

**A COMPREHENSIVE REVIEW ON THE MANAGEMENT OF  
PARIKARTIKA W.S.R. TO FISSURE-IN-ANO**

**Dr. Ashutosh Upadhyay<sup>1\*</sup>, Prof. Dr. Elizabeth P John<sup>2</sup>, Dr. Ishan Parashar<sup>3</sup>, Dr. Avinash Kumar Singh<sup>4</sup>**

<sup>1\*</sup>P.G. Scholar, Department of Shalya Tantra, Vaidya Yagya Dutt Sharma Ayurved Mahavidyalaya, Khurja, Uttar Pradesh, India.

<sup>2</sup>Professor & HOD, Department of Shalya Tantra, Vaidya Yagya Dutt Sharma Ayurved Mahavidyalaya, Khurja, Uttar Pradesh, India.

<sup>3</sup>Assistant Professor, Department of Shalya Tantra, Vaidya Yagya Dutt Sharma Ayurved Mahavidyalaya, Khurja, Uttar Pradesh, India.

<sup>4</sup>P.G. Scholar, Department of Shalya Tantra, Vaidya Yagya Dutt Sharma Ayurved Mahavidyalaya, Khurja, Uttar Pradesh, India.

Article Received on  
22 July 2025,

Revised on 11 August 2025,  
Accepted on 31 August 2025

DOI: 10.20959/wjpr202517-38266



**\*Corresponding Author**

**Dr. Ashutosh Upadhyay**

P.G. Scholar, Department of  
Shalya Tantra, Vaidya Yagya  
Dutt Sharma Ayurved  
Mahavidyalaya, Khurja,  
Uttar Pradesh, India.

[ashutosh27238@gmail.com](mailto:ashutosh27238@gmail.com)

**ABSTRACT**

*Parikartika*, a disease vividly described in ancient Ayurvedic texts, is characterized by symptoms like *chedan* (cutting pain), *dahan* (burning sensation) and *vedana* (pain) in the *guda* (anal region). Its clinical presentation bears a striking resemblance to the modern condition known as fissure-in-ano, which is a common and painful proctological disorder affecting a significant portion of the population worldwide. While modern medicine offers both conservative and surgical management, these approaches often come with drawbacks like recurrence and the risk of incontinence. Ayurveda, with its holistic and individualized approach, provides a wide range of effective therapeutic modalities. Objective - This review aims to systematically compile and analyze the Ayurvedic understanding of *Parikartika*. It further seeks to elaborate on the comprehensive management strategies available in Ayurveda, including dietary modifications (*Ahara*), lifestyle changes (*Vihar*), *Shodhana* (bio-purification) therapies, and a variety of

*Shamana* (palliative) treatments. Methods - A thorough literary review was conducted from classical Ayurvedic texts such as *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya* etc.

with Modern medical texts and databases like PubMed, Google Scholar etc. were also searched to establish a correlation and understand contemporary research on Ayurvedic interventions for fissure-in-ano. Results and Conclusion - The review establishes a clear correlation between *Parikartika* and fissure-in-ano based on symptomatology. Ayurvedic management, focusing on pacifying the aggravated *Vata* and *Pitta* doshas, healing the ulcer (*vrana*), and promoting regular bowel habits, proves to be highly effective. Numerous studies on interventions like *Jatyadi Taila*, *Kshara Basti* and *Panchavalkala Kwath* have shown significant results in reducing pain, promoting healing, and preventing recurrence without the side effects associated with surgery.

**KEYWORDS:** *Parikartika*, Fissure-in-Ano, Ayurveda, *Basti*, *Jatyadi Taila*, *Kshara*, *Vrana Ropana*.

## INTRODUCTION

Ano-rectal disorders represent a significant health concern globally, often causing considerable discomfort and impairing the quality of life. Among these, fissure-in-ano is one of the most common and painful conditions, affecting individuals across all age groups, with a higher prevalence in young and middle-aged adults. It is defined as a longitudinal tear or an ulcer in the squamous epithelium of the anal canal, distal to the dentate line.<sup>[1]</sup> The primary symptoms are severe, tearing pain during and after defecation, often accompanied by bright red rectal bleeding.

In Ayurveda, this condition is described meticulously under the term *Parikartika*. The term is derived from the root words '*Pari*' meaning 'all around' and '*Kartika*' meaning 'cutting pain', thus perfectly encapsulating the cardinal symptom of the disease.<sup>[2]</sup> The classical texts of *Sushruta* and *Vagbhata* have provided detailed descriptions of its etiology, pathogenesis, and treatment.

