

Conceptual study of garbhini and sutika Parikartika (fissure in ano): A Case Study

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Abstract: Parikartika is a disorder that causes significant discomfort during and after feces, lasting for some time and accompanied by mild to moderate bleeding. Fissure-in-ano is a symptom characterized by cutting pain in the ano-rectal region, similar to anal fissures. However, not all Parikartika are anal fissures. Parikartika, created by Vyadhi Nimittaj or Vaidya Nimittaj, is a primary cause of this condition. It can occur after a disease, during its progression, or due to unskilled Vaidya delivering incorrect therapy. Pregnant women, particularly primi-para, are more susceptible to this condition during the anti-natal and post-partum periods. Modern science suggests that surgical care can heal fissure-in-ano, however it can also cause difficulties for patients. Ayurveda recommends using numerous medications with varied qualities to treat diseases. Medicinal treatment is easier than surgery. Ayurveda can offer a permanent solution for the condition. The aim of treatment is Sampraptivighatan or to reduce the strength of Vyadhighatka.d. The patient was treated with Jatyadi Taila . The outcome revealed a better therapeutic efficacy of Jatyadi Taila in the whole symptom of Parikartika without any adverse effects.

Keywords: Basti, Parikartika, Purishavaha

INTRODUCTION

Parikartika = Kartanvat pida (painful cutting). This is more common in young and pregnant women. It is the most distressing condition that currently impedes regular living activities. Parikartika, or fissures in the ano, can be caused by hard stool, sedentary lifestyle, hot meals, low fiber diet, and insufficient water consumption. Secondary causes of anal fissures include Chron's disease, ulcerative colitis, and tuberculosis. According to Ayurveda, Parikartika sickness is caused by Udavarta, Arsha, Jirnjwara, and Atisar diseases, as well as incorrect physician procedures during Virechan and Basti. Constipation is the most common cause of Parikartika (Fissure in Ano). Ulceration at 6 o'clock position is caused by pressure from firm stool in the posterior anal canal and lack of muscle support. Modern treatments for anal

fissures include antibiotics, analgesics, laxatives, and ointments. If palliative therapy do not provide relief, surgery, such as Fisserectomy, is recommended. Surgery is costly, requires hospitalization, and increases the risk of recurrence of symptoms. Ayurveda describes several Shaman treatments. Parikartika is described in the Samhita in a fragmented fashion. Acharya Charaka identified parikartika vyadhi (disease) as Vaman, Virechan, and Niruha Basti Vyapath (complications). Acharya Kashyapa termed Parikartika as Garbhini Vyapad. Acharya Sushruta described Parikartika vyadhi as Niruha Basti vyapad, including symptoms and therapy.

OBJECTIVES

1. A conceptual examination of Parikartika, with a focus on fissure-in-ano.
2. Assess the efficacy and mechanism of action of Jatyadi Taila in Parikartika.
3. Investigate illness progression and treatment outcomes.

Causes of Parikartika according to Ayurveda:

- 1) Dietary Factors: Excessive intake of dry, spicy, or rough foods, irregular eating habits, and lack of fiber.
- 2) Lifestyle Factors: Sedentary lifestyle, prolonged sitting, stress, and suppression of natural urges.
- 3) Therapeutic Causes: Some Ayurvedic procedures, if not followed correctly, may also lead to complications that result in Parikartika.

Types of Parikartika Based on Doshas:

- 1) Vataja Parikartika (Vata Dosha Dominance):

Characteristics: Sharp, cutting, or tearing pain, often dry in nature with minimal to no bleeding.

Associated Factors: Constipation, dryness in the rectal area, and rough or hard stools.

Treatment Approach: Vata-pacifying therapies such as oleation (snehana) with oils, mild laxatives to ease stool passage, and dietary modifications to include more moisture and warmth.

2) Pittaja Parikartika (Pitta Dosha Dominance):

Characteristics: Burning sensation, redness, swelling, and possible bleeding due to increased heat.

