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Clinical Efficacy of *Panchvalkala* Ointment in the Management of Postoperative Wound w.s.r. to Fissure-in-ano *(Parikartika):* A Case Report

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ABSTRACT:

The term *"Parikartika"* can be etymologically split into *Pari* (around/about) and *Kartan* (cutting), indicating a sensation akin to cutting pain. According to Modern medicine Anal Fissure is characterized as a longitudinal ulcer within the anal canal. In present study patient was came to shalya OPD of Ayurveda hospital Jodhpur with the complaints of severe pain and burning sensation and inspection revealed a sentinel skin tag at the posterior midline (6 o'clock position) since 6 month. So patient was diagnosed with chronic Fissure in Ano. *Panchavalkala* ointment was applied after dilatation and excision of sentinel tag locally twice daily till complete healing i.e, 16 days. Outcome parameters included reduction in pain (VAS), bleeding, and wound size was significantly reduce over a 16-days treatment period. *Panchvalkala* ointment is a safe, effective, and economical Ayurvedic formulation for the local management of Fissure in Ano wound after surgery. It offers dual *Shodhana* and *Ropana* actions with proven antimicrobial and anti-inflammatory pharmacological properties.

KEYWORDS: Ayurveda, Acute wound, Fissure-in-ano, *Panchvalkala, Parikartika, Vrana-ropana.*

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INTRODUCTION:

The earliest reference to *Parikartika* (sharp cutting pain in anus)(Fissure in Ano) is found in the Sushruta Samhita (1500 B.C.). The term *"Parikartika"* can be etymologically split into *Pari* (around/about) and *Kartana* (cutting), indicating a sensation akin to cutting pain. [1] According to Modern medicine Anal Fissure is characterized as a longitudinal ulcer within the anal canal(1) According to Acharya Dalhan, it is a cutting and tearing pain anywhere in the body.(2)*Parikartika* is one of the most prevalent and debilitating anorectal conditions characterized by a longitudinal tear in the anal canal mucosa, resulting in severe pain, bleeding, and sphincter spasm. *Charaka* and *Vagbhata* have discussed the condition of *Varchasavruta Apanavata*, where obstruction by hardened stool (*shushka shakrit*) leads to painful defecation and symptoms analogous to *Parikartika*.(3,4)

Anorectal disorders constitute a significant burden of disease in clinical practice, with Fissure in Ano (Anal Fissure) being among the most commonly encountered painful conditions. It is defined as 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(5). The condition presents with characteristic triad of severe anal pain during and after defecation, bright red rectal bleeding, and palpable hypertonia of the internal anal sphincter.

In the classical Ayurvedic texts, this condition is described as *Parikartika* - a *guda gata Vikara* (anorectal disease). The term '*Parikartika*' is derived from the Sanskrit root '*Kartana*' meaning cutting or tearing sensation, which precisely describes the clinical presentation of the disease. It is elaborately mentioned in Charaka Samhita, Sushruta Samhita, and Ashtanga Hridayam as a complication of *Panchakarma* procedures, as well as an independent anorectal pathology arising from *Vata-Pitta dushti*.

The incidence of Fissure in Ano has been rising steadily, attributed to the modern sedentary lifestyle, altered dietary habits, psychological stress, and inadequate fiber intake leading to chronic constipation and repeated straining. Conventionally, treatment ranges from conservative measures (dietary modification, topical calcium channel blockers, topical nitroglycerin, lignocaine ointments) to surgical interventions such as lateral internal sphincterotomy and fissurectomy. While effective, these treatments carry risks including incontinence, recurrence, and adverse drug effects, necessitating the exploration of safer alternatives.

Ayurveda offers a rich repository of wound-management formulations rooted in centuries of clinical practice. Among these, *Panchavalkal* (barks of five trees) has *Varnya* (enhancing skin texture), *Vrana Shodhan* (cleaning), *Varna Ropan* (healing), and *Vrana Shothahara* (anti-inflammatory) Additionally, *Panchavalkal's* properties. phytochemical components, such as tannins, flavonoids, phytosterols, and glycosides, have antimicrobial, anti-inflammatory, analgesic, and wound-healing properties. [7-9] This article aims to comprehensively review and evaluate

the therapeutic role of *Panchvalkala* Ointment in the management of Fissure in Ano, correlating Ayurvedic principles with contemporary pharmacological evidence.

CASE REPORT:

The patient, a 31-year-old male, presented to the OPD with complaints of severe pain and burning sensation in the anal region for the past 2 months. The pain was described as sharp and cutting in nature, aggravated during defecation and persisting for 1-2 hours after passage of stool. He complained of bright red blood coating the stool. The patient had developed a fear of defecation due to intense pain, leading to voluntary withholding of stools, which further worsened constipation.

He reported a history of irregular dietary habits with inadequate water and fibre intake, prolonged sitting due to a sedentary job. The condition had been gradually worsening over the last 1 month without any prior medical or surgical treatment.

