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Ayurvedic Review of Parikartika As A Disease**Dr. Ankita Ashokrao Sulkekar**PG Scholar, Dept. of ShalyaTantra,
Dr.D.Y.Patil collage of ayurved and research center,
pimpri, pune.**Dr. Sanjay C. Babar**Guide and Reader, Dept. of Shalya Tantra,
Dr.D.Y.Patil collage of ayurved and research center,
pimpri, pune.**Abstract –**

Fissure-in-ano is very painful anorectal disease. The parallel word of fissure-in-ano as per ayurveda terminology is Parikartika mentioned in ayurvedic text. The Parikartika, also not has any separate disease entity. It is mention as sign and symptom of other disease atisar, aarsh, grahani, udavart, etc or complication of ayurvedic procedure like basti karma vyapada, virechan vyapada. It may also originate due to the some instrumentation, like enema nozzle etc. In here one attempt is made to introduce as a disease itself. In here the main objectives are to introduce Parikartika as a disease by detailing of nidan panchak, specially the rupa, samprapti, etc. as well as establish missing link between them.

Keywords : Parikartika, Fissure-in-ano, Nidan panchak.**Introduction-**

Ayurveda the science of life, is a comprehensive system of health, based on experiential knowledge and grown with perpetual additions. Our life style is change, so as nature, which has great reflection in our health. In the era of fast food, there is change or irregularity in diet and diet timings and also sedentary life style. In addition to change in diet and life style, one is always under tremendous mental stress. All these causes disturb in digestive system which results into many diseases amongst them ano-rectal disorder constitute an important group. Fissure in ano is very common & painful condition, which occur most commonly in the individuals of either sex with abnormal diet and life style many patients avoid treatment because of social embarrassment, thus making the things still complicated. The food habit is directly influencing factor and constipation is usually an associated feature. The parallel word of fissure-in-ano as per ayurveda terminology is Parikartika. It is mention as sign and symptom of other diseases or complication of ayurvedic procedure or due to the some instrument like basti netra(enema nozzle)etc.

Material And Methods-

After a strategic searching about the ayurvedic literature as well as contemporary science together the knowledge about the parikartika and its manifestation. The search includes ancient text to the recent text. The search include nidan panchak of Parikartika with the present form of the disease.

Defination-

Parikartika derived from root “parikrt” which denotes, to cut around. (pari-all around; kartanam- the act of cutting). It is symptom rather than disease. There are many different opinion. Dalhan mention it is a cutting and tearing pain every were, where jejjat and vijayaraksita, mention its

cutting type of pain specially localize in guda. So basically Parikartika a sharp cutting pain, specially in the rectum. Where as an fissure-in-ano is an elongated ulcer in the long axis of the anal canal.

NIDANA-

Etiology can be subclassified in two groups general and specific. The general concept is vitiation of doshas are due to vitatedietary factors and vitiated daily routines. The specific etiology in relation to disease may be related to the disease or physician.

Table 1- The specific etiology related to the disease and physician

Related to the Disease	Related to Physician
Udavarta,(purisajaudavarta,or purisavrtavata)- the initiating factor in the development of a fissure is trauma to the anal canal, usually in the form of the passage of a fecal bolus that is large and hard.	Virechan vyapada- A person having mradukoshta and with aalpa bala if ingests tikshan, ushan and ruksha drugs for virechana then this disease form.
Arsha(prodormal feature, and symptoms of vataj and kaphaj arsha) abnormality of the internal sphincter predisposes the patient to the formation of both hemorrhoid and fissure.	Basti vyapada(Niruha)- if ruksha basti containing tikshan and lavan drugs is administered in heavy dose, it may produce Parikartika.
Jirna jwara- generalized dehydration of the body, so the bowel are not clear, causing the disease.	Excessive use of yapana basti- it may lead to Parikartika along with other diseases.
Atisara(vatika atisara)- after an attack of diarrhea the sphincter loose their capacity to dilate and go into severe spasm.	Basti Netra vyapada- due to inappropriate administration of basti netra and defect in basti netra itself may cause the parikartika
Vataj Grahani- Ulcerative colitis, chron's disease the fissure-in-ano is very common.	

Table 2- The symptoms, due to association of the vitiation Vayu and the Dhatus.

Dusya	Symptoms	Associate modern terminology
Twak	Toad, Twakbhed, Paripatan	Tearing and splitting of skin with cutting pain
Rakta	Vrana	Ulcer
Mamsa	Granthisula	Swelling(skin tag) with pain.

RUPA-

Samanya Rupa-

The terminology parikartika itself representing the symptom, which is the intensity of pain. It is sharp cutting or sawing type of pain. It's severe pain with bloody mucosa discharge associated discomfort in peri anal region as per charak. The pain persists before and after defecation mention by sushruta.

There is vitiation of vayu mainly the purisavtavata. The involvement of Dusya as disease concern will be twak, rakta and mamsa. When vitiated vayu affecting the following dhatu, symptoms are become more relevant as per disease concern.