Associated Factors: Acidic or spicy food intake, heat exposure, and dehydration.

Treatment Approach: Cooling and anti-inflammatory treatments are used here, such as applying soothing oils, herbal pastes, or decoctions, alongside cooling foods that balance Pitta dosha.

3) Kaphaja Parikartika (Kapha Dosha Dominance):

Characteristics: Dull or throbbing pain, sticky or heavy sensation, possibly with discharge.

Associated Factors: Slow digestion, a heavy diet, and lack of physical activity.

Treatment Approach: Kapha-pacifying therapies to remove stagnation and increase circulation. This may include herbal powders, warm oil massages, and foods to stimulate digestive fire (Agni).

4) Sannipataja Parikartika (Tridoshic Involvement):

Characteristics: Combination of symptoms from Vata, Pitta, and Kapha dominance, making it complex and challenging to treat.

Treatment Approach: A comprehensive approach is required to balance all three doshas through customized diet, herbs, lifestyle modifications, and panchakarma therapies if necessary.

Ayurvedic Pathology of Fissure in Ano (Parikartika):

In Ayurveda, a fissure in ano (commonly equated to Parikartika) is considered a pathological condition arising from an imbalance of the doshas, primarily due to aggravated Vata and Pitta. This condition is characterized by a tear or cut in the anal region, resulting in intense pain, discomfort, and often bleeding.

The Ayurvedic understanding of fissure in ano encompasses the fundamental principles of dosha imbalances, which lead to a disturbance in the body's

natural homeostasis. The condition typically involves the following pathological mechanisms:

1. Dosha Imbalance:

Vata Dosha Aggravation: Vata dosha is primarily responsible for all kinds of movement and dryness in the body. When aggravated, Vata causes dryness and hardening of stools, leading to constipation, which requires straining and pressure in the anal region. This repeated stress on the anus can cause a tear or fissure.

Pitta Dosha Aggravation: Pitta is responsible for heat and metabolic activities in the body. When Pitta is aggravated, it leads to inflammation, burning sensations, and sometimes bleeding in the anal region. The heating quality of Pitta also makes the tissue sensitive and more susceptible to injuries and tears.

Kapha Dosha Involvement: Though less common, Kapha's qualities of heaviness and stickiness may contribute to slower healing of the tissue and can make the condition chronic if left untreated.

2. Rasa-Rakta Dhatu and Srotas Involvement:

According to Ayurveda, dhatus (body tissues) and srotas (channels) play a vital role in the health of bodily structures. In the case of anal fissures, the Rasa Dhatu (plasma tissue) and Rakta Dhatu (blood tissue) are involved. The Rakta dhatu is disturbed due to Pitta dosha, leading to inflammation, burning, and bleeding in the affected area.

The Purishavaha Srotas (channels related to fecal matter) are also affected, as the passage of hard stools exacerbates the fissure. This repeated trauma to the srotas hinders the natural healing process.

Marga Avarodha (Blockage of Channels):

When Vata and Pitta are imbalanced, they cause constriction and inflammation in the anal canal, resulting in a Margavarodha (blockage in the passage). This blockage further impedes the free movement of stools, creating a cycle of constipation and tearing that worsens the fissure.

Pathogenesis (Samprapti):

Stage 1: Vata Aggravation and Constipation: Due to dietary, lifestyle, and mental factors, Vata is aggravated, leading to dryness and hard stools. The anal sphincter, which is governed by Vata, becomes tense, leading to difficulty in passing stools.

Stage 2: Pitta Aggravation and Inflammation: The strain caused by hard stools injures the mucosal lining of the anus, resulting in a tear. Pitta gets aggravated due to this trauma, causing inflammation, burning, and bleeding.

Stage 3: Recurrence and Complications: The Kapha dosha, if aggravated, can slow down the healing process, making the fissure chronic. Recurrent injury, especially if constipation persists, leads to fibrosis, further tearing, and infection if not addressed.

