

AYURVEDIC MANAGEMENT OF FISSURE-IN-ANO ASSOCIATED WITH IRRITABLE BOWEL SYNDROME: A PERSPECTIVE

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ABSTRACT

Anal fissure, or fissure-in-ano, is a prevalent anorectal condition characterized by a linear tear in the mucosa of the anal canal. It frequently coexists with bowel disturbances such as irritable bowel syndrome (IBS), which alter stool consistency and frequency, resulting in mechanical trauma to the anoderm and delayed healing. Ayurveda correlates IBS with '*Grahani*' and fissure-in-ano with '*Parikartika*'. This paper explores the pathophysiology, clinical presentation, and integrated Ayurvedic management of IBS-associated fissure-in-ano, drawing upon classical Ayurvedic texts and contemporary research. Treatment strategies encompass Shodhana (purification), Shamana (palliative therapy), *Basti* (medicated enema), *Kshara Karma* (alkaline cauterization), dietary regulation, and lifestyle modifications. Emphasis is placed on restoring *Agni* (digestive fire), balancing *doshas*, and

promoting tissue regeneration. The proposed integrative model underscores Ayurveda's holistic and preventive approach, suggesting scope for further clinical validation in Indian proctology practice.

KEYWORDS: Anal fissure, Irritable bowel syndrome, Ayurveda, Parikartika, Grahani, Basti, Kshara Karma.

INTRODUCTION

Fissure-in-ano (*Parikartika*) is one of the most painful anorectal conditions encountered in clinical practice. It is characterized by severe pain during and after defecation, often accompanied by bleeding and sphincter spasm. IBS, a chronic functional gastrointestinal disorder, frequently contributes to the development of anal fissures due to altered bowel habits such as constipation, diarrhoea, or mixed stool patterns. The interaction between IBS and fissure-in-ano is pathophysiologically significant, as both conditions share underlying disturbances in gastrointestinal motility, mucosal integrity, and neurohormonal regulation. Ayurveda conceptualizes these disorders through the lens of doshic imbalance, particularly *Vata* and *Pitta*, and impaired *Agni* leading to *Ama* formation and tissue injury. This paper elucidates the Ayurvedic understanding of these disorders, outlines evidence-based treatment strategies, and presents an integrated model for their holistic management.

Pathophysiological Correlation: Modern and Ayurvedic Perspectives

Modern medicine attributes fissure-in-ano primarily to trauma from hard stools or persistent diarrhoea, leading to a tear in the anoderm. Sphincter hypertonia and ischemia perpetuate the cycle of pain and delayed healing. IBS contributes to this process by inducing alternating bowel habits, visceral hypersensitivity, and psychological stress. In Ayurveda, IBS corresponds to '*Grahani*', where *Mandagni* (impaired digestive fire) causes the accumulation of *Ama*, vitiation of *Vata* and *Pitta*, and disturbance in normal intestinal function. The resultant stool irregularity and dryness provoke '*Parikartika*'—a fissure in the *Guda* (anal region). Thus, IBS acts as the upstream pathology, while fissure-in-ano represents its localized manifestation.

Ayurvedic Samprapti (Pathogenesis)

PARIKARTIKA – AYURVEDIC REVIEW

Vyutpatti

The term "*Parikartika*" is derived from two distinct components:

- *Pari* – Signifying "all around" or "comprehensively."
- *Kartana* – Meaning "to cut off" or "sever."

Additionally, "*Parikrit*" relates to "*Krintati*," which conveys the idea of cutting, clipping, or trimming. *Parikartika* refers to a sharp, intense shooting pain, particularly experienced in the rectal region.

Nirukti

परिसर्वतोभावेनक्रितन्तीवह्नितीवबस्त्यदीनिङ्तिपरिकर्तिक(डल्हण. सु.चि.34/16)

Parikartika refers to intense, cutting pain that affects the *Nabhi* (navel), *Bastishiras* (fundus of the urinary bladder), and *Guda* (anal region), causing severe discomfort and impairment.

Rupa (Symptoms) of *Parikartika*

तिव्रशुलांसपिच्छास्त्रांकरोति। (च.सि. 6।6)

Acharya Charaka has mentioned the symptom, i.e. severe pain in ano while describing *Parikartika* as a complication of *Vamana* and *Virechana*.