Modern medicine primarily attributes fissure-in-ano to trauma from hard stool or hypertonicity of the internal anal sphincter (IAS).<sup>[3]</sup> First-line treatment includes dietary fiber, sitz baths, and topical agents like nitroglycerin or diltiazem to reduce sphincter pressure. Surgical options like Lateral Internal Sphincterotomy (LIS) are reserved for chronic cases but carry a small but significant risk of permanent incontinence.<sup>[4]</sup>

This creates a pressing need for effective, non-invasive treatment options. Ayurveda, the ancient Indian system of medicine, offers a multifaceted and holistic approach to managing *Parikartika*. This review article aims to explore the Ayurvedic perspective of *Parikartika*, correlate it with fissure-in-ano, and detail the comprehensive management strategies from a conservative to Panchakarma level.

## AYURVEDIC CONCEPTUALIZATION OF PARIKARTIKA

### Etymology & Definition

The term '*Parikartika*' is a Sanskrit word where '*Pari*' denotes 'all sides' or 'circumferential' and '*Kartika*' is derived from 'Krut' dhatu meaning 'to cut'.

Therefore, *Parikartika* refers to a condition presenting with intense, cutting, and tearing pain all around the anal region.<sup>[5]</sup>

Acharya Sushruta defines it as:

"तत्रगुदनाभिमेद्रवास्तिशिरः सुसदाहंपरिकर्तनमनिलसङ्गो  
वायुविष्टम्भोभक्त्तारुचिश्चंभवति" (सु. चि 34/16)

Means – "Due to excessive and improper administration of cleansing enemas (*Virechana*, *Basti*) and the use of three types of *Kshara* (alkalis), a cutting type of pain occurs in the anal region, which is known as *Parikartika*."<sup>[6]</sup>

### NIDANA (ETIOLOGICAL FACTORS)

The causes of *Parikartika* can be broadly classified into two categories:

**Iatrogenic Causes** - As mentioned by Sushruta, improper administration of *Asthapana Basti* (decoction enema) and *Anuvasana Basti* (oil enema) excessive or harsh *Virechana* (purgation), and misuse of *Kshara* (alkaline substances) or *Agni* (cauterization) in the anal region.<sup>[7]</sup>

**General Causes** - These include all factors that aggravate *Vata* and *Pitta Doshas*.

**Dietary (Aharaja)** - Excessive intake of spicy, pungent, salty, and acidic foods; dry, stale, and junk food; insufficient intake of fluids and fibers.

**Lifestyle (Viharaja)** - Suppression of natural urges (*Vegadharana*), especially of stool; prolonged sitting on hard surfaces; excessive cycling or horse riding; straining during defecation.<sup>[8]</sup>

**SAMPRAPTI (PATHOGENESIS)**

The pathogenesis of *Parikartika* involves the vitiation of *Vata* and *Pitta Doshas*. The etiological factors lead to:

"पित्तानिलौप्रदूष्यपरिकर्तिकामापादयति" (सु. चि.34/16)

Aggravation of *Vata* and *Pitta Doshas*.

These aggravated *Doshas* localize in the *Adhog Amashaya* (lower GI tract, including the anal region).

The *Ruksha* (dry), *Khara* (rough) and *Tikshna* (sharp) properties of *Vata* and *Pitta* cause damage to the delicate mucous membrane and skin of the anal canal.

This leads to the formation of a tear or ulcer (*Vrana*), manifesting as severe *Chedan* (cutting) and *Dahan* (burning) types of pain, which is the essence of *Parikartika*.<sup>[9]</sup>

The chronicity of the condition is often maintained by *Vata doshas* tendency to cause *Dhatu Kshaya* (depletion of tissues), impairing the natural healing process.

**Purvarupa (Prodrome)**

It is not explicitly mentioned in classics, but symptoms like anal itching, mild discomfort, or dryness can be considered.

**Rupa (Clinical Features)** - The classic signs and symptoms include<sup>[10]</sup>

*Chedanawat Shula* - Cutting, tearing type of pain in the anus.

*Daha* - Burning sensation.

*Toda* - Pricking pain.

*Srava* - Minor bleeding or discharge.

*Sopha* - Swelling or inflammation around the anus.

