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A REVIEW ON PARIKARTIKA (FISSURE-IN-ANO): AN AYURVEDIC PERSPECTIVE

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ABSTRACT

Proctological diseases include a diverse group of pathological disorders that generate significant discomfort to the patient. Parikartika is a common painful condition among anorectal diseases which resembles with fissure-in-ano. In the present era due to changing life style such as sedentary work pattern, increased stress, improper dietary and sleep habit and various life style disorders are increasing continuously. Anal fissure (fissure-in-ano) is a very common anorectal condition. The exact aetiology of this condition is disputed, however there is a clear association with elevated internal anal sphincter pressure. Hard bowel movements are implicated in fissure aetiology. The exact cause of an anal fissure is not entirely clear, but it is thought to result from trauma to the anal canal. This includes trauma to the anoderm during the passage of hard or large bowel movements, local irritation from diarrhoea, anorectal surgery, and anoreceptive intercourse. Half of all patients with fissures heal with non operative management such as high fibre diet, sitz baths, and pharmacological agents (topical/oral). When non operative management fails, surgical and parasurgical treatment will be the choice. In which lateral internal sphincterotomy has a high success rate but some complications like incontinence. In this article, we will review the symptoms, pathophysiology, and management of anal fissures.In Ayurveda, the sequential administration of Basti and certain Shaman Yogas are quite beneficial. Ayurvedic medicines are practical, effectively accessible and safe for long term use.

KEYWORDS: Anuvasan Basti, Guda-vidar, Fissure-in-ano, Parikartika, Piccha Basti.

INTRODUCTION

Parikartika as the name recommends is a condition which is identified with 'Kartanvat Vedana' around the Guda (For example cutting type of pain at anal region). The most unmistakable indication of this condition incorporates extreme agonizing pain during and after defecation which goes on for quite a while and related with mild to moderate bleeding. Parikartika is a term which has been found in Bruhatrayi not as a separate disorder, however as a complication of other diseases like diarrhea, fever and complication of Basti and Virechan Chikitsa. Description of this condition is particularly co-related with fissure-in ano of modern science when it is constrained to anal region. Some authors have given it the term as 'Guda-vidar'. Acharya Sushruta has described it as an intricacy of different diseases or produced by the Vaidya while treating for different diseases. He has additionally depicted its treatment. It appears that he didn't consider this disease have any importance which required careful surgical intervention, since it should be cured by local medicaments only. Charakacharya and Vagbhattacharya have described about the treatment of Parikartika in details. Kashyap has described the full details of its various types and treatment. Sharangdhar Samhita has also described it as a complication of excessive emesis.

Aetiology

In Ayurveda, the vitiated Apan vaayu can be considered as a chief causative factor for the manifestation of parikartika. Mandagni due to vitiated vaatadi doshas is primary trigger for it. It has been proved that constipation is the primary and sole cause of initiation of fissure. Passage of hard stool, irregularity of diet, consumption of spicy and pungent food stuffs, faulty bowel habits and lack of local hygiene can contribute for initiation of this pathology. Anal fissure may be acute or chronic. Acute type is a deep tear through the skin of the anal margin extending in to the anal canal. There is also inflammatory induration and oedema of its edges accompanying spasm of anal sphincter muscles. Chronic anal fissures are those present for more than 6 weeks and often having a sentinel tag distally. Secondary causes of anal fissure must be remembered, these may be-

ulcerative colitis, crohn's disease, syphilis and tuberculosis.

Pathophysiology

Constipation/altered bowel habit leads to passing of more hard stool/frequent stool causes trauma to the mucous membrane and associated skin, causing acute tear at mucocutaneous junction of anal canal. Due to tear and passage of hard stool, there is severe pain during and after defecation with burning sensation. Patient avoid to defecate for several days due to fear of pain so it leads to passage of more hard stool and constipation. This aggravates the spasm of anal sphincter muscles because there is same somatic nerve supply of anal canal and sphincter muscles. Meanwhile strong spasm of these muscles increases the pressure in anal canal which leads to further tear of local site. Also during defecation edges of fissure pulled apart from each other leading more tear in it and delay the healing process. When etiologic factors are abolished by conservative treatment and healthy life style pattern so that there is no constipation, acute fissure heals at its own. If it fails to heal then it is converted into the chronic type. in the chronic type when tear of mucocutaneous junction repeats many time regularly and body consistently tends to repair of the tear, so healed portion converted into unhealthy fibrous tissue known as fissure bed in chronic fissures. The regenerating skin part is continuously expelled outside and it form skin tag or sentinel tag. There is low blood supply in that region due to continuous pressure on local blood vessels which may further lead to ischemia and necrosis.

