

**PARIKARTIKA: REVISITING THE CLASSICAL AYURVEDIC CONCEPT IN THE LIGHT
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DOI: <https://doi.org/10.5281/zenodo.23828569>**How to cite this Article:** Dr. Ajay Rawat^{1*}, Dr. Naina Agarwal², Dr. Mrigank Shekhar³ (2026). Parikartika: Revisiting The Classical Ayurvedic Concept In The Light Of Contemporary Proctology. World Journal of Pharmaceutical and Medical Research, 12(11), 99–104.

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Article Received on 22/09/2026

Article Revised on 12/10/2026

Article Published on 01/11/2026

ABSTRACT

Parikartika is one of the commonly described painful disorders of the anorectal region in *Ayurveda*. Based on its characteristic clinical features, particularly severe cutting or tearing pain in the anal region, it can be correlated clinically with fissure-in-ano. The condition can significantly affect the patient's daily activities and quality of life because of the intense pain associated with defecation. The term *Parikartika* is derived from the characteristic nature of pain, described as *Parikartanavat Vedana*, meaning pain resembling a cutting or incising sensation around the *Guda Pradesh*. References to *Parikartika* are found at various places in the *Ayurvedic Samhitas*. *Sushruta Samhita* provides one of the early and important descriptions of the condition, while it is also mentioned as a *Vyapad* or *Upadrava* associated with different diseases and therapeutic procedures. It has been described in relation to *Vamana-Virechana Vyapad*, *Basti Karma Vyapad* and *Garbhani Vyapad*, as well as in association with conditions such as *Arsha*, *Atisara* and *Grahani*. The clinical presentation of *Parikartika* commonly includes severe pain in the anal region, burning sensation, bleeding per rectum and difficulty or discomfort during defecation. These features closely resemble those observed in fissure-in-ano, making the condition clinically relevant from both Ayurvedic and modern perspectives. An individual's dietary habits, bowel pattern and lifestyle have an important influence on anorectal health. Irregular eating habits, inadequate dietary fibre, constipation and improper bowel habits may contribute to the development or aggravation of anorectal disorders. From the modern perspective, fissure-in-ano may also occur secondary to conditions such as Crohn's disease, tuberculosis and other underlying pathological disorders. Thus, *Parikartika* represents an important anorectal condition described in *Ayurveda*, with considerable clinical similarity to fissure-in-ano. Understanding its Ayurvedic description alongside modern clinical concepts can provide a broader perspective for the diagnosis and management of this painful condition.

KEYWORDS: *Parikartika*, Fissure-in-ano, *Vamana- Virechana vyapad*, *Basti-vyapad*, ano-rectal disorder.**INTRODUCTION**

Fissure-in-ano is a common and distressing anorectal condition characterized by severe pain and discomfort, particularly during defecation. It can occur at any age and affects both males and females. It accounts for a considerable proportion of anorectal disorders and may have a significant impact on the patient's quality of life.

From an Ayurvedic perspective, vitiation of *Apana Vayu* may be considered an important factor in the development of *Parikartika*. Constipation and the

passage of hard, dry stools can cause injury to the anoderm and initiate the fissure. Other contributing factors include irregular dietary habits, excessive consumption of spicy and pungent foods, faulty bowel habits and inadequate local hygiene. In females, pregnancy and the postpartum period may also predispose to the development of fissure-in-ano.

A fissure usually begins as a superficial linear tear in the anoderm. In many patients, an acute fissure heals with appropriate conservative measures; however, persistent

trauma, constipation and other contributing factors may prevent healing and lead to chronic fissure-in-ano.

The most common site of fissure is the posterior midline. Posterior fissures are relatively less frequent in females compared with males. This difference has been attributed to anatomical and functional factors, including the posterior angulation of the anal canal, relative fixation of its posterior wall, divergence of the posterior fibres of the external anal sphincter and the elliptical configuration of the anal canal.

Clinically, fissure-in-ano is broadly classified into acute and chronic fissure. In both forms, the patient may experience intense pain and bleeding during or after defecation. The characteristic cutting and burning nature of pain described in *Parikartika* closely resembles the clinical presentation of fissure-in-ano. The predominance of cutting pain may be associated with *Vata*, while the burning sensation may suggest the involvement of *Pitta Dosh*.

Therefore, from an Ayurvedic perspective, management may focus on correcting the underlying *Dosha* imbalance, maintaining soft and regular bowel movements and promoting wound healing. Local preparations possessing *Vata-Pitta Shamaka* and *Vrana Ropaka* properties may be considered as part of the therapeutic approach, with the aim of reducing pain, controlling local inflammation and promoting healing of the fissure.

