

## GUDA PARIKARTIKA AND ITS MANAGEMENT

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### 1 ABSTRACT

The health of any person depends on his life style and food stuff. Diet and life style plays an important role in guda parikartika which is evident by references. The reference about Parikartika is available from all Bruhatrayees and later authors of Ayurveda. The disease Parikartika is mentioned in *bastikarmavyapat*<sup>[1]</sup>, *vamana-virechanavyapat*<sup>[2]</sup> and in *Garbhini chikitsa*.<sup>[3]</sup> The word *Parikartika* means *parikartanavatvedana*<sup>[4]</sup> around *guda* i.e. cutting type of pain. On the basis of the site, signs, and symptoms the disease *parikartika* can be correlated to fissure-in-ano, described in modern medical science. In day-to-day practice, among all anorectal disease

encountered in practice, the anal fissure represents one of the most common disease due to altered life style in about 30-40% of the population. and commonly seen in youngsters, pregnant women and purpureal period. Fissure-in-ano is a painful tear or split in the epithelial lining of the distal anal canal and causes severe anal pain during and after defecation hampering the daily activities of the person. Management of fissureIn modern medicalscience is medical and surgical, which includes analgesic, stool softeners, soothing ointments and anal dilatation, sphincterotomy, fissurectomy respectively. and in Ayurveda guda parikartika is treated with avgahasweda, high fiber diet, local therapies in the form of anuvasanabasti, pichchabasti, madhur, Kashaya dravya siddha basti, lepa, guggulu.

**KEYWORDS:** Gudaparikartika, fissure in ano, anal dialation, sphincterotomy, fissurectomy, avgahasweda, anuvasanabasti, pichchabasti, guggulu.

## INTRODUCTION

There is no reference for parikartika as an independent disease, but in many contexts, it is mentioned as a symptom by our Acharya.

Vyutpatti of Parikarta<sup>[4]</sup>: parikrit –pari + kruntati

Pari: Around

Krintat: clip, cut off

Kartika: sharp shooting pain

Kartana: cut off

In Sushrutha chikitsasthana 34<sup>th</sup> chapter Dalhana explains about the definition of the ‘Guda Parikarthika’ as it is the condition there is excruciating cutting pain in the guda, nabhi and surrounding areas.<sup>[5]</sup>

- In both Charakasamhitha and Sushruthasamhitha Guda Parikartika is considered as one of the Virechanavyapat.<sup>[6,7]</sup>
- In Sushrutasamhita Nidanasthana Gudaparikartana is mentioned as one of the poorvaroopas of Arsharoga., In Uttara tantra, Parikarthana has been mentioned as Lakshana of Pureeshaja Udavart.<sup>[8]</sup>
- According to Charakasamhita, Sushruthasamhita and Astangasangraha, Parikartika is mentioned as one among the lakshanas of vasti karma vyapat.<sup>[9,10,11]</sup>
- According to Bhelasamhita, Siddisthana, Parikartika mentioned as Vyapat of both Virechana and vasti karma.<sup>[12]</sup>
- The other contexts where Parikartika is mentioned as Lakshana are Vyanavrita Apana<sup>[13]</sup>, Apanavrita Udana<sup>[14]</sup>, Pureeshanigraha<sup>[15]</sup>, Vataja grahani<sup>[16]</sup> Vatika Atisara<sup>[17]</sup> Sahaja Arsha<sup>[18]</sup> Pureeshavrita Vata.<sup>[19]</sup>
- Acharya Sushruta and Charaka described about nidaana, samprapti, lakshana, chikista of Parikartika.<sup>[1,2]</sup>

- **Nidana and Samprapti (Aetiology)**

क्षमेणातिमृदुकोष्ठेन मन्दाग्निना रुक्षेण वाऽतितक्ष्णोतिलवणमतिरूक्ष वा पीतमौषधं पित्तानिलौ प्रदूष्य परिकर्तिकामापादयति, तत्र गुदनाभिमेद्वबस्तिशिरः सु सदाहं परिकर्तनमनिलसङ्गो वायुविष्टम्भो भक्तारुचिश्च भवति

If a person debilitated with mridukoshta or mandagni, the ingestion of atirooksha, atiteekshna, atiushna, atilavanaahara, causes dushana of pitta and anila and produces parikartika. (SU CH. 34 Sl. 16 p.187).

**मृदुकोष्ठअल्पदोषस्य रुक्षस्तीक्ष्णोतिमात्रवान्। वस्तिर्दोषान्निरस्याशु जनयेत् परिकर्तिकाम॥** (ch. Si. Chap.7 sl.54).

The exact mechanism of pathophysiology of anal fissure has not been clearly established and the exact cause remains uncertain. Many patients relate the occurrence of a fissure to the passage of a hard stool or trauma. Surprisingly constipation is not always reported and some patients describe repeated episode diarrhea. The anal sphincter hypertonicity is being considered current hypothesis for its pathogenesis as documented by manometry in multiple studies. it is more common in women, mostly seen between 30-50 yrs. of age. It occurs commonly in the midline posteriorly, the least protected part of anal canal. In males fissure usually occurs in midline posteriorly (90%) and much less anteriorly (10%). In female on the midline anteriorly are slightly common than posteriorly. The relative frequency of anterior fissure in females may be explained by trauma caused by fetal head on the anterior wall of the anal canal during delivery.

