WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 17, 1061-1066. Case Study ISSN 2277–7105

AN AYURVEDIC MANAGEMENT OF FISSURE IN ANO (*PARIKARTIKA*): A CASE REPORT

***[1]Dr. Avinash Mudgure, [2]Dr Shubham Songara, [3]Dr Akash Verma, [4]Dr Mahendra Waskel**

[1]PG Scholar, Kayachikitsa Dept Pt Dr. Shivshaktilal Sharma Ayurvedic Medical College Sejawata Bypass Banjali Ratlam, Madhya Pradesh, India, 457001.

[2]Assistant Professor Shalya Dept Pt Dr Shivshaktilal Sharma Ayurvedic Medical College Ratlam.

[3,4]PG Scholar, Panchakarma Dept Pt Dr. Shivshaktilal Sharma Ayurvedic Medical College Sejawata Bypass Banjali Ratlam, Madhya Pradesh, India, 457001.

Article Received on 30 July 2026,
Article Revised on 19 August 2026,
Article Published on 01 Sept. 2026,

https://doi.org/10.5281/zenodo.22160695

***Corresponding Author**

Dr. Avinash Mudgure

PG Scholar, Kayachikitsa Dept Pt Dr. Shivshaktilal Sharma Ayurvedic Medical College Sejawata Bypass Banjali Ratlam, Madhya Pradesh, India, 457001.

How to cite this Article: *1Dr. Avinash Mudgure, 2Dr Shubham Songara, 3Dr Akash Verma, 4Dr Mahendra Waskel. (2026). An Ayurvedic Management Of Fissure In Ano (Parikartika): A Case Report. World Journal of Pharmaceutical Research, 15(17), 1061-1066.

ABSTRACT

Introduction: *Parikartika* is ano-rectal disease having symptoms like burning sensation, may associated with swelling per anus and hematochezia .Its prevalence has been increasing due to sedentary lifestyle and increased in consumption of junk food. **Patient Information:** A 27 years old male patient suffering from symptoms like *vibandha* (~constipation), *gudapradeshekartanvatvedana* (~cutting pain in anal region), *gudadaha* (~burning sensation in anal region), *saraktmalapravrutti* (~blood in stool). **Therauptic Intervention:** This patient was managed with instillation of 40 ml matrabasti with *Jatyadi Tail*, sitz bath with *Sphatik Churna*, *Arshakuthar rasa*, and *Erandbhrashtharitaki Churna* were given orally. **Result:** This patient attained satisfactory relief from associated symptoms such as pain, bleeding, sphincter spasm within period of 7days. **Conclusion:** This is single case report through a multidisciplinary approach and shared decision-making effective treatment strategies can be tailored to individual patient needs, ultimately leading to improved outcomes and enhanced quality of life.

KEYWORDS: Fissure in ano, *Parikartika*.

INTRODUCTION

Fissure in ano (*Parikartika*) is a tear or ulcer in the anus which is one of the most troubling and painful anorectal diseases that affect majority of the population. In this disease the main predisposing factor is irregular food habits and lifestyles leads to constipation, which is one of the major causes along with other etiological factors like lack of local hygiene, pregnancy and following childbirth, post hemorrhoidectomy, inflammatory bowel diseases, particularly Crohn's disease. It is a very painful because of injury to somatic nerve supply in the anal region that causes intense burning pain during defecation. There may be bleeding while defecation. This term *parikartika* has also been mentioned as a complication of *virechana*(~therapeutic purgation) and also as a complication of wrongly introduced enema nozzles.[1] *Parikartika* has been mentioned among the symptoms of *Vataja Atisara*,[2] *Vataja Grahani* and *Udavarta*. *Kashyapa* mentions it as *Garbhini Vyapad* (Disease occurs in Pregnancy). According to *Acharya Kashyapa* fissure-in-ano was classified in to three types (*Vataja*, *Pittaja* and *Kaphaja*).[3] and similarly *Acharya Dalhana* also mentioned two types (*Vatolban* and *Pittolban*) as per predominance of *Doshas* and features.[4] In this regard *Acharya Sushruta* mentioned that common and chief symptom is sharp cutting pain in the anal region. Management of anal fissures depends on stage and severity of disease. In mild acute cases, conservative treatment is generally effective. This includes adequate hydration (7–8 glasses of fluids daily), consumption of a high-fiber diet such as fruits, vegetables, and whole grains, use of bulk-forming agents like psyllium husk or bran, stool softeners such as lactulose, topical local anesthetics like lignocaine 5%, warm sitz baths, and measures to prevent constipation. Regular anal dilatation may be advised after recovery to reduce recurrence. But Even after all this recurrence occurred then different ayurvedic formulations are proven to be effective in management of fissure in ano. Due to severe pain during defecation, patient tends to become constipated which results in passing of hard stools further deteriorating the problem and thus vicious cycle is formed. Hence to break this vicious cycle, it is very important to control pain and relax sphincter spasm to facilitate defecation process.

