



Effect Of Close Lateral Internal Sphincterotomy With Ayurvedic Mediciane On Jiran Guda Parikartrika

Dr. Sandeep Kumar Jakhar ¹ and Prof. (Dr.) Rajesh Kumar Gupta ²

¹PG Scholar ,Department of Shalya Tantra, Post Graduate Institute of Ayurveda, Jodhpur, Rajasthan ,
india

²HOD & Professor, Department of Shalya Tantra, Post Graduate Institute of Ayurveda, Jodhpur,
Rajasthan , india

ABSTRACT

Background: Chronic anal fissure is a common condition that causes Burning Pain at Anal region, Bleeding during defecation. When conservative management fails, surgical sphincterotomy can be successful. Present Case Study is to Aim to study the jiran guda Parikartika (chronic fissure In Ano) in Ayurveda perspective and observed the result OF CLOSE LATERAL INTERNAL SPHINCTEROTOMY followed by Ayurveda medicine.

Materials and Method: Well diagnosed patient of Parikartika (~Fissure in ano) who were undergone for closed lateral sphincterotomy was selected. The study was conducted in 1 patient with chronic fissure in ano attending Surgery OPD and admitted in surgery wards of Sanjivani ayurveda Hospital associated with Post graduate Institute of Ayurveda, Jodhpur, Rajasthan, during 2 december 2024 to 10 December 2024. The patient came with symptoms of pain and burning during and after defecation and also having the presence of blood streak while passing of stool. The patient is diagnosed as chronic fissure due to the presence of a longitudinal ulcer in lower part of anal canal at the 6 o'clock position with sentinel tag. Patient treated with surgical approach followed by ayurvedic medicines.

RESULT : patient was operated during the period under review. After 5 days of surgery patients relief 60-70% . At the time of discharge patient was completely cure & have no symptoms of fissure.

Conclusion: In our experience close LIS followed by ayurvedic medicine has a more superior short-term outcome with faster recovery in comparison to other surgical procedures amongst patients with Symptomatic Fissure in ano.

Keywords: Guda Parikartika, Fissure In Ano, Anal Fissure, Perianal Pain, Fissurectomy, Sphincterotomy, *Jatyadi Taila, tankan Bhasma, panchsakar churnam, Shatdhaut Ghrita.*

1.INTRODUCTION :

In Ayurvedic science it is known as Parikartika which refers to a condition in which patient experiences a sensation of pain as if the anal canal is being cut around with scissors .¹ An anal fissure also termed as fissure-in-ano, is a linear or oval painful linear tear or defect in the distal anal canal, starting just below the dentate line, extending to the anal verge .² According to Ayurveda the causes of Parikartika disease are Udavarta, Arsha, Jirna jwara and Atisar disease and the faulty Procedure follow of Physician during Virechan, Basti. Most of time Constipation is the primary cause of Parikartika (Fissure in Ano). Pressure of hard stool at posterior portion of anal canal and less support of muscular cause's ulceration at 6 O clock position. Anal fissures can be acute, lasting less than 6 weeks, or chronic, lasting longer than 6 weeks, and are characterized by bleeding and painful longitudinal tears from the dentate line to the squamous epithelium of the anal canal. They manifest as severe perianal pain, typically exacerbated by defecation. The management protocols for fissure-in-ano in Ayurvedic science are Snehavasthi (Oil enema therapy), Avagaha Swedana (lukewarm water with tankan bhasma sitz bath) and Lepanam (medicated ointments). Parikartika can be considered as Sadya Vrana due to the presence of painful longitudinal ulcer .³ Hence surgical procedure close lateral internal sphincterotomy done & also drug preparations that have Vranaropana properties are more effective in the management of Parikartika.

Jatyadi Taila has been mentioned in the treatment of boils, wounds, burns, piles and fistula. It helps in soothing the area, remove slough from wound and ultimately reduces pain.⁴ Due to this properties *Jatyadi tail* is the good medical option in the management of Parikarthika. *Shatdhaut Ghrita* because of its cooling, antiseptic, astringent and other pittashamak properties is highly effective in the management of fissure in ano. *Shatdhaut Ghrita* after prep aration becomes very *sheet* (cold), so used in osh, chosh, daha .⁵ *Panchasakar churna* acted as Anulomaka (laxative) to evacuate the faeces easily and smoothly.⁶ Lateral internal sphincterotomy (LIS) is considered the criterion standard treatment for chronic anal fissure and relieves symptoms with a high cure rate and less recurrence.

