

## Management of *Parikartika* w.s.r. to Acute Fissure-In-Ano with *Dhanwantaram Taila Pichu* - A Case Study

Ramya R<sup>1\*</sup>, Shilpa P N<sup>2</sup>

<sup>1</sup>PhD Scholar - GAMC Bangalore, Assistant professor - Dept. of Shalya Tantra, Indian Institute of Ayurvedic Medicine and Research, Bangalore, Karnataka, India.

<sup>2</sup>Professor and PhD Guide, Dept of Shalya Tantra, GAMC, Bangalore, Karnataka, India.

### ABSTRACT:

A fissure-in-ano, often referred to simply as an anal fissure, is a common medical condition that can cause discomfort and pain for those affected. In *Ayurveda Samhitas*, *Parikartika* resembles with fissure-in-ano having cutting and burning pain at *Guda* (Anus). Treatment for anal fissures typically focuses on relieving pain and promoting healing. Many treatment modalities have been mentioned and practiced in the management of *Parikartika* like *Deepana*, *Pachana*, *Vaatanulomana*, *Avagaaha*, *Basti Karma* and local application of *Madhura*, *Sheetha*, *Snigdha Dravyas*, *Taila Poorana*, *Lepa* and *Pichudharana*.<sup>[1]</sup> *Pichudharana* is a method that is simpler to adopt and operates on the principle of cellular absorption. This study reports the effect of *Dhanwantaram taila pichu* in the management of acute anal fissure. A 35 year old female patient visited the OPD with the complaints of *Gudapradeshi kartanvat vedana* (Excruciating pain), *Gudapradeshi alpashoth* (swelling at anal region), *Gudapradeshi daha* (burning sensation at anal region), *Malavashtambha* (Constipation), *Saraktamalapravrutti* (Stools streaked with blood) since last 5 days. In this single case study, *Dhanwantaram Taila Pichudharana* along with proper pathya showed good results in treating *Parikartika*.

**KEYWORDS:** Ayurveda, *Guda*, *Parikartika*, Fissure in Ano, *Dhanwantaram taila pichu*.

Received: 05.12.2023 Revised: 22.12.2023 Accepted: 24.12.2023 Published: 26.12.2023

### Quick Response code



### \*Corresponding Author:

**Dr. Ramya R**

PhD Scholar - GAMC Bangalore, Assistant professor -  
Dept. of Shalya Tantra, Indian Institute of Ayurvedic  
Medicine and Research, Bangalore, Karnataka, India.  
E-mail : [ramyarajashekar@yahoo.com](mailto:ramyarajashekar@yahoo.com)

### INTRODUCTION:

A fissure-in-ano, often referred to simply as an anal fissure, In a recent study from India, In a recent study from India, the prevalence of anal fissures among adult patients with anorectal problems was reported to be 17.8%, thus indicating that every sixth patient with any anorectal problem may have anal fissures as the underlying pathology.<sup>[2]</sup> Longitudinal tear in the lower

end of anal canal result in fissure in ano. It is the most painful condition affecting the anal region.<sup>[3]</sup> These fissures can occur for various reasons, with the primary causes being trauma, constipation, and certain medical conditions. Trauma can result from activities such as passing hard stools or straining during bowel movements. Chronic constipation often leads to the development of fissures because it causes repeated stress

on the anal tissues. Additionally, medical conditions like Crohn's disease and ulcerative colitis can increase the risk of fissures.<sup>[4]</sup>

In Acute Fissure-in-ano it presents with sharp agonising pain starting during defaecation, often overwhelming in intensity and lasting an hour or more.<sup>[5]</sup> Acute Anal fissure is a clinical diagnosis made essentially by Symptoms and Inspection alone because of intense pain patient doesn't co-operate for digital examination.

Treatment options for anal fissures can vary depending on the severity of the condition. Acute Mild fissures often respond well to conservative measures like Adequate fluid intake (6-8 glasses of liquids), Fibre rich diet (vegetables, fruits, brown rice) Bulk forming agents (psyllium husk, bran), Stool softeners (lactulose), Local anaesthetic agents (lignocaine 5%), Sitz bath, Avoiding constipation and Once recovered, regular anal dilatation.<sup>[6]</sup>

Surgery for fissure-in-ano involves Sphincterotomy and fissurectomy which is costly and necessitates a lengthy hospital stay. Surgery is typically considered when the fissure becomes chronic and does not respond to other treatments. All these procedures having its own complications.

The ailment fissure-in-ano, which is frequently seen in ano-rectal practice, shares the same location, and clinical characteristics as *Parikartika*, including anal pain, a burning sensation at the anal canal, constipation, and bloody stools, among other symptoms.

In *Samhita*, *Parikartika* is described in different contexts. In *Charaka Samhita* it describes as complication of *Virechana Vyapad* (complication of therapeutic purgation).<sup>[7]</sup> In *Susruta Samhita* it is described under *Basti vyapad* (complication of medicated enema).<sup>[8]</sup> *Kashyapa* mentioned

it as a *Garbhini Vyapad* (Disease occurs in Pregnancy).<sup>[9]</sup>

In *Nidana*, -*Ahara* - *Ruksha Aahaara*, *Katu Pradhaana Aahaara Sevana*. *Vihara* Prolong standing are mentioned as *nidans* of *Parikartika*.

