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AN AYURVEDIC VIVECHAN ON PARIKARTIKA WITH SPECIAL REFERENCE TO FISSURE -IN-ANO

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ABSTRACT

Parikartika is a very painful and one of the commonest of anorectal diseases. Parikartika though a common disease still has slipped from the due attention of the acharyas. In our classics it is not mentioned as a separate disease. It is mentioned in the context of complications of other diseases or procedures. The parallel word of parikartika as per modern terminology is fissure-in-ano. It may also originate due to sedentary life style, faulty dietery habits, improper work schedule and so on. In here the aim is to give a bird's eye view on parikartika describing it's nidanpanchak.

KEYWORDS: Parikartika, Fissure-In-Ano, Nidaan panchak.

INTRODUCTION

A rich description of var ious diseases and their management is found in our ancient literature, But "Parikartika" is not described in Vedas and other authors have paid very poor attention to its description as compared to other diseases. This may be due to excellent general conditions, of health, hygiene and natural habitat of ancient people.

Acharya Sushruta has described the term "Parikartika" as a condition of Guda in which there is cutting and burning pain. Acharya Charaka and Vagbhata used two different words, "Vikartika" as well as "Parikartika" for denoting the condition. Chakrapani also opines the

same. The Ayurvedic principle regarding the management of this disease aims at, vata-pitta shaman, Vatanulomana, and daahprashaman.

Description in ayurvedic texts

Sushruta samhita -In 2nd chapter of Nidana sthana of sushrut Samhita aacharya sushrut has mentioned the name of parikartika under the purvaroopa of arsha.

In 36th chapter of it's Chikitsha sthana it's mentioned under basti vyapad.however the treatment of the disease is described in 34th chapter of it's Chikitsha sthana.

Charaka samhita – Description of Parikartika in charak Samhita is found in the 3rd chapter of it's Chikitsa sthana and also in the 6th, 7th, and 12th chapters of it's Siddhi sthana.

Ashtang samghraha: Acharya Vagbhata also described Parikartika in Nidana Stana of Ashtanga samghraha in 7th chapter

Ashtang hridaya: Description of parikartika is also found in Kalpa Stana of Ashtanga Hridaya in 3rd chapter.

Madhava nidaan: Amongst laghuttrayyi, description of Parikartika is given in the 4th chapter of Nidana sthana of Madhava nidana.

Kashyapa samhita -Aacharya kashyapa has given description about the types of Parikartika. in 10th chapter of Khila sthana and in 2nd chapter Garbhini chikitsa of kashyapa Samhita the description of parikartika could be seen.[1]

Nirukti

Parikarika is derived from Root 'Parikrut', which denotes to cut around (Pari- all around, Kartanam- the act of cutting) [2]

According to Dalhana, the commentator of sushrut Samhita there is cutting and tearing pain in Bastiyadi Pradesha.

Jejjata regards it as cutting pain of guda which is localised up to a particular area.

Definition

It is an ulcer in the longitudinal axis of the lower anal canal Commonly it occurs in the midline, posteriorly (more common in males), but can also occur in the midline anteriorly (more common in females). Ninety-five per cent of anal fissures in men are posterior, 5% are anterior. Eighty per cent of anal fissures in females are posterior, 20% are anterior. Anterior anal fissure is common in females. It is superficial, small but distressing lesion. Fissure ends

above at the dentate line. Canoe-shapedidicerards it as cutting pain of guda which is localized up to a particular area.[3]

Nidan panchak

Proper Nidaan panchak of disease parikartika is not found at one place in ayurvedic texts because it is not described as a disease but as a symptom or complication of other diseases but nidaan panchak i.e. nidaan, purva roop, roop, lakshan and samprapti of the disease is found described here and there scattered. Sushruta has described it as complication of other diseases or a condition produced by the Vaidya while conducting therapies for other diseases. He has also described its treatment, local as well as general. But he has not given much description about its pathology, types, surgical and Para surgical treatments. Charaka and Vagbhatta have described about treatment of Parikartika in details but Kashyapa has described full details of its various types and treatment. Ashtanga Sangrah and Ashtanga. Hridaya have also supported in the above description. They have not gone in details about this disease. Sharangdhar Samhita has also described it as a complication of excessive emesis.