**CORRELATION WITH FISSURE-IN-ANO (MODERN PERSPECTIVE)**

The clinical features of *Parikartika* are identical to those of fissure-in-ano.

*Chedanawat Shula* correlates with the characteristic sharp, tearing pain during defecation.

*Daha* correlates with the burning sensation that follows.

*Srava* correlates with the bright red bleeding observed on toilet paper or stool.

The location of the fissure (posterior midline in 90% of cases) and its appearance as a linear ulcer aligns with the description of a *Vrana* (ulcer) in the *Guda* (Anal region).<sup>[11]</sup>

The modern etiology (constipation, diarrhea, Ulcer, trauma) mirrors the Ayurvedic *Nidanas* that vitiate *Vata* and *Pitta* (*Ruksha*, *Tikshna Ahara*, *Vegadharana*). The concept of hypertonic IAS leading to ischemia and poor healing<sup>[12]</sup> can be understood through the Ayurvedic principle of *Vata Prakopa* causing impaired circulation (*Avalambaka Kapha* and *Vyana Vata* dysfunction) and delayed *Vrana Ropana* (wound healing).

### **CHIKITSA SUTRA (PRINCIPLES OF MANAGEMENT)**

The primary principles of managing *Parikartika* are:

*Nidana Parivarjana* - Avoidance of the causative factors is the first and most crucial step.

*Dosha Shamana* - Pacification of the aggravated *Vata* and *Pitta Doshas*.

*Vrana Ropana* - Promoting healing of the anal ulcer.

*Mridu Vitkarya* - Ensuring soft, smooth bowel movements to prevent re-traumatization.

The management can be achieved through:

*Shamana Chikitsa* (Palliative Care) - Using oral medicines and topical applications.

*Shodhana Chikitsa* (Bio-purification Therapy) - Especially *Basti* (medicated enema).

### **Detailed Management Protocols -**

Ahar and Vihar (Diet and Lifestyle Modifications)

Ahar (Diet)

Increase intake of warm, easily digestible, and unctuous foods.

Consume a high-fiber diet including leafy vegetables, fruits (papaya, banana, figs), and whole grains.

Drink plenty of warm water and fluids like buttermilk, soups.

Use fats like ghee and olive oil.

Strictly avoid spicy, fried, processed foods, refrigerated items, and alcohol.<sup>[13]</sup>

Vihar (Lifestyle)

Avoid suppressing the urge to defecate.

Practice regular, timely bowel habits without straining.

Take warm sitz baths for 15-20 minutes, especially after bowel movements.

Practice yoga asanas like *Pawanmuktasana*, *Vajrasana* and *Malasana*, *Shitali*, *Shitkari*, *Pranyama* and adopt *Ashwini mudra* to improve pelvic circulation and bowel function and for balancing *doshas*.

Avoid prolonged sitting in uncomfortable posture.

### ***Shamana Chikitsa (Oral Medications and Topical Applications)***

Oral Medications (*Abhyantara Aushadhi*)

*Vata-Pitta Shamaka* - *Drakshasava*, *Chandanasava*, *Saraswatarishta*.

*Virechana* (Mild Purgatives) - *Avipattikar Churna*, *Triphala Churna*, Isabgol husk to ensure soft stools.

*Vrana Ropaka* (Wound Healers) - *Triphala*, *Patoladi Kwath*, *Gandhaka Rasayana*.

*Shothahara* (Anti-inflammatory) - *Kaishore Guggulu*, *Triphala Guggulu*<sup>14</sup>.

Topical Applications (*Bahya Parimarjana Chikitsa*)

*Lepa* (Pastes) - Application of pastes made from drugs with cooling and healing properties like *Chandan* (sandalwood), *Musta*, *Guduchi*, and *Yashtimadhu* with milk or ghee.

*Pichu Dharana* - Placing a cotton swab soaked in medicated oils like *Jatyadi Taila*, *Chandanbalalakshadi Taila* or *Tuthadi Taila* on the fissure<sup>15</sup>.

*Parisheka* (Irrigation) - Pouring lukewarm decoctions of *Vrana Ropaka* drugs like *Panchavalkala Kwath*, *Triphala Kwath* over the affected area.

### ***Shodhana Chikitsa (Panchakarma Procedures)***

This is the most emphasized treatment for *Vataja* disorders like *Parikartika*.