The *Samprapti* can be considered as, the *Nidanas* (Aetiological factors) results in *Agnimandya* and thereby leads to *Vata Pradhana Pitta Dosha Dushti*. Then localisation of *Dushita Doshas* occurs particularly in *Guda Pradesha*, producing *Twak Mamsa Dushti* and results in *Rukshata* of *Twacha* which later attains tendency to crack. Thus, cracked skin in the perianal region is *Parikartika*.

Many treatment modalities have been mentioned and practiced in management of *Parikartika* such as *Deepana*, *Pachana*, *Vaatanulomana*, *Avagaaha*, *Basti Karma* and local application of *Madhura*, *Sheetha*, *Snigdha Dravyas*, *Taila Poorana*, *Lepa* and *Pichudharana*.<sup>[1]</sup> The part where *Pichu* is applied remains for longer time, thus facilitating better absorption of the drug, also moistens and softens the part. Also *Pichudharana* works based on cellular absorption and is easier method for adoption.<sup>[10]</sup>

#### **CASE REPORT:**

A 35 years old female patient visited the OPD with the complaints of *Gudapradeshi kartanvat vedana* (Excruciating pain), *Gudapradeshi alpashoth* (swelling at anal region), *Gudapradeshi daha* (burning sensation at anal region), *Malavashtambha* (Constipation), *Saraktamalapravrutti* (Stools streaked with blood) since last 5 days. In past history, the patient had suffered for the fissure problem after the delivery about 2 years back. The problem resolved after taking medications. No H/o any major surgery.

In personal History,

- Appetite - Moderate
- Bowel – Constipated
- Micturition – Regular
- Sleep – Sound
- Food – Mixed diet, more spicy and non-veg consumption

## Clinical Findings

### 1. General Examination

#### Vital Data

- Respiratory rate -18 Cycles/min
- Blood Pressure - 110/80 mm of Hg
- Weight - 54 kg

**Menstrual history** - Regular 4-5 days cycle/month, 30 days regular monthly cycle. One Male child - two and half years old, operated for L.S.C.S.

**Per Abdomen (Udara parikshana)** - *Prakruta* (no abnormality found)

### 2. Sthanik parikshana (local examination)

**Inspection:** Active bleeding was seen at the anal verge. On retracting the buttocks laterally using fingers on each side revealed a longitudinal tear extending from the anal verge was seen at 5 o' clock position 1cm inside the anus. (figure-1)

**Palpation:** Tenderness present over the fissure area. Digital rectal examination was not done as patient

had severe pain due to sphincteric spasm

Hence the Diagnosis was made as *Parikartika* (Acute Fissure in Ano)

## THERAPEUTIC INTERVENTION:

- **Treatment was planned as:**

***Sthanika Chikitsa and Pathya.***

*Sthanika Chikitsa* : *Dhanwantaram Taila Pichu* for 3 hours and duration of 7 days.

Internal - *Haritaki churna* - 5 gms at bed time with warm water.

***Pathya***

*Sukoshna Jala Paana* , Butter milk, green leafy vegetables and rich fibre diet.

## OBSERVATIONS AND RESULTS

Patient was examined on for ashta-vidha pariksha initially (table-1). Assessment of the case involved Burning Sensation at anal Verge, Pain (VAS), Bleeding PR, Sphincter tone and itching (table -2). Clinical examination of the patient revealed regression of symptoms with treatment day by day (table-3). On 4th day minimal burning sensation was there. On fifth day there was mild pain and scanty bleeding streaked to stools. Sphincter tone was normal on sixth day. Itching was absent on fourth day and on last day of treatment patient had no symptoms (figure- 2).

**Table-1: Ashta-vidha Pariksha**

STHANA	LAKSHANAS
<i>Nadi</i>	76 beats/min
<i>Mala</i>	<i>Baddham</i> . Once, every day with pain and itching at anus. Stools passage with blood streak sometimes
<i>Mutra</i>	<i>Samyak</i> (Normal)
<i>Jihwa</i>	<i>Nirama</i> ( Non - coated)
<i>Shabda</i>	<i>Prakruta</i>
<i>Drika</i>	<i>Prakruta</i> (No pallor/ Icterus)
<i>Akriti</i>	<i>Madhyama</i> (Medium)
<i>Sparsha</i>	<i>Prakruta</i>

Table- 2: Assessment Criteria:

Assessment Criteria <sup>11</sup>	Grades			
	0	1	2	3
Burning Sensation at anal Verge	Absent	Mild	Moderate	Severe
Pain (VAS)	Absent	1 - 3 Mild	4 - 6 Moderate	7 - 10 Severe
Bleeding PR	Absent	Present	-	-
Sphincter tone	Normal Sphincter tone	present +	present ++	present +++
Itching	Absent	Mild - occasional only once or twice a day	Moderate - Intermittent itching for more than 5 times a day	Severe - continuous disturbs sleep and daily activities needs counter medications