2. CASE HISTORY –

The patient has complaint of constipation associated with pain and burning sensation in the perianal region during and after defaecation . Pain was mild to moderate at initial stage which will subside after 15-20 minutes of defaecation. But after some days , pain became aggravated daily and the symptoms like pain and burning sensation was persisting up to half an hour after defaecation. The patient also has associated complaints like constipation and the presence of blood streak while passing of stool. The patient was using analgesics for this but it was giving short term relief and the symptoms was aggravating again after completing drug acting period. Per rectal examination was done to analyse the proper diagnosis. On inspection, a cut longitudinal ulcer with sentinel teg was identified at 6 O'clock position in the lower part of anal canal. Hypertonicity of anal sphincter was analysed with digital rectal examination using a index finger.

Past history HTN – no history of hypertention DM - Non diabetic CVD - No history of cardiovascular disease IHD - No history TB - No history of TB BA - No history of bronchial asthma	Personal history Marital status -married Smoker – No history Tobacco - No history Alcohol – No history Tea – 3-4 times per day Family history Father - Hypertention Mother – NAD
O/E(On Examination) GC - Fair Pulse -88/min Bp - 134/88 mm/Hg Spo2 - 98	Asthvidh pariksha Nadi-Pitta-kapha Mala-Malavstambh, Saraktmalpravrutti Mutra - Prakrut Jiva – malavrata

RR - 21 Pallor - Absent Icterus - Absent	Shabd - Prakrut Sparsh - Ushna Druka - Prakrut Aakruti – Madhyam
S/E(Systemic examination) CVS - S1S2 NORMAL CNS - Conscious Oriented GIT-Liver, Spleen, Kidney not Palpable	Local examination of guda 6 O'clock Position Posterior Midline Fissure with sentinel tag

3. MATERIALS AND METHODS –

The present study was carried out in 1 patient with chronic fissure in ano attending Surgery OPD was conducted in the Shalya Tantra OPD of Sanjivani ayurveda hospital jodhpur associate with Post Graduate of Institute Ayurveda Jodhpur . The selected patient was treated surgically with close lateral internal sphincterotomy , internally with *panchskar Churnam* and *jatayadi oil* & externally by *Shatdhaut Ghrita* on fissure bed . All points of history taking, physical examination and lab investigation were noted in a special case proforma. Selected patient was noted before, during and after the proposed treatment. clinical case study was conducted after obtaining voluntary informed consent. the patient was followed up on 3 weeks, 4 weeks and 5 weeks. Parameters like relief of symptoms, pain relief based on linear visual analogue scale, bleeding per rectum and healing of fissure were evaluated. All the data were collected using a detailed proforma and statistical analysis was done.

Study Design - In this study, 1 patient who was operated on for chronic anal fissures surgery wards of Sanjivani ayurveda Hospital associated with Post Graduate Institute of Ayurveda Jodhpur Rajasthan during the period from 2 december 2024 to 10 december 2024 included.

Relief criteria:

- 1] Bleeding per rectum was decreased.
- 2] Burning sensation was decreased.
- 3] Pain was decreased.
- 4] Itching was decreased.
- 5] Constipation was decreased.
- 6] Tenderness was decreased.
- 7] Inflammation was decreased.
- 8] Sphincteric spasm was absent.
- 9] Discharge was absent.

Assessment Criteria: The patient registered for the current study was assessed on following parameters during the course of treatment.

Bleeding per rectum:

- 0- No bleeding
- 1- Bleeding along with defecation streak wise only over the stool/noticed on fissure rarely.
- 2- Drop wise bleeding during after defecation 0-5 drops occasionally.
- 3- Drop wise bleeding during and after defecation 5-10 drops stopped.
- 4- Profuse bleeding drop wise or stream wise amounting more than 10 drops in each defecation.

Burning sensation:

- 0- No burning sensation.
- 1- Patients complains of burning only during interrogation.
- 2- Patients complain of burning during and after defecation which is relieved after some time without medicine.
- 3- Patient complains of burning during and after defecation for some hours and relieved only with some medicine.
- 4- Patient complains of burning that is present all time .

Itching:

- 0- No itching.
- 1- Patients complain only when asked.
- 2- Once or twice in a day relieved with sitz bath.
- 3- Patients complain of itching sensation many often in a day and discomfort.
- 4- Severe and constant itching sensation all the time.

pain :

- 0- No pain.
- 1- Patients complain only when asked.
- 2- Patients complain of pain during after defecation for few hours but pain is relieved without medicine.
- 3- Patient complains of executing pain during and after defecation for few hours, but pain is relieved only with some medicine.
- 4- Patient struggles due to pain all the day long and his normal routine is hampered.

Constipation :

- 0 bowel clear
- 1 mild constipation
- 2 moderate constipation
- 3 severe constipation

Tenderness :

- 0- No tenderness.
- 1- Pain on deep palpation.
- 2- Pain tenderness on light pressure.
- 3- Pain on touch.
- 4- Patient does not allow palpation due to pain even on touching of under clothes and difficulty in sitting.

