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LITERATURE REVIEW ON PARIKARTIKA W.S.R. FISSURE-IN-ANO

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ABSTRACT

The health of an person relies upon completely on his food plan and lifestyles fashion. weight-reduction plan performs very crucial role in Parikartika which is evident through references. The earliest reference of 'Parikartika' is available from Sushrutha Samhitha. Description about Parikartika is likewise to be had in all Bruhatrayees and later classics. Parikartika is referred in Brihatrayees no longer as an impartial ailment however as a difficulty of Bastikarma and Virechana (vyapath). Fissure-in-ano may be very typically encountered in contemporary each day exercise. about 30-40% of the populace suffer from proctologic pathologies at the least once in their existence. Anal fissure comprises of 10-15% of anorectal problems and is characterized by excruciating ache for the duration of and after defecation, bleeding according to anus with spasm of anal sphincter. Parikartika is characterized by using Kartanavat and Chedanavat shoola in Guda. in addition Fissure-in-ano is also characterised by way of sharp slicing pain in anal region. In Parikartika, Teevra shoola, Piccha-asra are visible, similarly intense ache and slimy blood discharge are visible in Fissure-in-ano. Parikartika is treated with internal medications and nearby programs formulated by means of the usage of Madhura, Sheeta, Snigdha dravyas. local treatment options inside the form of Anuvasana basti, Picchabasti, Madhura, Kashaya dravya Siddha basti taila poorana, Lepa, Pichu dharana are given prime significance inside the control. Sentinel Piles is a sequel of chronic fissure-in-ano. In Ayurvedic textual content no precise description available as a sequel of Parikartika however plenty of references available with help of that we are able to examine Sentinel Piles with Ayurvedic pathogenesis. In Ayurvedic text facts to be had on Shushkarsh, Bahyarsh, Vataj, Janmottar-kalaj Arsha may be correlated with Sentinel Piles.

KEYWORDS: Parikartika, Shoola, Vata, Acute, Chronic Fissure-in-ano.

INTRODUCTION

Excrutiating cutting sort of ache all around Guda, Bastishiras and Nabhi is called as Parikartika. An anal fissure is an elongated ulcer in the long axis of anal canal. it is also encountered in young or center-elderly adults, however is once in a while visible at different a long time, such as infancy and early adolescence. The situation is extra not unusual in women and commonly takes place for the duration of the meridian of lifestyles, it is uncommon within the aged due to muscular atony. The website online of occurrence for an anal fissure is the midline posteriorly. the subsequent most frequent situation is the midline anteriorly. In males, fissures generally arise inside the midline posteriorly (ninety%) and much much less usually anteriorly (10%). In females, fissure on the midline posteriorly are barely commoner than anteriorly. The relative frequency of the anterior fissures within the females may be explained by way of the trauma as a result of the foetal head on the anterior wall of the anal canal at some point of delivery. An anal fissure is both acute or continual. Acute anal fissure is a deep tear thru the skin of the anal margin extending into the anal canal. There is little inflammatory indurations or oedema of its edges. There is accompanying spasm of the anal sphincter muscle.[1,2]

OBJECTIVES

1) To review *Parikartika* from various Ayurvedic *samhita.*

2) To study and correlate *parikartika* on fissure in ano.

DEFINITION

Parikartika is derived from root “Parikṛt” which denotes, to cut around.(pari- all around, Kartanaṃ- the act of cutting). it is symptom rather than a disease. There are many different opinion. Dalhan mention it is a cutting and tearing pain everywhere, where asjejjat, and Vijayaraksita, mention its cutting type of pain specially localize in Guda. So basically Parikartikais a sharp shooting pain, specially in the rectum. Where as an anal Fissure is an elongated ulcer in the long axis of the anal canal.[3,4,5]

Aetiology[6,7]

Primary Causes

- Constipation has been the most common aetiological factor.
- Spasm of internal Sphincter has also been incriminated to cause fissure-in-ano.

- When too much skin has been removed during operation for haemorrhoids, anal canal stenosis may result in which anal fissure may develop.

