

**ROLE OF KSHARKARMA AND INTERNAL MEDICINE IN ACUTE FISSURE IN ANO:
A CASE STUDY*****¹Dr. Shweta B. Pandhare, ²Dr. Gayatri Mawale, ³Dr. Ganesh Belorkar, ⁴Dr. Rushikesh Andhare**¹PG Scholar, Department of Shalyatantra, GAM Patur, Akola, Maharashtra.²(MS Shalyatantra), HOD and Professor, Department of Shalyatantra, GAM Patur, Akola, Maharashtra.³(MS Shalyatantra), Asso. Professor, Department of Shalyatantra, GAM Patur, Akola, Maharashtra.⁴(MS Shalyatantra), Assistant Professor, Department of Shalyatantra, GAM Patur, Akola, Maharashtra.***Corresponding Author: Dr. Shweta B. Pandhare**

PG Scholar, Department of Shalyatantra, GAM Patur, Akola, Maharashtra.

DOI: <https://doi.org/10.5281/zenodo.21154831>**How to cite this Article:** ¹Dr. Shweta B. Pandhare, ²Dr. Gayatri Mawale, ³Dr. Ganesh Belorkar, ⁴Dr. Rushikesh Andhare (2026). Role Of Ksharkarma And Internal Medicine In Acute Fissure In Ano: A Case Study. World Journal of Pharmaceutical and Medical Research, 12(7), 407-410.

This work is licensed under Creative Commons Attribution 4.0 International license.



Article Received on 05/06/2026

Article Revised on 25/06/2026

Article Published on 01/07/2026

ABSTRACT

Fissure in ano is a common and distressing anorectal disorder characterized by a longitudinal tear in the anoderm distal to the dentate line, resulting in the severe pain, burning sensation and bleeding during defecation. In Ayurveda it is correlated with Parikartika, described as Vata-Pitta dominant condition arising from Vibandha, Ruksha-Ahita Ahar and Vegdharana. Modern conservative management includes analgesics, stool softeners, topical nitrates and calcium channel blockers, while surgical options like lateral internal sphincterectomy carry risks of incontinence and recurrence. Ayurveda offers a comprehensive approach through Para surgical procedures and internal medications that address both local pathology and systemic factors. Kshara karma, one of the Anushastra Karma described by Acharya Sushruta, is indicated in anorectal disorders due to its Chhedana, Bhedana, Lekhana and Ropana properties. The present case study documents the clinical outcome of Kshara Karma combined with internal Ayurvedic medications in Acute Fissure in ano.

KEYWORDS: Parikartika, Fissure in ano, Kshara karma, Jatyadi Taila, Triphala Guggulu, Gandhaka Rasayana.**INTRODUCTION**

Fissure-in-ano is one of the most common and painful anorectal disorders encountered in clinical practice, accounting for 10-15% of proctology consultations. It is defined as a longitudinal tear in the anoderm distal to the dentate line, clinically presenting with severe cutting pain during defecation, post-defecatory burning, and bright red bleeding. Acute fissures, if inadequately managed, often progress to chronicity with secondary changes like sentinel tag, hypertrophied anal papilla, and fibrosis, leading to recurrent symptoms and reduced quality of life. Conventional management relies on conservative measures such as high-fiber diet, stool softeners, topical nitrates, and calcium channel blockers to reduce sphincter spasm. Surgical lateral internal sphincterotomy remains the gold standard for chronic cases but carries risks of flatus incontinence, infection, and recurrence. Hence, there is a need for minimally invasive, cost-effective therapies with rapid relief and low morbidity. In Ayurveda, fissure-in-ano closely correlates with

Parikartika, described by Acharya Sushruta as a condition caused by aggravated Vata and Pitta due to Vibandha, Ruksha Ahara, and Vegdharana. The treatment principle involves Vata Anulomana, Vrana Ropana, Shothahara, and correction of Agni. Kshara Karma, classified under Anushastra Karma, is specifically indicated for anorectal disorders owing to its Chhedana, Bhedana, Lekhana, and Ropana properties. When combined with internal medications like Triphala Guggulu, Gandhaka Rasayana, and Avipattikar Churna, it addresses both local pathology and systemic etiological factors. Despite classical references, published clinical evidence on Kshara Karma in acute fissure-in-ano remains limited. This case study was undertaken to document the clinical efficacy and safety of Kshara Karma along with internal Ayurvedic medication in the management of acute Parikartika, with emphasis on symptom resolution time, healing, and recurrence.

AIM AND OBJECTIVES**AIM**

To evaluate the clinical efficacy of Kshara Karma with Apamarga Kshara along with internal Ayurvedic medications in the management of acute fissure-in-ano (Parikartika) through a single case study.

OBJECTIVES**Primary objectives**

To assess the effect of Kshara Karma with Apamarga Kshara along with internal Ayurvedic medications on pain, bleeding, and healing time in a patient with acute fissure-in-ano (Parikartika).

