

LITERARY REVIEW OF *PARIKARTIKA* WITH SPECIAL REFERENCE TO FISSURE IN ANO*¹Dr. Suman Yadav, Dr. Ashutosh Kumar Yadav and Dr. Vikramaditya Dubey¹Associate Professor & HOD PG Dept. Shalya Tantra, Govt. PG Ayurved College, Varanasi, UP, India.²Associate Professor, Dept. Rachana Sharir, Govt. PG Ayurved College, Varanasi, UP, India.³P.G.Scholar, PG Dept. Shalya Tantra, Govt. PG Ayurved College, Varanasi, UP, India.

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ABSTRACT

Parikartika is a common anorectal disease. In general we compare *Parikartika* with the fissure in ano. It is a very painful condition. In Ayurvedic text, *Parikartika* is mentioned not as a separate disease entity but as a complication of different Ayurvedic procedures such as *vaman*, *virechana* and *basti* and complication of some diseases like *Arsh Atisar*, *Grahani*. Health of an individual depends upon his diet, environmental condition and lifestyle. In present era lifestyle disorders like hypertension, diabetes mellitus, hypothyroidism, obesity etc. are affecting large number of population in the world. Anorectal diseases like fissure in ano, hemorrhoid etc. could be considered as a problem originated from bad food habits and improper lifestyle.

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

INTRODUCTION

Ayurveda is a science of life. The first aim of *Ayurveda* to keep person healthy and second aim to cure the disease. Nowadays due to faulty lifestyle, patient suffering from constipation with a rectal disease are quite high in number. Longitudinal tear in lower end of anal canal result in fissure in ano. It is most painful condition affecting the anal region. About 30 to 40% of the population suffer from anal problems and anal fissure comprises of 10 to 15% of anorectal disorder and is characterized by excruciating pain during and after defecation and drop by drop bleeding per anus with spasm of anal sphincter. *Parikartika* is characterized by *kartanwat* and *chhedandvat shool* in *Guda*, but the sentinel tag like features are not in the reference of *parikartika*. Sentinel tag can be compared with *shuskarsh* as mentioned by *Charak Samhita*.

Definition^[1]

An anal fissure (synonym: fissure-in-ano) is a longitudinal split in the anoderm of the distal anal canal which extends from the anal verge proximally towards, but not beyond, the dentate line.

Aetiology^[2]

The cause of an anal fissure, and particularly the reason why the posterior midline is so frequently affected, is not completely understood. Classically, acute anal fissures arise from the trauma caused by the strained evacuation of a hard stool or, less commonly, from the repeated

passage of diarrhoea. The location in the posterior midline perhaps relates to the exaggerated shearing forces acting at that site at defaecation, combined with a less elastic anoderm endowed with an increased density of longitudinal muscle extensions in that region of the anal circumference. Anterior anal fissure is much more common in women and may arise following vaginal delivery. Perpetuation and chronicity may result from repeated trauma, anal hypertonicity and vascular insufficiency, either secondary to increased sphincter tone or because the posterior commissure is less well perfused than the remainder of the anal circumference.

In Ayurvedic texts proper classification of *Nidaana*, *Rupa*, and *Samprapti* etc. of *Parikartika* is not found anywhere at one place. But many *Nidaana* that might directly or indirectly produce *Parikartika* are described by Acharya's which are found scattered in the text. In *Parikartika*, *Vata* is the dominant *Dosha*. The etiological factors of *Parikartika* can be divided in three types as per *Aacharya Sushruta*.

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

***Nija Hetu* (Endogenous factors)**

Vedana (pain) is the main symptom of *Parikartika*, so *Vata Dosha* vitiation must be there.^[3] Hence, all factors responsible for vitiation of *Vata Dosha* can be

considered under *Nidana* of *Parikartika*. In the classics, factors responsible for vitiation of *Vata*.

Aagantuja Hetu^[4] (Exogenous factors)

The trauma at *Guda* leading to *Parikartika*. During the procedure of *Basti* or *Virechana*, iatrogenic complications may develop in the form of *Parikartika*. It may happen due to rough and thick *Basti Netra*.