Fissure in ano - in pregnancy:

Parikartika during pregnancy is a significant concern, primarily due to the physiological and anatomical changes that occur during this period. Parikartika is commonly described as intense, tearing pain around the anal or rectal area, similar to an anal fissure, and may be exacerbated by pregnancy-related factors.

Causes of Parikartika During Pregnancy:

Several pregnancy-related factors contribute to the onset of Parikartika, including:

Hormonal Changes:

Increased Progesterone: Elevated progesterone levels relax smooth muscles, which can lead to reduced gastrointestinal motility and constipation.

Water Retention: Hormonal changes may also lead to fluid retention, causing increased pressure in the pelvic and rectal regions, which can worsen Parikartika symptoms.

2)Constipation:

Constipation is common during pregnancy due to hormonal effects, reduced physical activity, and iron supplements often prescribed to prevent anemia. Straining due to constipation increases the risk of anal fissures or tearing in the anal region, leading to Parikartika.

3)Pressure from the Growing Uterus:

As the uterus expands, it puts pressure on the lower gastrointestinal tract and the rectal veins, leading to poor blood flow and potentially increasing the chances of developing hemorrhoids or rectal tearing.

4)Dietary Changes:

Pregnancy cravings may lead to irregular eating patterns, including an increased intake of spicy, processed, or low-fiber foods, which can aggravate digestive issues.

5)Stress and Anxiety:

Pregnancy-related stress or anxiety may increase Vata dosha, leading to dryness in the colon and digestive tract, contributing to constipation and pain.

6)Post-Delivery Strain:

If Parikartika doesn't occur during pregnancy, it can still develop post-delivery due to straining during labor or postpartum constipation, which is common in many women.

Symptoms of Parikartika During Pregnancy:

Symptoms may vary in intensity but generally include:

1)Sharp, Tearing Pain in the Anal Region:

The pain, often described as cutting or tearing, is aggravated during bowel movements, making it particularly distressing.

2)Burning Sensation:

Many women experience a persistent burning sensation around the anus, especially if there is an inflammatory response due to Pitta imbalance.

3)Bleeding:

Small amounts of bright red blood may be seen on toilet paper or in the stool, which is typical of minor tears in the anal region.

4)Itching or Irritation:

Itching can result from inflammation or dryness and may be more intense due to hormonal effects on skin sensitivity.

5)Swelling:

Localized swelling or a feeling of heaviness in the rectal area may occur due to pressure from the uterus and changes in venous circulation.

6)Constipation:

Often, constipation is both a symptom and a cause. The hard, dry stools associated with constipation can worsen tearing and pain in Parikartika.

CASE STUDY

A 23 year old female patient , residency in rahuni visited the shalya tantra OPD of our ayurveda hospital .with symptoms

- 1)Gudadaha (Burning at Anal region)
- 2)Gudapradeshi vedna (Pain at anal region)
- 3)Saraktmalpravrutti (Bleeding during defecation)
- 4)Difficult to seat
- 5)Malavstambh (Constipation)
- 6) Gudakandu (Itching at Anus).

History of present illness:

She have these complaints initially from her 3rd trimester of pregnancy but after delivery now these symptoms are increased . Initially for above complaint she consulted her local doctor and gynaecologist ,but after delivery she gets relief only when she takes analgesics .so she came for ayurvedic management ,her baby is 20 days old, so at present we decided to give her local management for 1 month and then we will proceed further treatment plans.

Past history:

HTN - Known case

DM - Non diabetic

CVE - No history stroke in past

IHD - No history of IHD

TB - No history of TB

BA - No history of bronchial asthma.

O/E (On Examination)

GC - Fair

Pulse -78/min

Bp - 120/80 mm/Hg

Spo2 - 99

RR - 20

Pallor - Absent

Icterus - Absent

S/E (Systemic examination):

RS - AE=BS

CVS - S1S2 NORMAL

CNS - Conscious Oriented

GIT - Liver, Spleen, Kidney not Palpable.