Table-3: Observations after *Dhanvantaram Tailam Pichu* Application:

Day	Observations				
	Burning Sensation	Pain	Bleeding PR	Sphincter Tone	Itching
1st day	3	9- severe	1	3	3
2nd day	3	7- severe	1	3	3
3rd day	2	5- Moderate	0	2	2
4th day	1	3 - Mild	0	2	1
5th day	0	1	0	1	0
6th day	0	0	0	0	0
7th day	0	0	0	0	0



Figure-1: Before Treatment acute fissure



Figure-2: After Treatment healed fissure

### DISCUSSION:

Patient got relieved from the symptoms of Fissure - in - Ano with Dhanwantaram taila pichu. The main ingredient Bala moola (*Sida cordifolia*) is pittavata hara, balya, grahi and has prajastapana properties. Dasamoolas are *Vata Slesmahara, Agnimantha, Syonaka, Gambhari, Gokshuru, Kantakari, Sariva, Mashaparni, Saindava lavana, Manjista, Kusta, Satapuspa, Tagara* all these have

*deepana, pachana* and have *tikta, kashaya rasas*. Tikta rasa is best in amapachana and kashaya rasa is *pakva pitta soshanam*, so it acts as best pittahara medicine. Given dosage form is a taila preparation, taila used is Tila taila which is tridosha hara and is grahi and balya. Taila with its sneha and sukshma gunas is easily absorbable through the mucus membrane, glands and vessels. By these mentioned properties of drug in the

Danwantari taila used in pichu form, gives nutrition and may potentiate healing the fissure in ano and its symptoms. Dhanwantari taila Pichudhaarana works more effective and easily absorbable hence it is effective in Fissure in Ano.

**CONCLUSION:**

In this single case study, Dhanwantaram Taila Pichu along with proper Pathya has Showed good results. Relief from Acute Fissure-in- Ano was seen. Also on examination Fissure was also healed completely. Pichudharana works on the basis of cellular absorption and is easier method for adoption.

**Limitation of study:**

The Dhanwantari taila Pichu can be tried in other cases like chronic fissure-in-ano and post operative cases in more number of cases.

**Patient consent:**

The written informed consent has been obtained from the patient for treatment and publication of data.

**Acknowledgement:**

I am extremely grateful to Dr Shilpa P N, Professor and Phd Guide , Dept of Shalya Tantra, GAMC, Bangalore, Karnataka, for her support in putting together in this article; to Dr Shobha L for her excellent assistance in checking Images, footnotes and references; and Principal Dr Anupama Mutthige and all staffs at IIAMR- Bangalore for their continued support.

**REFERENCES:**

1. Shastri K, Chaturvedi G. Charak samhita, vol.2, siddhi sthana chapter 7, shloka 54, published by Chaukhambha Bharti

Academy Varanasi edited in 2012, P- 1041.

2. Chaudhary R, Dausage CS. Prevalence of Anal Fissure in Patients with Anorectal Disorders: A Singlecentre Experience. JCDR 2019; 13(2): PC05-PC07.
3. K. Rajgopal Shenoy and Anitha Shenoy (Nileshwar), Manipal Manual of surgery- 4th Edition, Pg 802.
4. Sriram Bhat M, SRB's Clinical Methods in Surgery- 3rd Edition, 2019, P- 542.
5. Bailey & Love's short practiceof surgery, 18th edition, ELBS Edition Reprinted- 1983, P- 1087.
6. Sriram Bhat M, Forword Prakash Rao, SRB's Manual of Surgery- 3rd Edition, 2009, P- 912.
7. PV Sharma Charaka Samhitha, Vol 2, Siddhi Sthana, Chapter 7, Shloka 54, Chaukhambha Orientalia, Varanasi, 2005, P-.634.
8. PV Sharma, Susrutha Samhitha Vol 2, Chikitsa Sthana, Chapter 36, Shloka 36, Chaukhambha Visvabharati, Varanasi, 2005, P-.613.
9. Sharma Hemraj. Kashyapa Samhita, 4th edition, Garbhini chikitsastana, Chaukhmba publication, 1995 p. 65.
10. Renuka T, Rao S. Management of Parikartika w.s.r. to Acute Fissure-In-Ano with Guduchi Taila Pichu - A Case Study, Journal of Ayurveda and integrated Medical Sciences 2022;7(1): 339-342.

**Conflict of interest:** The author declares that there is no conflict of interest.

**Guarantor:** The corresponding author is the guarantor of this article and its contents.

**Source of Support:** None

**How to cite this article:**

Ramya R, Shilpa PN. Management of *Parikartika* w.s.r. to Acute Fissure-In-Ano with *Dhanwantaram Taila Pichu* - A Case Study Int. J. AYUSH CaRe. 2023;7(4):506-510.