Past History and Personal History

There was no history of diabetes, hypertension, tuberculosis, prior surgery, or known drug or food allergy. Family history was non-contributory. On personal history, appetite was irregular and reduced; bowel habits were constipated with hard stools passed once daily; micturition was normal; sleep was disturbed owing to discomfort; diet was mixed; water intake was inadequate (approximately one litre per day); the patient used tobacco; and he led a sedentary lifestyle with no exercise.

***Ashtavidha* Pariksha**

Nadi (pulse) revealed Vata-Pitta dominance at 72/min with regular rhythm. *Mala* (stool) showed *Vibandha* (constipation) and *Sasrakta* (blood-stained stool). *Mutra* (urine) was normal in colour and frequency. *Jihva* (tongue) was slightly coated and dry. *Shabda* (voice) was normal. *Sparsha* (touch) revealed tenderness of the anal margin on palpation. *Druk* (eyes) were normal. *Akriti* (build) was moderate (*Madhyama Bala*).

Local Examinations:

Examination of the perianal region was performed with the patient in the left lateral (Sims') position under adequate lighting. Inspection revealed a sentinel skin tag at the posterior midline (6 o'clock position)(Figure-1). The fissure was located at the posterior midline, of chronic type with indurated edges and sentinel pile, measuring approximately 1.5 cm in length, superficial to the mucosal layer. Digital rectal examination and proctoscopy were deferred owing to acute pain, with proctoscopy planned after initial treatment response.

Laboratory Investigations

The laboratory investigations of the patient, including haemoglobin, total leukocyte count, platelet count, random blood sugar, bleeding time, clotting time, and urine routine examination, were within normal limits (Table 1).

Diagnosis:

Modern Diagnosis: Chronic posterior midline fissure in ano with sentinel skin tag. (Image 1)

Ayurvedic Diagnosis (*Samprapti*): *Nidana Sevana* (irregular diet, inadequate fluid and fibre intake,

constipation, sedentary lifestyle) leads to *Vata-Pitta Prakopa*. Aggravated *Vata* causes *Rukshata* (dryness) and *Shosha* (desiccation) of local tissues, while aggravated *Pitta* produces *Daha* (burning) and *Raktasrava* (bleeding). The resulting *Ruksha-Tikshna-Ushna* Gunas of vitiated *Vata-Pitta* cause *Parikartana* (cutting pain) in the *Gudamarga* (anal canal), manifesting as *Parikartika*. Diagnosis: *Vata-Pitta Pradhana Parikartika* with *Vibandha* and *Raktasrava.*

THERAPEUTIC INTERVENTION:

Drug — *Panchvalkala* Ointment

Panchvalkala Ointment was prepared from equal parts of the five sacred bark powders boiled in water to prepare a concentrated *Kashaya* (decoction), filtered, and processed with sesame oil (*Tila Taila*) and beeswax (*Madhuchishtha*) to produce a semi-solid ointment of appropriate consistency (Table-2). The ointment was sterilised and stored in an air-tight container.

Administration

Panchvalkala Ointment was applied topically to the anal region at a dose of approximately 2–3 g per application, twice daily- morning after bowel movement and at bedtime- by gentle application with a clean fingertip with mild *Abhyanga* (massage) over the perianal region. The treatment duration was 16 days with weekly follow-up on Days 7, 14, 16 days.

Adjuvant Treatment and Dietary Advice (*Pathya-Apathya*)

Adjuvant measures included adequate water intake (2–3 litres/day), a high-fibre diet (green vegetables, fruits, whole grains), sitz bath (*Avagaha Sweda*) in warm water for 10 minutes twice daily, *Triphala Churna* (5 g) with warm water at bedtime, *Isabgol* husk (10 g) with warm water at bedtime, and light walking for 30 minutes daily. Dietary restrictions advised were spicy, oily, and fried food (*Katu-Tikshna Ahara*), red meat, alcohol, carbonated beverages, prolonged sedentary posture, suppression of natural urges (*Vegadharana*), and sitting on hard surfaces for extended periods.

Assessment criteria

Patients were assessed at baseline (Day 0), and on Day 7, Day 14, Day 16 using the following VAS scale: (Table-3)

Table-1: Laboratory Investigations

Investigations	Observed Values	Normal Range
Haemoglobin (Hb)	13.8 g/dL	13-17 g/dL
Total Leucocyte Count	8,200 cells/mm^3	4,000-11,000
Platelet Count	2.2 lakh/mm^3	1.5-4.5 lakh
Random Blood Sugar	96 mg/dL	<200 mg/dL
Bleeding Time	2 min 30 sec	1-3 min
Clotting Time	5 min	3-8 min
Urine Routine	Normal	—

Table-2: Ingredients of *Panchavalkala* Drugs

Dravya (Drug)	**Botanical Name**	**Part Used**
Vata Valkala	*Ficus benghalensis Linn.*	Bark
Udumbara Valkala	*Ficus racemosa Linn.*	Bark
Ashwatha Valkala	*Ficus religiosa Linn.*	Bark
Parisha Valkala	*Thespesia populnea Soland.*	Bark
Plaksha Valkala	*Ficus lacor Buch.-Ham.*	Bark

