

**LITERARY REVIEW OF PARIKARTIKA WITH SPECIAL  
REFERENCE TO FISSURE IN ANO**

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**ABSTRACT**

*Parikartika* is a prevalent anorectal condition. Typically, we liken *Parikartika* to anal fissures. It is an extremely painful issue. In *Ayurvedic* literature, *Parikartika* is not categorized as an independent disease but as a consequence of various *Ayurvedic* practices including *vaman*, *virechana*, and *basti*, as well as complications arising from certain conditions like *Arsh*, *Atisar*, and *Grahani*. The well-being of a person is influenced by their diet, the environment, and their lifestyle choices. In today's world, lifestyle-related ailments such as hypertension, diabetes mellitus, hypothyroidism, and obesity are impacting a significant portion of the global population. Anorectal disorders like anal fissures and hemorrhoids can be viewed as issues stemming from poor eating habits and unhealthy lifestyle practices.

**KEYWORDS:** *Basti, chhedandvat shool, Guda, kartanwat, Vaman, Virechana.*

**INTRODUCTION**

*Ayurveda* is the science of living well. The primary goal of *Ayurveda* is to maintain health, while the secondary goal is to treat illnesses. Today, due to unhealthy lifestyles, there is a significant rise in patients experiencing constipation along with rectal ailments. A longitudinal tear in the lower part of the anal canal leads to fissure in ano. This condition is extremely painful and impacts the anal area. Approximately 30 to 40% of people experience

anal issues, with anal fissures constituting 10 to 15% of anorectal conditions, presenting as severe pain during and following bowel movements, along with minor bleeding from the anus and spasms of the anal sphincter. *Parikartika* involves pain characterized by cutting and tearing sensations in the anal area; however, the distinct features typically associated with fissures are not referenced in the context of *parikartika*. The sentinel tag can be likened to *shuskarsh* as described in the *Charak Samhita*.

### Definition<sup>[1]</sup>

An anal fissure, also known as fissure-in-ano, refers to a longitudinal split in the anoderm of the distal anal canal that stretches from the anal verge upwards toward, but does not surpass, the dentate line.

### Aetiology<sup>[2]</sup>

The exact cause of an anal fissure, especially why the posterior midline is commonly affected, is not fully understood. Typically, acute anal fissures result from trauma associated with the straining to pass a hard stool or, less frequently, from the repeated passage of diarrhea. The occurrence in the posterior midline may be related to the increased shearing forces at that location during defecation, along with a less flexible anoderm that has a higher concentration of longitudinal muscle extensions in that part of the anal circumference. Anterior anal fissures are more prevalent in women and may occur following vaginal delivery. Chronicity and the ongoing issue may stem from constant trauma, anal hypertonicity, and inadequate blood supply, which might be due to heightened sphincter tone or the posterior commissure having poorer blood flow than the rest of the anal circumference. In Ayurvedic literature, a proper classification of *Nidaana*, *Rupa*, and *Sampraapti* related to *Parikartika* is not readily available in one single location. However, numerous *Nidaana* that can either directly or indirectly lead to *Parikartika* are mentioned by *Aacharya's* and are found dispersed throughout the texts. In *Parikartika*, *Vata* is the primary *Dosha*. According to *Aacharya Sushruta*, the etiological factors contributing to *Parikartika* can be categorized into three types.

1. *Nija Hetu* (Endogenous factors)
2. *Aagantuja Hetu* (Exogenous factors)
3. *Nidaanarthakaaree Roga* (Complications of other diseases)

*Nija Hetu* (Endogenous factors)

The primary symptom of *Parikartika* is *Vedana* (pain), indicating the presence of *Vata Dosha* vitiation.<sup>[3]</sup> Therefore, all elements that contribute to the disturbance of *Vata Dosha* can be classified as *Nidana* for *Parikartika*. In classical texts, various factors leading to *Vata* vitiation are identified.

*Aagantuja Hetu*<sup>[4]</sup> (Exogenous factors)

Trauma to the *Guda* leading to *Parikartika* may occur. Complications can arise during *Basti* or *Virechana* procedures, manifesting as *Parikartika*, particularly if a rough and thick *Basti Netra* is used.

