acute fissure in ano ¹⁵

-Constipated hard stool while passes through the anal canal in patients where there is spasm of internal sphincter and hypertrophied anal papilla an acute tear of the anal canal occurs called acute fissure in ano. It will cause spasm, pain during and after defecation and passage of bright streaks of blood along with stool or will be seen in the tissue paper.

Chronic fissure in ano ¹⁶

-If the acute fissure fails to heal, it will gradually develop into a deep undermined ulcer. This is termed chronic fissure in ano. A typical fissure in ano will have in its upper end a hypertrophied anal papilla. At its lower end a tag of hypertrophic skin, which is called a sentinel pile and canoe shaped ulcer in between the upper and lower ends.

Treatment:

1) Acute Fissure in Ano

Acute fissures which has occurred recently in shorter duration can be managed by conservative treatment.

CONSERVATIVE TREATMENT INCLUDES ¹⁷

- 1) Analgesics should be used to get relieve from pain.
- 2) Stool softener should be used so that the patient passes the stool softly without any anal spasm. Weak bulk laxatives can be used.

3) Nitric oxide is a neurotransmitter and helps in the relaxation of internal sphincter. Glyceryl trinitrate is a nitric acid donor. Its application in the anal canal as a ointment relaxes the internal sphincter.

4) Self dilatation is very useful as it relaxes the anal musculature and resolves with healing of fissure. Firstly 5% xylocaine ointment is applied wait for 5 minutes then a small anal dilator (St. Marks) should be passed in the anal canal.

2) CHRONIC FISSURE IN ANO ¹⁸

Anal dilatation

Posterior sphincterectomy and fissurectomy

Lateral anal sphincterectomy

Excision of anal ulcer

Anal advancement flap

Ayurvedic view of Parikartika Chikitsa

Acharya Kashyapa has described about the treatment of Parikartika according to the dominance of doshas-

1) **Vatika Parikartika**-Yusha formed by Brihati, Bilva, Anantmoola should be given.

2) **Paittika Parikartika**-Tandulodak formed by Madhuyasti, Hanspadi, Dhanayaka, with madhu should be given for internal use.

3) **Kaphaja Parikartika**- Kankari churna, Ashwatha churna, Gokshura churna, saindhav lavan should be given along with food. ¹⁹

Local Treatment-

This includes subsiding the pain locally and wound healing.

1) Avgaha Sweda by Vata and Pitta Shamaka sukhoshna kwath gives relief from pain. Triphala kashaya and Panchvalkala kashaya are used for Avgah sweda.

2) Hot water sitz bath reduces congestion, swelling, pain.

3) Nadi sweda done to get relief from pain

4) Parisheka with cold water, milk and kashaya rasa drugs are beneficial to stop bleeding.

5) Principles of vrana chikitsa has to be adopted for Vrana ropana. Jatyadi taila, kashishadi taila, doorvadi taila accelerates the Vrana Ropana process.

Piccha basti mixed with Yasthimadhu, paste of black Sesamum indicum, honey and ghrita relieves parikartika. ²⁰

Discussion

The disease Parikartika mainly occurs due to constipation, passage of hard stool is the main cause of tear in lower part of anal canal. According to acharyas Vata and Pitta dominance is present in parikartika so all the factors aggravating Vata and Pitta are responsible for Parikartika. Acharya Charaka has mentioned improper administration of Vasti Netra and aousadh dravya may lead to Parikartika. Treatment of Parikartika mainly involves prohibition of constipation by using mild laxatives rich fibrous diet and improving the lifestyle of mankind. Along with this proper administration of Vasti Netra and Aousadh dravya should also be ruled out in order to prohibit Parikartika.

Conclusion

Parikartika is the most common disease among the ano rectal diseases more frequently seen in middle age group. Most of the acute cases of Parikartika gets cured by proper treatment but some cases may develop chronicity which gets difficult to get healed Therefore it becomes essential to maintain a healthy diet and healthy life styles in order to prevent Parikartika

Conflict of interest- None

References

- 1) Shastri Kasinatha Charak Samhita, Sutra sthana,Chaukambha Bharati Academy Varanasi reprint edition 2012 page no.587.
- 2) Das S, A Concise Textbook of Surgery Published by Dr. S. Das. 13 Old Mayors Court, Kolkatta,reprint edition 2016, page no.1084.
- 3) Sabdarthchintamanikosha, part 3, page no.64.
- 4) Sarkar Suman, Critical review of Parikartika as a disease, Journal of Ayurveda and Integrated Medical Sciences, July-Aug 2016, Vol. 1, Issue 2.
- 5) Das S, A Concise Textbook of Surgery Published by Dr. S. Das. 13 Old Mayors Court, Kolkatta,reprint edition 2016, page no.1083.
- 6) Shastri Kasinatha Charak Samhita, Chikitsa sthana,Chaukambha Bharati Academy Varanasi reprint edition 2012 page no.558.
- 7) Shastri Ambikadutta Sushruta Samhita, Chikitsa sthana,Chaukambha Sanskrit Sansthan Varanasi reprint edition 2018 page no.194.
- 8) Shastri Kasinatha Charak Samhita, Chikitsa sthana,Chaukambha Bharati Academy Varanasi reprint edition 2012 page no.558.
- 9) Shastri Kasinatha Charak Samhita, Chikitsa sthana,Chaukambha Bharati Academy Varanasi reprint edition 2012 page no.421.
- 10) Shastri Kasinatha Charak Samhita, Chikitsa sthana,Chaukambha Bharati Academy Varanasi reprint edition 2012 page no.462.
- 11) Das S, A Concise Textbook of Surgery Published by Dr. S. Das. 13 Old Mayors Court, Kolkatta,reprint edition 2016, page no.1084.
- 12) Das S, A Concise Textbook of Surgery Published by Dr. S. Das. 13 Old Mayors Court, Kolkatta,reprint edition 2016, page no.1084.
- 13) Das S, A Concise Textbook of Surgery Published by Dr. S. Das. 13 Old Mayors Court, Kolkatta,reprint edition 2016, page no.1084.
- 14) Das S, A Concise Textbook of Surgery Published by Dr. S. Das. 13 Old Mayors Court, Kolkatta,reprint edition 2016, page no.1084

- 15) Das S, A Concise Textbook of Surgery Published by Dr. S. Das. 13 Old Mayors Court, Kolkatta, reprint edition 2016, page no.1084
- 16) Das S, A Concise Textbook of Surgery Published by Dr. S. Das. 13 Old Mayors Court, Kolkatta, reprint edition 2016, page no.1084
- 17) Das S, A Concise Textbook of Surgery Published by Dr. S. Das. 13 Old Mayors Court, Kolkatta, reprint edition 2016, page no.1084- 1085.
- 18) Das S, A Concise Textbook of Surgery Published by Dr. S. Das. 13 Old Mayors Court, Kolkatta, reprint edition 2016, page no.1085-1086.
- 19) Sharma, Pandit Hemraj,, Kashyap Samhita, Khilsthana ,10/102-105, Chaukambha Sanskrit Sansthan Varanasi reprint edition 2018, page no 455
- 20) Shastri Ambikadutta Sushruta Samhita, chikitsa sthana, Chaukambha Sanskrit Sansthan Varanasi reprint edition 2018 page no 187

