

AYURVEDIC MANAGEMENT OF FISSURE - IN- ANO

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ABSTRACT

A single blind clinical trial was carried out to evaluate the efficacy of Kasisadi taila basti, Hot sitz bath, Jatyadi ghrtam, Abhaydrisam and Triphala churna in the management of Fissure-in-ano. The observations and the results were recorded under various parameters. It is concluded that this drug combination is effective in the management of Fissure-in-ano.

INTRODUCTION

Anal fissure is a tear in the skin around the opening of the anus. It can cause sharp pain, especially when opening the bowels. It is thought to be a common disorder for which many people do not seek medical advice. The internal anal sphincter plays a key role in the development of an anal fissure. This is one of two muscles that control the opening of the anus. Both muscles need to relax in order to pass the stool. Unlike the exterior anal sphincter, which can be tensed or relaxed voluntarily, there is no voluntary control of the internal sphincter. The internal anal sphincter may go into spasm because of the pain of a fissure

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causing a raised pressure within the anus. This excess pressure makes it harder to pass the stool, making constipation worse, and contributing to a vicious circle. The spasm of the internal anal sphincter can also restrict the blood supply to the anal skin, which reduces its ability to heal.

The condition parikartika is referred to in ayurvedic literature as one of the fifteen kinds of disorders which may result from injudicious use of purgatives owing to the ignorance of the physician or of the patient. Improperly done virecana karma (purgatives) aggravates the vata and pitta that gives rise to a sort of cutting, sawing pain in the anus, penis, umbilical region and the neck of the bladder. The omission of flatus is arrested by the vayu and lies incarcerated in the abdomen, and relish for food vanishes.

Application of creams or ointments that contain local anaesthetics (e.g. lidocaine) or steroids (e.g. hydrocortisone) and an injection of outline toxin (Botox), anal dilatation, sphincterotomy, and fissurectomy (chronic fissure) are usually in practice. But these procedures have sometimes associated with some complications like post operative anal stenosis, sphincter incontinence etc. To overcome such problems and to provide cheap, simple, ambulatory and effective treatment, a combined therapy has been kept on trial on the basis of the treatment mentioned in the ancient literature and also based on the preliminary work done in the management of the said disease. Picchabasti and anuvasana basti are advised in the treatment of parikartika. Taking this view in to consideration, a modified regimen with kasisadi taila basti, jatyadi ghruta per rectal application, hot sitz bath and a laxative was tried on 350 cases of fissure-in-ano and it was found to be quite effective without any complications.

MATERIAL AND METHODS

The trial was aimed to evaluate the efficacy of the Ayurvedic drug combination in terms of the days taken to check the pain as well as alleviation of associated symptoms and to see whether there is recurrence of pain/bleeding and other symptoms even after complete healing.

Selection of cases

A total number of 350 patients with complaints of pain with or without bleeding per rectum during and/or after the defecation with or without other symptoms like, itching, discharge, constipation, with /or without pain were examined and confirmed by peri-anal examination were admitted for the study. The cases associated with malignancy were excluded from the

study. The cases were randomly selected irrespective of age, sex, chronicity, prakriti and type of fissure. The follow-up was made at an interval of 7 days during the study period of 21 days and at an interval of 15 days upto 6 week, thereafter.

Drug

- Kasisadi taila:- 10 ml to be administered per rectally half an hour before defaecation daily once in the morning with the help of a syringe and plain rubber catheter No.7.
- Hot Sitz bath twice daily with warm water.
- Jatyadi ghrtam (q-s) for per rectal application daily once after sitz bath.
- Abhaydrisam 25 ml twice daily with lukewarm water.
- Triphala churna - 5g at bedtime with warm water.

Diet

- Wholesome:- Ghee, milk, rice, plenty of liquids, plenty of fruit, vegetables and wholegrain cereals.
- Unwholesome:- Non-veg. and spicy foods.

Assessment criteria

Since the pain is the main symptom in Fissure-in-ano, the total number of days taken to heal the wound with alleviation of pain and associated symptoms were noted and results were assessed (Table 1).