Asthvidh pariksha:

Nadi - Vata-Pitta

Mala - Malavstambh, Saraktmalpravrutti

Mutra - Prakrut

Jiva - Sam

Shabd - Prakrut

Sparsh - Ushna

Druka - Prakrut

Aakruti - Madhyam

Local examination of gudavrana:

6 O'clock Position Posterior Midline Fissure With sentinel tag present.



Criteria for Selection of Drug:

Jatyadi Taila has been mentioned in the treatment of boils, wounds, burns, piles and fistula. Jatyadi Taila mentioned by Acharya Sharangdhara mainly contains –Jati – Myristica fragrans, Nimba – Azadirachta indica, Patola – Stereospermum suaveolens, Naktamala – leaves of Pongamia pinnata, Sikta – Honey bee wax, Madhuka – Glycyrrhiza glabra, Kushta – Saussurea lappa, Haridra – Curcuma longa, Daruharidra – Berberis aristata, Manjishta – Rubia cordifolia, Katurohini – Picrorhiza kurroa, Padmaka – Prunus pudum, Lodhra – Symplocos racemosa,

Abhaya – Terminalia chebula, Nilotpala – Nymphaea stellata, Tutthaka – Copper sulphate, Sariva – Hemidesmus indicus, Naktamala beeja – Seeds of Pongamia pinnata, Taila – Sesame oil – 768 ml, Water – 3.072 liters.]The ingredients of Jatyadi Taila like Haridra, Karanja are Kushthagha and Krimighna, and hence it can be attributed to check wound infection. The Neem and Daruharidra of Jatyadi taila are proven drugs to check bacterial growth and promotes wound healing. It helps in soothing the area, remove slough from wound and ultimately reduces pain. Panchasakar churna acted as Anulomaka (laxative) to evacuate the faeces easily and smoothly.

Treatment Schedule:

1) Jatyadi tailam basti given (4ml) BD.

Basti Procedure:

Jatyadi Tailam was warmed to body temperature.

A dose of 4 ml was administered daily as a retention enema (basti) under aseptic conditions.

The patient was advised to retain the oil for approximately 15-20 minutes to allow absorption of the therapeutic components.

Dietary modifications were also recommended, including a high-fiber diet and increased fluid intake to avoid constipation and strain during defecation.

2) anal dilator or ,with Lox 2% jelly

3) Sitz bath with -BD

4) laxative likes - syrup abhayarisht (2tsf - TDS)

5) gandharvharitaki churna - HS

Jatyaditailam:



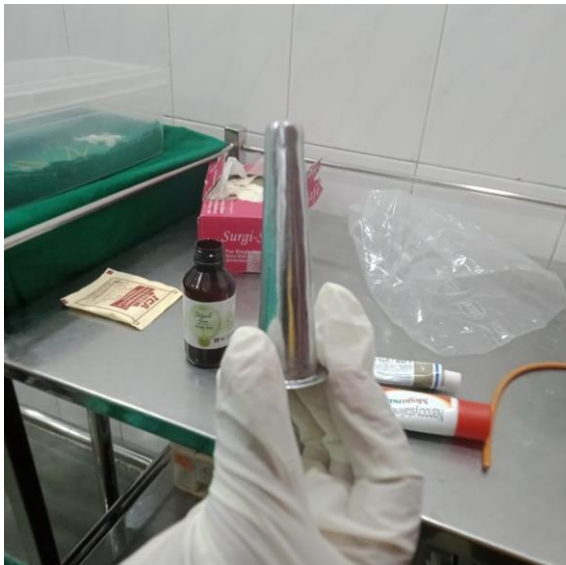
Lox- 2% jelly.



Jatyaditailam basti :



Anal dilator :



OBSERVATIONS AND OUTCOMES

Pain Reduction: The patient reported significant pain relief after the first week, with VAS scores decreasing from 8/10 to 3/10 by the end of the four-week treatment.

Bleeding Reduction: Bleeding episodes were reduced by the second week, with complete cessation by the third week.