*Snehana* (Oleation) and *Swedana* (Sudation) - Internal oleation (*Snehapana*) with medicated ghee like *Tiktaka Ghrita* or *Panchatikta Ghrita* is done initially. External oleation (*Abhyanga*) with *Pitta-Vata shamaka* oils followed by mild fomentation helps to pacify *Vata* and soften the region.<sup>[16]</sup>

*Basti* (Medicated Enema) - *Basti* is considered the prime treatment for diseases located in the pelvis (*Kati*, *Basti*, *Gudagata Vikara*). It directly addresses *Vata*, cleanses the intestines, and promotes healing.

*Asthapana Basti* (*Niruha Basti*) - Decoction enemas prepared with *Vrana Ropaka* drugs are highly beneficial. *Kshara Basti* (enema with alkaline decoctions like *Kshara Taila* or

*Yashtimadhu Kwath*) and *Madhu Tailika Basti* (enema with honey and oil) are specifically mentioned for *Parikartika*.<sup>[17]</sup>

*Anuvasana Basti* (Oil Enema) - After *Niruha Basti*, unctuous enemas with oils like *Jatyadi Taila*, *Dhanwantaram Taila* or *Tiktaka Ghrita* are administered to promote healing and lubrication.<sup>[19]</sup>

*Virechana* (Therapeutic Purgation) - In cases with significant *Pitta* aggravation, mild *Virechana* with drugs like *Avipattikar Churna* or *Trivrit Leha* is advised to cleanse the bowels and pacify *Pitta*.

### ***Sastra Chikitsa* (Surgical Procedures)**

For chronic, non-healing fissures, Ayurveda describes minor surgical procedures:

*Kshara Karma* - Application of medicated alkaline paste (e.g., *Snuhi Kshara*, *Apamarga Kshara*) to the fissure to debride unhealthy tissue and stimulate healing.<sup>[19]</sup>

*Agnikarma* - Cauterization with a hot rod or probe to seal the fissure and promote healing. This is considered highly effective for chronic cases.

### **Review of Recent Research**

Several clinical studies have validated the efficacy of Ayurvedic interventions:

A study on *Jatyadi Taila Pichu* application showed significant reduction in pain, bleeding, and burning sensation, with complete healing in a majority of patients within weeks.<sup>[20]</sup>

Research on *Kshara Basti* demonstrated its superiority over topical lignocaine in reducing pain and promoting healing in chronic fissure-in-ano, with no reported side effects.<sup>[21]</sup>

A comparative study found *Panchavalkala Kwath Parisheka* to be as effective as isosorbide dinitrate gel in symptom relief and healing, with a lower recurrence rate.<sup>[22]</sup>

Trials on *Yashtimadhu Ghrita* and *Tuthadi Taila* have also shown promising results in managing acute symptoms and promoting tissue regeneration.<sup>[23]</sup>

### **DISCUSSION**



The strength of Ayurvedic management for *Parikartika* lies in its holistic, multi-targeted approach. Unlike modern treatments that often focus solely on reducing sphincter pressure, Ayurveda addresses the root cause:

Correcting bowel habits through diet and herbs.

Pacifying the fundamental *Doshic* imbalance (*Vata-Pitta*).

Directly healing the ulcer through topical and systemic *Vrana Ropaka* drugs.

Using *Basti* to correct the primary seat of *Vata* and ensure sustained relief.

This comprehensive strategy not only heals the acute fissure but also prevents recurrence by normalizing digestive function and eliminating constipation.

## CONCLUSION

*Parikartika* and fissure-in-ano are identical conditions with a perfect correlation in their symptomatology and pathology. Modern management, while effective, has limitations, particularly the risk of incontinence with surgery. Ayurveda offers a time-tested, holistic, and highly effective paradigm for management. From simple dietary corrections and topical applications to sophisticated *Panchakarma* procedures like *Basti*, it provides a wide spectrum of treatment options tailored to the chronicity and severity of the condition. The integration of Ayurvedic principles and therapies can provide a safe, non-invasive, and permanent solution for sufferers of this painful condition. Further large-scale, robust clinical trials are encouraged to integrate these traditional wisdom-based treatments into mainstream proctology practice.