So infactvrana is an essential symptom of parikartika. It is having elongated or triangular in shape a discharge may be present. The ulcer appear more dry feature of vatapittaj vrana and also dushta vrana.

Vishita Rupa-

Acharya Kashyap and other authors have not described the clinical feature of this disease. Though he classified the disease according to the dosha. The cardinal symptoms of disease is pain. The pain of vrana can be classified according doshic predominance in relation to disease concern.

Table 3- The type of pain in vrana and related symptom according to the involvement of Dosha.

Dosha	Type of pain in Vrana	Related Symptom
vataja	Vidaran(cutting pain)	Parikartan(cutting pain)
pitaja	Daha(burning pain)	Daha(burning sensation) Asra-srava(bleeding per rectum)
kaphaja	Kandu(pruritis)	Piccha-srava(mucous discharge)






SAMPRAPTI-

A). In the concern disease, the predominant vitiated dosha is vata. Dushya are twak, rakta and mamsa, specially in gudapradesh, which affect gradually according to the progress of disease. The vyana vayu when obstructed the pathway of Apanavayu leads to formation of parikartika associate with Udavarta. Due to the etiological factor there is dushti of purishvahastrotas. When purisa is obstructed the natural way of apana vata also cause vitiation of vayu. As a result of the pathogenesis, when vata localize in twak, it becomes ruksha and shows tendency to crack. As the disease progress the vitiated vayu localized in rakta and formation of ulcer. Thereafter when it localize in mamsa forming knotty swelling or tag and pain. Through there is predominance of vayu but it is associate with pitta(according to acharya Sushruta) and kapha(according to acharya Kashyap).

B). Impairment of agni also place a vital role in the formation of disease. The persons has impaired agni, is prone to having Parikartika as a result of Vaman-Virechana and Basti vyapada or associated with other disease.

C). The third type of samprapti is due to Agantuja nidana where there is wound formation in first stage and then the doshas get sited in the vrana, producing further symptoms. When the wound is produced simultaneously there is vitiation of dosha which in term leads to Parikartika.

Pathogenesis of a disease can be summarized as below	
Nidan ↓	Sanchya
Vitiation of doshas ↓	Prakopa
Agni mandya ↓	Prasara

Malasanchya 	Sthana
Vitiation of Apan Vayu Pakwasyaavrtavayu Vyanavrtapan 	
Dosha migrate through Srotasa 	Sanshrya
DoshaDushya Sammorchanian Samavarani Gudavali	Vyakti
Dosha	Dushya
	Twak
Vayu(Pitta,Kapha)	Rakta
	Mamsaz
	
Parikartika	Vyakti
	
Jirna avastha / Vata,Pitta,Kapha	Bheda

Sadhyasadyata-

Generally vrana in payu is easily curable. If vrana is left untreated, as a consequence it may lead to yapyatwa stage and finally leading to Asadhyatwa stage. Parikartika which affects the superficial layer of the twak(anal skin) are easily curable in short time. Therefore it can be included in the sukhasadhya group. If it affect the deeper layers, it dealy wound healing. If it is associated with madhumeha, kushta, vishadushti and shosha, the healing of vrana will be delayed. If Parikartika associate with Sannirudha Guda, it is considered as Yanya.

In Ashtan Sangraha some Arishta Lakshana mention in relation to Parikartika

- a). when Parikartika form due to Amasaya cause and associated with severe thirst and sakrtabheda.
- b). when parikartika form due to Pakwasaya cause and associated with severe thirst and Gudagraha.

Treatemt Of Parikartika-

In general the aim of treatment is is Samprapti vighatan or reduce the strength of Vyadhighatka-

- 1). Treatment of Vibandha has lot of importance. Due to purisha vegaavarodha there is vitiation of Vayu(apanavayu) leads to vibandha as well as Parikartika. So the cycle should be broken.
- 2). The Manda Agni is most important factor of Parikartika as well as in arsha, atisar grahani. So increasing and maintain the agni in equilibrium state is necessary.

In the treatment of Parikartika Acharya Charak gave special importance to Ama.

- 1). Samadosha- a) Langhan; b). Pachan; c). Rooksha,ushna,laghu bhojan.
- 2). Amajirna- anubandheshu(niram state by vradha vagbhata)- use of kshar, amla, madhu Acharya Charak also mention to take brimahana and madhua drava in emaciated patient.
- 3). In vata predominant condition the following medicine should taken by patient - sarpi prepare with darimb rasa added with pushpa-kasis or kshara or lavana.

