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NAVIGATING PARIKARTIKA (ACUTE FISSURE-IN-ANO) IN AYURVEDIC PERSPECTIVES – A LITERATURE ANALYSIS

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ABSTRACT

Parikartika is a common painful condition among anorectal diseases that resembles a fissure-in-ano. In the present era, due to changing lifestyles such as sedentary work patterns, increased stress, and improper dietary and sleep habits, various lifestyle disorders are increasing continuously**.** An anal fissure or rectal fissure, commonly known as Parikartika in Ayurveda, is a split in the skin of the distal anal canal due to stretching of the anal mucosa beyond its capability. The acute fissure is a superficial splitting of the anoderm and may heal with conservative management. In adults, fissures may be caused by constipation, or by prolonged diarrhea. In older adults, it may be caused by decreased blood flow to the area. Fissures may also be caused by tuberculosis, occult abscesses, leukemic infiltrates, carcinoma, Acquired Immunodeficiency Syndrome (AIDS) or Inflammatory Bowel Disease, Sexually Transmitted Infections (Syphilis, Herpes, Chlamydia and Human Papilloma Virus). Other common causes of anal fissures include Childbirth trauma in women, Crohn's disease, Ulcerative colitis, and Poor toileting practices in young children. Practice parameters from the American College of Gastroenterology (2014) recommended that acute anal fissure should be treated conservatively initially. The first line of management to reduce anal trauma is conservative treatment modalities like a high-fibre diet, stool softeners, and oral and topical use of Ca channel blockers or nitrates. It is the need of the hour to opt for a conservative line of management to avoid unnecessary surgical burden and morbidity among patients suffering from an acute fissure in ano. Parikartika (acute fissure in ano) is being managed conservatively as a traumatic wound (agantuja vrana) only by giving Vata pitta hara Chikitsa and Avagahan (sitz bath). None of Samhitas described surgical management, so it indicates that conservative treatment is sufficient for the treatment of Parikartika.

KEYWORDS – Parikartika, fissure-in-ano, Anorectal, Lifestyle Disorders

INTRODUCTION

Fissure-in-ano is one of the commonest causes of severe pain in the anal region during, and especially after the defecation, lasting from several minutes to a few hours and may or may not be associated with bleeding. Many patients are so fearful of passing stool and try to avoid the urge to defecation due to the severe pain. It can occur at any age and has equal gender distribution.

Fissure-in-ano is an ulcer in the longitudinal axis of the lower anal canal. It starts as a crack /denuded epithelium between the anal verge and pectinate line, directly over the distal part of

the internal sphincter commonly in the posterior part at the 6 o'clock position. Fissure-in-ano is usually caused by trauma to the inner lining of the anus. A hard, dry stool is typically responsible, but loose frequent stools and diarrhea can also be the cause. Depending on the chronicity it is of two types- Acute and Chronic. Fissure usually occurs in the midline posteriorly or anteriorly. In 90% of males, it occurs in the midline posteriorly, and in the rest 10% of males it occurs in the midline
anteriorly. In 60% of females, it occurs in the midline posteriorly, and in the rest among 40% of females, it occurs midline anteriorly. **Fissure-in-ano** can be compared with the **Parikartika** in Ayurvedic parlance.

Parikartika means parikartana vat vedana around the gudapradesh. In Ayurvedic Samhita, the disease Parikartika is described at different places as a complication of some procedures and states such as vamana-virechana vyapad, basti karma vyapad, and garbhini vyapad. According to Acharya Sushruta, it is a condition in which there is cutting and burning pain in the anus, penis, and umbilical region. Acharya Dalhana and Acharya Jejjata described it as a condition of cutting pain in anus.[1] Acharya Kashyap described three types of Parikartika- Vataj, Pittaj, and Kaphaj.[2] Acharya Charaka described the symptoms as pricking pain in the groins and sacral regions, scanty constipated stool, and bleeding per rectum.[3] According to Ayurvedic texts there are four types of methods for the treatment of diseases namely, Bhaisaja, Shastra, Kshara karma, and Agni karma.[4] Among these **Bhaishaja Chikitsa** is the first preference of treatment for the diseases.

In Ayurvedic texts the management of Parikartika includes the use of high fibre diet, use of leap as a local therapy, Vata-Pitta Shamak drugs orally, and use of different types of Basti (Pichhabasti, Anuvasanabasti etc.) 'Parikartika' is mentioned as a symptom in Vataja Atisara [5]according to Acharya Charaka and Acharya Vagbhata. He also says that a person suffering from Vatik Atisara and also has complaints of scanty, watery, or hard-rounded motions, quickly develops Parikartika. Acharya Vagbhata has also supported the vision of Acharya Charaka in the chapter of Atisara Grahani Dosa Nidana. Acharya Sushruta, while explaining the prodromal symptoms of Arsha, has not mentioned the term Parikartika but has documented a very comparable symptom.

