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REVISITING PARIKARTIKA: AN EVIDENCE- BASED INTEGRATION OF AYURVEDIC AND MODERN APPROACHES TO FISSURE-IN-ANO

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ABSTRACT

Parikartika is a painful anorectal condition described in *Ayurvedic* literature, characterized predominantly by severe cutting, tearing, and burning pain in the anal region. Although classical *Ayurvedic* texts mention *Parikartika* both as an independent disease entity and as a complication of therapeutic procedures such as *Vasti* (medicated enema) and *Virechana* (therapeutic purgation), its clinical manifestations closely resemble those of Fissure-in-Ano in modern medicine. Fissure-in-Ano is defined as a longitudinal tear in the anoderm of the anal canal, commonly associated with pain during defecation, bleeding per rectum, sphincter spasm, and constipation. The etiological factors described in both systems, including passage of hard stools, constipation, improper dietary habits, and local trauma, demonstrate significant overlap. *Ayurveda* explains the pathogenesis of *Parikartika* primarily through the vitiation of *Vata* and *Pitta Doshas*, leading to pain, inflammation, and injury to the anal tissues, whereas modern medicine attributes fissure formation to mechanical trauma, internal anal sphincter hypertonicity, and impaired local blood supply. This review critically examines the classical *Ayurvedic* descriptions of *Parikartika* and correlates them with the contemporary understanding of Fissure-in-Ano. Furthermore, it explores the role of integrative management

approaches that combine *Ayurvedic* therapies with modern conservative and surgical interventions. *Ayurvedic* modalities such as *Basti*, *Kshara Karma*, *Avagaha Sweda* (sitz bath), *Jatyadi Taila*, *Yashtimadhu* preparations, and bowel-regulating formulations may complement conventional treatments by promoting wound healing, reducing pain, minimizing recurrence, and improving overall patient outcomes. An evidence-based integrative approach may offer a comprehensive and patient-centered strategy for the effective management of this common anorectal disorder.

KEYWORDS: *Parikartika*, Fissure-in-Ano, *Ayurveda*, Anorectal Disorders, Integrative Medicine, *Kshara Karma*.

INTRODUCTION

Anorectal disorders constitute a significant proportion of surgical diseases and often cause considerable discomfort, morbidity, and impairment of quality of life. Among these disorders, Fissure-in-Ano is one of the most common benign anorectal conditions encountered in clinical practice. It is characterized by a longitudinal tear or ulcer in the anoderm of the distal anal canal, typically associated with severe pain during and after defecation, bleeding per rectum, burning sensation, and sphincter spasm. Chronic constipation, passage of hard stools, prolonged straining, and local trauma is recognized as major etiological factors in the development of anal fissures. Despite the availability of effective conservative and surgical treatment modalities, recurrence and treatment-related complications continue to pose therapeutic challenges.[1] *Ayurveda* describes a condition known as *Parikartika*, which bears striking similarities to Fissure-in-Ano. The term *Parikartika* is derived from the *Sanskrit* word "*Parikartanavat Vedana*," meaning pain resembling cutting by a sharp instrument. Classical *Ayurvedic* texts such as the *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* describe *Parikartika* either as an independent anorectal disorder or as a complication arising from improperly administered therapeutic procedures such as *Vasti a*nd *Virechana*.[2] The disease is characterized by severe cutting pain, burning sensation, bleeding, and difficulty in defecation, symptoms that closely correspond to those observed in anal fissures. A comparative understanding of *Parikartika* and Fissure-in-Ano can provide valuable insights into their pathogenesis and management. Integrating Ayurvedic principles with contemporary medical approaches may offer a holistic strategy emphasizing pain relief, wound healing, bowel regulation, and prevention of recurrence, thereby improving overall patient outcomes.[3]

Historical Perspective of Parikartika

Parikartika is described in classical *Ayurvedic* literature as a painful anorectal condition. *Acharya Charaka* mentions it among the complications (*Vyapat*) of improperly administered *Virechana* and *Basti* therapies, while *Acharya Sushruta* discusses it in relation to anorectal disorders and their management. Later texts such as *Ashtanga Hridaya* further elaborate on its clinical features and treatment modalities.[4]