Secondary Objectives

1. To assess the effect of the intervention on associated symptoms such as burning sensation, constipation, and anal sphincter spasm.
2. To observe the time required for complete epithelialization of the fissure.
3. To evaluate the safety of Kshara Karma and internal Ayurvedic medications through monitoring of adverse effects.
4. To assess recurrence of symptoms during a one-month follow-up period.

CASE STUDY

A 32-year-old male patient presented to the Shalya Tantra outpatient department of our college.

Main complaints with duration

1. Kartanavat pida - severe cutting pain during defecation.
2. Daha - burning sensation persisting for 1–2 hours post-defecation.
3. Gudagat raktasrav - streaks of bright red blood with stool.
4. Malavashthmbha – Constipation (prolonged) Since 7 days.

Past History

- Chronic constipation and irregular dietary habits present.
- No any history of major illness.
- No history of inflammatory bowel disease, tuberculosis, or previous anorectal surgery.

Family History

Father and Mother - Not any significant.

3. Abhyantar Chikitsa

Sr. no.	Name of formulation	Dose	Karya
1	Triphala Guggulu 500 mg	1-----0-----1 After food	Vata Anulomana, wound healing
2	Gandhaka Rasayana 250 mg	1-----0-----1 After food	Krimighna, Ropana
3	Avipattikar Churna 5 g	0-----0-----1 Before bedtime	To correct Agni, To relieve Vibandha

P/R Examination

- Superficial longitudinal tear was observed at the 6 o'clock position
- Marked spasm of the internal anal sphincter.
- No sentinel tag, fibrosis, or induration was present.

General Examination

General condition	Good
BP	110/80 mmHg
PR	86 / min
RR	18 / min
Body Weight	70 kg
Tongue	Coated
Temperature	97.5 ⁰ F
Pallor	Absent
Icterus	
Clubbing	
Cyanosis	

Personal History

1. Appetite – Good
2. Allergy – Not detected
3. Addiction- No
4. Bowel – Irregular with chronic Constipation (0-1 time per day and hard stool)
5. Bladder – Frequency of micturition 3-4 times/day, 0-1 times/day
6. Diet – nonveg diet, extra oily and spicy diet, bakery products, outside food, fastfood
7. Exercise – None
8. Sleep –Normal

Treatment Plan

After obtaining informed consent, the patient was managed using an integrated Ayurvedic protocol.

1. Kshara karma

- Kshara Karma was performed under local anesthesia using Apamarga Kshara.
- The fissure bed was gently scraped
- Kshara was applied for 100 Matra Kala until the appearance of Pakva Jambu Phala Varna,
- followed by neutralization with Nimbu Swarasa.

2. Matra Basti

Post-procedure, Matra Basti with 60 mL Jatyadi Taila was administered daily for 7 days to achieve Snehana, Vedana Sthapana, and Vrana Ropana.

4. Avagaha sweda

Avagaha Sweda with Panchavalkala Kwatha was advised twice daily for Shothahara and local hygiene.

5. Pathya apathya

	Pathya - To do	Apathya – to avoid
Ahara - diet	1) High fiber: Isabgol, oats, papaya, figs 2) Ghee 1-2 tsp/day with milk/khichdi 3) Warm water 2.5-3 L/day Moong dal, lauki, tori, khichdi 4) Buttermilk with jeera after lunch	1) Maida, fried, bakery, chips, cheese 2) Chili, pickles, excess salt, tamarind 3) Red meat, dry fish 4) Alcohol, smoking, excess tea/coffee 5) Cold, stale, refrigerated food 6) Suppressing hunger/thirst
Vihara - Lifestyle	1) Sitz bath warm water 10-15 min, 2-3x/day 2) Don't suppress defecation urge 3) Walk 20-30 min daily 4) Use water to wash, pat dry gently 5) Sleep 7-8 hrs at night 6) Jatyadi Taila/ghee local application	1) Straining during defecation 2) Prolonged sitting >30 min 3) bike riding 4) Heavy weight lifting 5) Ratri jagarana, diwaswapna Harsh toilet paper use 6) Stress, anger, fear
Key Goal	Soft stool daily without strain	Constipation, hard stool, local irritation

OBSERVATION

Total treatment duration was 21 days

	Before Treatment	Day 0 After Ksharakarma	Day7	Day14	Day21
1. Pain VAS Score	9	4	2	0	0
2. Burning sensation VAS Score	8	3	2	0	0
3. PR Bleeding	Present in the form of streak	Significantly reduced	Absent	Absent	Absent
4. Sphincter Spasm	Present	Present	Significantly reduced	Absent	Absent
5. fissure wound healing	Acute fissure is present	Fissure bed is fibrosed due to kshara	Granulation tissue visible	90% epithelialization	Complete healing of fissure bed

No adverse effects such as excessive burning, discharge, or incontinence were reported during the treatment period. At one-month follow-up, the patient remained asymptomatic with normal bowel habits and no evidence of recurrence.

DISCUSSION

The present case demonstrates successful management of acute fissure-in-ano using Kshara Karma combined with internal Ayurvedic medications. The patient showed rapid symptomatic relief and complete healing within 21 days, with no recurrence at one-month follow-up. These findings align with classical Ayurvedic principles and emerging clinical evidence on parasurgical interventions in anorectal disorders.