Nidan/Hetu

Acharya charaka has described various causative factors of Parikartika as found as Vamana-Virechana Vyapada, Atisara, Arsha, Grahani, Udavarta, Bastikarma Vyapada, etc.

The etiological factors of Parikartika can be divided in three types as per **Aacharya Sushruta**[4]

1. Nija Hetu (Endogenous factors)
2. Aagantuja Hetu (Exogenous factors)
3. Nidaanarthakaaree Roga (Complications of other diseases)

Jwara, Vataja Grahani, Vataja Pakwatisara, Malavritta Vata, Vyanavritta Apana Vayu, Pureeshavrodhajanya Udavarta, Kaphaja Arsha, Prodromal symptom of Arsha.

Besides this some other factors are also responsible which are as-

Aharaja nidaan: If the intake of Teekshna, Ushna, Atilavana and Atiruksha Aushadha is done by person having Ksheena- Bala and Kaya, Atimrudukoshta, Mandagni, Ruksha Guna, it causes aggravation of Pitta and Vata leading to Parikartika.[5],[6],[7] Persons of Vata Prakruti, when consumes Kashaya, Katu, Tikta, Rooksha, Sheeta, Dravya's, dry vegetables (cluster beans, brinjal, potato, green chilli, sweet potato etc.) Vallura (dry fish), Mudga, Kodrava,

Jurnahva, Chanaka, Kareera, Shyamaka, Yava etc, foods which are Rooksha and water absorbent in nature.[8] Guru Bhojana, Adhyashana, Viruddhashana, Vishamashana, Anashana can cause Parikartika.

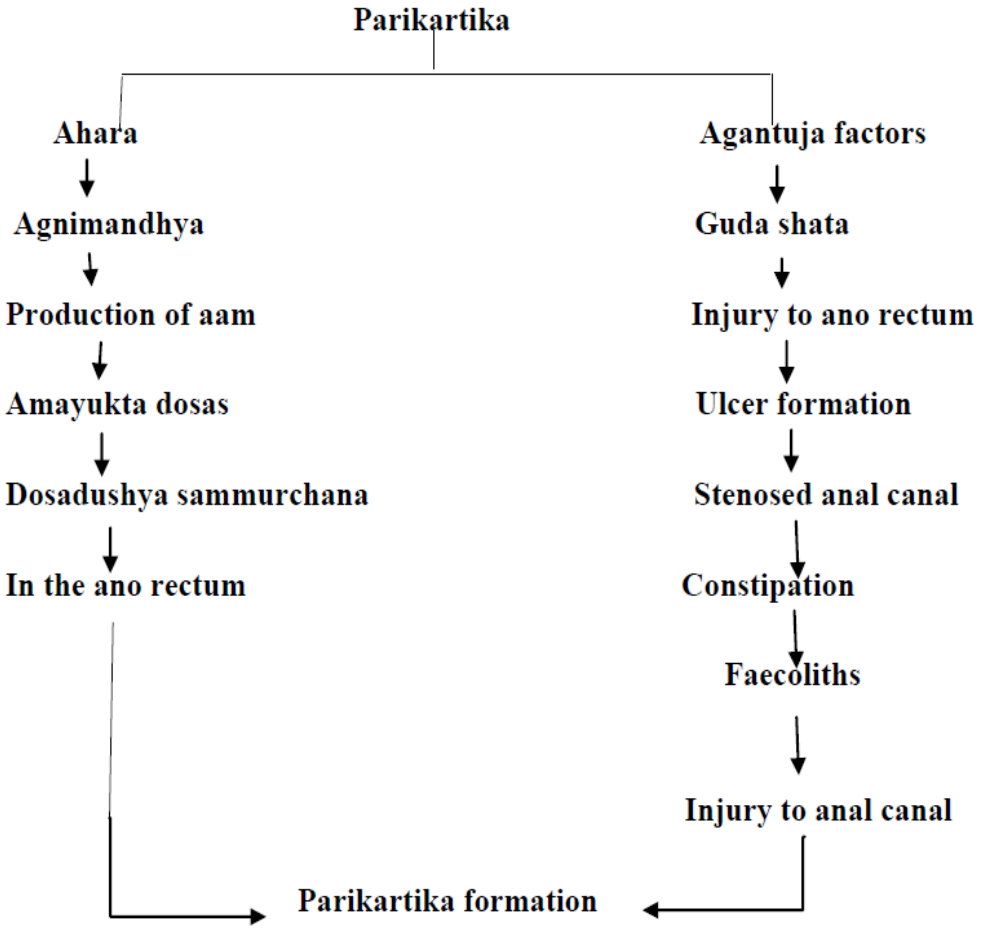
Viharaja nidaan: In the modern era, due to busy work, sedentary life style, continuous sitting, Disturbed sleep brings changes in the function of GI system and causes constipation. When the constipated person strains to pass the faeces, it tears the anal mucosa and causes Fissure-in-Ano. In Ayurveda similar causes such as Avyayama, Ativyayama, Rati-jagarana, Diwaswapna Atichankramana, etc are responsible for the disease. Constipation is the most common cause for the occurrence of Fissure- in- Ano.