Nidaanarthakaree Roga,^[5,6] (Complications due to procedures or other diseases)

Due to faulty procedure

If *Vamana* and *Virechana* with *Teekshna*, *Ushna* and *Pittaprakopaka* medicine is given to the patients having *Mridu Koshtha* and *Mandaagni* then *Pitta* and *Vata Prakopa* leads to *Parikartika*, *Atiyoga* of *Virechana*.^[7] If *basti* of *Tikshna*, *Ushna* & *Lavan Dravya* is given to the patient.^[8] The Rough introduction of *Basti Netra* also causes ulcer in anus and related pain.^[9] *Basti Netra* which is big in size and having rough surface also causes ulcer in anus.^[10] *Charaka* has also mentioned *Parikartika* as complication of *Vamana* and *Virechana*.^[11] He has quoted that if strong medicine is given to *atisnigdha* and *gurukosthee* patient in *Saamavastha* or very thin, *Mridu kosthee* and weak patient, it causes *Parikartika* with severe pain in ano.^[12] Sharangadhara has also mentioned 76 complications of *Basti* and *Parikartika* is one among them.

Due to diseases

Vaataja Pakvaatisaara,^[13,14] Aadhmaana, Urdhva Vaayu, Urdhvavaata Purvaroopo of Arsha, Vaataja Arsha, Sahaja Arsha, Vaatika Grahane, Garbhaavastha

Clinical features^[15]

Although simple epithelial splits, acute anal fissures are, because of their location involving the exquisitely sensitive anoderm, characterised by severe anal pain associated with defaecation, which usually resolves spontaneously after a variable time only to recur at the next evacuation, as well as the passage of fresh blood, normally noticed on the tissue after wiping.

Chronic fissures are characterised by a hyper-trophied anal papilla internally and a sentinel tag externally (both consequent upon attempts at healing and breakdown), between which lies the slightly indurated anal ulcer overlying the fibres of the internal sphincter. When chronic, patients may also complain of itching secondary to irritation from the sentinel tag, discharge from the ulcer or discharge from an associated inter sphincteric fistula, which has arisen through infection penetrating via the fissure base. Although most sufferers are young adults, the condition can affect any age, from infants to the elderly. Men and women are affected equally.

Anterior fissures account for about 10% of those encountered in women (and many of these may occur postpartum) but only 1% in men. A fissure sited elsewhere around the anal circumference or with atypical

features should raise the suspicion of a specific aetiology, and the inability to be able to conduct an adequate examination in the clinic should be advised prompt early examination under anaesthesia, with biopsy and culture to exclude Crohn's disease, tuberculosis, sexually transmitted or human immune deficiency virus (HIV)-related ulcers (syphilis, Chlamydia, chancroid, lympho granuloma venereum, HSV, cytomegalo virus, Kaposi's sarcoma, B-cell lymphoma) and squamous cell carcinoma.

The word *Pari* when used as prefix it means 'all over' or 'whole' or 'every entity' or 'every aspect'. *Kartika* is derived from 'Krita' verb which means to cut and it is a noun form. Thus the word *Parikartika* as a whole has meaning "to cut circumferentially" or "to cut all around." It refers to a condition in which patient experiences a sensation of pain as if the *Guda* is being cut around with scissors.

Acharya Charaka has mentioned the symptom i.e. severe pain in ano while describing *Parikartika* as a complication of *Vamana* and *Virechana*. *Acharya Sushruta*, in chapter of *Vamana Virechana Vyaapada* has mentioned the cardinal symptom of *Parikartika* that is sharp cutting and burning pain in *Guda*. Further, he added that there is also sort of cutting pain in penis, umbilical region and neck of urinary bladder. The causative *Doshas* are *Vaata* and *Pitta* and the pain predominantly displays a *Vatika* and *Paittika* character by the sensation of cutting and burning in ano respectively. In *Parikartika, Dushta Vrana* in *Guda* is one symptom in the form of longitudinal shaped ulcer in anal region. The description of symptoms of *Parikartika* mentioned in *Sushruta Samhita* is absolutely correct because clinical symptoms of fissure in latest text of surgery are same. *Vagbhata* has described same signs and symptoms as described by *Charaka* and *Sushruta*.