1. Rationale of Intervention: In Ayurveda, Parikartika is considered a Vata-Pitta dominant condition arising from Vibandha, Ruksha Ahara, and Vegadharana. The Samprapti involves Apana Vayu Dushti leading to local trauma in the anal canal, followed by Pitta vitiation causing burning and inflammation. Kshara Karma acts through its Chhedana, Bhedana,

Lekhana, and Ropana properties. Apamarga Kshara debrides unhealthy granulation tissue, reduces sphincter spasm by chemical cauterization of nerve endings, and promotes healing by stimulating healthy granulation. The immediate reduction in pain and spasm observed within 72 hours supports its Vedana Sthapana and Sphincter-relaxant action, which is critical because hypertonia of the internal anal sphincter is the primary pathophysiological factor in non-healing fissures.

2. Role of Internal Medications: The systemic management addressed the underlying Nidana. Triphala Guggulu provided Vata Anulomana, relieved Vibandha, and facilitated Vrana Ropana due to its anti-inflammatory and wound-healing properties. Gandhaka Rasayana acted as Krimighna and Rasayana, preventing secondary infection and promoting tissue regeneration. Avipattikar Churna corrected Mandagni and Amla Pitta, thereby reducing hard stools that traumatize the anal canal during defecation. This dual approach of Vyadhi Pratyhanika and Dosha Pratyhanika Chikitsa likely contributed to faster healing compared to local

therapy alone.

3. **Role of Adjuvant Therapy:** Matra Basti with Jatyadi Taila ensured Snehana of the anal canal, reduced post-procedure burning, and promoted epithelialization. Panchavalkala Kwatha Avagaha Sweda provided Shothahara, Krimighna, and Vrana Shodhana effects, maintaining local hygiene and reducing edema. Pathya-Apathya counseling prevented recurrence by correcting dietary and lifestyle triggers.
4. **Comparison with Modern Management:** Conservative modern therapy with topical nitrates or calcium channel blockers shows healing rates of 50-70% in 6-8 weeks, with headache and recurrence as limitations. Surgical sphincterotomy offers 90-95% healing but risks incontinence in 8-30% cases. In this case, Kshara Karma achieved complete healing in 3 weeks without continence disturbances, making it a promising minimally invasive alternative for acute fissures before fibrosis sets in.
5. **Limitations and Future Scope:** Being a single case study, results cannot be generalized. The absence of a control group limits comparative efficacy assessment. Objective parameters like anorectal manometry were not used to quantify sphincter tone reduction. Future randomized controlled trials with larger sample sizes, longer follow-up, and objective assessment tools are needed to validate these findings and develop standardized protocols for Kshara Karma in acute Parikartika.

CONCLUSION

This case demonstrates that Kshara Karma combined with internal Ayurvedic medications is effective in managing acute fissure-in-ano, providing rapid symptomatic relief and complete healing within 3 weeks. The approach integrates local Ksharana of unhealthy tissue with systemic correction of Agni and Vata, addressing both Vyadhi Pratyaniika and Dosha Pratyaniika Chikitsa. It offers a minimally invasive, cost-effective alternative to surgical sphincterotomy with preservation of continence. Further randomized controlled studies with larger sample sizes are warranted to validate these findings and develop standardized treatment protocols.

REFERENCES

1. Sushruta. Sushruta Samhita, Chikitsa Sthana. 34/16. Varanasi: Chaukhambha Sanskrit Sansthan, 2021; p. 189.
2. Agnivesha, Charaka, Dridhabala. Charaka Samhita, Siddhi Sthana. 6/61-62. Varanasi: Chaukhambha Bharati Academy, 2022; p. 707.
3. Sushruta. Sushruta Samhita, Sutra Sthana. 11/3. Varanasi: Chaukhambha Sanskrit Sansthan, 2021.p. 45.
4. Sushruta. Sushruta Samhita, Chikitsa Sthana. 6/4. Varanasi: Chaukhambha Sanskrit Sansthan, 2021; p. 30.
5. Sushruta. Sushruta Samhita, Sutra Sthana. 11/11-12.

6. Sharangadhara. Sharangadhara Samhita, Madhyama Khanda. 7/82-83. Varanasi: Chaukhambha Orientalia, 2020; p. 203.
7. Yoga Ratnakara, Rasayana Adhikara. Varanasi: Chaukhambha Sanskrit Series, 2019; p. 502.
8. Govinda Das. Bhaishajya Ratnavali, Amlapitta Adhikara. 56/24-29. Varanasi: Chaukhambha Prakashan, 2021; p. 922.
9. Sharangadhara. Sharangadhara Samhita, Madhyama Khanda. 9/168-171. Varanasi: Chaukhambha Orientalia, 2020; p. 229.
10. Sushruta. Sushruta Samhita, Chikitsa Sthana. 1/8. Varanasi: Chaukhambha Sanskrit Sansthan, 2021; p. 4.
11. Agnivesha, Charaka, Dridhabala. Charaka Samhita, Sutra Sthana. 14/46. Varanasi: Chaukhambha Bharati Academy, 2022; p. 91.