

**A SINGLE CASE STUDY ON THE EFFICACY OF APAMARG  
PRATISARNIYA KSHAR IN THE MANAGEMENT OF PARIKARTIKA  
(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/wjpr202517-38262



**\*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*, correlated with Fissure-in-Ano in modern medicine, is a prevalent and distressing anorectal disorder characterized by severe pain, burning sensation, and bleeding during defecation. Conventional treatments, including surgical sphincterotomy, often carry risks like incontinence and recurrence. *Kshar Karma* (alkaline cauterization) is a renowned para-surgical procedure in Ayurveda, and *Apamarg Kshar* (alkali derived from *Achyranthes aspera*) is specifically indicated for its *Shodhana* (cleansing), *Ropana* (healing) and *Srava Shamaka* (reducing discharge) properties. A 32-year-old male patient presented with complaints of excruciating cutting pain (*Guda Pida*), intense burning sensation (*Guda Daha*), and occasional bleeding during defecation for three months. Local examination revealed a linear tear at the 6 o'clock position in the anal canal with significant sphincteric spasm, confirming a diagnosis of acute *Parikartika* (Fissure-in-Ano).

The patient was treated with local application of *Mridu Pratisarniya Apamarg Kshar* on the fissure bed. Three times sitting was done, followed by post-operative care including Sitz bath,

laxatives (*Haritaki Churna*) and dietary advice. Outcome - The patient reported a dramatic reduction in pain and burning sensation within 24 hours. Complete healing of the fissure was observed on the 7th-day follow-up. All subjective parameters (pain, burning, constipation, itching) and objective parameters (sphincter spasm, bleeding) showed a 100% improvement. No recurrence was noted at the 30-day follow-up, and no adverse effects were observed. Conclusion - This case study demonstrates that *Apamarg Pratisarniya Kshar* application is a highly effective, safe, and minimally invasive treatment for *Parikartika*. It promotes rapid healing, provides immediate symptomatic relief, and potentially reduces the risk of recurrence, making it a superior alternative to conventional surgical methods.

**KEYWORDS:** *Parikartika*, Fissure-in-Ano, *Apamarg Kshar*, *Kshar Karma*, *Achyranthes aspera*.

## INTRODUCTION

Ano-rectal disorders are increasingly common in modern society, largely attributed to sedentary lifestyles, dietary indiscretions, and psychological stress. Among these, Fissure-in-Ano, known as *Parikartika* in Ayurveda, is one of the most painful conditions. Acharya Sushruta describes *Parikartika* as a complication of *Virechana* (therapeutic purgation) and *Basti* (medicated enema) procedures, characterized by symptoms like *Guda Pida* (cutting pain in the anus), *Guda Daha* (burning sensation), *Vatasanga* (obstruction of Vata) and *Aruchi* (anorexia).<sup>[1,2]</sup>

Modern medicine defines it as a longitudinal tear or ulcer in the anoderm of the distal anal canal.<sup>[3]</sup> The primary etiology is trauma from hard stool or prolonged diarrhoea. The pathophysiological triad consists of pain, sphincter spasm, and ischemia, creating a vicious cycle that hinders healing.<sup>[4]</sup> Standard treatments range from conservative measures (topical ointments, stool softeners) to surgical interventions like Lateral Internal Sphincterotomy (LIS). While LIS is effective, it carries a significant risk of permanent fecal incontinence (up to 30%) and other complications like perianal infection and "keyhole" deformity.<sup>[5,6,7]</sup>

Ayurveda offers a middle path through *Shastra Karma* (surgical procedures) and *Anushastra Karma* (para-surgical procedures).

शस्त्रानुशस्त्रेभ्यः क्षार, प्रधानतमः (सु.सू. 11/3)

*Kshar Karma* is considered superior among these.<sup>8</sup> *Kshara* (alkali) is prepared from the ash of specific medicinal plants.