Guda 'Parikartanam' is the symptom i.e. there is a cut in the anus and cutting pain. This is nothing else but Parikartika and here it is explained as a prodromal feature of Arsha. In Vatika Arsha the shape is similar to an 'arrow' and is pointed which is similar to a sentinel tag. Acharya Charaka has said that there is severe pain in Gudavallaya in Sahaja Arsha.[6] The symptoms in Vatika Arsha are very much similar to those present in Parikartika like pain in the anus, penis, abdomen, umbilical region, and so on. In Kaphaja Arsha he has said that there is Parikartika, nausea, etc. Acharya Charaka mentioned in the Grahani chapter that in Vatika Grahani [7] there is sickness, weakness, pain in the chest, tastelessness, and Parikartika. According to Acharya Kashyapa in Garbhini Chikitsa Adhyaya Parikartika is widespread in pregnant ladies. He has also explained the types of Parikartika according to the predominant dosha like Vata, Pitta, and Kapha.[8]

According to Acharya Sushruta the prodromal symptoms of Parikartika, are sharp cutting pain in Guda Pradesh. In the Vamana Virechana Vyapada[9] chapter, Acharya Shusruta has mentioned that there is a sort of cutting pain, sawing-like pain in the anus, penis, umbilical

region, and the neck of the urinary bladder. This explanation is utterly accurate because in modern medicine for anal fissures similar clinical symptoms are described as cutting or burning pain in the anus, pain in umbilical region and radiated pain in the penis and thigh also. Constipation may be habitual or developed due to any disease. Acharya Charaka has fully supported Acharya Sushruta's description. He has said that in Guda pradesh pain is present like cutting in nature and also pain in the groin region, flanks, and in the sacral region and at the time of defecation the prolepses of the rectum and presence of fecolith. He has quoted that in a person who is suffering from Parikartika, the symptoms present are pricking pain in the sacrum, groins, below the naval region passage of scanty stools, and constipation.[10]

Acharya Vagbhata has also described the same signs and symptoms as described by Acharya Charaka and Acharya Sushruta. However, Acharya Kashyapa and other authors have not described the clinical symptoms of this disease. The pain in this disease is due to Vata and Pitta dosha as these are the causative factors for Parikartika.[11] In Parikartika there is vrana which is an essential symptom which is having a Dirghakriti shape or Triputakakrti and Srava may be present there. The Vrana surface appears more rules. Features of Vata Pittaja Vrana and also Dusta Vrana like Samvritatwam, Vivitatwam, Kathinya, Mrduta, etc. can be found.[12]

TYPES

Fissure-in-ano is classified into two groups-

1) Primary – It is idiopathic and, in this type, there is no preexisting disease or any other cause except constipation.

2) Secondary- In this group the fissure may be due to complications of other disease, after surgery. It includes Crohn's disease, tuberculosis, syphilis, proctocolitis, etc.

According to the chronicity, the fissure-in-ano is divided into two types-

1) Acute fissure-in-ano- it is defined as a tear of the skin of the lower half of the anal canal. In this case, anal sphincter muscle spasm is present, and hardly any inflammation, induration, or edema of the edges.

2) Chronic fissure-in-ano- in later condition if acute fissure fails to heal then it will gradually develop into a deep undermined ulcer known as chronic anal fissure. It is a deep canoe-shaped ulcer with thick edematous margins. There is a hypertrophied papilla at the upper end of the ulcer and at the lower end there is a skin tag known as a 'sentinel pile'. Induration and inflammation are present at the margins. The base consists of scar tissue and internal sphincter muscle. The internal sphincter's spasm is always present. Sometimes infection may lead to abscess formation. Specific causes for chronic fissures in ano are ulcerative colitis, Crohn's disease, syphilis, and tuberculosis.

PATHOGENESIS

The pathogenesis of each disease is described by Acharya Sushruta in the form of Shatkriya kala. These stages are Sanchaya, Prakopa, Prasara, Sthaana Sanshraya, Vyakti and Bheda.

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All diseases have these six stages for their manifestation. Tridosha in the state of equilibrium maintains the structural and functional integrity of the body. In any classical text the pathology of Parikartika is not clearly described, probable Samprapti maybe like mentioned below. In Samprapti of Parikartika and Arsha, there is a close similarity. It is clear from the fact that both are manifested in the same Srotasa i.e. Purisavaha Srotasa. The role of specific etiological factors and the site of manifestation of disease further strengthens this theory. In this disease, Vata prakopa is mainly associated with Pitta. The localization of Doshas occurs in twak between Payudwaram and Gudaushta.

As per pathogenesis, the Twak becomes ruksa and shows a tendency to crack. Acharya Sushruta and Acharya Vagbhata stated that similar changes occur in the skin when Vata vitiates from the skin.

