

## CONCEPTUL STUDY ON *PARIKARTIKA*

Harshitha Av<sup>1</sup>,

Elizabeth P. John<sup>2</sup>

<sup>1</sup>PG Scholar, Department Of PG Studies In Shalya Tantra , Karnataka Ayurveda Medical College And Hospital, Manglore, Dk District ,Karnataka ,India

<sup>2</sup>Professor & HOD PG Studies Shalya Tantra, Karnataka Ayurveda Medical College And Hospital, Manglore, DK District ,Karnataka ,India

### ABSTRACT

The health of an individual depends solely on his diet and life style. Diet plays very important role in *Parikartika* (Fissure in ano) which is evident by references. The earliest reference of '*Parikartika*' is available from *Sushruta Samhitha* (1500 B.C). *Parikartika* is referred in Brihatrayees not as an independent disease but as a complication of *Bastikarma* (Enema) and *Virechana* (purgation) vyapath. *Parikartika* is characterized by *Kartanavat* (cutting) and *Chedanavat* (pricking) *shoola* (pain) in *Guda*. Similarly Fissure-in-ano is also characterized by sharp cutting pain in anal region. In *Parikartika*, *Teevra shoola*, *Piccha*- are seen, similarly severe pain and slimy blood discharge are seen in Fissure-in-ano. *Parikartika* treated with internal medications and local applications formulated by using *Ghritha* (ghee) and *taila* (oil) Formulations. In Ayurvedic text no specific description available as a sequel of *Parikartika* but lots of references available with help of that we can compare Sentinel Piles with Ayurvedic pathogenesis. In Ayurvedic text information available on *Shushkarsh* (dry) *Bahyarsh* (external pile), *Vataj*, *Janmottar* (Genetical) *kalaj Arsha* (as per time) can be correlated with Sentinel Pile.

**Key Words:** *Parikartika*, *Shoola*, *Acute Fissure-in-ano*, *Chronic Fissure-in-ano*, *Basti*

**INTRODUCTION:** *Ayurveda* is a science of life. The main moto of *Ayurveda* is to keep a person healthy and second aim is to cure the disease. *Parikartika* (Fissure in ano) is the most common cause of pain in anal region. It is commonly seen in pregnant women, purpureal period and youngsters. Nowadays<sup>1</sup>. It is most painful and mentally disturbing 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<sup>2</sup> and is characterized by excruciating pain during and after defecation and strike wise bleeding with stool and spasm of anal sphincter. *Parikartika* means *Parikartanavat Vedana* (pain) around *Gudapradesh* (around anal region). It means cutting or pricking type of pain,

presence of sentinel tag says the chronicity, *Shushkarsh* as mentioned by *Charak Samhita*<sup>3</sup>.

**Definition:** According to *Acharya Sushruta*, *Parikartika* is a situation in which there is

cutting pain in *Guda*, *Nabhi* (umbilicus) and surrounding areas. An anal fissure tear in anal mucosa<sup>[4]</sup>

**Nirukti:** word is derived from the *Sanskrit* word "*Pari*" which means "all around" and "*Kartanam*"<sup>[5]</sup> means "the act of cutting"<sup>[6]</sup>. So in *Parikartika* there is excessive cutting pain around the anus. According to *Dalhana*, there is cutting and tearing pain everywhere around the anus.

**Synonyms:** *Ksata Guda* and *Ksata Payu*.

**Nidana:** *Acharya Sushruta* and *Acharya Charaka* described about *Nidana*, *Samprapti*,

Lakshana, and Chikista of Parikartika at different places. The precipitating and predisposing factors which cause disease are commonly called its Nidana. The causes of Parikartika can be divided in three types as per Aacharya Sushruta.

**A) Nija Hetu (Endogenous factors):** Nija Hetu means Dosh Prakopa Hetu. Hence, all factors responsible for vitiation of Vata Dosh<sup>[7]</sup> can be considered under Nija Hetu of Parikartika because Vedana (pain) is the chief symptom of Parikartika and also Guda is the sthana(site) for Vata Dosh especially Apana Vayu. Some factors responsible for vitiation of Vata Dosh mentioned in classics, are Tikta(bitter), Lavana(salt) and Kasaya(pungent) food, Ruksha(dry) and Alap Anna Sevan. Pitta vitiated factors like Katu,(spicy) Amla,(sour) Lavana(salt) Ahara; Krodh(anger); diurnal etc are also responsible for disease.