OBSERVATIONS

General analysis in relation to age, sex, chronicity and condition of fissure, prakriti, etc. of patients were made. About 53% of cases were females and the incidence was found maximum (38%) in the age group of 21-30 years. About 62% of cases had the chronicity of up to one year and almost all cases had constipated bowel habits. The study revealed that a large number of cases (98.28%) had undergone medical treatment and 1.71% of cases underwent Sphincterotomy prior to the study but reported recurrence. Maximum number of cases (62.85%) were pittaprakriti. 40.85% of cases suffered moderate pain and 35.14% had severe pain. 57.42% of cases had acute fissure followed by acute on chronic fissure with incidence of 32.57%. The study also revealed that anterior midline fissures were commonly found in females. Out of 350 cases registered for the study 67.71% of cases had itching/pruritis ani, 61.42% had discomfort at anal region, 63.14% had bleeding per rectum and 52.85% of cases complained of discharge (mucoid).

RESULTS AND DISCUSSION

Out of 350 cases, 37.42 percent had complete relief within seven days of therapy, 26.85 percent had complete relief between 8 and 14 days, 16.57 percent had complete relief between 15 and 21 days, 0.85 percent had complete relief between 22 and 30 days of the therapy while 18.28 percent cases dropped out from the study.

The analysis showed that (i) maximum number of cases (55) found in the age group of 21 - 30 years, (ii) maximum of cases (101) with duration of illness up to one year, (iii) 91 cases who belong to pitta prakriti and (iv) 93 cases with acute fissures had got complete relief within seven days of therapy (Table 2).

During the study it is observed that anterior midline fissures were noticed in females only (excepting in few male cases), which may be due to some anatomical curvatures of the ano-rectal canal that allows the stool to press on the anterior wall and may give rise to an abrasion in the longitudinal direction. Posterior midline fissures are found maximum in males. If the acute fissure does not heal readily, certain secondary changes may develop. One of the most striking features is swelling at the lower end of the fissure forming the so called sentinel tag due to low grade infection and lymphatic edema and often the tag has a very inflamed, tense and edematous appearance. Later it may undergo fibrosis and persist as a permanent fibrous skin tag even if the fissure heals. In addition, long-standing cases develop fibrous indurations in the lateral edges of the fissure. After several months of non-healing, the base of the ulcer becomes fibrous resulting in a rather spastic, fibrotic, tightly contracted internal sphincter. At any stage, frank suppuration may occur and extend into surrounding tissues forming an inter-sphincteric abscess or a peri-anal abscess leading to a low inter-sphincteric fistula.

Table 1: Assessment of Response.

| S. No. | Response Duration | Description |
|--------|----------------------|---|
| 1 | < 7 days | When there is complete relief in pain during/after defecation without any bleeding within 7 days of the therapy started. No recurrence there after upto 6 weeks of the follow-up. |
| 2 | 8 to 14 days | When there is complete relief in pain during/after defecation without bleeding after 7 days but before 14 days of the therapy and no recurrence there after up to 6 weeks of the follow-up. |
| 3 | 15 - 21 days | Complete relief in pain after 14 days but before 21 days of the treatment without bleeding and recurrence there after up to 6 weeks of the follow-up. |
| 4 | 22 - 30 days | Complete relief in pain after 21 days but 30 days of the therapy without bleeding and recurrence there after up to 6 weeks of the follow-up. |
| 5 | Relief after 30 days | When there is any relief in pain or partial relief or relief in pain after 30 |

| | | |
|---|----------|--|
| | | days of the therapy and/or recurrence thereafter. |
| 6 | Drop out | Discontinuation of the treatment during the trial due to development of any complications and: aggravation of the disease. |

Table 2: Recovery According To Various Parametes.