In the manifestation of Parkartika, the anatomical structure of this area plays an important role. The skin over this area does not have hairs, sebaceous glands, and sweat glands which are present normally in skin. In a normal person, this area is more ruksha. When Ksham and Mrdu Kosthi person overindulge Ruksa, Tikshna Ahara, and Ruksa Ausadha due to Agnidusti occur, which in term leads to Vata-pitta Prakopa. Due to Dusya Daurbalya i.e. Mamsa and Twak, mainly of Purisavaha Srotasa, Kha-vaigunya takes place. Due to Kha-vaigunya, SthanaSansraya of aggravated Vata and Pitta Dosha takes place in Purisavaha Srotasa which further causes Dosha-Dusya Sammurcchana. It causes Twak Mamsa Dusti, particularly in Guda Pradesh. Frequent defecation associated with pain results from this Twak Mamsa Dusti or Vrana. This finally leads to Parikartika. The 2nd type of Samprapti is that if the diseases like Atisara, Grahani, etc. are not treated appropriately and the patient continuously indulges Aharaja Nidana then preexisting pathology leads to Guda Vikrti and later on cause Parikartika. The 3rd type of Samprapti is due to Agantuja Nidana, in this wound formation is in the first stage and then the Doshas get located in the Vrana and further symptoms are produced. When the Vrana is produced simultaneously there is vitiation of Dosha which leads to Parikartika.

Clinical features[13]**:**

Fissure-in-ano has the following symptoms –

1) Pain[14]: Pain is the main complaint of the patient. It is described as a sharp, cutting, or tearing sensation during the actual passage of motion. When we asked about the occurrence of anal fissure the answer generally is that it starts during defecation and persists after it. In some patients, the pain is so agonizing that they are frightened to have motion and may remain in a constipated condition for several days on end. At the time of defecation, the anal tissues are stretched and the margins of the anal ulcer are separated. The anal mucosa is the first victim of anal fissure. It has a somatic sensory nerve supply further the sensitive nerve conveys its influence from the surface of the ulcer to the spinal cord, thereby producing reflected effects upon the sphincter muscle, leading to painful contraction, which continues until the muscle becomes fatigued and at that time the patient feels relief. Hence the spasm of the muscle results in pain, whereas, the fatigue results in relief.

2) Mucus discharge: A small amount of discharge accompanies fully recognized cases. In case there is discharge in large amounts then it may lead to soiling of underclothes. It increases the moisture of perianal skin which further leads to pruritus ani.

3) Bleeding: Bleeding is an additional important symptom that brings the patient, alarm to the doctor. It may or may not be present. Usually, the bleeding is quite minor and amounts to little more than a streaking of the motion, but rarely the loss is more abundant and may cause anaemia.

4) Constipation: In acute fissure-in-ano, the patient comes with the complaint of constipation and passage of hard stool. In chronic fissure-in-ano and less severe cases the patient may have become to some extent access to the condition and may have discovered that by using mild aperients to avoid constipation, the pain can be greatly lessened. Some patients become addicted to purgatives and when they avoid these drugs it results in severe constipation.

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5) Urinary symptoms: Symptoms like disturbance of micturition, retention of urine, dysuria, etc. may present with painful fissure in ano. Occasionally patients have developed instability of micturition by reflex mechanism.

6) Nervous Manifestation: In stable individuals, there may be no systemic reaction. Whereas in less stable persons there may be abdominal discomfort, digestive disturbances, headache, irritability, and extreme nervousness. There may be marked changes in the personality.

Secondary changes:

Sentinel pile: At the lower end of the fissure, at the level of the anal orifice there is swelling of skin like a tag called sentinel tag. In this condition the patient came with the complaint of an irreducible, tender mass, protruding near the anus and creating problems in walking and sitting in oedematous form. It may be asymptomatic in fibrosis conditions.

TREATMENT OF PARIKARTIKA

In Ayurveda, Parikartika is considered briefly by Acharya Sushruta and other authors. They have described the treatment of Parikartika in brief. Acharya Kashyapa has mentioned the management of it according to the predominance of Dosha, but other authors have no description of surgical management, it shows that there was no need for surgery as the disease was completely cured by using medicinal preparations. The medicines are divided into two categories according to the route of administration-

i. Local

ii. General

Local Treatment

In local treatment, Basti Karma is advised. The Basti is prepared in Ghrita, Taila, and milk with the help of different drugs. The drugs, which are used in Basti Karma, are Vata-Shamaka, Vrana-Sodhana-Ropaka and Pitta-shamaka. Acharya Sushruta and other authors described three types of basti –

(i) Anuvāsana Basti (ii) Piccha Basti and (iii) Sheetal Basti.