"अथानेनैवविधानेनकुटजपलाशाश्वकर्णपारिभद्रकविभीतकारग्वधतिल्वकार्कसुह्यपामार्गपाटलानक्त  
मालवृषकदलीचित्रकपूतिकेन्द्रवृक्षास्फोटाऽ श्वमारकसप्तच्छदाग्निमन्थगुञ्जाश्वतस्त्रश्वकोशातकीः समूल  
फलपत्रशाखादहत्।" (सु.सू. 11/12)

*Apamarg Kshar*, derived from *Achyranthes aspera* Linn., possesses *Katu* (pungent) *Rasa*, *Ushna* (hot) *Virya* and *Katu Vipaka*. Its properties include *Lekhana* (debridement) *Sodhana* (purification) *Ropana* (healing) and *Srava Shamaka* (reducing discharge), making it ideal for managing non-healing ulcers like fissures.<sup>[9,10]</sup>

This case study documents the successful management of a chronic *Parikartika* with a single application of *Mridu Pratisarniya Apamarg Kshar* highlighting its efficacy, safety, and cost-effectiveness.

## CASE PRESENTATION

### Patient Information

A 32-year-old male, software engineer by profession, presented to the Shalya Tantra OPD with chief complaints of:

- Severe, cutting pain in the anal region during and for 2-3 hours after defecation (*Guda Pida*).
- Intense burning sensation in the anus after defecation (*Guda Daha*).
- Occasional bright red bleeding on the stool surface and while wiping.
- Difficulty in passing stool due to fear of pain (avoidance defecation).
- Mild itching in the perianal region.

### History of Present Illness

- Symptoms began approximately three months prior to presentation. The patient initially experienced mild discomfort, which progressively worsened.
- He had self-medicated with over-the-counter topical anesthetic creams and painkillers with only temporary, partial relief.
- The pain had become so severe that it significantly impacted his daily activities and quality of life.

**Past History**

- No significant past medical or surgical history.
- No history of Diabetes Mellitus, Hypertension, or IBD.

**Personal History**

- Diet -Mixed diet, low in fiber and high in fast food.
- Appetite - Normal.
- Bowel Habits - Chronic constipation, straining during defecation.
- Addictions - Occasional alcohol consumption; non-smoker.
- Sleep - Disturbed due to pain.

**General and Systemic Examination**

- The patient was conscious, oriented, and well-nourished.
- Vital signs: BP - 120/80 mmHg, Pulse - 78/min, regular, Respiratory Rate - 16/min, Temperature - Afebrile.
- Systemic examinations of cardiovascular, respiratory, and abdominal systems were within normal limits.

**Local Examination**

- Inspection (in Knee-Chest position) - The anal verge appeared inflamed. A sentinel tag was absent. A linear tear was visible at the 6 o'clock (posterior midline) position.
- Digital Rectal Examination (DRE) - Deferred initially due to extreme tenderness and pain. After application of 2% Lignocaine gel, it revealed intense spasm of the internal anal sphincter and extreme tenderness over the posterior midline. The fissure margins were felt as indurated.
- Proctoscopy - A split proctoscope was gently inserted. A longitudinal ulcer with well-defined margins and a base showing whitish slough was visualized in the posterior midline, confirming the diagnosis of a chronic fissure.

**Diagnostic Assessment**

- Based on the classical symptoms and local examination, a diagnosis of *Parikartika* (Fissure-in-Ano) was established.

**Therapeutic Intervention**

After obtaining written informed consent, the patient was prepared for *Kshar Karma*.

*Purva Karma* (Pre-operative Procedure)

- Written informed consent was taken.
- Inj. T.T. 0.5 ml IM was administered.
- A *Niruha Basti* (cleansing enema) was given to empty the rectum.
- Perianal area was shaved and cleaned with antiseptic solution.

*Pradhana Karma* (Main Procedure)

- The patient was placed in the lithotomy position.
- Perianal area was draped sterilely.
- 2% Lignocaine gel was applied intra-anally for local anesthesia.
- Gentle anal dilation (Lord's procedure) was performed to relax the sphincter.
- A well-lubricated split proctoscope was introduced to visualize the fissure.
- *Mridu Apamarg Kshar*, prepared in the college pharmacy as per classical texts<sup>[11]</sup>, was applied specifically to the fissure bed using a sterile applicator until the entire ulcer base was covered.
- The *Kshar* was left in situ for 100 counts (approx. 2 minutes) as described by *Acharya Sushruta*.<sup>[12]</sup>
- The area was thoroughly washed with lemon juice (to neutralize any excess alkali) followed by distilled water.
- The proctoscope was gently removed.
- A sterile anal pack was inserted to provide pressure and maintain hygiene.