Concept of Fissure-in-Ano in Modern Surgery

Fissure-in-Ano is defined as a longitudinal split or ulcer in the squamous epithelium of the anal canal, extending from the anal verge toward the dentate line. It commonly affects young and middle-aged adults, with no significant sex predilection. Most fissures occur in the posterior midline due to reduced blood supply and increased mechanical stress. Acute fissures are characterized by a fresh tear of less than six weeks duration with minimal fibrosis. Chronic fissures persist beyond six weeks and are associated with fibrotic edges, sentinel pile, hypertrophied anal papilla, internal sphincter spasm, and delayed wound healing.[5]

Etiological Correlation

The etiological factors of *Parikartika* described in *Ayurveda* closely resemble those implicated in the development of Fissure-in-Ano. According to *Ayurvedic* texts, *Parikartika* arises due to the consumption of *Ruksha Ahara* (dry foods), *Tikshna Ahara* (irritating foods), inadequate water intake (*Alpa Jala Pana*), suppression of natural urges *(Vegadharana*), excessive fasting, constipation, and improper administration of Virechana and Basti. These factors aggravate *Vata Dosha,* leading to dryness, hard stools, and trauma to the anal region. In modern medicine, Fissure-in-Ano is commonly associated with chronic constipation, passage of hard stools, repeated straining during defecation, chronic diarrhea, childbirth-related injury, inflammatory bowel diseases, and local trauma. Among these, constipation is recognized as the most important precipitating factor. The remarkable similarity in causative factors and disease mechanisms strongly supports the clinical correlation between *Parikartika* and Fissure-in-Ano.[6]

Table 1: Showing: Correlation between Parikartika and Fissure-in-Ano.

Ayurvedic Aspect	***Parikartika***	**Modern Aspect**	**Fissure-in-ano**
Site	*Guda Pradesh*	Anal Canal	Anal Canal
Main Symptom	*Kartanvat vedana*	Sharp pain	Sharp pain
Bleeding	Present	Present	Bright red bleeding
Burning sensation	*Daha*	Burning	Burning
Cause	*Vata Prakopa*	Constipation	Trauma by hard stool
Pathology	*Guda Vrana*	Anal tear	Mucosal tear
Chronicity	Chronic if untreated	Chronic fissure	Chronic Ulcer

The close similarity strongly supports the clinical correlation of *Parikartika* with Fissure-in-Ano.

Ayurvedic Pathogenesis (Samprapti)

The pathogenesis (Samprapti) of *Parikartika* is primarily attributed to the aggravation of *Vata Dosha* caused by etiological factors such as *Ruksha Ahara* (dry food), *Alpambu Pana* (insufficient water intake), *Vegadharana* (suppression of natural urges), excessive fasting, chronic constipation, and improper administration of *Panchakarma* procedures. These factors disturb the normal functioning of *Apana Vata*, resulting in hard stool formation, difficulty in defecation, and excessive straining. Continuous friction and trauma to the anal canal lead to tissue injury and pain. Simultaneously, the associated aggravation of *Pitta Dosha* produces burning sensation, inflammation, and occasional bleeding.[7] Among the *Dushyas*, *Twak*, *Mansa*, *and Rakta* are predominantly affected, leading to the development of a painful lesion in the anal region. The disease mainly involves the *Purishavaha Srotas*, which are responsible for the formation and excretion of feces. The important *Samprapti Ghatakas* include ***Dosha*** – *Vata-Pitta*, ***Dushya*** – *Rakta and Mansa*, ***Agni*** – *Vishamagni*, and ***Srotodushti*** – *Sanga (*obstruction). The interaction of these factors culminates in the characteristic symptoms of *Parikartika*, including cutting pain, burning sensation, bleeding, and difficulty during defecation.[8]

Clinical Features

The clinical manifestations of *Parikartika* described in *Ayurveda* closely resemble those observed in Fissure-in-Ano. The cardinal symptom of *Parikartika is Kartanavat Vedana* (cutting or tearing pain) in the anal region, particularly during and after defecation. Other commonly reported symptoms include burning sensation (*Daha)*, constipation, bleeding per rectum (*Rakta Srava)*, difficulty in sitting, and anal sphincter spasm. These symptoms arise due to the involvement of *Vata* and *Pitta Doshas*, resulting in pain, inflammation, and trauma to the anal tissues.[9] Similarly, patients with Fissure-in-Ano typically present with severe

pain during defecation, which may persist for several hours after bowel evacuation. Bright red bleeding per rectum is a common finding and is often noticed on toilet paper or stool. Chronic fissures may be associated with the development of a sentinel pile and hypertrophied anal papilla. Persistent internal anal sphincter spasm contributes to pain, impaired blood supply, and delayed healing. The striking similarity in symptomatology strongly supports the correlation between *Parikartika* and Fissure-in-Ano.[10]