Healing of Fissure: Inspection at the end of the treatment period indicated substantial healing of the fissure with no signs of active inflammation or spasm.

Overall Improvement: The patient experienced minimal discomfort, a reduction in anal sphincter spasm, and improved bowel movements without pain.

DISCUSSION

Parikartika (Anal Fissure) in Modern and Ayurvedic Perspectives

Parikartika, commonly equated with the modern clinical condition of anal fissure, is a painful longitudinal ulcer or tear in the anal canal. It is often caused by trauma to the anoderm, frequently due to the passage of hard stools, straining, or sphincter hypertonia. In Ayurveda, Parikartika is described as an intense burning or cutting sensation in the anal region, primarily resulting from vitiated doshas (imbalanced humors) and aggravated Vata and Pitta doshas.

Conventional management of anal fissure typically involves dietary and lifestyle modifications, topical

medications, botulinum toxin injections, and in severe cases, surgical sphincterotomy. However, these treatments are often associated with recurrence, side effects, and patient reluctance toward invasive interventions. Ayurveda offers alternative therapeutic approaches, including local and internal medications that address symptoms while promoting tissue healing. One such intervention is the administration of Jatyadi Tailam Basti, a therapeutic enema using Jatyadi Tailam, an herbal oil with potent healing properties. Rationale for Jatyadi Tailam in Parikartika Jatyadi Tailam is a classical Ayurvedic formulation known for its healing, anti-inflammatory, antiseptic, and analgesic properties.

When administered as a basti, Jatyadi Tailam directly contacts the affected tissue in the anal canal, delivering these therapeutic properties in a targeted manner. This local application bypasses the digestive process and facilitates rapid absorption of the oil's active ingredients into the fissure site, promoting faster healing.

Mechanism of Action of Jatyadi Tailam Basti:

Jatyadi Tailam functions through several mechanisms that address both the symptoms and underlying pathology of anal fissures:

Anti-inflammatory and Analgesic Effects: Ingredients like Haridra and Daru Haridra reduce local inflammation and provide relief from pain by downregulating pro-inflammatory mediators and inhibiting COX-2 pathways. The reduced inflammation alleviates pain, one of the most debilitating symptoms of anal fissures.

Antimicrobial Action: Nimba, known for its broad-spectrum antimicrobial activity, helps reduce the risk of secondary infection, which can exacerbate inflammation and delay healing. This antimicrobial action is particularly valuable in the anal region, where the risk of bacterial infection is high.

Promotion of Tissue Healing: Jatyadi Tailam's constituents promote granulation tissue formation, collagen synthesis, and tissue remodeling. This helps the damaged tissue regenerate effectively, closing the fissure and restoring mucosal integrity. Ingredients like Yashtimadhu play a significant role in enhancing these reparative processes, which is why Jatyadi Tailam is frequently used in Ayurvedic practice for various types of wounds and ulcers.

Soothing and Moisturizing Effects: The oil medium of Jatyadi Tailam forms a protective barrier on the ulcerated tissue, reducing friction during bowel movements and allowing smoother passage of stools. This lubrication prevents further trauma to the fissure site, a common problem that aggravates pain and delays healing in untreated anal fissures.

CONCLUSION

The therapeutic use of Jatyadi Tailam Basti offers a promising, non-invasive alternative for managing Parikartika (anal fissure). Through its potent anti-inflammatory, antimicrobial, and tissue-healing properties, Jatyadi Tailam directly addresses the underlying causes of fissure pain and promotes effective mucosal healing. By soothing inflamed tissues, reducing pain, and helping repair fissures, it allows patients significant relief from the intense discomfort and recurrence often associated with anal fissures.

Compared to conventional treatments, Jatyadi Tailam Basti has the advantage of being low-cost, accessible, and minimally invasive, making it appealing for patients seeking natural treatment options or wishing to avoid surgery. Despite these advantages, further clinical studies are needed to establish standardized protocols, ensure formulation quality, and verify efficacy through larger sample sizes and comparative trials with modern treatments.

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