Manasika nidaan: In the present era of competition in every field, fast running life, irregular work schedules, people seem to be stressed out, which is affecting their mental health as well as physical health badly. In stressful situations, the body's adrenal glands release a hormone called epinephrine, which plays a role in the fight-or-flight response. It causes the body to divert blood flow from the intestines toward vital organs, intestinal movement slows down, and constipation can occur.

Causes of fissure-in-ano

Because of the curvature of the sacrum and rectum, hard faecal matter while passing down causes a tear in the anal valve leading to posterior anal fissure. Anterior anal fissure is common in females due to lack of support to pelvic floor. Hard stool; diarrhoea; increased sphincter tone; local ischaemia, trauma; sexually transmitted diseases. Other causes- haemorrhoidectomy, Crohn's disease, venereal disease, ulcerative colitis, tuberculosis.[9]

Samprapti/Pathogenesis[10]



Prakara

(a) Aacharya charaka has described two types of parikartika on the basis of their place of origin.

1. Amashyoththa parikartika.
2. Pakwashayoththa parikartika

In Kashyapa Samhita Antarvatni Chikitsa Adhyaya, Acharya Kashyapa has described about Parikartika types according to Doshas which are as:

1. Vatika Parikartika
2. Paittika Parikartika
3. Shelesmika Parikartika

Types

Acute anal Fissure

It is a deep tear in the lower anal skin with severe sphincter spasm without oedema or inflammation. It presents with severe Pain and Constipation.

Chronic anal fissure

It has got inflamed, indurated margin with scar tissue. Ulcer its inferior margin is having a skin tag which oedematous, acts like a guard-sentinel pile. Proximally hypertrophied anal papilla is observed. It can cause repeated infection-fibrosis-abscess formation, and fistula formation. Chronic fissure is less painful than acute one.

Multiple fissures are seen in inflammatory bowel disease, homosexuals and venereal diseases. Chronic fissure can cause complications like abscess, fistula formation.[11]

Lakshana

According to Acharya Sushruta,

1. Cutting pain in the rectum accompanied with burning sensation in the rectum, umbilicus, penis, and head of the bladder
2. Obstruction of flatus
3. Lack of desire for food.[12]

Acharya Charaka gave some more symptoms like -

1. Vibandha-Constipation,
2. Alpalpa muthanam- Passage of stools little by little,
3. Teevra shola- Severe pain
4. Sapicchasram- Blood and mucous discharge as a Lakshana.[13]

Features

Common in middle aged women, not in elderly. Pain is severe in nature in acute type, whereas less severe in chronic. Constipation, bleeding and discharge. P/R examination and proctoscopy is not possible in acute fissure-in-ano. General anaesthesia is required for examination. In chronic fissure, ulcer is felt with button like depression induration and often sentinel pile.[14]