| Parameters | Results of the treatment (%) i.e. relief in terms to number of days of therapy | | | | | |
|------------------------------|--|-------------------|-------------------|----------------|------------------|-------------------|
| | < 7 days | 8 to 14 | 15 to 21 | 22 to 30 | DO | Total |
| According to age | | | | | | |
| Upto 20 yrs | 6 (1.71) | 04 (1.14) | 03 (0.85) | 1 (0.28) | 4 (1.14) | 18 (5.14) |
| 21-30 | 55 (15.71) | 36 (10.28) | 23 (6.57) | 1 (0.28) | 18 (5.14) | 133 (38.0) |
| 31-40 | 37 (10.57) | 39 (11.14) | 21 (6.0) | 1 (0.28) | 17 (4.85) | 117 (33.42) |
| 41-50 | 23 (6.57) | 08 (2.28) | 08 (2.28) | 0 (0.00) | 14 (4.00) | 52 (14.85) |
| 51 & above | 10 (2.85) | 13 (3.71) | 03 (0.85) | 0 (0.00) | 11 (3.14) | 30 (8.57) |
| Total | 131 (37.42) | 94 (26.85) | 58 (16.57) | 3(0.85) | 64(18.28) | 50(100.00) |
| Duration of illness | | | | | | |
| Upto 1 year | 101 (28.85) | 60 (17.17) | 34 (9.71) | 2 (0.57) | 21 (6.00) | 218 (62.28) |
| 1- 2 year | 23 (6.57) | 23 (6.57) | 19 (5.42) | 0 (0.00) | 20 (5.71) | 86 (24.57) |
| 2-3 year | 06 (1.71) | 09 (2.57) | 02 (0.57) | 1 (0.28) | 20 (5.71) | 37 (10.57) |
| 3 & above | 01 (0.28) | 02 (0.57) | 03 (0.85) | 0 (0.00) | 03 (0.85) | 09 (2.57) |
| Total | 131 (37.42) | 94 (26.85) | 58 (16.57) | 3(0.85) | 64(18.28) | 50(100.00) |
| According to prakriti | | | | | | |
| Vata | 26 (7.42) | 30 (8.57) | 16 (4.57) | 02 (0.57) | 30 (8.57) | 104 (29.71) |
| Pitta | 91 (26.0) | 61 (17.42) | 39 (11.14) | 0 (0.00) | 29 (8.28) | 220 (62.85) |
| Kapha | 14 (4.00) | 03 (0.85) | 03 (0.85) | 01 (0.28) | 05 (1.42) | 26 (7.42) |
| Total | 131 (37.42) | 94 (26.85) | 58 (16.57) | 3(0.85) | 64(18.28) | 50(100.00) |
| Acc. to condition | | | | | | |
| Acute | 93 (26.57) | 43 (12.28) | 36 (10.28) | 02 (0.57) | 27 (7.71) | 201 (57.42) |
| Acute/chronic | 33 (9.42) | 45 (12.85) | 21 (6.0) | 01 (0.28) | 14 (4.0) | 114 (32.57) |
| Chronic | 05 (1.42) | 06 (1.71) | 01 (0.28) | 0 (0.00) | 23 (8.57) | 35 (10.0) |
| Total | 131 (37.42) | 94 (26.85) | 58 (16.57) | 3(0.85) | 64(18.28) | 50(100.00) |

Hot sitz bath relieves the spasticity and tight contraction of the internal sphincter and allows proper penetration of medicated ghruta through vaso dilatation. Owing to its vrana Sodhana and ropana properties Jatyadi ghruta heals the wound in due course of time. Inflammation and lymphatic edema are also reduced, by the soothing effect of ghruta. Usually taila will help in producing a soothing effect and will help easy descent of the faecal column. The main ingredient of Kasisadi taila is Kasisa (CuSO_4) and the effect of Kasisa is known as Sodhana and ksarana which helps in healing of the eroded portion of the haemorrhoidal vessels and facilitates and promotes quick healing. In most cases of fissure-in-ano, the root cause is constipation, and Triphala churna was given to relieve the constipation.

Changes in diet and lifestyle will help to encourage healing of a fissure. The main aim is to avoid constipation, so that stools are smaller and softer. This can be achieved by eating a diet

that is rich in fibre, including plenty of fruit, vegetables and wholegrain cereals such as brown rice, bread and pasta. Taking a regular supplement of bulk-forming laxative or a laxative that softens the stool will help the healing process and prevent further tears. Sitting in a warm bath after using the toilet may also relieve the spasm and bring some relief from the discomfort.

CONCLUSION

The following observations have been made from the present study:

- The incidence of fissure-in-ano is more common between 21 and 40 years of age.
- The bowel habit of all the patients registered was constipated bowel.
- A large number of patients underwent medical treatment prior to the present study.
- Number of patients of pittaprakriti was more in comparison to vata and kapha prakritis
- It was observed that the lesser the age and early duration of the illness, faster the response of the therapy.
- It was observed that a maximum number of patients got complete relief within seven days of the therapy.
- Out of 350 cases, 37.42 percent had complete relief within seven days of therapy, 26.85 percent had complete relief between 8 and 14 days of the therapy, 16.57 percent had complete relief between 15 and 21 days of the therapy, 0.85 percent had complete relief between 22 and 30 days of the therapy, while 18.28 percent cases dropped out from the study.

It is concluded that the efficacy of this treatment is significant and the fissure healed without leaving any scar.

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