In Ayurveda, the description of *Parikartika* is found at different places in the classical texts rather than as a separate, comprehensively described disease entity. It has been mentioned in association with various diseases and as a complication of certain therapeutic procedures. References to *Parikartika* are found in conditions such as *Vatika Jwara*^[1], *Vatika Pakwa Atisara*^[2], *Sahaja Arsha*^[3], *Kaphaja Arsha*^[4], *Arsha Purvarupa*^[5] and *Udavarta*.^[6] It has also been described in relation to pregnancy (*Garbhani*)^[7] and following improper or inappropriate administration of purgative therapy and *Basti*.^[8]

The clinical features described in the classical texts include characteristic cutting or tearing pain in the anal region, burning sensation and bleeding, along with difficulty during defecation. These features closely resemble the clinical presentation of fissure-in-ano described in modern medicine.

Therefore, based on the similarity in clinical presentation, particularly the characteristic severe cutting pain associated with defecation, *Parikartika* can be clinically correlated with **fissure-in-ano** in contemporary medical terminology. This correlation provides an important basis for understanding the condition from both Ayurvedic and modern perspectives.

MATERIALS AND METHODS

Following a systematic review of both **classical Ayurvedic literature and contemporary scientific sources**, relevant information regarding *Parikartika* and its clinical manifestations was explored. The literature search covered a broad range of sources, from ancient Ayurvedic texts to recent scientific publications. Particular emphasis was placed on understanding the ***Panchanidana* (fivefold diagnostic framework)** of *Parikartika* and correlating its classical description with the **present-day clinical presentation of the disease**.

Definition

Parikartika is derived from the Sanskrit words “*Pari*”, meaning “around,” and “*Kartika*”, referring to cutting or tearing pain. The condition is described in detail in the ***Sushruta Samhita***, where it is mentioned as a possible complication of *Panchakarma* procedures, particularly *Virechana* (therapeutic purgation) and *Basti* (medicated enema).

According to ***Dalhana***, in his commentary *Nibandhasangraha*, improper technique during *Basti*, especially the use of a poorly lubricated or rough nozzle, may injure the anal canal and subsequently produce the characteristic cutting and tearing pain of *Parikartika*.^[9] Later classical scholars, including ***Charaka*** and ***Vagbhata***, further discussed its causative factors, clinical features, and management. They also described different presentations according to the predominance of *Doshas* and linked *Parikartika* with systemic conditions such as *Jwara* (fever), particularly when impaired digestive function (*Agni*) contributes to its development.^[10,11]

Etiology

The etiological factors of *Parikartika* can broadly be classified into **two** categories: **general and specific causes**.

The **general** causes primarily include dietary and lifestyle factors that lead to the vitiation of the *Doshas*. In contrast, the specific causes are directly associated with the disease itself or may result from improper therapeutic procedures or practices by the physician.

The **specific** etiological factors of *Parikartika* can be further understood under two broad categories: **disease-related factors** and **physician/procedure-related factors**. Several classical Ayurvedic conditions are described as being associated with *Parikartika*, while certain improper therapeutic practices, particularly during *Virechana* and *Basti*, may also contribute to its development. Their contemporary clinical correlations are presented below.