Contemporary medicine has its own limitations to treat this disease. Therefore, it is need to find an alternative and effective treatment measure. In this case study, the patient was managed with a combination of internal and local Ayurvedic interventions. *Erandbhrashtharitaki Churna* was prescribed as a laxative to ensure smooth bowel evacuation. *Sphatik Churna* was advised for sitz baths to maintain local hygiene and facilitate

wound cleansing. local instillation of *Jatyadi Taila* was carried out to promote wound healing, and *Arshakuthar Rasa* was administered internally as an adjuvant to support the healing process. Progressive clinical improvement was observed during the course of treatment. By the seventh day, the wound healed completely, with significant reduction in pain, tenderness, bleeding, and sphincter spasm. The patient also reported comfortable bowel movements and satisfactory symptomatic relief.

CASE REPORT

A 27-year-old male patient presented to the outpatient department with complaints of severe cutting-type pain in the anal region, mild swelling, burning sensation, passage of hard stool and passage of blood-streaked stools for the past five days. A detailed clinical history revealed that the patient had experienced a previous episode of fissure one month ago. There was no history of any previous surgery or any family history of gastrointestinal disorders, including anal fissure or haemorrhoids. The patient was further evaluated using Ayurvedic clinical parameters. Assessment of *Prakriti* indicated a *Vata-Pittaja* constitution, while *Satva* was assessed as *Madhyama* (moderate mental strength). *Agni* was found to be *Manda*, suggestive of diminished digestive capacity. *Nadi Pariksha* indicated a *Vata-Pittaja* predominance, and the tongue was coated (*Saama Jivha*), reflecting the presence of *Ama*. Examination of *Koshtha* revealed a *Krura Koshtha*. Urination was reported to be normal, occurring four to five times daily, with pale yellow urine and no associated burning sensation.

During rectal examination, inspection revealed the presence of a longitudinal ulcer with indurated margin located in the lower segment of the anal canal at the 6 o'clock position. Hypertonicity of the anal sphincter assessed on digital rectal examination.

Timeline: Timeline of events mentioned in Table No. 1

Therapeutic Intervention

A 40 mL *Matra Basti* using *Jatyadi Taila* once in a day at morning after defecation was given daily for 7 days.

Patient had taken internal medicines for a period of 7 days. The prescribed medications included *Arshkuthar Rasa*, administered as 2 tablets twice daily after meals with warm water. *Erandbhrashtharitaki Churna* was prescribed at a dose of 5 grams once daily at night after

meals. Additionally, *Sphatik churna* 10 grams was advised for sitz bath twice daily during the treatment period. as details mentioned in Table No. 2.

OBSERVATION AND RESULT

Assessment was done on the basis of key parameters.[5] that include burning sensation at the anal verge, pain was assessed with Visual analogue score scale(VAS scale), per-rectal bleeding, sphincter tone, and itching all details mentioned in Table No 3. A progressive improvement was observed in the patient's clinical symptoms over the 7-day treatment period. On Day 1, the patient experienced severe burning sensation (Grade 3), severe pain (VAS 9), presence of bleeding per rectum, increased sphincter tone Grade 3, and severe itching (Grade 3). By Day 3, the burning sensation and itching had reduced to moderate (Grade 2), pain decreased to (VAS 5) (moderate), bleeding per rectum was absent, and sphincter tone improved to Grade 2. On Day 5, further improvement was noted, with mild burning sensation (Grade 1), mild pain (VAS 3), absence of bleeding per rectum, sphincter tone remaining at Grade 2, and mild itching (Grade 1). By Day 7, complete relief was seen, with no burning sensation, no pain (VAS 0), no bleeding per rectum, normal sphincter tone (Grade 0), and no itching, all details mentioned in Table No.4

DISCUSSION

The patient experienced satisfactory symptom resolution from the anal fissure with *Ayurvedic chikitsa*. *Arshkuthar Ras* helps correct *Mandagni* and digests *Ama*, reducing the underlying factors that contribute to chronic fissure.[6] *Erandbhrasht Haritaki Churna* act as *anulomak* (mild laxative). *Jatyadi Taila* act as *Vrana Shodhak* (wound cleansing) and *Vrana Ropak* (wound healing) properties, helps to heal fissure faster.[7] *Sphatik Churna* acts locally by reducing bleeding, inflammation, microbial contamination.[8]

CONCLUSION

This single-case study demonstrates excellent outcomes from *JatyadiTail matrabasti* combined with Internal Medicine. The treatment provided satisfactory relief from acute anal fissure symptoms, with nearly complete healing on final examination.