Secondary causes

- Ulcerative colitis,
- Crohn's disease,
- Syphilis and
- Tuberculosis.

When Vata is covered with feces, the stool is constipated, patient suffers from severe pain and passes hard stools with difficulty and evacuation is delayed. This causes Parikartana leading to Parikartika. If a person debilitated with Mridukoshta or Mandagni, the ingestion of Atirooksha, Atiteekshna, Atiushna, Atilavana ahara causes Dushana of Pitta and Anila and produces parikartika.

Fissure-in-ano commonly occurs in the midline posteriorly, occasionally it occurs in the midline anteriorly and exceptionally found elsewhere on the circumference of the anus. Predominantly posterior midline location of fissures has been explained by posterior angulation of the anal canal, relative fixation of the anal canal posteriorly, divergence of the fibres of the external sphincter muscle posteriorly, the elliptical shape of the anal canal, poor blood circulation and the sphincter fibres form Y-shaped decussation in the posterior midline that is anchored to the mucosa. Because of the less support and relative fixity, the anoderm is more liable to split. Constipation/ altered bowel habit leads to passing of hard stool/ frequent stool causes trauma to muco-cutaneous junction of anal canal called tear or acute fissure-in-ano. This may either heal or convert into chronic fissure-in-ano that further leads to stasis of fecal matter or infectious agent in chronic wound that results infection of the crypt of anal canal, further infection travels through anal gland to perianal region that leads to formation of abscess, that bursts out and forms fistula-in-ano.

Clinical Features[8]

- anal pain,
- bright red bleeding,
- perianal swelling
- occasionally mucous discharge.

- The pain is sharp, agonising pain starting during defecation
- A dull ache is usually experienced for 3-4 hours after defecation.
- Bleeding is only small in amount, is bright red in colour.

Examination[9,10]

In most patients it is possible to make a diagnosis of anal fissure by inspection alone. The patient is usually anxious and may be in pain also patients are naturally fearful of having a rectal examination and the perianal skin is usually puckered by spasm of the internal and external anal sphincters and tightly held buttocks. Inspection Despite excessive sphincter activity, it is usually possible to notice a skin tag along with a small amount of blood or discharge on the perineum. Gentle traction on the lateral margins of the perineum nearly always reveals a fissure present below the dentate line. Sometime perianal dermatitis (fungal dermatitis) also present near anal verge which causes itching to the patient. In this condition it is necessary to treat dermatitis along with fissure.

Palpation

This is performed only after inspection to go through any associate pathology in anal canal. Digital rectal examination (DRE) is to be done by introducing properly lubricated index finger and thumb remains outside to palpate pathology around anal verge. Intense spasm of the sphincters and an irregular, painful depression near the anal margin are usually prominent features of acute fissure. In chronic fissure a fissure bed with indurated edges is present which sometime associates with hypertrophied anal papilla. Subcutaneous abscess, submucosal abscess and intersphincteric abscess associated with chronic fissure are also noticed sometimes by digital rectal examination.

Proctoscopy

It is usually not done in case of fissure in ano, if hemorrhoid or other pathology present it can be done in local anesthesia.

Sigmoidoscopy

This is necessary in case of secondary fissure to identify the primary pathology. It is done under general anesthesia to diagnose distal proctitis, colitis, crohn's disease, tuberculosis, adenomatous polyps which can cause secondary fissure.

Management[11,12,13,14]

Acharya Sushruta mentioned four modalities of management.

1) Bheshaja (conservative management)

2) Kshara

3) Agni

4) Shastra.