Disease-related factors	Clinical interpretation / contemporary correlation	Physician- or procedure-related factors	Clinical interpretation / contemporary correlation
<i>Udavarta (Purisaja Udavarta / Purishavrita Vata)</i> ^[12-14]	Suppression or disturbance of the natural urge to defecate may result in the accumulation of hard, dry stool. Passage of a large and hard fecal bolus can cause mechanical trauma to the anal canal, which is a recognized initiating factor in anal fissure.	<i>Virechana Vyapada</i> ^[15]	In a person with <i>Mridu Kostha</i> and poor physical strength (<i>Alpa Bala</i>), administration of excessively <i>Tikshna</i> , <i>Ushna</i> , and <i>Ruksha</i> drugs for purgation may produce <i>Parikartika</i> as a complication.
<i>Arsha</i> ^[16, 17]	<i>Arsha</i> , particularly its prodromal features and <i>Vatika</i> or <i>Kaphaja</i> manifestations, may be associated with anorectal dysfunction. Abnormal activity or increased tone of the internal anal sphincter may predispose to both haemorrhoids and fissure formation.	<i>Basti Vyapada (Niruha Basti)</i> ^[18]	Administration of a large quantity of excessively <i>Ruksha Basti</i> containing <i>Tikshna</i> and <i>Lavana</i> ingredients may irritate or traumatize the anal canal and lead to <i>Parikartika</i> .
<i>Jirna Jwara</i> ^[19]	Prolonged fever may cause generalized dehydration and altered bowel habits, resulting in inadequate bowel evacuation and the passage of hard stools, thereby increasing the risk of anal injury.	Excessive use of <i>Yapana Basti</i> ^[20]	Repeated or excessive administration of <i>Yapana Basti</i> is described as a possible cause of <i>Parikartika</i> , along with other complications.
<i>Atisara</i> , particularly <i>Vatika Atisara</i> ^[21]	Repeated diarrhoeal episodes may affect normal anal sphincter function. Subsequent sphincter spasm and impaired relaxation can contribute to the development or persistence of an anal fissure.	<i>Vasti Netra Vyapada</i> ^[22]	Improper insertion or administration of the <i>Vasti Netra</i> , as well as defects in the nozzle itself, may cause direct mechanical injury to the anal canal and produce <i>Parikartika</i> .
<i>Vatika Grahani</i> ^[23]	Chronic disturbance of bowel function, altered stool consistency, and irregular bowel movements may predispose to repeated trauma and anorectal dysfunction. Contemporary conditions such as ulcerative colitis and Crohn's disease may also be associated with anal fissure, particularly when there is chronic inflammation or altered bowel habits.	—	—

Overall, the classical descriptions suggest that *Parikartika* may arise either from the underlying bowel disorder itself or as a complication of inappropriate therapeutic intervention. This dual classification provides a useful framework for correlating the Ayurvedic concept with the contemporary understanding of anal fissure.

Pathophysiology

The **Samprapti (pathogenesis) of *Parikartika*** is not limited to local injury of the anal canal but involves a complex interaction of *Dosha*, *Agni*, *Ama*, and local tissue factors. The **Guda (anus and rectum)** is regarded as an important site of *Apana Vata*, which is responsible for the downward movement and elimination of bodily wastes.

Various *Nidana* such as suppression of the natural urge to defecate (*Vega Varodha*), excessive intake of dry, cold, and light foods (*Ruksha*, *Sheeta*, and *Laghu Ahara*), and excessive physical exertion may aggravate *Vata Dosha*. At the same time, excessive consumption of hot, spicy, and acidic foods may aggravate *Pitta*, contributing to *Daha* (burning sensation) and *Rakta Dushti*, which may clinically present as bleeding.

An important factor in the development of *Parikartika* is **Agnimandya** (impaired digestive fire). When *Agni* is weakened, digestion becomes inadequate, resulting in the formation of *Ama*, described as an incompletely processed and potentially obstructive metabolic residue.^[24] The accumulation of *Ama* may disturb the normal functioning of *Srotas* and further aggravate *Vata*, eventually contributing to *Purishavarodha* (constipation).^[25]

As a result, hard and dry stools become difficult to pass and may cause repeated mechanical injury to the anal mucosa, producing the characteristic cutting or tearing pain of *Parikartika*. The resulting **Shoola (pain)** further aggravates *Vata* and may contribute to increased sphincter spasm and local stiffness (*Stambha*). Persistent spasm can impair local circulation and tissue nourishment, thereby delaying healing and creating a vicious cycle of pain, spasm, and poor tissue repair. This Ayurvedic description has certain conceptual parallels with the modern understanding of **anal fissure**, particularly the role of sphincter spasm and compromised local blood flow in delayed healing.^[26, 27]

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Acharya Charaka has mentioned the symptom i.e. severe pain in ano while describing *Parikartika* as a complication of *Vamana* and *Virechana*. *Aacharya Sushruta*, in chapter of *Vamana Virechana Vyaapada* has mentioned the cardinal symptom of *Parikartika* that is sharp cutting and burning pain in *Guda*.

Sadhyasadhyata

The prognosis of *Parikartika* may vary depending on the **depth and extent of tissue involvement**. When the lesion is limited to the superficial layers of the anal skin, healing is generally quicker and the condition is considered relatively easy to manage. Involvement of the deeper tissues may result in **delayed healing and prolonged persistence of the wound**.

Ayurvedic View of *Parikartika Chikitsa*

The classical Ayurvedic texts do not provide a specific description of surgical intervention for *Parikartika*. This suggests that the management described in the classical literature is predominantly conservative and based on correction of *Dosha* imbalance, restoration of normal bowel function, and management of associated symptoms.

1. Correction of *Vata* and *Pitta* vitiation
As *Vata* and *Pitta* are considered the principal *Doshas* involved in *Parikartika*, therapeutic measures should aim to restore their normal state. Particular attention should be given to reducing the *Vata*-related cutting or tearing pain and the *Pitta*-related burning sensation.

