



A COMPREHENSIVE REVIEW ON PARIKARTIKA WITH SPECIAL REFERENCE TO FISSURE IN ANO

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ABSTRACT

Parikartika is an anorectal disease, and we compare *Parikartika* with the fissure in ano. It is a slightly painful condition. In Ayurvedic text, *Parikartika* is mentioned not as a separate disease but as complication of different Ayurvedic procedures such as *vaman*, *virechana* and *basti* and complication of some other diseases like *Arsh Ati-sar*, *Grahani*. The health of an individual depends upon his diet, environmental condition and lifestyle. In the present era lifestyle disorders like hypertension, diabetes mellitus, hypothyroidism, obesity etc. are affecting large scale of population in the world. Anorectal diseases like fissure in ano, hemorrhoids etc. could be considered as a problem origin from bad food habits and improper lifestyle.

Keywords: Guda, Basti, *Parikartika*, Anorectal diseases

INTRODUCTION

Ayurveda is a science of life. The first aim of Ayurveda is to keep a person healthy and second aim to

cure the disease. Nowadays due to faulty lifestyle, patients suffering from constipation with a rectal dis-

ease are quite high in number. Longitudinal tear in lower end of anal canal result in fissure in an ano. It is the 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 Kartanvata and chhedandvatshool in Guda, but the sentinel tag like features is not in the reference of parikartika. Sentinel tag can be compared with Shuskarsha as mentioned by Charak Samhita.

Definition

An Anal fissure 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

The main cause of 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 Nidana, Rupa, and Sampraapti etc. of Parikartika is not found anywhere at one place. But many Nidana 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 into three types as per Acharya Sushruta.

1. Endogenous factors
2. Exogenous factors
3. Complications of other diseases

Endogenous factors

Pain is the main symptom of Parikartika, so Vata Dosha vitiation must be there. Hence, all factors responsible for the vitiation of Vata Dosha can be considered under Nidana of Parikartika. In the classics, factors are responsible for vitiation of Vata.

Exogenous factors

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.

Complications due to procedures or other diseases

The Vamana and Virechana with Teekshna, Ushna and Pittaprapakopaka medicine is given to the patients having Mridu Koshtha and Mandaagni then Pitta and Vata Prakopa leads to Parikartika, Atiyoga of Virechana. If basti of Tikshna, Ushna & Lavan Dravya is given to the patient. The Rough introduction of Basti Netra also causes ulcer in anus and related pain. Basti Netra, which is big in size and has rough surface also causes ulcers in anus. Charaka has also mentioned Parikartika as a combination of Vamana and Virechana. 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. Sharangadhara has also mentioned 76 complications of Basti and Parikartika is one among them.

Due to diseases

Vataja Pakvaatisaara, Aadhmaana, Urdhva Vaayu, Urdhvavata, Purvaroopo of Arsha, Vataja Arsha, Sahaja Arsha, Vaatika Grahani, Garbhaavastha

Clinical features

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 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 a 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 Vyapada 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. Vagbhatta has described the same signs and symptoms as described by Charaka and Sushruta.

Chikitsa

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 as 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.
- Nitric oxide donors (Scholefield)
- Botox

Operative measures:

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

Parikartika Chikitsa

Fissure in ano is treated as a complication of Sansodhanachikitsa and certain diseases. Kashyap mentioned its management according to doshik involvement of Parikartika. None of Samhitas described surgical management, so it indicates that conservative treatment is sufficient for the treatment of Parikartika. The principle of treatment of parikartika is mainly based on the 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 complications.

Aahar:

Langhana- Deepana and Ruksha – Ushna - Laghu diet 1. Madhura and Brihaniya diet, advised in thin & lean patient. 2. In severe Vata Prakopa Avastha, Ghrit with Daadimarasa should be given. 3. Devdaru and Tila Kalka with Ushnodaka 4. Ashvattha, Udumbaar, Plaksha and Kadamba Siddha milk.

SthaaneeyUpachaar

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

DISCUSSION

Parikartika occurs due to pitta and vata. Due to these etiological factors vitiated doshas get accumulated in the guda region. The disease is most common in the middle age group. Vata and pitta dosha are mainly involved in Parikartika. Passage of hard stool is the main cause of tears 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 mridukostha, alpabala it expels 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 has aama, then langhanpaa-chanruksha 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 brimhaniya food should be recommended.

CONCLUSION

Parikartika (Fissure in Ano) 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 give response in more than 50 % cases. Therefore, before

prescribing the drastic purgatives for Sanshodhanchikitsa or during the treatment of Parikartika, the condition of sama-nirama, kostha, body constitutions and secondary causes of parikartika should be examined properly.

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