There are more chances of recurrence of Parikartika, so basti karma should be done by Kushala Vaidya. Acharya Charaka has used mainly Kashaya Rasa, Sheeta Virya, and Madhura Dravya. For Basti karma milk which is mixed with the drugs is used. Acharya Kashyapa has also mentioned the Anuvasana Basti. In Anuvasana Basti milk, oil or Ghrita is used as a base. These are either Vata shamaka or Pitta shamaka. Madhuyasti is used along with many compositions containing drugs that have Vata and Pitta shaman properties. It has cooling, Vata-Pitta-Rakta shamaka properties and according to Acharya Sushruta, it is used for the treatment of traumatic wounds, Pittaja Vrana, fractures, Bhagandara, Upadansa, and ulcers, etc. Piccha Basti with Madhuyasti, Madhu, and Til is used for the treatment of Parikartika according to Acharya Charaka and Acharya Sushruta.

General Treatment

Among all oral formulations, some are used in anorectal disorders, as a laxative, and for correction of Agni Dusti (as Deepan, pachan). Acharya Sushruta has advised bath with cold water and milk for oral use. In Parikartika constipation and pain is the main problem. If constipation is corrected by medicines and pain is alleviated then the disease may disappear. The main cause of pain is vitiation of Vata and Pitta dosha. For constipation there are two main reasons; one is habitual constipation and another is fear of pain due to which the patient does not go for the defecation. Acharya Charaka mentioned the oral treatment in Parikartika and only the use of milk. He has also described the intake of amla dravya because of its property of Vata shamaka and increases the agni. All the treatment is based on these factors. To alleviate the Vata and Pitta dosha. To correct the abdominal trouble because of Vata and pitta Dosha vitiation in this disease. Mostly the patients came with pain which is burning in nature. Due to these points, all Ayurvedic authors have mentioned only Vata and Pitta shamaka treatments. Acharya Sushruta mentioned Anuvasana Basti of Madhuyasthi, Khusa, Gambhari, Kutaki, Kamala, Chandan, Shyama, Padmaka, Leemoot, Indrayava, Ateesh, Sugandh Bala, Tail, Ghrita, milk and Decoction of Nyogradhadgana.

In Modern Science, fissure-in-ano is a suitable treatment that should be adopted so that the patient suffers the least. Most of the superficial fissure with a short history of pain heals instinctively often in 3 or 4 weeks. However chronic fissures do not heal with the help of conservative treatment because they become resistant to it. They may produce fewer symptoms but trouble may recur frequently. It is necessary to keep away from troubling the patient one should make a quick judgment for the healing of the fissure whether there is a need for conservative treatment or surgical intervention. There are two types of treatment for Fissure-in-Ano-

CONSERVATIVE TREATMENT

Some general measures for fissure-in-ano are adequate fluid intake, Fiber rich diet, Bulk-forming agents, Stool softeners, Local anaesthetic agents (lignocaine 5%), Sitz bath, Avoid constipation, after recovery use of anal dilator.

SURGICAL TREATMENT

Surgical management is non-compulsory and it is done after detailed knowledge of the patient and the pathology of the disease. Relaxation of the internal sphincter muscle and avoidance of recollection of discharge in the wound are two main aims of surgery. Before performing surgery, part preparation and bowel preparation is very necessary. In surgical procedures local, spinal, and general anaesthesia are used according to the need. The procedure can be performed in lithotomy or left lateral position. There are a few methods used in the treatment of fissure-in-ano:

1) Stretching of anal sphincters

2) Sphincterotomy – It is also called Eisenhammer's procedure.

3) Cryosurgery

4) Excision of anal fissure- It is also known as dorsal fissurectomy.

ADJUVANT THERAPY

It includes the warm sitz bath, hot packs or compresses, laxatives and aperients, and anal hygiene which collectively forms the base of almost all anorectal affections like in haemorrhiods, ano-rectal abscesses, and fistulae, pruritus ani, etc. These simple measures help to control and treat anorectal diseases.

Complications[15]:

1) In fissure-in-ano if the infection is present then it may lead to abscess formation and further it gives rise to fistula in ano.

2) Hypertrophical papilla of the anal mucosa.

3) Sentinel tag

4) Anal contracture

CONCLUSION

Acharya Sushruta described the causes, and symptoms of Parikartika, and also a detailed description of Guda. In modern medical science, this disease resembles fissure-in-ano. Ayurveda has miraculous results in anorectal diseases. Finally, it is concluded that ayurvedic drugs are effective and play an important role in alloying the cardinal symptoms of Parikartika and help in the rapid healing of fissure-in-ano. It has been considered for its properties viz., Vata-Pittahara, Vedana sthapaka, Vrana Shodhaka, and Vrana Ropaka. During this treatment, there was no need to put the patients on general anaesthesia, hospitalization, or need to take time off from work. It was found that the treatment was not costly and had no adverse effects.

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