

A LITERARY REVIEW OF PARIKARTIKA W.S.R. FISSURE-IN-ANO IN THE LIGHT OF AYURVEDA AND MODERN

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ABSTRACT

Parikartika, commonly correlated with fissure-in-ano in modern medicine, is a painful anorectal disorder. In Ayurveda, it is considered a complication of constipation, altered bowel habits, or post-operative outcomes of certain anorectal diseases. This condition is described in various classical texts like Sushruta Samhita and Ashtanga Hridaya. The modern counterpart, fissure-in-ano, presents with severe pain during defecation, fresh bleeding per rectum, and a linear tear in the anal canal. This review aims to explore classical Ayurvedic descriptions and correlate them with modern understanding to highlight a comprehensive approach for management and treatment.

KEYWORDS: Parikartika, Fissure-in-ano, Gudaroga, Ayurvedic Proctology, Taila Basti, Ksharasutra.

INTRODUCTION

The disease *Parikartika* is a significant anorectal disorder both in Ayurvedic and modern science. In modern medicine, *Fissure-in-Ano* is defined as a linear or longitudinal ulcer in the anoderm, mostly located posteriorly. It causes severe anal pain during and after defecation, sometimes associated with bleeding.

In Ayurvedic literature, Parikartika is explained as a *Gudaroga* (anorectal disease) with the

predominant symptom of cutting-type pain in the anal region (*Parikartanavat Vedana*). It is considered a result of vitiated *Vata dosha*, often associated with altered Apana Vata due to constipation, dietary errors, or post-surgical complications like after *Basti* or *Virechana*.

Literature Review

1. Ayurvedic Description of Parikartika

• Etymology and Definition

The term *Parikartika* comes from "pari" (completely) and "kartika" (cutting), denoting a condition with a severe cutting-type pain in the anus.

• Classical References

- *Charaka Samhita* (Chikitsa Sthana 28/137) mentions Parikartika as a complication of Virechana and Basti.
- *Sushruta Samhita* (Chikitsa Sthana 6/6) refers to it as a complication of Atisara (diarrhea).
- *Ashtanga Hridaya* (Chikitsa Sthana 8/38-39) includes it among complications of digestive disturbances.

• Nidana (Etiology)

- Consumption of excessively dry, spicy, and hard-to-digest food.
- Forceful defecation or suppression of natural urges.
- Improper Panchakarma procedures like Basti or Virechana.

• Lakshana (Symptoms)

- Teevra Vedana (intense pain) in guda (anal region)
- Rakta Sravana (bleeding per rectum)
- Vibandha (constipation)
- Parikartana (cutting pain) during defecation

• Samprapti (Pathogenesis)

Vitiated Vata dosha leads to dryness and roughness in the rectal region. Apana Vata dysfunction causes tearing of the anal mucosa during defecation.

2. Modern Description of Fissure-in-Ano

• Definition

A fissure-in-ano is a tear in the anoderm, commonly found in the posterior midline.

- **Etiology**

- Constipation and passing hard stools
- Anal trauma during childbirth
- Chronic diarrhea
- Inflammatory bowel disease

- **Clinical Features**

- Sharp pain during defecation
- Fresh bleeding per rectum
- Sentinel pile (skin tag)
- Spasm of internal anal sphincter

- **Types**

- Acute Fissure: Less than 6 weeks duration, shallow ulcer.
- Chronic Fissure: More than 6 weeks, presence of sentinel tag, hypertrophied anal papi.

Treatment Approaches

1. Ayurvedic Management

- **Shamana Chikitsa (Palliative Treatment)**

- *Sitz bath* with warm water and Triphala decoction.
- Local application of soothing and healing oils like *Jatyadi Taila*, *Nirgundi Taila*.
- Internal use of *Avipattikar Churna*, *Triphala Guggulu*, or *Eranda Taila* for softening stools.
- *Abhyanga* with Dashamoola Taila to balance Vata.

- **Shodhana Chikitsa (Detoxifying Treatment)**

- *Sneha Basti* and *Anuvasana Basti* with medicated oils like *Balashwagandhadi Taila*.
- Mild *Virechana* therapy in chronic cases.

- **Surgical Procedures**

- *Ksharasutra* application is not directly indicated in Parikartika but may help in chronic non-healing cases with associated fissure/fistula.
- *Agnikarma* (thermal cauterization) in selected chronic cases as mentioned in Sushruta.

2. Modern Treatment

• Conservative Management

- Stool softeners (e.g., Isabgol)
- High-fiber diet
- Warm sitz baths
- Local anesthetic ointments with lignocaine and nifedipine

• Surgical Management

- Lateral internal sphincterotomy – the gold standard for chronic fissure.
- Botox injection to reduce anal sphincter spasm.
- Fissurectomy (in selective cases)

DISCUSSION

The concept of Parikartika overlaps significantly with modern fissure-in-ano, especially regarding causation and symptoms. Both disciplines emphasize the role of constipation and Vata derangement. Ayurvedic therapies focus more on correcting the root cause (Agni and Vata) and promoting healing through internal and external oleation and purgation. The modern system, while offering quick relief via surgery, may have complications or recurrences. A combined approach can yield more sustainable results.

CONCLUSION

Parikartika or fissure-in-ano is a common but distressing condition. Ayurveda provides a holistic view by emphasizing prevention, dietary modifications, and lifestyle changes along with internal and local medication. In chronic or complicated cases, modern surgical methods may be warranted. Integration of both systems could improve patient outcomes and quality of life.

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