Correction of abdominal and bowel-related abnormalities is an important component of treatment. Disturbances of digestion, bowel movement, and excessive gaseous formation may aggravate *Vata* and *Pitta* and can consequently contribute to persistence or worsening of the symptoms. Therefore, maintaining proper *Agni*, regular bowel habits, and appropriate dietary practices forms an important part of the overall management.

Dietary advice in *Parikartika* should be planned according to the *Dosha* status and the patient's general condition. In the presence of *Saama Avastha*, *Langhana*, *Deepana*, and a diet that is *Ruksha*, *Ushna*, and *Laghu* may be advised to help improve digestion and reduce the burden of *Ama*.

Nutritive and strengthening foods having predominantly *Madhura Rasa* may be recommended for patients who are underweight, weak, or lean, with the aim of improving nourishment and supporting tissue repair.

When *Vata* aggravation is prominent, *Ghrita* administered along with *Dadima Rasa* is described as a therapeutic dietary measure. This approach is intended to provide unctuousness and help alleviate *Vata*-related symptoms.

A preparation of *Devadaru* and *Tila Kalka* administered with warm water (*Ushnodaka*) is described as another dietary therapeutic measure.

Milk processed with *Ashvattha*, *Udumbara*, *Plaksha*, and *Kadamba* is also described in the classical management of the condition. Such preparations may be considered

particularly useful when a nourishing and soothing dietary approach is required.

Local Treatment

Ayurvedic texts describe *Basti Karma* as an important therapeutic measure in the management of *Parikartika*, particularly when *Vata* involvement is prominent. Different types of *Basti* formulations are mentioned according to the clinical presentation and *Dosha* predominance.

One classical formulation describes the use of *Arbudaradi Basti*, prepared with suitable herbal ingredients and combined with preparations such as *Ksheera*, *Madhu*, and *Sharkara*. Another formulation describes a *Sheeta Basti* prepared using the paste of *Gambhari* and *Kanchanara* along with milk, honey, and sugar.

The selection of these formulations can be understood on the basis of their therapeutic properties. Many of the drugs incorporated into these *Basti* preparations possess *Vata-shamaka*, *Pitta-shamaka*, and *Vrana-ropaka* properties. Thus, *Basti* therapy is intended not only to address the underlying *Dosha* imbalance but also to support healing of the local anal lesion and relieve associated pain and burning sensation.

Overall, the Ayurvedic approach to *Parikartika* emphasizes individualized dietary modification, correction of *Dosha* imbalance, improvement of digestive function, and appropriate local therapy, with particular attention to controlling *Vata* and *Pitta* and promoting wound healing.