**B). Aagantuja Hetu (Exogenous factors):** The trauma at Guda leads to Parikartika. During the procedure of Basti(Enema) or Virechana(purgation), iatrogenic complications may develop in the form of Parikartika. It may happen due to rough and thick Basti Netra.<sup>[8]</sup>

**C) Nidanarthakari Roga (Complications of other diseases)-**

▪ If Vamana (Emesis)and Virechana(purgation) with Teekshna, Ushna and Pitta Prakopaka medicine is given to the patients having Mridu Koshtha and Mandaagni(low digestive power) then Pitta and Vata Prakopa leads to Parikartika<sup>[9]</sup>.

▪ The Rough introduction of Basti Netra(nozzle) also causes ulcer in anus and related pain<sup>[10]</sup>.

▪ Basti Netra which is big in size and having rough surface also causes ulcer in anus<sup>[11]</sup>.

▪ If Basti of Ati Tikshna, Ushna and Lavana Dravya given to patient<sup>[12]</sup>.

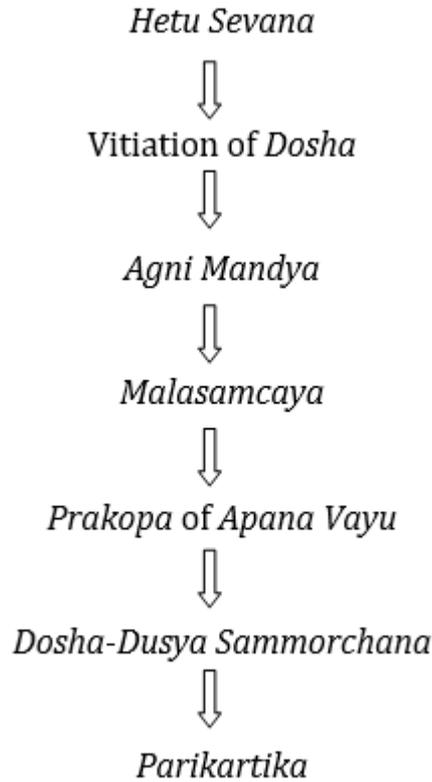
▪ Atiyoga of Virechana<sup>[13]</sup>.

▪ Charaka has also mentioned Parikartika as complication of Vamana and Virechana<sup>[14]</sup>.

▪ Sharangadhara has also mentioned 76 complications of Basti and Parikartika is one among them.

▪ In Charakasamhita, Sushruthasamhita and in Astanga Sangraha Parikartika is entioned as one among the Lakshanas of Basti Karma Vyapat<sup>[15-16]</sup>.

**SAMPRAPTI:** Aacharya Sushruta has described very beautifully the pathogenesis of each disease in the form of Shatkriya Kala<sup>[18]</sup>. In Parikartika the main vitiated Dosh is Vata. Dushya are Twak, Rakta, Mamsa.



**LAKSHANA** : The patient suffers from cutting pain with burning sensation in anus, umbilicus, penis and neck of bladder, retention of flatus, wind formation and anorexia<sup>[17]</sup>.

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

**TYPES:** *Acharya Kashyapa* described about 3 types of *Parikartika* in the *Garbhini Chikitsa* according to *Dosha:- Vatika, Patika, Kaphaja*.<sup>19</sup>

**SADHYASADHYATA:** The *Vrana* (wound) which occurs in *Guda Pradesh* can be easily cured (Su.Su.23/5). When *Parikartika* is in its *Vayakti Avastha* then it is *Sukhasadhya* (easily curable) because it affects the superficial layer of *Guda Pradesh*. But when it affects the deeper layer of *Guda Pradesh* in *Bhedaavastha*, it becomes *Krichchhasadhya* (difficult to cure) which need *Sastra Karma* (surgical management). When we consider *Parikartika* as *Vrana* then it can be easily treated if patient have good *Satva, Mamsa Dhatu, Agni*, and ii in younger stage. If it is left untreated then it becomes *Yapya* (manageable) and finally to *Asadhyatwa* (incurable) stage.