Diagnostic Approach

The diagnosis of *Parikartika in Ayurveda* is primarily based on a comprehensive clinical assessment involving *Nidana* (etiological factors), *Dosha* predominance, evaluation of characteristic symptoms (*Lakshana)*, and local examination of the anal region (*Guda Pariksha*). Particular attention is given to the patient's dietary habits, bowel patterns, constipation, pain characteristics, and associated symptoms such as burning sensation and bleeding. Assessment of *Vata and Pitta* involvement helps in determining the therapeutic approach.[11] In modern medicine, the diagnosis of Fissure-in-Ano is usually established through careful clinical examination. Visual inspection of the anal region often reveals a linear tear in the anoderm. Digital rectal examination may be limited because of severe pain and sphincter spasm, while proctoscopy is performed only when tolerated by the patient. Laboratory investigations such as complete blood count (CBC) and blood sugar estimation may be advised to assess general health status. Colonoscopy is reserved for atypical, recurrent, or secondary fissures where underlying pathology is suspected.[12]

Integrative Management of Parikartika (Fissure-in-Ano)

A. Conservative Measures

Conservative management is considered the first-line approach for acute fissure-in-ano and aims to reduce pain, prevent constipation, and facilitate healing. Dietary modification plays a crucial role in maintaining soft stools and preventing trauma to the anal mucosa. Patients are advised to consume a high-fiber diet rich in fruits, vegetables, and whole grains along with adequate hydration. Spicy, dry, and irritant foods should be avoided as they may aggravate symptoms. Lifestyle measures include establishing regular bowel habits, avoiding prolonged straining during defecation, and engaging in regular physical activity to improve gastrointestinal motility. Sitz baths are also beneficial in relieving pain and reducing sphincter spasm. Conservative treatment has been shown to heal a significant proportion of acute fissures and is recommended as the initial management strategy.[13]

B. *Ayurvedic* Management

Ayurveda emphasizes correction of the underlying *Dosha* imbalance, particularly *Vata and Pitta*, while promoting wound healing. Internal medications such as ***Triphala Churna*** act as a mild laxative and improve bowel evacuation. ***Gandharvahastadi Taila*** is useful in relieving constipation, whereas ***Avipattikara Churna*** helps reduce *Pitta*-induced burning sensation. ***Abhayarishta*** facilitates smooth bowel movements and prevents straining. Local therapies are important for symptom relief and healing. ***Jatyadi Taila*** possesses wound-healing and anti-inflammatory properties, while ***Yashtimadhu Taila*** provides a soothing effect and promotes epithelial regeneration. ***Avagaha Sweda* (Sitz Bath)** helps alleviate pain, relax the sphincter muscles, and improve local circulation. *Panchakarma* procedures such as ***Matra Basti*** pacify aggravated *Vata Dosha* and reduce pain, whereas ***Piccha Basti*** supports mucosal healing and tissue repair.[14]

C. Para-Surgical Procedures In chronic and non-healing cases, Ayurvedic para-surgical interventions may be employed. ***Kshara Karma*** promotes debridement of unhealthy tissue, stimulates healing, and reduces recurrence. ***Kshara Sutra*** therapy is particularly useful in chronic fissures associated with sentinel pile or concomitant fistula-in-ano. These procedures combine the principles of minimally invasive intervention with *Ayurvedic* wound management and have demonstrated favorable outcomes in selected patients.[15]

D. Modern Medical and Surgical Management

Medical management focuses on relieving sphincter spasm and promoting fissure healing. Pharmacotherapy includes stool softeners, topical lignocaine for pain relief, topical nitroglycerin, and calcium channel blockers such as diltiazem or nifedipine. Calcium channel blockers have efficacy comparable to nitroglycerin with fewer adverse effects. **Botulinum toxin injection** is another effective option that relaxes the internal anal sphincter and facilitates healing in chronic fissures.[16] For chronic fissures unresponsive to conservative treatment, **Lateral Internal Sphincterotomy (LIS)** remains the gold-standard surgical procedure. It reduces sphincter pressure, relieves pain, and achieves healing rates exceeding 88–90% in most patients. However, potential complications include transient or permanent fecal incontinence and postoperative discomfort. Therefore, patient selection and careful surgical technique are essential.