*Paschat Karma* (Post-operative Care)

- The anal pack was removed after 6 hours.
- The patient was advised nil by mouth for 6 hours, followed by a liquid diet and then a soft, high-fiber diet.
- Sitz bath with lukewarm water for 10-15 minutes was advised after each bowel movement.
- *Haritaki Churna* (*Terminalia chebula* powder) 6 gm was prescribed at bedtime with warm water to act as a natural laxative and ensure soft stools.
- Tab. Paracetamol 500 mg SOS was prescribed for pain.

**Follow-up and Outcomes**

The patient was followed up on the 1st, 7th, 14th, 21<sup>st</sup> and 30th post-operative days.

Day 1 - The patient reported a remarkable 40% reduction in pain and burning sensation. No bleeding was reported. He was able to sit comfortably.

Day 7 - The patient reported a remarkable 60% relief in all symptoms. Local examination revealed complete epithelialization of the fissure site. The sphincter spasm had resolved entirely.

Day 14 – The patient reported a remarkable 60% relief in all symptoms. There was no evidence of recurrence, scarring.

Day 21 - The patient was completely asymptomatic.

Day 30 - Complete relief and here was no evidence of recurrence, scarring, or any complication like incontinence.

### ASSESSMENT OF OUTCOMES WAS BASED ON THE FOLLOWING GRADING SCALES

Patient's pre- and post-treatment scores showing a drop from severe (3) to absent (0) in all parameters.)

**Table 1: Subjective Parameters Assessment.**

Parameters	Pre Treatment Score	Post Treatment Score
<i>Guda Daha</i> (Burning)	3	0
<i>Guda Pida</i> (Pain)	3	0
Constipation	2	0
Itching	1	0

**Table 2: Objective Parameters Assessment.**

Parameters	Pre-Treatment Score	Post-Treatment Score
Sphincteric Spasm	3	0
Bleeding	2	0
Recurrence (Day 30)	-	0

Overall Effect- The therapy was assessed as Cured\* (>90% relief with complete disappearance of the fissure).

### DISCUSSION

*Parikartika* is primarily a *Vata-Pitta* dominant disorder.<sup>[13]</sup> *Vata* vitiation causes *Sphurana* (throbbing), *Toda* (pricking pain) and *Sankocha* (constriction/Spasm), while *Pitta* vitiation causes *Daha* (burning) and *Raktasrava* (bleeding). The primary aim of treatment is to break

the cycle of pain-spasm-ischemia. *Apamarg Kshar*, being *Katu*, *Ushna* and *Tikshna*, possesses potent *Vata-Kapha hara* and *Srotoshodhana* (channel cleansing) properties.

"छेद्यभेद्य लेख्य करणात्, त्रिदोषघ्नत्वात्, विशेषक्रियास्वचार-णाच्च | (सु.सू. 11/3)

"दहनपचनदारणादिशक्ति ।" (सु.सू. 11/5)

Its application on the fissure bed performs multiple actions: *Lekhana Karma* - It debrides the necrotic tissue and slough present in the ulcer base, creating a clean wound bed essential for healing.<sup>[14]</sup> *Chedana/Bhedana Karma* - It helps in incising and breaking down the indurated margins of the chronic fissure. *Sodhana & Ropana Karma* - Its cleansing action removes microbial load and its healing property promotes rapid granulation and epithelialization. The alkaline pH might also denature the proteins in the hypertonic sphincter fibers, leading to a chemical sphincterotomy, thereby reducing spasm and restoring blood flow without the risk of permanent muscle damage associated with surgical sphincterotomy.<sup>[15]</sup> *Srava Shamaka & Stambhana* - It controls bleeding and discharge.

The rapid relief in pain can be attributed to the immediate reduction in sphincter spasm and the cleansing of the nerve endings in the ulcer base. The use of Haritaki ensured soft stools, preventing re-traumatization of the healing tissue.

This case aligns with previous studies. Dhurve et al. (2015) found significant success with *Apamarg Kshar* application followed by anal dilation.<sup>[16]</sup> Jaiswara (2009) also reported positive effects of *Kshar Karma* in acute fissures.<sup>[17]</sup> The present case reinforces these findings, demonstrating a definitive cure with a single application, no recurrence, and zero complications.