REFERENCES

1. Brahmananda T, editor. Varanasi: Chaukhamba Surbharati Publication; 2009. Caraka Chandrika, Chikitsa Sthana. Reprint edition. Ch. 3, Ver. 186; p. 181. [Google Scholar]
2. Brahmananda T, editor. Varanasi: Chaukhamba Surbharati Publication; 2009. Caraka Chandrika, Chikitsa Sthana. Reprint edition. Ch. 19, Ver. 19; p. 671. [Google Scholar]
3. Brahmananda T, editor. Varanasi: Chaukhamba Surbharati Publication; 2009. Caraka Chandrika, Chikitsa Sthana. Reprint edition. Ch. 14, Ver. 14; p. 510. [Google Scholar]
4. Brahmananda T, editor. Varanasi: Chaukhamba Surbharati Publication; 2009. Caraka Chandrika, Chikitsa Sthana. Reprint edition. Ch. 14, Ver. 14; p. 514. [Google Scholar]
5. Shastri AD, editor. Varanasi: Chaukhamba Sanskrit Sansthan; 2014. Sushruta Samhita of Acharya Sushruta, Nidana Sthana. Reprint edition. Ch. 2, Ver. 2; p. 307. [Google Scholar]
6. Brahmananda T, editor. Varanasi: Chaukhamba Surbharati Publication; 2009. Caraka Chandrika, Chikitsa Sthana. Reprint edition. Ch. 26, Ver. 5-6; pp. 863-4. [Google Scholar]
7. Tewari PV, editor. Chaukhamba Bharati Academy. 2008. Kasyapa Samhita of Acharya Kashyapa, Khila Sthan. Reprint edition. Ch. 10, Ver. 10; p. 554. [Google Scholar]
8. Brahmananda T, editor. Varanasi: Chaukhamba Surbharati Publication; 2009. Caraka Chandrika, Siddhi Sthana. Reprint edition. Ch. 6, Ver. 6; p. 1241. [Google Scholar]
9. Dalhana. Nibandhasangraha commentary on Sushruta Samhita, Chikitsasthana 8/32.
10. Charaka. Charaka Samhita, Chikitsasthana. In: Acharya YT, editor. (2007). Varanasi: Chaukhamba Orientalia.
11. Vagbhata. Ashtanga Hridaya, Nidanasthana. In: Srikantha Murthy KR, translator. (2018). Varanasi: Chaukhamba Krishnadas Academy.
12. Agnivesa, Caraka Samhita Cikitsasthana-26 sloka-7 Hindi commentery carakacandrika Dr. Brahmananda Tripathi Chaukhamba Surbharati Prakashan, Varanasi, 2002; 2: 864.
13. Susruta, Susruta Samhita Uttartantra -55 sloka-8 commentary by Dalhana Nibandhasamgraha, edited by Vaidya Jadavji Trikamjiacharya, 9th Ed. Chaukhamba Sanskrita Pratisthana, 2007; 777.
14. Vagbhata, Ashtanga Hridaya; Nidanasthana -16 sloka-41 Hindi commentary Nirmala by Dr. Brahmananda Tripathi, Chaukhamba Sanskrita Pratisthana. Delhi, 2003; 541.
15. Dalhana Nibandhasamgraha commentary on Susruta, Susruta Samhita Chikitsasthana 34 sloka -16 edited by Vaidya Jadavji Trikamjiacharya, 9th Ed. Chaukhamba Sanskrita Pratisthana, 2007; 524.
16. Susruta, Susruta Samhita Nidanasthana-2 sloka-9, 10 English commentary by G. D. Singhal, 1st Ed Chaukhamba Sanskrita Pratisthana, 19: 39.
17. Agnivesa, Caraka Samhita Cikitsasthana -14 sloka-8, 11 & 17 Hindi commentery caraka candrika Dr. Brahmananda Tripathi Chaukhamba Surbharati Prakashan, Varanasi, 2002; 2: 490, 513-514.
18. Susruta, Susruta Samhita Cikitsasthana-36 sloka -37 commentary by Dalhana Nibandhasamgraha, edited by Vaidya Jadavji Trikamjiacharya, 9th Ed. Chaukhamba Sanskrita Pratisthana, 2007; 530.
19. Cakrapanidutta; Ayurveda Dipika commentary on, Agnivesa: Caraka Samhita Cikitsasthana-3 sloka-186 5th Ed. Munsiram Monohorlal Pvt. Ltd., Bombay, 1992; 415.
20. Agnivesa, Caraka Samhita Siddhisthana -12 sloka-30 Hindi commentery carakacandrika Dr. Brahmananda Tripathi Chaukhamba Surbharati Prakashan, Varanasi, 2002; 2: 1340.
21. Agnivesa, Caraka Samhita Cikitsasthana -19 sloka-5 Hindi commentery carakacandrika Dr. Brahmananda Tripathi Chaukhamba Surbharati Prakashan, Varanasi, 2002; 2: 670.
22. Agnivesa, Caraka Samhita Siddhisthana -5 sloka-5 Hindi commentery carakacandrika Dr. Brahmananda

- Tripathi Chaukhambha Surbharati Prakashan, Varanasi. 2002; 2:1225
23. Agnivesa, Caraka Samhita Cikitsasthana -15 sloka-62 Hindi commentery caraka Candrika Dr. Brahmananda Tripathi Chaukhambha Surbharati Prakashan Varanasi, 2002; 2: 561.
24. Rastogi, S. (2014). Building bridges between Ayurveda and modern science. International Journal of Ayurveda Research, 1(1): 41–46.
25. Patwardhan, K. (2014). The history of the discovery of blood circulation: Unrecognized contributions of Ayurveda masters. Advances in Physiology Education, 38(2): 105-106. JZU - Engineering Science || ISSN:1008-973X Volume-25 | Issue-4 <https://jzuengineering.org/> Page No:60.
26. Gopinath, G., & Dhiman, K. S. (2021). Ayurvedic management of Bhagandara (fistula-in-ano) with Ksharasutra therapy: A case series. Journal of Ayurveda and Integrative Medicine, 12(2): 367-371.
27. Thakur, R., Singh, K. K., & Sharma, D. (2022). Conceptual analysis of Vrana Ropana (wound healing) in Ayurveda. AYU (An International Quarterly Journal of Research in Ayurveda), 43(1): 3-9.