**CHIKITSA:** *Parikartika* is treated as a complication of *Samsodhana 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*. In chronic *Parikartika* when local and medical treatment failed then parasurgical and surgical procedures can be done. Principal of treatment of *Parikartika* is mainly based on following factors.

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

#### **Local Treatment:**

Different type of *Basti Karmas(enema)* are described for local management. Patient should be treated with *Karbudaaradi Basti* mixed with paste or decoction of *Karbudaar*, *Aadhki(pigeonpea)* *Kadambchaal(Neolamarckia cadamba)* and *Vetas Siddha* with *Ksheer(milk)* along with *Madhu* (honey)and *Sharkara*.(sugar) *Gambhaar(Gmelina arbora)* and *Kachanaar Bauhinia variegata*)paste mix with *milk*, *honey*, *Sharkara* (sugar)and give *Sheetavasti*. (Su. Chi.34/16).Most of the drugs, which are used in *Basti Karma* are *Vata Shamak*, *Vrana Ropak* and *Pitta Shamaka*.

**A) Matra basti(type of Anuvasana basti):**It acts as a retention enema and it helps in easy voiding of stools, by this *Vatanulomana* occurs and it cures the diseases caused by aggravated *Vata* as *Parikartika* is *Vatapradhana Vyadhi*.By giving *Matrabasti(oil infiltration)* local *Snehana* occurs, spasm will also be relieved and thus brings down the pain. It softens the stools, lubricates the anal canal and provides an easy evacuation.

**B) Tailapoorana(oil infiltration):**In this Procedure Per rectal administration of 15-20 ml oil (having *Vranaropanaproperty*) will reduce the spasm of the sphincter muscles by that pain reduces and ulcer heals.

**C) Taila/Grita pichu(Gauze dipped in oil):**It forms protective layer over fissure wound, it soothes the anal canal so relieves pain by releasing sphincter spasm.

**D) Avgaha sweda(hot fomentation-sitz bath):**Sitting in the warm/hot water tub after each bowel movement soothes pain and relaxes spasm of internal sphincter for sometime. It also helps in cleaning of fissure wound. Sitz bath is highly effective in treatment of fissure. It is done for 10 to 15 minutes

**E) High fibre diet:** The rate of intestinal passage of food depends on the nature of the diet and its fluidity. The greater the indigestible residue and water content, the more rapidly it reaches the rectum and produces its distension and there after evacuation. Hence patients should take daily fibre rich food and plenty of fluids to improve digestion and regularize bowels. These are hygroscopic, which allows them to expand and become mucilaginous. These fibres are complex carbohydrate, which binds with water in the colon creating larger, softer, stool. Larger, softer, stools stretch and relax the sphincter muscles helping the blood to flow and it also require little pressure to pass.

**Treatment for Chronic Fissure-In-Ano** In Ayurvedic text information available on *Shushka arsha*(dry piles),*Bahyarsha* (external pile)can be correlated with Sentinel Piles. *Acharya Sushruta*

mentioned four modalities of management

1) *Bheshaja* (conservative line of management)

2) *Kshara*

3) *Agni*

4) *Shastra*

**Kshara Sutra Therapy** : Ligation of *Kshara sutra* to sentinel pile masses, by this themselves they may fall within few days

**Kshara Lepa**: *Lepa of Apamarga Pratisaraneeya kshara (application)* is done over the Chronic fissure-in-ano) ulcer surface, by scraping action of *Kshara*, this reduces the excess fibrous tissue present over the ulcer surface and ulcer heals & sphincter relaxation occurs simultaneously

**Agnikarma**: Para surgical procedure like *Agnikarmas* been widely advised by *Sushruta* & by doing *Agnikarma* treatment has provided marked relief & no recurrence. Excision of sentinel piles by *Agnikarma*.by electro thermal cautery it is done.