*Nidaanaarthakaree Roga*<sup>[5,6]</sup> (Complications due to procedures or other diseases)

If a faulty procedure is followed, administering *Vamana* and *Virechana* with sharp, hot, or *Pitta* aggravating medicines to patients with *Mridu Koshtha* and *Mandaagni* can provoke *Pitta* and *Vata*, leading to *Parikartika*, especially with excessive *Virechana*.<sup>[7]</sup> In cases where *Tikshna*, *Ushna*, and *Lavan Dravya Basti* is given to patients,<sup>[8]</sup> the rough insertion of the *Basti Netra* can result in anal ulcers and related pain.<sup>[9]</sup> The use of a *Basti Netra* that is large and has a rough surface can also cause ulcers in the anus.<sup>[10]</sup> Charaka has noted *Parikartika* as a complication resulting from *Vamana* and *Virechana*.<sup>[11]</sup> He mentioned that administering potent medicines to patients who are *atisnigdha* and *gurukosthee* in a *Saamavastha*, or to patients who are thin, *Mridu kosthee*, and weak, can result in *Parikartika* with significant anal pain.<sup>[12]</sup> *Sharangadhara* has cataloged 76 complications associated with *Basti*, including *Parikartika* as one of them.

Due to diseases Conditions such as *Vaataja Pakvaatisaara*.<sup>[13,14]</sup> *Aadhmaana*, *Urdhva Vaayu*, *Urdhvavaata*, the early signs of *Arsha*, *Vaataja Arsha*, *Sahaja Arsha*, *Vaatika Grahane*, and *Garbhaavastha* are related.

**Clinical features**<sup>[15]</sup>

Acute anal fissures, though simple epithelial splits, are marked by intense anal pain during defecation due to their location in the highly sensitive anoderm. This pain typically resolves on its own after a variable duration, only to recur with the next bowel movement, often accompanied by fresh blood that is usually seen on the tissue after wiping.

Chronic fissures are identified by a hyperplastic anal papilla on the inside and an external sentinel tag, both resulting from attempts at healing and subsequent breakdown. Positioned between these is a slightly hardened anal ulcer that overlaps the fibers of the internal sphincter. In cases of chronic fissures, patients may also experience itching due to irritation from the sentinel tag, discharge from the ulcer, or discharge from a related intersphincteric fistula, which can develop if the infection penetrates through the base of the fissure. While most individuals affected are young adults, the condition can occur in individuals of any age, ranging from infants to the elderly, with men and women being equally impacted.

Approximately 10% of fissures in women are located anteriorly (many of which may occur after childbirth), while this occurs in only 1% of men. If a fissure is found in a different location around the anal circumference or displays unusual characteristics, it should raise concerns about a specific underlying cause. In cases where a thorough examination cannot be performed in the clinic, a prompt examination under anesthesia should be recommended, along with biopsy and culture to rule out conditions such as Crohn's disease, tuberculosis, and ulcers related to sexually transmitted diseases or human immunodeficiency virus (HIV) (including syphilis, Chlamydia, chancroid, lymphogranuloma venereum, HSV, cytomegalovirus, Kaposi's sarcoma, B-cell lymphoma) and squamous cell carcinoma.

The prefix "*Pari*" signifies "all around," "entire," "every entity," or "each aspect." The term "*Kartika*" originates from the verb "*Krita*," which means "to cut," and it takes a noun form. Consequently, the composite word "*Parikartika*" translates to "cutting all around" or "circumferential cutting." It describes a condition where the patient feels pain as if the anal area is being severed with scissors.

*Acharya Charaka* highlighted the symptom of intense pain in the anus when elaborating on *Parikartika* as a complication following *Vamana* and *Virechana*. *Acharya Sushruta*, in the chapter discussing the complications of *Vamana* and *Virechana*, noted the key symptom of *Parikartika* as sharp, cutting, and burning sensations in the anal region. Additionally, he stated that there can also be a cutting pain present in the penis, umbilical area, and the neck of the bladder. The primary *Doshas* involved are *Vata* and *Pitta*, and the pain primarily exhibits characteristics of *Vata* and *Pitta* due to the cutting and burning sensations in the anus, respectively. In cases of *Parikartika*, one symptom includes a *Dushta Vrana* in the anal region, presenting as a longitudinal ulcer. The symptomatology of *Parikartika* described in

the *Sushruta Samhita* aligns accurately with modern clinical presentations of anal fissures. *Vagbhatta* has relayed the same signs and symptoms as articulated by *Charaka* and *Sushruta*.