Differential diagnosis

Carcinoma anal canal; Inflammatory bowel disease; Venereal diseases: Anal chancre (painful) Tuberculous ulcer; Proctalgia fugax.[15]

Chikitsa[16]

S. n.	Author	Context	Mode	Ingredient
1.	Sushruta	Virechana ayogya	Picha basti	Yashtimadhu, krishnatila kalka, madhu, ghrita
2.	Sushruta	Virechana ayogya	Anuvasana vasti	Ghrita manda processed with yashtimadhu
3.	Sushruta	Virechana ayogya	Anuvasana vasti	Taila processed with yashtimadhu
4.	Sushruta	Virechana ayogya	Food	Milk
5.	Sushruta	Virechana ayogya	Parisheka	Cold water
6.	Sushruta	Basti atiyoga	Piccha vasti	Sneha processed with madhuraushadha
7.	Sushruta	Atisara	Pana yoga	Ghrita processed with kshirisunga, addede with kshaudra and sarkara
8.	Charaka	Atimatra praneet vasti netra	Piccha vasti	Kshira predominant
9.	Charaka	Atimatra praneeta vasti netra	Pichu	Ghrita
10.	Chaatimatra raka	Varchasa vrita vata	Mridu virechana	Eranda taila
11.	Charaka	Vyanaa avrita	Anuloma	Snigdha aushadha
12.	Charaka	Yapana vasti	Vasti	Madhu and ghrita equal in quantiy with kshira
13.	Kashyapa	Garbhini	Paana	Madhu with kshira
14.	Kashyapa	Garbhini	Paana	Processed in madhuraushadha

General measures for anal fissure

- Diet rich in fiber.
- Bulk forming agents
- Drink plenty of water
- Stool softeners

- Avoid too much spicy and oily food
- Avoid long sitting and straining in toilet
- Sitz bath

In an acute case

Stretching of the anal sphincter (Recamier, 1829) using two fingers of each hand (4 fingers) under anaesthesia is also an alternative one. It is better than Lord's dilatation as complications are less.

Lord's dilatation is done under G/A to relax the sphincter. It is the manual dilatation (Lord, 1969) of the anus under general anaesthesia with relaxation using four fingers of each hand (8 fingers) to cause vigorous stretching of the anal canal to break- the circular constricting band in the wall of the anorectum.

Later, use of laxatives, xylocaine surface anaesthetic application, and anal dilatation with finger can be carried out for certain period. Bed rest; 2% nifedepine ointment.

For chronic fissure

Dorsal fissurectomy with sphincterotomy: It is done under anaesthesia. Specimen should be sent for biopsy to rule out carcinoma, tuberculosis, etc. Here transverse fibres of internal sphincter is divided in the floor of the fissure.

Lateral anal sphincterotomy: Here internal sphincter is divided partially away from the fissure either in right or left lateral positions (also gives a good result). Here closed or open methods (Notaras) are used. Sphincterotomy is done below the dentate line.

In closed method no. 11 blade is inserted into the intersphincteric groove to pass upwards. Blade is moved medially to cut lower 1/3 or 1/2 of the internal sphincter.

In open method skin is incised laterally, external to anal verge. Hypertrophied band of lower part of internal sphincter is dissected and divided. Wound is left open.

Haematoma, perianal abscess, bruising, fistula, inconti-nence are the complications of lateral sphincterotomy. Topical nitroglycerine 0.2% is also used to relax the sphincter will form an absces It causes severe headache.[17]

Anal advancement flap is more effective especially in females.

CONCLUSION

Parikartika although is not a life threatning disease but it can hampers day to day activities and makes the life like hell due to the kind of symtoms it has.it is caused due to constipation. it creates a fear of passing stool in patient which furthers leads to constipation. Although in acute stage ayurvedic treatment as well as life style modification is very beneficial but due to avoidance of disease or recurrence, condition becomes worse and needs surgical intervention.

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