**Diet**: *Madhura* (sweet)and *Brihmaniya* diet, advised in thin & lean patient.

▪ *Langhana- Deepana (carminative)and Ruksha (dry)- Ushna(hot) – Laghu(light) diet , advised in Sama condition.*

▪ *Devdaaru(Cedrus deodara) and Tila Kalka(sesamum indicum seed) with Ushnodaka(hot water)*

▪ In severe *Vata Prakopa Avastha, Ghritha (ghee) with Daadima (pomogranate)Rasa* should be given.

▪ *Ashvattha(ficus religiosa)Udumbaar,(ficusglomerulata) Plaksha (ficusvirens)and Kadamba (Neolamarckia cadamba)Siddha milk*

**Surgical procedures**: There are so many topical applicant are available allopathic system of medicine such as topical

anesthetic agent,steroids, nitrate preparation, topical calcium channel blocker, injection of botulinum toxin, sclero therapy using sodium tetradecyl sulphate preparations in the modern medical science but all have certain limitations. Various surgical procedures such as anal dilatation, Fissurectomy, Fissurectomy with skin grafting, open sphincterotomy, closed lateral sub-cutaneous sphincterotomy, sphincterotomy with cryo-therapy, sphincterotomy with radiofrequency surgery are used to treat in various stage of chronic fissure and sentinel tag.But impairment of continence, fistula or abscess formation,bleeding, wound healing are the more or less complication with these surgical procedure. Hence to avoid these complications Ayurvedic medication be used.

**DISCUSSION** : On the basis of location, nature of pathology and features, *Gudaparikartika* can be correlated to Fissure-in-ano. Many research has done on the *Parikatika* using different formulation like *prapoundarika Ghritha , Bhudhatryadi Taila,yastimadhu taila* etc based on the condition severity of disease medicine and procedure has to choose. Patients are fear for surgery in such cases ayurveda has non operative procedures like *,Matra basti,pichu Dharana* As *Parikatika* is due to *Kosta anubanda* disease ayurveda procedures act on *Kosta* disease is cured from root

**CONCLUSION**: Improper dietary regimen and stressful life is found to have influenced the high incidence observed today. Passage of hard constipated stools is the prime cause of tear in the lower anal canal which results in excruciating pain during and after defecation, the

cardinal feature of Fissure-in-ano. Ayurvedic preparations are all effective & these can cure fissure and regularize bowel upto 90% cases of acute fissures. These could always be offered to the patients who are not willing for operative procedure such as cardiac patients or patients with diabetes, AIDS, Hepatitis B where healing is difficult after operation. *Kshara* is used in different forms like *Kshara Lepa*, *Ksharasutra ligation* in treating *Parikartika*(Chronic Fissure-in-ano)