Inflammation :

- 0- No inflammation.
- 1- Very less inflammation only on the redness found edges and base of ulcer revealed on examination.
- 2- Redness and raise in temperature in surrounding 1-5mm of tissue.
- 3- Redness raised temperature all around the anus but no loss of function.
- 4- Same redness, swelling and in duration of whole circumference of anal aperture and loss of function.

Sphincteric spasm :

- 0- 2 finger enter easily enter in anal canal during per rectal examination.
- 1- Middle finger enter easily enter in anal canal during per rectal examination.
- 2- Index finger enter easily enter in anal canal during per rectal examination.
- 3- Little finger enter easily enter in anal canal during per rectal examination.
- 4- Severe spasm patient dose not allow per rectal examination.

Discharge :

- 0- No discharge.
- 1- Patient complains only on interrogation occasional discharge.
- 2- Discharge evident on examination and patient complains of often feeling of wetness.
- 3- Patient complains of daily feeling of wetness but no pruritus ani or soiling of under cloth.
- 4- Patient complains soiling of under clothes and form pruritus ani on examination.

3.1 Close Lateral internal sphincterotomy –

Close Lateral internal sphincterotomy was done under local anesthesia . the patient was placed in the lithotomy position. palpated the internal sphincter muscle by inserting the left index finger into the anal canal. The inter sphincteric groove was identified, and a 1-cm incision was made. While the internal sphincter was controlled with the left index finger, one-half to one-third of the internal sphincter was divided with a scissors. After bleeding was controlled, the incision was closed with a sterile dressing, without suturing.

3.2 internal medician & external medician –

Sr. no.	Name of drug	Dose of Drug	Time	Frequency and Anupan
1.	<i>panchskar Churnam</i>	5gm	After meal	One time with lukewarm water
2.	<i>Jatyadi Taila</i>	5ml	Before defecation ,at sleep time & at dressing time	3 time
3.	<i>Shatdhaut Ghrita</i>	sos	2 to 3 time at fissure bed	

4. RESULT –

Sr.no.	symptoms	Pre-operative	After 5 days	At the time of discharge
1.	Bleeding per rectum	3	1	0
2.	Burning sensation	4	2	0
3.	Itching	0	0	0
4.	pain	3	1	0
5.	Constipation	3	0	0
6.	Tenderness	3	1	0
7.	Inflammation	3	1	0
8.	Sphincteric spasm	3	0	0
9.	Discharge	1	0	0

After 5 days of surgery patients relief 60-70% . At the time of discharge patient was completely cure & have no symptoms of fissure. Score is calculated by assesment criteria .



Pre-operative image



post operative image

5. DISCUSSION – Parikartika can be considered as Sadya Vrana due to the presence of painful longitudinal ulcer. Treatment protocols for fissure in ano should be based on the surgical & medicines which aid the healing of ulcers as well as to reduce the cutting and burning type of pain. Lateral internal sphincterotomy is the surgical treatment of choice for refractory anal fissures and may be offered without pharmacologic treatment failure according to the practice parameters by the American Society of Colon and Rectal Surgeons.⁵ Each medicine used in the patient has different properties as mentioned previously. The main advantage of this treatment is the complete reduction of complaints like pain, burning sensation, oozing of blood during and after defaecation within 5 days after the treatment. Complete healing of ulcer in fissure in ano within 15 days is one of the another advantage noted.

Panchsakar churanm

It is specifically recommended for constipation, or Vibandha. Due to its Deepana (appetizer) and Pachana (digestive) qualities, the *Shunthi* (*Zingiber officinalis* Linn.) is thought to aid in better digestion. The laxative properties of *senna* (*Cassia angustifolia* Vahl.), *haritaki* (*Terminalia chebula* Retz.), and *shatapushpa* (*Fenicum vulgare*) facilitate the simple evacuation of feces.

Jatayadi taila

Frequent contact with the mucosa and ongoing fecal pollution of the lesion, along with ongoing sphincteric muscle spasm, are the key elements that prevent a fissure-in-ano from healing normally. A medication that has a calming effect, such as Vata-pittahara action, Vedana Sthapana, Vraṇa Shodhana, or Vraṇa Ropaṇa, is more appropriate in this case. Shothahara, Vedanasthapana, and Ropaka make up the majority of the constituents in *Jatyadi taila*. *Neem*, *Haridra*, *Daruharidra*, *Abhaya*, and *Lodhra* are among the components that possess antibacterial properties. The components *Manjistha*, *Sariva*, and *Karanja* have the ability to cleanse wounds, or vrunashodhana. Antioxidant and wound-healing qualities are possessed by *Naktahva* and *Abhaya*. *Katuka* enhances the migration of endothelial cells, dermal myofibroblasts, and fibroblasts into the wound bed as well as re-epithelialization and neo-vascularization. *Jati*, *Patola*, and *Sikta* have the ability to heal wounds through vrunaropana.