Table No 1: Timeline of events.

12 January 2026	The patient experienced bloody stools with cutting pain in anal region.
14 February 2026	Patient had recurrent complains of cutting-type pain in the anal region, mild swelling, burning sensation, difficulty in passing stool ,and passage of blood-streaked stools for the past five days. On detailed examinations

	diagnosed with fissure in ano.
14 February 2026 – 20 February 2026	Patient was treated with matra basti and internal medication (7 Days).
8 March 2026	Patient had no complains on follow up.

Table No. 2: Internal Medicine.

Sr. No.	Medicine	Dose and time of administration	Anupana	Duration
1	*Arshkuthar Ras*	2 Tab twice daily after meal	Warm Water	7 Days
2	*Erandbhrasht Haritaki Churna*	5g at night daily after meal	Warm Water	7 Days
3	*Sphatik Churna*	10 g twice daily for slitz bath	-	7 Days

Table No. 3: Assessment Criteria.

Criteria	Grade 0	Grade1	Grade 2	Grade 3
Burning at anal region	None	Mild	Moderate	Severe
Pain (VAS Score)	Absent	1-3 (Mild)	4-6(Moderate)	7-10 (Severe)
Per rectal bleeding	Absent(0)	Present(1)	-	-
Spincter Tone	Normal	Mild Spasm(+)	Moderate Spasm(++)	Marked Spasm(+++)
Itching	None	Mild(occasional, 1-2 times/day	Moderate (intermittent,>5 times/day	Severe (constant;disrupts sleep/activities,require medicines)

Table No. 4: Symptoms Progression.

Day	Burning Sensation	Pain (VAS)	Bleeding PR	Spincter Tone	Itching
Day 1	3 (Severe)	9 (Severe)	1(Present)	3 +++	3(Severe)
Day 3	2 (Moderate)	5 (Moderate)	0(Absent)	2 ++	2(Moderate)
Day 5	1(Mild)	3 (Mild)	0(Absent)	2 ++	1(Mild)
Day 7	0 (None)	0 (None)	0(Absent)	0	0(None)

REFERENCE

1. Sharma, P. V. (Trans.). (1998). *Caraka Samhita* (Vol. 6, Siddhi Sthana). Varanasi, India: Chaukhambha Orientalia. (See Siddhi Sthana, Chapter 6, verses 29–30.
2. Sharma, P. V. (Trans.). (1998). *Caraka Samhita* (Vol. 6, Siddhi Sthana). Varanasi, India: Chaukhambha Orientalia. (See Siddhi Sthana, Chapter 6, verses 29–30.
3. Tewari PV, translator. *Kashyapa Samhita (Vriddhajivakiya Tantra)*. Varanasi: Chaukhambha Vishvabharati, 2002.
4. Yadavji Trikamji Acharya, editor. *Sushruta Samhita with Nibandha Sangraha Commentary of Dalhanacharya*. Varanasi: Chaukhambha Surbharati Prakashan; 2014.

5. Raj Kumar Gupta, Subhendu Bikash Sahu. Management of Parikartika w.s.r. to Acute Fissure-in-Ano with Dhanwantaram Taila Pichu. AYUSHDHARA, 2026; 13(2): 215-218. https://doi.org/10.47070/ayushdhara.v13i2.2660
6. Mishra S, editor. *Bhaishajya Ratnavali of Kaviraj Govind Das with Siddhiprada Hindi Commentary*. Varanasi: Chaukhambha Surbharati Prakashan; 2012. Arsha Chikitsa Prakarana.
7. Poornima MR. A case study on Jatyadi Taila Vrana Basti in the management of Dushta Vrana with special reference to venous ulcer. *J Ayurveda Integr Med Sci*., 2021; 6(1): 336-340. doi:10.21760/jaims.v6i01.1232.
8. Gupta AK, Tandon N, Sharma M, editors. *Quality Standards of Indian Medicinal Plants*. Vol. 1. New Delhi: Indian Council of Medical Research, 2003.