

MANAGEMENT OF PARIKARTHIKA (FISSURE-IN-ANO) THROUGH AYURVEDIC TREATMENT: A CASE REPORT

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Article Received on 15 March 2026,
Article Revised on 05 April 2026,
Article Published on 16 April 2026,

<https://doi.org/10.5281/zenodo.19592915>

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How to cite this Article: Dr. Prince Meena^{1*},
Dr. Vishnu Dutt Sharma². (2026).
Management Of Parikarthika (Fissure-In-
Ano) Through Ayurvedic Treatment: A Case
Report. World Journal of Pharmaceutical
Research, 15(8), 630-635.

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ABSTRACT

Background: *Parikarthika*, which is clinically comparable to fissure-in-ano, is a frequently encountered anorectal disorder characterized by severe pain and discomfort during defecation. In the current era, its prevalence has increased due to faulty dietary patterns, reduced physical activity, and irregular bowel habits. Ayurvedic texts describe *Parikarthika* as a condition presenting with intense cutting and burning pain in the anal region, commonly associated with constipation and bleeding. The present case report aims to evaluate the efficacy of Ayurvedic management in acute fissure-in-ano. A 21-year-old female patient presented with complaints of severe pain and burning sensation during and after bowel evacuation, along with fresh bleeding per rectum. Local examination revealed a longitudinal ulcer located at the posterior midline of the anal canal, confirming acute fissure-in-ano. The patient was

managed through a comprehensive Ayurvedic treatment protocol that included *Nidana Parivarjana*, internal medications, and local therapy with *Jatyadi Taila Pichu*, along with *Avagaha Swedana*. Complete healing of the fissure was achieved within 12 days, with marked relief in pain, burning sensation, and bleeding. Pain was reduced from 8/10 to 1/10 within 12 days. No recurrence was observed during a follow-up period of two months.

KEYWORDS: *Parikarthika, Fissure-in-Ano, Jatyadi Taila, Avagaha Swedana, Ayurveda.*

INTRODUCTION

Fissure-in-ano is a common anorectal condition presenting as a linear tear in the anal canal, often associated with severe pain, bleeding, and sphincter spasm. The term fissure denotes a crack or split and clinically represents a superficial ulcer of the anoderm. Due to intense pain during defecation, the condition significantly affects the quality of life of affected individuals.^[1] In Ayurvedic literature, fissure-in-ano is described under the entity *Parikarthika*, which literally denotes severe cutting pain in the anal region. The disease is primarily attributed to vitiation of *Vata and Pitta dosha*, commonly precipitated by constipation, intake of excessively spicy food, and improper lifestyle practices.^[2] Management of *Parikarthika* in Ayurveda focuses on alleviating pain, correcting bowel habits, and promoting wound healing. Classical treatment modalities include *Avagaha Swedana*, *Snehana*, and local application of medicated oils. Among these, *Jatyadi Taila* is widely recognized for its wound-cleansing, healing, and analgesic properties, making it beneficial in the management of acute anal fissures.^[3]

CASE REPORT

Chief Complaints

- Bleeding per rectum for 2–3 days
- Burning sensation after defecation for 15 days.

History of Present Illness

A 21-year-old female patient reported to the Shalya Tantra outpatient department with complaints of severe pain in the anal region for the past 7–10 days. The pain was aggravated during defecation and continued for some time afterward. The nature of pain was described as sharp, burning, and cutting.

The patient gave a history of passing hard stools prior to the onset of symptoms and noticed fresh blood during defecation, either mixed with stools or on wiping. Due to fear of pain, she started avoiding bowel movements, which further aggravated constipation. No history of fever, discharge, swelling, prolapse, or similar episodes in the past was reported.

The patient had no significant past medical or surgical history.

INVESTIGATIONS

Sr.No.	Test	Result
1.	Hemoglobin	13.0 g/dL
2	Total Leukocyte Count	8.2 /cumm
3	RBC Count	$3.68 \times 10^6/\mu\text{L}$
4	ESR	30 mm/1st hour
5	Bleeding Time	2 min 17 sec
6	Clotting Time	4 min 58 sec
7	Platelet Count	$2.84 \times 10^5/\mu\text{L}$
8	Random Blood Sugar	93 mg/dL
9	HIV	Negative
10	HBsAg	Negative

SELECTION CRITERIA

INCLUSION CRITERIA

- Patients presenting with longitudinal anal fissure with severe pain and sphincter spasm
- Patients willing to provide written informed consent.

EXCLUSION CRITERIA

- Fissure associated with fistula-in-ano, inflammatory bowel disease, tuberculosis, or malignancy
- Pregnant women
- Patients with diabetes mellitus, severe anemia (Hb < 9 g/dL), HIV, or Hepatitis-B

CLINICAL FINDINGS

On local examination dated 19/01/2026, a linear ulcer was observed at the posterior midline of the anal verge, associated with tenderness, mild bleeding, and sphincter spasm. Based on clinical findings, the diagnosis of *acute fissure-in-ano* was confirmed.