### Treatment<sup>[16]</sup>

Following the confirmation of the diagnosis either in a clinical setting or under anesthesia, while ruling out secondary causes of anal ulceration, conservative management should lead to the healing of nearly all acute and most chronic fissures. It is important to focus on normalizing bowel habits to ensure that

- The passage of stool becomes less traumatic.
- Dietary fiber is increased to bulk up the stool.
- Stool softeners are utilized.
- Sufficient hydration is maintained.
- Warm baths and topical local anesthetics provide pain relief.

However, offering anal dilators to patients is generally linked to low compliance, leading to minimal impact. The primary method in current conservative management is the topical application of pharmacological agents aimed at relaxing the internal sphincter, commonly including.

- Nitric oxide donors (Scholefield); these work by reducing spasm, alleviating pain, and enhancing vascular perfusion to promote healing. Examples of such agents are glyceryl trinitrate (GTN) at 0.2%, applied two to three times daily to the anal margin (though this may induce headaches), and diltiazem at 2%, applied twice daily.
- Botox is another option for medical treatment, delivered in doses ranging from 10 to 100 units, either in a single administration or divided into multiple doses.

The success rate for any of these treatments is around 50%, but the occurrence of headaches with GTN ointment has been noted to reach up to 30%, which reduces its appeal for patients.

Surgical options include.<sup>[17]</sup>

1. Lateral internal sphincterotomy.
  - (a) Open technique
  - (b) Closed technique
2. Lord's dilation (blunt sphincterotomy).
3. Fissurectomy with local advancement flap.

The *Ayurvedic* perspective on *Parikartika Chikitsa* views it as a complication arising from *Sansodhana chikitsa* and specific diseases.

*Kashyap* has outlined its management based on the *doshik* involvement in *Parikartika*. None of the *Samhitas* provides details on surgical treatment, suggesting that conservative approaches alone are adequate for addressing *Parikartika*.

The primary principles for treating *Parikartika* focus on the following aspects

1. To rectify the imbalances in *Vata* and *Pitta*.
2. To address the abdominal issues that occur due to the vitiation of *Vata* and *Pitta*, which can lead to various complications.

### Diet<sup>[18]</sup>

In a *Saama* condition, a diet that is *Langhana*, *Deepana*, *Ruksha*, *Ushna*, and *Laghu* is recommended.

1. A *Madhura* and *Brihaniya* diet is suggested for individuals who are thin and lean.
2. In cases of severe *Vata Prakopa Avastha*, *Ghrit* combined with *Daadimarasa* should be administered.
3. *Devdaaru* and *Tila Kalka* mixed with warm water are advised.
4. Milk prepared with *Ashvattha*, *Udumbaar*, *Plaksha*, and *Kadamba* is beneficial.

### Local Management

Various kinds of *Basti Karmas* are outlined for local treatment. *Basti* preparations made with *Ghrita* and milk, along with various other herbs, are utilized for this purpose. The majority of the herbs used in *Basti Karma* help balance *Vata*, promote wound healing, and soothe *Pitta*. In the *Kashyapa Samhita*, the treatment is provided based on the dominant *Dosha*.

## DISCUSSION

*Parikartika* is caused by imbalances in *pitta* and *vata doshas*. Due to these causative factors, the affected *doshas* accumulate in the anal region. This condition is most prevalent among middle-aged individuals. The primary doshas involved in *Parikartika* are *vata* and *pitta*. The passage of hard stools is a significant factor leading to tears in the lower portion of the anal canal. *Charak* states that if someone with a *snigdha guru* constitution and *aama dosha*, or someone with a *mridu* constitution and low strength takes a strong purgative, it will expel impurities along with *aama* shortly after reaching the anal area, resulting in severe cramps,

cutting pain, and a slimy discharge containing blood. Therefore, before prescribing medications for cleansing or treating a constipated individual, it is crucial to assess the *Saama* and *Nirama* conditions of the *kostha* and the body's texture; otherwise, medication may lead to *Parikartika*. When treating *Parikartika*, if the patient has *aama*, a *langhan pahchan ruksha* approach is recommended, meaning hot and light foods should be advised. Conversely, if the patient is weak and has a *ruksha* body type, sweet and nourishing foods should be suggested.

## CONCLUSION

*Parikartika* is prevalent among anorectal disorders due to inadequate *aahar-vihar*. Most acute cases respond well to *Ayurvedic* treatment, while modern medical approaches yield results in less than 50% of cases. Consequently, prior to administering strong purgatives for *Sanshodhan chikitsa* or while treating *Parikartika*, it is essential to thoroughly assess the condition of *sama-nirama*, *kostha*, body constitutions, and any secondary factors contributing to *parikartika*.

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