- Treatment of vivandha has lot of importance. Due to purisavegaavaroadha there is vitiation of vāyu (apānavayu) leads tovivandha as well as Parikartika. So the cycle should be broken.
- The mandaagni is most important factor of Parikartikaas well as in arsa, atisara grahani. So Increasing and maintain theagni in equilibrium state is necessary.
- Kshara Sutra Therapy: Ligation of Kshara sutra to sentinel pile masses, by this themselves they may fall within few days.
- Kshara Lepa: Lepa of Apamarga Pratisaraneeya kshara is done over the (Chronic fissure-in-ano) ulcer surface, by scraping action of Kshara, this reduces the excess fibrous tissue present over the ulcer surface and ulcer heals & sphincter relaxation occurs simultaneously.
- Agnikarma: Para surgical procedure like Agnikarma has been widely advised by Sushruta & by doing Agnikarma treatment has provided marked relief & no recurrence.
- Though among the various preparations Picchavasti and anuvasanvasti has given special importance. PicchāBasti is specially advice when there is picchasrava or asrasrava, specially for stambhan purpose. AnuvāsanaBasti has ability to treat the vititedapānavāyu.

Sadhyasadhyata[11]

Generally Vrana in Payu is easily curable. If a Vrana is left untreated, as a consequence it may lead to Yapyatwa stage and finally leading to Asadhyatwa stage. Parikartika which affects the superficial layer of the Twak (anal skin) are easily curable in short time. Therefore it can be included in the Sukhasadhya group.

MATERIALS AND METHODS

The literary sources for the Present study was collected by ayurvedic samhitas like Charaka Samhita, Sushruta Samhita etc. It will be correlated with the contemporary available books, literature, journals, websites, and research paper as per the need of the study.

DISCUSSION

The Parikartika is a symptom where cutting type of pain is the major criteria in the ano-rectal region, which is also common in anal fissure, so the fissure in ano may be consist of underneath Parikartika however all Parikartika is not anal fissure. For easy know-how the Guda- Parikartika may be categorized into sub headings as particular and non-specific. specific range is those where there may be specific lesion (macro harm). The lesion can be anywhere in anorectal vicinity which includes solitary rectal ulcer, anal fissure, laceration and many others. Non specific are those wherein there is no visible specific lesion. There may be minute injury; it can be because of the irritant rely (viz. highly spiced food, irritant enema, and so forth.) causing proctotites. in order an Ayurvedic medical doctor, it's far our duty to recognize the ailment. The image in our mind approximately the ailment should be clear and it should comply with the Ayurvedic rule. As a disease, it should undergone six stages of Kriyakala. The formation of visible anal fissure is occur in the 5thstage (Vyaktaavasta). As a manifestation of disease it has to travel longway from Nidan to Vyaktaavasta. In the context of Pakwasayaavṛtavata there are two main symptoms as dry hard stool and Parikartika. In another context it was mention as a symptom of Vyanaavṛtaapana associate with adhmana and udavarta. This phenomenon may be accountable for slow-transit constipation. there has been prakopita of dosas because of Nidansevana which in the long run reasons Sthansaṃsraya in Samvaranîgudavali. though the disease changed into extra because of the tough stool however it's miles our speculation that the sphere for the disorder formation is prepared early, that is due to micro harm that's produce by using the irritant meals, which can be the cause of chronically multiplied internal anal sphincter tone. these phase finished in Sthansaṃsraya. even though it is easy to recognize because of abhighat like direct trauma with the aid of difficult stool, causing the Ksatajavṛana or Gudavidarana and later it turn out to be Dustavṛana.

as a result of the pathogenesis, whilst vata localize in Twak, it turns into Ruksa and microscopic ulcer occur which in different word referred to as proctotites. there was the formation of liner ulcer, whilst the vitiated vayu localized in rakta, as the ailment progress. because the disorder development the vitiated Vayu, when localize in Mamsa forming knotty swelling. so as consistent with current technological know-how it's miles comparable pathway of Fissure- in –ano. to start with in which the disorder continues to be not occur we will thought it involve simplest rasa dhatu.

CONCLUSION

Passage of difficult constipated stools is the high reason of tear inside the lower anal canal which results in excruciating pain at some point of and after defecation, the cardinal characteristic of Fissure-in-ano. improper nutritional routine and worrying existence is located to have stimulated the excessive occurrence observed today. Kshara is used in special bureaucracy like Kshara Lepa, Ksharasutra ligation in treating Parikartika (persistent Fissure-in-ano).

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