Table-3: Subjective Parameters

Symptoms	**Grading Criteria**	**Gr.0**	**Gr.1**	**Gr.2**	**Gr.3**	**Gr.4**
Pain (*Parikartana*)	VAS 0-10 Scale	0	1-3	4-6	7-8	9-10
Bleeding	Subjective grading (0–3)	Nil	Streaks only	Drops each time	Continuous	-
Constipation	Subjective grading (0–3)	Daily, no straining	Mild straining	Moderate straining	Severe (<2/wk)	-
Wound Healing (measure by vernier caliper)	% reduction in fissure length	100%	75%	50%	25%	0%

Table-4: Relief in Pain (VAS Score)

Parameter	**Day 0**	**Day 7**	**Day 14**	**Day 16**	**% Relief**
Pain (VAS)	8	4	2	1	87.5%
Burning Sensation	3	2	0	0	100%
Bleeding	3	1	1	0	100%
Constipation	3	2	1	1	66.7%
Wound Healing (fissure length cm) (measure by vernier caliper)	1.5	0.8	0.3	0.0	100%

Table -5: Summary of Clinical Progress

Visit	Clinical Findings	Patient Feedback
Day 0 (Baseline)	Chronic posterior fissure 1.5 cm with sentinel pile; VAS 8; active bleeding; burning severe	Distressing pain
Day 7	Mild reduction in oedema and erythema; VAS 6; bleeding reduced; burning mild-moderate	Slight relief
Day 14	Granulation tissue formation evident; fissure 0.5 cm; VAS 4; bleeding stopped; burning mild	Moderate relief
Day 16	Complete healing; fissure absent; no sentinel pile residue; VAS 1; no bleeding or burning	Complete

DISCUSSION:

Ayurvedic Pharmacological Analysis of *Panchvalkala*

Panchvalkala is a well-established polyherbal formulation from the *Panchavalkal Gana* described in Ashtanga Hridayam (Sutrasthana 15/6-7). Its qualities of *Kashaya Rasa* (Astringent taste) and *Sheeta Veerya* (Cool Potency), have the property to reduce Inflammation, Exudates (fluid discharge) as well lower temperature at local site. This cooling effect works not only as anaesthesia but also leads to reduced discharge and promoting wound closure(6). These properties collectively confer *Sangrahana* and *Stambhana* (astringent and haemostatic) actions*, Krimighna* (antimicrobial) activity to prevent secondary wound infection, *Ropana* (wound healing and granulation promotion*), Shothahara* (anti-inflammatory) effect to reduce perianal oedema, and *Sheeta Virya*-mediated cooling to reduce the *Daha* (burning sensation). Together, these properties address the root *Vata-Pitta* pathology of *Parikartika* while simultaneously promoting local tissue repair.

Modern Pharmacological Basis

The five constituent drugs of *Panchvalkala* have been extensively studied for phytochemical composition. Ficus species are rich in flavonoids, tannins, triterpenoids, and phenolic acids which confer significant wound-healing, anti-inflammatory, and antimicrobial properties. Tannins from Ficus bark precipitate proteins, reducing permeability of mucous membranes and exhibiting haemostatic and astringent activity clinically useful in bleeding fissures. *Thespesia populnea* (*Parisha*) contains lupeol, betulinic acid, and gossypetin, which have demonstrated significant anti-inflammatory and analgesic activity in experimental models. The combination of these phytoconstituents creates a synergistic wound-healing environment by promoting fibroblast proliferation, collagen synthesis, angiogenesis, and epithelialisation — all critical phases of wound repair. The ointment base of sesame oil and beeswax additionally

provides a protective, emollient, and moisture-retentive layer over the fissure, preventing further trauma and desiccation from hard stools.

Mechanism of Wound Healing in *Parikartika*

The wound healing process in fissure in ano follows the classical phases: haemostasis, inflammation, proliferation, and remodelling. *Panchvalkala* ointment appears to act across multiple phases: the astringent tannins facilitate haemostasis; the anti-inflammatory phytoconstituents modulate the inflammatory phase; and the proliferative-phase activities (fibroblast activation, angiogenesis, re-epithelialisation) are supported by the *Ropana Karma* of the formulation. The observed progressive reduction in fissure length from 1.5 cm to complete healing over 16 days is consistent with this multi-phase mechanism. These findings are supported by published studies demonstrating the efficacy of *Panchvalkala* cream against microbial load in *Dushta Vrana* and its comparable outcomes to standard antiseptic preparations such as povidone-iodine ointment in post-operative anorectal wounds.

CONCLUSION:

This case report demonstrates the significant therapeutic efficacy of *Panchvalkala* ointment in the management of chronic fissure in ano. The formulation produced clinically meaningful improvement across all assessed parameters-pain, burning sensation, bleeding, constipation, and wound healing-with complete healing of the fissure by day 16. No adverse effects were reported during the treatment period.

Panchvalkala ointment offers a safe, effective, and cost-accessible Ayurvedic alternative to invasive interventions for fissure in ano.

Limitation of study:

However, further clinical trials with larger sample sizes and controlled study designs are warranted to establish standardised protocols and confirm generalisability.

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Declaration of Patient consent:

Written informed consent was obtained from the patient for publication of this case report.

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