#### **According to modern aetiology**

1. Constipation – most common etiological factor.
2. Spasm of the internal sphincter has also been incriminated to cause fissure-in-ano.
3. When too much skin has been removed during operation for haemorrhoid, anal stenosis may result in which anal fissure may develop when hard motion passes through such stricture.

#### **Secondary causes**

1. Ulcerative colitis
2. Crohn's disease

3. Syphilis
4. Tuberculosis<sup>[20]</sup>

### Lakshana of Parikartika (Clinical Features)

तत्र गुदनाभिमेद्वबस्तिशिरः सु सदाहं परिकर्तनमनिलसङ्गो वायुविष्टम्भो भक्तारुचिश्च भवति,

The patient suffers from cutting pain with burning sensation in anus, umbilicus, penis and neck of bladder, retention of flatus, wind formation and anorexia. (SU CH. 34 Sl. 16 p.187)

Acharya charak mentioned almost same lakshana of parikartika.

त्रिकवक्ष्णवस्तीनाम तोदम नाभेरथो रुजम। विबंधोल्प्मुत्थानम वस्तिर्निर्लेख्नाद्भवेत्॥ (च. सि. ७/५५)

### Clinical Features of Fissure in Ano Are<sup>[20]</sup>

- Pain in anal region during and after defecation
- Constipation
- Bleeding per anus, stools streaked with blood
- Burning sensation in anal region
- Sentinel pile refers to tag of skin at the outer end of the fissure
- Discharge

### Types of Parikartika

- Acharya Kashyapa described about types of Parikartika in the garbhinichikitsa There are three types of parikartika according to Acharya kasyap:
  1. Vatic parikartika: due to vitiation of vata symptoms are shooting, cutting and pricking type of pain
  2. Paitik parikartika: due to vitiation of pitta there is burning type of pain.
  3. Shleshmic parikartika: due to kapha vitiation there is dull and itching type of pain.

### There Are 2 Types of Fissure in ANO<sup>[20]</sup>

1. Acute fissure: it will cause spasm, pain of defecation and passage of bright streaks of blood along with stool or will be seen in the tissue paper.
2. Chronic fissure: if acute fissure is fails to heal it will gradually develop into a deep undermined ulcer this is termed as chronic fissure in ano. A typical chronic fissure will have in its upper end a hypotrophied anal papilla. at its lower end a tag of hypertrophic skin which called sentinel pile or tag.

**Chikitsa of Parikartika (Treatment)**

- तत्र पिच्छावस्तिर्यष्टीमधुकृष्णतिलकल्कमधघृतयुक्तः, शीताम्बुपरिषिक्तं चैनं पयसा भुक्तवन्तं घृतमण्डेन यष्टीमधुकसिध्देन तैलेन वाऽनुवासयेत्॥ {सु. चि. ३४-१६}

Patient should be treated with picchavasti mixed with paste of yastimadhu and black sesamum along with honey and ghee. He should also be sprinkled with cold water, fed with milk, anuvasanavasti with ghee sesamum or oil processed with yastimadhu.

स्वादुशीतौषधेस्तत्र पय ईक्षवादिभिः श्रुतम्।

यस्त्याहतिक्ल्काभ्याम वस्तिः स्यात् क्षीरभोजिनः (च.सि.७/५६)

According to Acharya charak patient should be treated with ksheerbasti mixed with paste of madhursheetadravyas and tilakalk. And with ralamulethimanjeethadibasti, (ch.sidhi/7/ 57) karbudaaradibasti(ch. sidhi/10/34).

Chikitsha According to acharya kasyap in relation with garbhini chikitsha:

Yusha for vatika parikartika: briahati, bilva, anantamula

Yusha for paittika parikartika: madhuyasti, hanspatti, dhaniya, madhu etc

Yusha for kaphaja parikartika: kateri, goksura, pippali and salt.

**Avgaha Swed-** Sitting in warm water tub after each bowel movement soothes pain and relaxes spasm of internal sphincter for some time. it helps to cleaning of wound it is done for 10 min bd.

**Guggulu Prepration-** Triphala guggulu, kaishore guggulu, and shigru guggulu have been shown very good results in guda parikartika.

Triphala guggulu is useful in unhealthy and large wound and also effective in constipation, shigru guggulu help to reduce inflammation and pain, kaishore guggulu is effective whwn therer is associate dermatitis, itching and burning sensation.

**Local Application of Jatyadi TAIL/ GHRIT:** It is mentioned in bhaisajya ratnawali in reference of vrana. It forms a protecting layer over fissure wound, it soothes anal canal so relive pain by relaxing sphincter tone and cleans wound as well as good healing property.

**Treatment of Fissure According To Mordern Aspect**

**Conservative:** Pain killers, stool softener, soothing ointment, dilatation using anal dilators.

Surgical: Lord's dilatation, posterior sphincterotomy, lateral anal sphincterotomy, excision of anal ulcer.<sup>[20]</sup>

**CONCLUSION**

Gudaparikartika is common disease caused due to vitiation of vata and pitta dosha. Guda parikartika (Fissure in ano) is a life style disorder. Passage of hard constipated stool is prime cause of tear in lower anal canal which result in excruciated pain during and after defaecation and it can only be managed by regulating our diet, life style and. Ayurvedic preprations such as pichcha vasti, guggulu preprations, etc are useful in treating gudaparikartika (fissure). These prepration are useful in cardiac, diabetic, aids, hepatitis b patients where healing is difficult due to low immune response and patients who are not willing for operative procedure.

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