Evidence for Integrative Approach

Recent evidence suggests that an integrative approach combining Ayurvedic and modern conservative therapies can be beneficial in the management of Parikartika (fissure-in-ano). Ayurvedic interventions such as ***Jatyadi Taila*** application, ***Triphala*-based formulations**, ***Avagaha Sweda* (sitz bath)**, and ***Kshara Karma*** have demonstrated effectiveness in reducing pain, bleeding, inflammation, and anal sphincter spasm while promoting wound healing. Studies have reported that *Jatyadi Taila* accelerates tissue repair and epithelialization, whereas *Triphala* helps regulate bowel movements and prevent constipation, a major causative factor in fissure formation. When these therapies are combined with dietary regulation, adequate hydration, stool softeners, and other modern conservative measures, patients often experience faster symptom relief. The integrative approach therefore focuses on pain relief, bowel regulation, wound healing, recurrence prevention, and holistic patient care.[17]

DISCUSSION

Parikartika described in *Ayurveda* closely resembles fissure-in-ano described in modern medicine with respect to etiology, clinical manifestations, and disease progression. Classical *Ayurvedic* texts attribute *Parikartika* to the aggravation of ***Vata*** and ***Pitta Dosha***, often precipitated by factors such as constipation, excessive straining during defecation, intake of dry and spicy foods, and trauma to the anal canal. The resulting symptoms—cutting pain, burning sensation, bleeding per rectum, and difficulty during defecation—show a strong correlation with the clinical presentation of fissure-in-ano. In modern medicine, the condition is understood as a longitudinal tear in the anoderm caused primarily by the passage of hard stools and increased anal sphincter tone, leading to pain, inflammation, and impaired healing.[18] The *Ayurvedic* concept of ***Vata*-induced sphincter constriction and pain** parallels the modern understanding of internal anal sphincter spasm, which plays a crucial role in the persistence of chronic fissures. Similarly, the involvement of *Pitta Dosha* explains the burning sensation and inflammatory changes observed in the affected area. This conceptual overlap highlights the relevance of *Ayurvedic* principles in understanding the pathophysiology of fissure-in-ano.[19] Management strategies in both systems aim to interrupt the cycle of pain, spasm, and trauma. *Ayurvedic* treatment emphasizes ***Vata* pacification, bowel regulation, local wound healing, and correction of dietary and lifestyle factors** through therapies such as *Triphala, Jatyadi Taila, Avagaha Sweda, Matra Basti, and Kshara Karma*. Modern management focuses on stool softening, topical vasodilators, sphincter

relaxation, and surgical interventions such as lateral internal Sphincterotomy when conservative treatment fails. Therefore, an integrative approach combining the strengths of both systems may offer a comprehensive, patient-centered treatment model that addresses symptom relief, healing, prevention of recurrence, and overall quality of life. This holistic strategy may be particularly valuable in chronic and recurrent cases where long-term management is required.[20]

CONCLUSION

Parikartika, as described in the classical *Ayurvedic* texts, bears a strong resemblance to fissure-in-ano recognized in contemporary surgical practice. Both conditions share similar etiological factors, including constipation, passage of hard stools, excessive straining during defecation, dietary indiscretions, and local trauma to the anal canal. The *Ayurvedi*c concept of *Vata-Pitta* vitiation leading to injury of the *Guda marga* (anal canal) corresponds well with the modern understanding of anodermal tears associated with inflammation and increased internal anal sphincter tone.[21] *Ayurvedic* management aims not only at symptomatic relief but also at correcting the underlying Dosha imbalance, regulating bowel habits, and promoting tissue healing. Therapeutic modalities such as ***Triphala Churna***, ***Jatyadi Taila***, ***Matra Basti***, ***Piccha Basti***, and ***Kshara Karma*** have traditionally been used for their laxative, anti-inflammatory, wound-healing, and restorative properties. Modern management, on the other hand, focuses on stool softening, reduction of sphincter spasm through pharmacological agents, and surgical intervention in chronic or refractory cases. The integration of these approaches may provide synergistic benefits by addressing both the local pathology and systemic factors contributing to disease recurrence.[22] An integrative treatment model has the potential to improve patient outcomes through effective pain relief, enhanced wound healing, bowel regulation, reduced recurrence, and improved quality of life.. Future research should focus on developing standardized, evidence-based integrative protocols for the comprehensive management of *Parikartika* and other anorectal disorders.

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