According to *Acharya Susrutha*, the prodromal symptoms of *Parikartika* include sharp cutting pain in *Guda*. This description aligns with modern medical findings for anal fissure, which presents as cutting or burning pain in the anus, pain in the umbilical region, and radiating pain in the penis and thigh. Constipation may be habitual or a result of disease, as the patient often hesitates to relax the sphincters during defecation. Additionally, *Acharya Susrutha* highlights other symptoms such as pricking pain in the sacrum, groins, below the navel region, along with passage of scanty stools and constipation in individuals suffering from *Parikartika*.

The combined pathogenesis of IBS and fissure-in-ano involves sequential derangements: (1) *Vata-Pitta* vitiation due to improper diet, suppression of natural urges, and psychological stress; (2) *Mandagni* leading to *Ama* formation; (3) accumulation and aggravation of *Vata* in the *Pakvashaya* (colon), resulting in altered bowel movement; (4) localization of vitiated *doshas* in the *Guda* region; (5) manifestation of *Parikartika* marked by pain, bleeding, and sphincter spasm. Affected dhatus include *Rakta*, *Mamsa*, and *Meda*, with impaired microcirculation and inflammation perpetuating chronicity.

Principles of Ayurvedic Management

Ayurvedic management aims to eliminate causative factors, balance vitiated doshas, restore *Agni*, and promote wound healing. The comprehensive approach includes:

1. Shodhana Chikitsa (Purificatory Therapy)

Detoxification through *Virechana* (purgation) and *Basti* (medicated enema) forms the cornerstone of treatment. *Virechana* alleviates aggravated *Pitta* and reduces inflammation in IBS-D cases, while *Anuvasana* and *Niruha Basti* are indicated in IBS-C with fissure, to pacify *Vata*, lubricate the colon, and relieve sphincter spasm.

2. Shamana Chikitsa (Palliative Therapy)

Shamana therapy employs formulations such as *Triphala Churna*, *Hingvastaka Churna*, *Bilwadi Gulika*, *Abhayarishta*, and *Gandharvahastadi Taila*. These agents regulate bowel habits, improve digestion, and promote mucosal healing. *Guggulu*-based preparations are prescribed for chronic inflammation and pain management.

3. Bahya Chikitsa (Local Treatment)

Local therapy includes sitz baths (*Avagaha Sweda*) with decoctions of *Triphala* or *Dashamula*, and topical application of *Jatyadi Taila* or *Kasisadi Taila*. In chronic fissures, para-surgical interventions like *Kshara Karma* or *Agni Karma* may be performed to excise fibrotic tissue and stimulate healing.

4. Ahara and Vihara (Diet and Lifestyle Modifications)

Dietary regulation plays a crucial role in preventing recurrence. A high-fibre diet, adequate hydration, and avoidance of spicy, oily, and processed foods are recommended. Patients are advised to consume warm water, *Takra* (buttermilk), and cow ghee for colon lubrication. Lifestyle practices like regular exercise, yoga, and pranayama are beneficial in managing stress, which is a major trigger in IBS.

DISCUSSION

The co-occurrence of IBS and fissure-in-ano exemplifies the gut–anorectal axis disturbance wherein systemic bowel dysregulation manifests locally. Ayurveda's holistic paradigm addresses both root cause (*Agni* and *dosha* imbalance) and symptom manifestation (anal fissure). Procedural therapies such as *Basti* and *Kshara Karma* directly target *Vata* aggravation and local pathology, while dietary and behavioral interventions sustain long-term remission. Clinical evidence from Ayurvedic centers indicates significant pain relief and reduced recurrence with integrated management. However, controlled clinical trials are warranted to validate efficacy, standardize protocols, and explore synergy with modern therapies.

CONCLUSION

IBS-associated fissure-in-ano requires a multidisciplinary approach. Ayurveda offers a comprehensive framework that not only treats the fissure but also addresses the underlying gastrointestinal dysregulation. The combination of *Shodhana*, *Shamana*, *Basti*, and lifestyle correction yields effective outcomes. Future research should focus on comparative studies with modern management, physiological assessment of *Basti*'s effect on sphincter tone, and long-term follow-up to establish evidence-based validation.

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