Types - Acharya Kashyap has described the three types of Parikartika. This classification is based upon the character of pain which is prominent feature of the Parikartika.

1. Vatika Parikartika : Patient complaining shooting, cutting or pricking type of pain.
2. Paittika Parikartika : Patient complaining burning type of pain.
3. Shleishmik / Kaphaj Parikartika: Patient complaining dull-ache or itching.

Clinical Features As Per Ayurvedic - According to Sushruta the chief symptom is sharp cutting, sawing pain in the anus, penis, umbilical region and the neck of urinary bladder. The emission of the flatus is arrested and Vayu lies incarcerated in the abdomen and relish for food vanishes. Acharya Charaka mentioned pain like cutting present in Guda and pain is also in the groin region, flanks and in sacral region which is during the defecation. Sometimes prolapsed of rectum and faecolith are also found. Charakacharya also described that pricking pain in the sacrum, groins, below the naval region and patient passing scanty stools and constipation.

Clinical Features of Fissure- In- ANO

In acute type- sharp, agonising, cutting type of pain with burning sensation during and after defecation which may last for several hours. Bright red streak type bleeding along with stool in small amount. Periods of remission occur for days or weeks. Patients want to become constipated rather than to defecate.

In Chronic type- swelling with mucoid or muco -pus discharge due to infection, with pruritis ani and presence of a sentinel tag. In long standing cases muscle become contracted by infiltration of fibrous tissue. commonly infected by fecal matter and leads to formation of abscess and cutaneous fistula.

Examination

In acute fissure patient, generally interventional examination is avoided due to severe pain as sphincter muscles are in extreme spasm. Inspection and interrogation are two main tools to diagnose the disease without giving extreme pain to the patient. When gentle traction is given to the perineum, it always reveals a fissure wound or fissure bed anteriorly or posteriorly.

On palpation, tone and spasticity of sphincter muscles can be assessed along with cut or tear in case of acute fissure and a fissure bed with indurated margins with sentinel tag in case of chronic fissure. Mucous or mucopusdischarge from anal canal may be associated with subcutaneous/submucosal/intersphincteric abscess. Proctoscopic examination usually not done due to fear of more tear and non- cooperation of patient. Sigmoidoscopy is necessary in case of secondary fissure to rule out associated pathology/primary focus of the disease, under general anaesthesia.

MANAGEMENT

There are various conservative treatments available for the management of parikartika like stool softeners, hot sitz bath, topical applications, botulinum injection, sclerotherapy(sodium tetradecyl sulphate) etc. But all these have their limitations and chances of recurrence can not be ignored. Various surgical procedures such as Lord's anal dialatation, fissurectomy, fissurectomy with skin grafting, open and closed lateral sphincterotomy, laser therapy etc. All these surgical procedures have also some complications like incontinence of fecal matter and/ flatus.

Treatment - According to the uses of medicines it is further divided in two parts.

1] Local or Sthanik Treatment - According to Ayurveda Basti prepared in Ghrita and milk with the help of other drugs are useful. The drugs used are mostly Vata pitta shamak and having Vrana Ropak properties.

1) Anuvasana Basti
2) Pichha Basti
3) Sheetal Basti

- Pichha basti - Yashtimadhu + Sesamum dissolved in clarified butter and honey.
- Anuvasana basti - Ghrit + cream of clarified butter.
- Anuvasan basti - Madhuyashti, Khusa, Gambhari, Kutki, Kamala, Chandan, Shyama, Padmaka, Zeemutak,

Indrayava, Ateesh, Sugandh Bala, Tail, Ghrita, Milk and decoction of Nyagrodhadi Gana.