Treatment^[16]

After confirmation of the diagnosis in the clinic or under anaesthesia, with exclusion of secondary causes of anal ulceration, conservative management should result in the healing of almost all acute and the majority of chronic fissures. Emphasis must be placed on normalisation of bowel habits such that.

- The passage of stool is less traumatic.
- The addition of fiber to the diet to bulk up the stool.
- Stool softeners
- Adequate water intake.
- Warm baths and topical local anaesthetic agents relieve pain.

However, providing patients with anal dilators is usually associated with low compliance and consequently little effect. The mainstay of current conservative management is the topical application of pharmacological agents that relax the internal sphincter, most commonly:

- Nitric oxide donors (Scholefield); by reducing spasm, pain is relieved, and increased vascular

perfusion promotes healing. Such agents include glyceryl trinitrate (GTN) 0.2% applied two to three times per day to the anal margin (although this may cause headaches) and diltiazem 2% applied twice daily.

- Botox An alternative medical treatment is Botox (10-100units) in either divided or a single dose.

The cure rate using any of these options is approximately 50% although the headache rate with GTN ointment has been reported to be as high as 30%, which limits its acceptability by patients.

Operative measures:^[17]

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

Ayurvedic view of Parikartika Chikitsa

Parikartika is treated as a complication of *Sanshodhana chikitsa* and certain diseases.

Kashyap mentioned its management according to *doshik* involvement of *Parikartika*. None of *Samhitas* described about surgical management, so it indicates that conservative treatment is sufficient for the treatment of *Parikartika*.

Principal of treatment of *parikartika* is mainly based on following factors.

1. To check the vitiated *Vata* and *Pitta*.
2. To combat the abdominal disorder because *Vata* and *Pitta* are mostly vitiated which leads to many complication.

Diet:^[18]

In *Saama* condition, *Langhana- Deepana* and *Ruksha – Ushna - Laghu* diet

1. *Madhura* and *Brihaniya* diet, advised in thin & lean patient.
2. In severe *Vata Prakopa Avastha*, *Ghrith* with *Daadimarasa* should be given.
3. *Devdaaru* and *Tila Kalka* with *Ushnodaka*
4. *Ashvattha*, *Udumbaar*, *Plaksha* and *Kadamba Siddha* milk.

Local Treatment

Different type of *Basti Karmas* are described for local management. *Basti's* prepared in *Ghritha* and milk with the help of various other drugs are used for this. Most of the drugs, which are used in *basti karma* are *Vata-Shamak*, *Vrana Ropak* and *Pitta Shamak*. In *Kashyapa Samhita*, the treatment has been given as per the predominance of *Dosha*.

DISCUSSION

The disease *parikartika* occur due to *pitta* and *vata*. Due to these etiological factors vitiated *doshas* get

accumulated in the *guda* region. The disease is most common in middle age group. *Vata* and *pitta dosha* are mainly involved in *Parikartika*. Passage of hard stool is main cause of tear in lower part of anal canal. *Charak* mention that if a drastic purgative drug is taken by one having *snigdha guru kostha* and *aama dosha* or by other having *mridu kostha*, *alpa bala* it expel impurity along with *aama*, shortly on reaching the anal region and then causes severe colic, cutting pain and slimy discharge with blood. So, before prescribing medicine for *Sanshodhan* or to treat constipated patient, care of *Saama Nirama* condition of *kostha* and roughness of body is very important, otherwise medicine may cause *Parikartika*. In the treatment of *Parikartika*, if the patient having *aama*, then *langhan pahchan ruksha* is indicated, i.e. hot and light food should be prescribed, and if the patient is weak and his body is *ruksha* then sweet and *bringhaniya* food should be recommended.

CONCLUSION

Parikartika is very common among ano rectal diseases due to improper *aahar-vihar*. Most of the acute cases get cured by Ayurvedic management whereas modern treatment does not gives response in more than 50 % cases. Therefore, before prescribing the drastic purgatives for *Sanshodhan chikitsa* or during the treatment of *Parikartika*, the condition of *sama-nirama*, *kostha*, body constitutions and secondary causes of *parikartika* should be examined properly.

Conflict of interest: None.

Ethical Clearance: N.A.

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