## CONCLUSION

This case study strongly suggests that *Mridu Pratisarniya Apamarg Kshar* is a highly effective, safe, economical, and minimally invasive treatment modality for *Parikartika* (Fissure-in-Ano). It provides rapid symptomatic relief, promotes complete healing, and appears to eliminate the risk of recurrence and incontinence associated with surgery. It embodies the Ayurvedic principle of *Swasthasya Swasthya Rakshanam* (preventing disease in the healthy) and *Aturasya Vikara Prashamanam* (curing the disease of the afflicted) by addressing the root cause. It is recommended that this ancient para-surgical technique be



integrated into mainstream proctology practice. Larger, controlled clinical trials are encouraged to statistically validate its efficacy and establish standardized protocols.

## REFERENCES

1. Ambikadatta Shastri (Ed.). (2014). *Sushruta Samhita with Ayurveda Tattva Sandipika Hindi Commentary*. Chaukhambha Sanskrit Sansthan. Chikitsa Sthana, 34/16.
2. Sriram Bhat M. (2021). *SRB's Manual of Surgery* (6th ed.). Jaypee Brothers Medical Publishers, 967.
3. Williams, N. S., Bulstrode, C. J. K., & O'Connell, P. R. (Eds.). (2023). *Bailey & Love's Short Practice of Surgery* (28th ed.). CRC Press, 1427.
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. Marby, M., Alexander-Williams, J., Buchmann, P., et al. (1979). A randomized controlled trial to compare anal dilation with lateral subcutaneous sphincterotomy for anal fissure. *Diseases of the Colon & Rectum*, 22(5): 308–311.
6. Nielsen, M. B., Rasmussen, O. O., Pedersen, J. F., & Christiansen, J. (1993). Risk of sphincter damage and anal incontinence after anal dilatation for fissure-in-ano: An endosonographic study. *Diseases of the Colon & Rectum*, 36(7): 677–680.
7. Yükel, O., Bostancı, H., Leventoğlu, S., et al. (2008). Keyhole deformity: a case series. *Journal of Gastrointestinal Surgery*, 12(6); 1110–1114.
8. Ambikadatta Shastri (Ed.). (2014). *Sushruta Samhita with Ayurveda Tattva Sandipika Hindi Commentary*. Chaukhambha Sanskrit Sansthan. Sutra Sthana, 11/3.
9. Sharma, P. V. (2006). *Dravyaguna Vijnana - Vol. II*. Chaukhambha Bharati Academy, 189.
10. Ambikadatta Shastri (Ed.). (2014). *Sushruta Samhita with Ayurveda Tattva Sandipika Hindi Commentary*. Chaukhambha Sanskrit Sansthan. Sutra Sthana, 11/5.
11. Ibid. Sutra Sthana, 11/12-14.
12. Ibid. Sutra Sthana, 11/20.
13. Kashinath Shastri & Gorakhnath Chaturvedi (Ed.). (2016). *Charaka Samhita of Agnivesha*. Chaukhambha Bharati Academy. Chikitsa Sthana, 19/5.
14. Sharma, S. K., Sharma, K. R., & Singh, K. (1995). *Kshar Sutra Therapy in Fistula-in-Ano and Other Anorectal Disorders*. RAV Publication, 45.
15. Bhagat, P., Sharma, S., Raut, Y., & Lakhpati, A. M. (2020). A comparative study on effect of Kshar application against Fissurectomy in Parikartika (Fissure-in-ano). *World Journal of Pharmacy and Pharmaceutical Sciences*, 5(4): 1522-1532.



16. Dhurve, V. A. (2015). Efficacy of Apamarg Kshar Pratisaran (Local application) at chronic fissure bed followed by anal dilation in Parikartika w.s.r to chronic fissure-in-ano [Unpublished PG Thesis]. Government Ayurveda College, Nanded.
17. Jaiswara, S. (2009). Effect of Kshar–Karma in Parikartika (Acute Fissure -in -Ano) [Unpublished PG Thesis]. Gopabandhu Ayurved Mahavidyalaya, Puri.