- Drugs having Madhur and Kashaya properties + Yastimadhu + Kwath
- Sheetal basti – Milk + Sweet and cooling drug (sugarcane) + Yastimadhu + Ral + mud of Kamal and Raswat.
- Sheetal basti - Yashtimadhu, Vruntta, Shriparni, Kovid, Kadamb + milk with honey and sugar.
- Basti - Madhuyashti, Ghrita, Oil of Sesamum, Kashaya Rasa and Sheeta Virya drugs.

2] General or Abhyantar Treatment

- Amla Rasa Pradhan Dravya because it has Vata shamak property and also these drugs is useful in increasing the digestive fire. Most of these Amla Rasa Dravya are containing ascorbic acid which is vitamin and helpful in healing and increase the body resistance also.
- Yusha containing leaves of Sida, fruits of Kokum, sour Jujube, Bela fruits etc.
- Vata - Brahiti, Bela and Anantmula etc.
- Pitta - Madhuyashti, Hanspadhi, Dhaniya etc.
- Kapha -Kantakari, Peepal, Gokshur and salt and in the Avalehya form.
- During Pregnancy – Milk + drugs having Madhur Rasa + Honey, Sugar, Til Taila and Yastimadhu.

Tail and Ghrita pichu

It forms protective layer over fissure wound, it soothes the anal canal so relieves pain and burning sensation (and also reduces the risk of bleeding) by releasing sphincter tone and it cleans the wound thus helps in healing of ulcer and less chance of development of unhealthy granulation/fibrous tissue.

Treatment for Chronic Fissure-In-Ano

In Ayurvedic text information available on Shushkarsha, Bahyarsha can be correlated with Sentinel Piles. Acharya Sushruta mentioned four modalities for the management of arshas.

1) Bheshaja (conservative line of management)
2) Kshara
3) Agni
4) Shastra.

Kshara Sutra: Therapy It is almost like transfix and ligation method as widely applied in case of haemorrhoides.

Ligation of Kshara sutra to sentinel pile masses, by this themselves they may fall within few days.

Kshara Lepa: Lepa of Pratisaraneeya kshara is very widely used and showing good results over the (Chronic fissure-in-ano) ulcer surface, by scraping action(lekhana karma) of Kshara, this reduces the excess fibrous tissue present over
the fissure bed, sphincter relaxation occurs simultaneously.

Agnikarma Para surgical procedure like Agnikarma has been widely advised by Sushruta and by doing Agnikarma treatment has provided marked relief and no recurrence. Excision of sentinel piles by Agnikarma i.e. by electro thermal cautery shows very good results. Advance Procedures Advanced laser therapy, fissurectomy followed by advancement flap technique.

Avagaha 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 some time. 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 daily once or twice as necessary. Caution should be taken during hot sitz bath that water should not be too hot or cold.

High fibre diet: The rate of intestinal movements of food particles depends on the nature of the diet and its fluid content. The greater the fibre 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 least pressure to pass.

DISCUSSION

On the basis of site, nature of pathology and features, parikartika can be correlated to Fissure-in-ano. The detail description about Nidana (etiology), Samprapti (pathogenesis), Lakshana(symptoms) and Chikitsa (treatment) is mentioned in Sushruta samhita, Kashyapa samhita, Astanga Hridaya etc. There is detail description about conservative and surgical treatment for Fissure-in ano in our ancient treatise. Parikartika occurs mainly due to vata and pitta doshas, but saam dosha also play a key role in mandaagni and mandaagni is basically responsible for koshtha and mala baddhata, so before prescribing medicine for samshodhana or to treat constipation, care of saama and niraama condition of koshtha and roughness of body is very important. In the treatment of parikartika, if the patient having aama then langhana, paachan, rukshana is indicated.

CONCLUSION

On the basis of above discussion it is clear that Improper dietary habits and stressful life is found to have influenced the high incidence of fissure-in-ano 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 very 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. In chronic and recurrent conditions conservative treatment is not so effective as in acute cases. In these cases surgical and parasurgical interventions are required. In parasirgical mostly kshara karma and agnikarma are widely and effectively used. In surgical procedures there is a variety of above mentioned procedures. Kshara is used in different forms like Kshara Lepa, Ksharasutra ligation in treating Parikartika (Chronic Fissure-in-ano). Agnikarma or electric cauterisation may be helpful to remove sentinel tag permanently.

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