ShatdhautGhrita

Shatdhaut Ghrita after preparation becomes very sheet (cold), so used in osh, chosh, daha.⁸ It has properties as sukshma, madhur rasa, sheet veerya, madhur vipaka, dahashamak. It acts as vranaropak (wound healing), jeevanurakshak (disinfectant). All the above pittashamak properties are present in *shatdhaut ghrita*. So it is effectively relieves the signs and symptoms of fissure in ano. Additionally, ghrita is a known immune booster and it is this property of *shatdhaut ghrita* that leads to increase in local cell immunity. This is the causative factor that prevents recurrence of symptoms in patients treated with *Shatdhaut Ghrita*. Vitamins A, D, E, and K are found in ghrita. As antioxidants, vitamins A and E aid in shielding the body from oxidative damage. Vitamin A maintains the body's epithelial tissue. Additionally, it includes 4-5% linolenic acid, an important fatty acid that supports healthy bodily growth.

Since lipid is also present in the cell membrane, the lipophilic action of ghrita makes it easier for it to be transported to the intended organ and then delivered inside the cell. Ghrita's lipophilic properties make it easier for the formulation to enter cells and reach the nuclear membrane, mitochondria, and microsomes.⁸ Lukewarm water with *tanakan Bhasma* Sitz bath helps to reduce the pain, improve the blood flow of the regions, and thus helps to relax the anal sphincter.

6. CONCLUSION - close LIS procedures are considered the criterion standard in treatment of anal fissures and should be regarded as the definitive treatment. This study showed that closed Lateral Internal Sphincterotomy for the treatment of chronic anal fissure has advantages over Fissurectomy both in terms of postoperative morbidity, recurrence and shorter hospital stay.

Shatdhaut Ghrita is quite helpful at managing ano fissures due to its cooling, antibacterial, astringent, and other pittashamak qualities. In patients receiving *Shatdhaut Ghrita*, it avoids repeated symptoms by boosting local cell immunity.

Jatyadi Taila's function in Parikartika treatment In comparatively short amounts of time, the patients can achieve notable improvements in their symptom scores. Notwithstanding the clinical study's limitations, it can be concluded that *Jatyadi Taila* is a straightforward, safe therapy option for Parikartika (Fissure-in-ano). *Panchsakar churanm* is especially advised for Vibandha, or constipation. It is believed that the *Shunthi (Zingiber officinalis Lin*

3n.) can help improve digestion because of its Deepana (appetizer) and Pachana (digestive) properties. *Senna (Cassia angustifolia Vahl.)*, *haritaki (Terminalia3 chebula Retz.)*, and *shatapushpa (Fenicum vulgare)* all have laxative qualities that make it easier to remove waste.

7. REFERENCES :

1. Kumar Praveen, Sijoria KK. Diagnosis and management of anorectal diseases, First ed, Delhi: Chaukhamba Sanskrit Pratishthan. 2002;179.
2. Gardner I.H., Siddharthan R.V., Tsikitis V.L.: Benign anorectal disease: hemorrhoids, fissures, and fistulas. *Ann Gastroenterol.*, 2020; 33(1): 9–18.
3. Patel JR, Dudhamal TS. A comparative clinical study of Yashtimadhu Ghrita and lignocaine-nifedipine ointment in the management of Parikartika (acute fissure-in-ano). *Ayu.* 2017;38:46-51.
4. Baswa M, Rath CC, Dash SK, Mishra RK. Antibacterial activity of Karanj (*Pongamia pinnata*) and Neem (*Azadirachta indica*) seed oil: a preliminary report. *Microbios*, 2001; 105(412): 183-89.
5. Dr. A. Agnihotri, *Bhaishyajakalpa navidnyana*, 1stedi., Varanasi, Chaukhamba Bharati Academy, 1991, p.no.268.
6. Shri Krishnadas Bhatta, *Sidhabhaishaja Manimala*, Chturtha guchha, *Udavarta Chikitsa sloka 7*, 2nd edition Varanasi: Krishnadas Academy, 1999; 257.
7. Perry WB, Dykes SL, Buie WD, Rafferty JF; Standards Practice Task Force of the American Society of Colon and Rectal Surgeons. Practice parameters for the management of anal fissures (3rd revision). *Dis Colon Rectum* 2010;53(8):1110–1115.
8. Dr. K. Ramachandra Reddy, *Ocean of Ayurvedic pharmaceuticals*, 1stedi., Varanasi, Chaukhamba Sanskrit Bhavan, 2007, p.no.566-567.-