THERAPEUTIC INTERVENTION

Nidana Parivarjana

The patient was advised to avoid etiological factors such as spicy and junk food, irregular eating habits, insufficient water intake, constipation, night awakening, and mental stress.

Medications

Sr.no.	Medicine	Dose & Duration	Mode
1	<i>Triphala Guggulu</i>	2 tablets twice daily	Before meals
2	<i>Abhayarishta</i>	20 ml twice daily	With equal water
3	<i>Panchasakar Churna</i>	10 g at bedtime	With lukewarm water
4	<i>Jatyadi Taila Pichu</i>	1–2 ml once daily	Local application

Additionally, lukewarm water sitz bath was advised daily.

1. Anal fissure image (clinical photograph)
2. Wound healing image (before–after)



Figure 1: Acute fissure-in-ano showing longitudinal ulcer at posterior midline (before treatment).



Figure 2: Healed fissure after 12 days of Ayurvedic management.



3. Dressing / pichu application

“Clinical photographs were taken after obtaining informed consent, ensuring complete anonymity of the patient.”

Table 1: Assessment of clinical parameters before and after treatment.

Sr. No.	Parameter	Day 1	Day 2	Day 12
1.	Pain (VAS)	8/10	5/10	1/10
2.	Bleeding grade	3	1	0
3.	Sphincter Spasm	Grade 3	Grade 2	Grade 0

VAS = Visual Analogue Scale

DISCUSSION

Parikarthika is primarily caused by dietary and behavioral factors that aggravate *Vata and Pitta dosha*, leading to dryness, constipation, and ulcer formation in the anal canal. Excessive intake of spicy, sour, and dry food, suppression of natural urges, irregular bowel habits, and psychological stress are the major contributing factors.

Nidana Parivarjana plays a vital role in both treatment and prevention of recurrence. *Triphala Guggulu* helps in regulating bowel movements and pacifying *Apana Vata*. *Panchasakar Churna* effectively relieves constipation, thereby reducing strain during defecation.

Avagaha Swedana helps in reducing pain, sphincter spasm, and improves local circulation. *Jatyadi Taila*, due to its *Vranashodhana* and *Vranaropana* properties, promotes faster healing of the fissure and provides symptomatic relief.

In modern medicine, *fissure-in-ano* is associated with hypertonicity of the internal anal sphincter, leading to reduced blood supply and delayed healing. The Ayurvedic approach focuses on correcting the underlying pathology by pacifying *Vata and Pitta dosha*. *Jatyadi Taila* possesses significant *Vranashodhana* (cleansing) and *Vranaropana* (healing) properties. Its ingredients exhibit anti-inflammatory, antimicrobial, and wound-healing actions, which promote rapid epithelialization of the fissure. *Avagaha Swedana* helps in reducing sphincter spasm, improving local circulation, and relieving pain. The combined effect of internal medications and local therapy provides holistic management and prevents recurrence. Thus, the present case supports the potential of Ayurvedic management as an effective non-surgical approach in the treatment of acute fissure-in-ano.

CONCLUSION

Acute fissure-in-ano is a painful anorectal condition that significantly affects daily activities. Ayurvedic management, focusing on the correction of causative factors, bowel regulation,

and local wound-healing therapies, provides effective and safe results. The present case demonstrates that treatment with *Jatyadi Taila Pichu*, along with appropriate internal medications, leads to rapid healing and prevents recurrence. Ayurvedic management with *Jatyadi Taila Pichu* is effective in acute fissure-in-ano and promotes rapid healing.

STRENGTH OF THE STUDY

This case report highlights the importance of *Nidana Parivarjana* and supports the effectiveness of *Jatyadi Taila Pichu* as a non-surgical and economical treatment option for *acute fissure-in-ano*.

ETHICAL CONSIDERATIONS

- Written informed consent was obtained from the patient.
- Patient confidentiality was strictly maintained.

No ethical committee approval was required for this single case report.

REFERENCES

1. Ashish Parikh, *A textbook of Ayurveda surgery*. Varanasi: Chaukhambha Surabharati Prakashan, p.14-214.
2. Ambika Datta Shastri *Sushruta Samhita*. 11th ed. Varanasi: Chaukhambha Sanskrit Sansthan; Chikitsa Sthana, Chapter, 34: Sloka 16. p.151.
3. Kashinath Shastri, Gorakanath Chaturvedi. *Charaka Samhita*. 23rd ed. Varanasi: Chaukhambha Bharati Academy; Uttarardha Siddhi Sthana, Chapter 6: Sloka 61-62. p.620.
4. Priyavat Sharma, *Chakradatta*. Chaukhambha Publishers Varanasi; Vatarakta Chikitsa, Chapter 23: Sloka 21-22.