#### REFERENCES:

1. Bailey & Love's Short practice of Surgery, edited by Professor Sir Norman Williams Professor P. Ronan O'Connell, Professor Andrew W. McCaskie, Ch.74, edition -27, ,CRC Press & Francis Group, published in, 2018; 1352.
2. Bailey & Love's Short practice of Surgery, edited by Professor Sir Norman Williams Professor P. Ronan O'Connell, Professor Andrew W. McCaskie, Ch.74, edition -27, ,CRC Press Taylor & Francis Group, published in, 2018; 1353
3. Maharshi Sushruta, Sushruta Samhita of acharya Sushruta, edited by, Kaviraj Ambikadutta Shastri, Sutra sthana ,Ch.17 , Ver.12 edition 2007, Varanasi Chaukhambha Sanskrit Sansthan, 2007.
4. Maharshi Sushruta, Sushruta Samhita of acharya Sushruta, edited by, Kaviraj Ambikadutta Shastri Chikitsa sthan ,Ch.35, Ver 32, edition 2007, Varanasi Chaukhambha Sanskrit Sansthan, 2007; 155.
5. Maharshi Sushruta, Sushruta Samhita of acharya Sushruta, edited by, Kaviraj Ambikadutta Shastri Chikitsa sthan ,Ch.34, Ver 3, edition 2007, Varanasi Chaukhambha Sanskrit Sansthan, 2007; 147.
6. Maharshi Sushruta, Sushruta Samhita of acharya Sushruta, edited by, Kaviraj Ambikadutta Shastri Chikitsa sthan ,Ch.34, Ver 16, edition 2007, Varanasi Chaukhambha Sanskrit Sansthan, 2007; 151.
7. Maharshi Sushruta, Sushruta Samhita of acharya Sushruta, edited by, Kaviraj Ambikadutta Shastri Chikitsa sthan ,Ch.34, Ver 8, edition 2007, Varanasi Chaukhambha Sanskrit Sansthan, 2007; 148.
8. Maharshi Sushruta, Sushruta Samhita of acharya Sushruta, edited by, Kaviraj Ambikadutta Shastri Chikitsa sthan ,Ch.35, Ver 32, edition 2007, Varanasi Chaukhambha Sanskrit Sansthan, 2007; 155.
9. Maharshi Sushruta, Sushruta Samhita of acharya Sushruta, edited by, Kaviraj Ambikadutta Shastri Chikitsa sthan ,Ch.36, Ver 3, edition 2007, Varanasi Chaukhambha Sanskrit Sansthan, 2007; 156.
10. Maharshi Sushruta, Sushruta Samhita of acharya Sushruta, edited by, Kaviraj Ambikadutta Shastri Chikitsa sthan ,Ch.36, Ver 6, edition 2007, Varanasi Chaukhambha Sanskrit Sansthan, 2007; 156.
11. Agnivesha, Charaka samhita of Acharya Charak, Dridhabala krit, edited by Pt. Kashi Nath Shastri and Dr. Gorakh Nath Chaturvedi, Siddhi Sthan. Ch.6 Ver.30 edition, Varanasi: Chaukhambha Bharati Academy, 2007; 1023.
12. Agnivesha, Charaka samhita of Acharya Charak, Dridhabala krit, edited by Pt. Kashi Nath Shastri and Dr. Gorakh Nath Chaturvedi, Siddhi Sthan. Ch.6 Ver.61-63 Edition, Varanasi: Chaukhambha Bharati Academy, 2007; 1028.

13. Agnivesha, Charaka samhita of Acharya Charak, Dridhabala krit, edited by Pt. Kashi Nath Shastri and Dr. Gorakh Nath Chaturvedi, Chikitsa Sthan. Ch.19 Ver.5 edition, Varanasi: Chaukhamba Bharati Academy, 2007; 558.
14. Vagbhata, Astangahrdayam, vidyotini hindi Commentary by Kaviraj Atrideva Gupta, edited By, Vaidya Yadunandana Upadhyaya, Nidanasthan Ch.8 Ver.7, edition; reprint 2016 Varanasi: Chaukhamba Prakashan, 2016; 337.
15. Bailey & Love's Short practice of Surgery, edited by Professor Sir Norman Williams Professor P. Ronan O'Connell, Professor Andrew W. McCaskie, Ch.74, edition -27, CRC Press Taylor & Francis Group, published in, 2018; 1352.
17. Dr. Rajgopal Shenoy K, Manipal Manual Of Surgery, Ch.31, second edition, CBS Publisher & distributor, 2005; 532
18. Agnivesha, Charaka samhita of Acharya Charak, Dridhabala krit, edited by

Pt. Kashi Nath Shastri and Dr. Gorakh Nath Chaturvedi, Siddhi Sthan. Ch.6 Ver.62-66 Edition, Varanasi Chaukhamba Bharati Academy, 2007; 1028.

19 Kashyap samhita-Vrudd hajeevakiya tantram va-Nepalrajguru Pandit Hemraj Published by Chaukhamba Sanskrit sansthan, 9th Edition-2004

---

**Corresponding Author:** Dr. Harshitha AV, PG Scholar, Department Of PG Studies In Shalya Tantra, Karnataka Ayurveda Medical College And Hospital, Manglore, Dk District, Karnataka, India  
Email: harshitasonu95@gmail.com

---

Source of support: Nil Conflict of interest:  
None Declared

Cite this Article as : [Harshitha AV Et al :  
Conceptual Study On Parikartika]  
www.ijaar.in : IJAAR VOL V ISSUE IX  
JUL-AUG 2022 Page No: 655-661