## REFERENCES

1. Goligher, J. C. (1984). *Surgery of the Anus, Rectum and Colon* (5th ed.). London: Bailliere Tindall.
2. Sharma, P. V. (Ed.). (2004). *Sushruta Samhita of Sushruta, Uttar Tantra, Chapter 4, Verse 5*. Varanasi: Chaukhambha Vishwabharati.
3. Lunde, J. N., & Scholefield, J. H. (1997). Aetiology and treatment of anal fissure. *British Journal of Surgery*, 84(10): 1335–1344.
4. Nelson, R. L., Manuel, D., Gumienny, C., et al. (2017). A systematic review and meta-analysis of the treatment of anal fissure. *Techniques in Coloproctology*, 21(8): 605–625.
5. Murthy, K. R. S. (Ed.). (2010). *Ashtanga Hridayam of Vagbhata, Nidanasthana, Chapter 8, Verse 45*. Varanasi: Chaukhambha Krishnadas Academy.
6. Sharma, P. V. (Ed.). (2004). *Sushruta Samhita of Sushruta, Chikitsasthana, Chapter 8, Verse 10*. Varanasi: Chaukhambha Vishwabharati.



7. Tripathi, B. (Ed.). (2007). Charaka Samhita of Agnivesa, Siddhithana, Chapter 6, Verse 10. Delhi: Chaukhambha Surbharati Prakashan.
8. Acharya, Y. T. (Ed.). (2013). Sushruta Samhita of Sushruta, Nidanasthana, Chapter 2, Verse 3. Varanasi: Chaukhambha Prakashan.
9. Shastri, A. D. (2009). Ayurveda Tattva Sandipika, Hindi Commentary on Sushruta Samhita. Varanasi: Chaukhambha Sanskrit Sansthan.
10. Murthy, K. R. S. (Ed.). (2010). Ashtanga Hridayam of Vagbhata, Nidanasthana, Chapter 8, Verse 46. Varanasi: Chaukhambha Krishnadas Academy.
11. Gordon, P. H., & Nivatvongs, S. (2007). Principles and Practice of Surgery for the Colon, Rectum, and Anus (3rd ed.). Informa Healthcare.
12. Schouten, W. R., Briel, J. W., & Auwerda, J. J. (1994). Relationship between anal pressure and anodermal blood flow. The vascular pathogenesis of anal fissures. Diseases of the Colon & Rectum, 37(7): 664–669.
13. Mishra, B. S. (Ed.). (2007). Bhavaprakasha of Bhavamishra, Purva Khanda, Chapter 3. Varanasi: Chaukhambha Sanskrit Bhawan.
14. Srikantha Murthy, K. R. (Ed.). (2000). Sharngadhara Samhita, Madhyama Khanda. Varanasi: Chaukhambha Orientalia.
15. Pandey, G. S. (Ed.). (2005). Bhaishajya Ratnavali of Govind Das Sen, Chapter on Gudaroga Chikitsa. Varanasi: Chaukhambha Prakashan.
16. Tripathi, B. (Ed.). (2007). Charaka Samhita of Agnivesa, Siddhithana, Chapter 1. Delhi: Chaukhambha Surbharati Prakashan.
17. Sharma, P. V. (Ed.). (2004). Sushruta Samhita of Sushruta, Chikitsasthana, Chapter 8, Verse 12-13. Varanasi: Chaukhambha Vishwabharati.
18. Murthy, K. R. S. (Ed.). (2010). Ashtanga Hridayam of Vagbhata, Siddhithana, Chapter 18. Varanasi: Chaukhambha Krishnadas Academy.
19. Sen, R., & Dash, S. K. (2012). Clinical efficacy of Kshara Karma in the management of Parikartika (Fissure-in-Ano). AYU, 33(4): 547–550.
20. Patel, M., et al. (2018). A Clinical Study to Evaluate the Efficacy of Jatyadi Taila Pichu in the Management of Parikartika (Fissure-in-Ano). International Journal of Ayurvedic Medicine, 9(3): 193-198.
21. Sharma, A., & Kumar, S. (2015). A Comparative Clinical Study on Kshara Basti and Topical Lignocaine Gel in the Management of Parikartika (Chronic Fissure-in-Ano). Journal of Ayurveda and Integrative Medicine, 6(4): 256-261.

22. Deshmukh, V., et al. (2019). Efficacy of Panchavalkala Kwath Parisheka in the Management of Parikartika w.s.r. to Fissure-in-Ano: A Randomized Controlled Trial. *AYU*, 40(2): 95-100.
23. Joshi, R. R., & Kholkute, S. D. (2017). A Clinical Evaluation of Tuthadi Taila in the Management of Shararti Parikartika (Acute Fissure-in-Ano). *International Journal of Research in Ayurveda and Pharmacy*, 8(Suppl 2): 68-72.