- food and drink containing sour curd mixed with the skin of darimba(pomegranate)
 - paste of deva-daru and tila along with warm water.
 - milk boiled by adding ashvatta, udumbara, plaksha, and kadmba.
- 4). In the jwara- Chikitsa Acharya Charak has also mentioned that in jawara person, there are chances of having Parikartika. He should consume peya of red rice made from decoction of Brakshamala, bera, pithivana, kantkari with poder of unripe fruit of bela's cortex.
- 5). In relation with garbhinichikitsa Acharya Kashyap, classified the disease in three category and give specific treatment according to the doshic involve-

	Ingredient
Lehana Yoga	Cold milk medicated with madhur group drugs
	Sarkara, madhutailla
	yashtimadhuphanita
Yusha for Vataj Parikartika	Brihati, Bilva, Anantmula.
Yusha for Pittaj Parikartika	Madhuyasti, Hanspatti, Dhaniya, Madhu, etc
Yusha for Kaphaj Parikartika	Kateri, Gokshura, Pippali and salt

- 6). Though among the various preparations pivvha basti and anuvasan basti has given special importance. Piccha basti is specially advice when there is picchasrava or asrasrava, specially for stambhan purpose. Anuvasanabasti has ability to treat the vitited apanavayu. Piccha basti should be given in cold state prepare by kshaya and madhur drvyas. Anuvasana basti should be given with Yashtimadhusiddha taila.

Showing different types of Compounds and drugs are used by different ancient authors in Parikartika.

- 1). Pichha basti. - (Sushruta)- Ber, Nagbala, Shelu, Semal, Soft leaves of Dhanvana, Cooked in Dugdha with Madhu Ghrita plus Yastimadhu, Black tila and Bloo
- 2). Pichha Basti.-(Charaka) - Stalk of semal, Kusha, Black soi milk, Tail, Ghrita and Madhuyashti Kalka..
- 3). Anuvasana basti- (sushruta)- Madhuyasti, Khusa, Gambhari, Kutaki, Kamala, Chandan, Shyama, Padmaka, Leemoot, Indrayava, Ateesh, Sugandh Bala, Tail, Ghrita, Milk and Decotion of Nyogradhadgana.
- 4). Anuvasana basti- (Kahyap)- Laghu Panchamoola, Madanphala, Yava, Kola, Kulatha, Water, Dadhmastu, Tail, Kustha, Saunf, VachMadhuyashti, Indrayava, Seeds of Harenu, Devadaru, Bilva, Lavanga (clove), Rasna, Nagarmotha, Chhoti Ilaichi and Priyangu.(kasyap khil.8/99)
- 5). Anuvasana basti- (Kashyapa) - Hingu, Daruharidra, Deodaru, Pathya, Putika, Kangi, Castor oil.
- 6). Basti- (Charaka) - Milk, Madhuyashti, Tila-Kalka and Milk diot.
- 7). Basti- (Charaka) - Rala Madhuyashti, Kamala, Rasavat and Milk.
- 8). Peya- (Charaka) - Bela, Brakshamala, Bera, Pithivana, Kantakari with powder of unriped fruit of Bela's cortex Peya of red rice made from decoction of Bela etc. and Bela.
- 9). Parikartika Nashak Basti – (Charaka)- Bark of Kanchanara, Leaves of Arhara, Bark of Kadamba and Kalka of Veta, Milk, Madhu, and Sugar.
- 10). Nashak Basti-(Charaka)- Stalks of Gambhari and Kanchnara, Milk, Madhu and Sugar.
- 11). Yush- for Vatik Parikartika (Kashyapa) Brahati, Bilva, Anantamula.
- 12). Yush -for Paittika Parikartika (Kashyapa) Brahati, Bilva, Anantamula.
- 13). Yush -for Kaphaja Parikatika (Kashyapa) Kateri, Gokshuru, Pippali and salt.
- 14). Lehanayoga (Kashyapa) Madhur Dravyas, Milk, Sugar, Madhu, Tila tail, Mad.

Discussion-

In accordance of with ayurveda, fissure-in-ano has no specific disease entity. Parikartika is the terminology use in samhita, somehow represent the fact. Though there is controversy on the ayurvedic nomenclature, it can be compared with parikartika. The definition of parikartika given by jejjata, vijayrakshita is much more applicable in here. The parikartika is a symptom where cutting type of pain is the major critical in the ano-rectal region, which is also common in fissure-in-ano, so the fissure-in-ano can be include under parikartika but all parikartika is not fissure-in-ano. For easy understanding the guda parikartika can be classified into two sub heading as specific and non specific. Specific variety is those where there is specific lesion(macro injury). The lesion can be anywhere in anorectal area which includes solitary rectal ulcer, anal fissure, laceration etc. Non specific are those where there is no visible specific lesion. There may be minute injury; it may be due to the irritant matter(viz. spicy food, irritant enema, etc) causing proctotites.

So as an ayurvedic physician it is our duty to understand the disease. The picture in our mind about the disease should be clear and it should follow the ayurvedic rule. As a disease, it should undergo six stages of kriyakala. The formation of visible anal fissure is occure in the 5th stage(vyaktaavasta). As a manifestation of disease it has to travel long way from nidana to vyaktaavasta. In the context of pakvashaya avartavata there are two main symptoms as dry hard stool and parikartika. In another context it was mention as a symptom of vyanaavrtaapana associate with adhamana and udavarta. This phenomenon may be responsible for sloe transit constipation. There was prakopita of doshas due to nidana sevana which ultimately causes sthansamsrya in samavarni gudavali. Though the disease was more due to the hard stool but it is our hypothesis that the field for the disease formation is prepared early, that is due to micro injury which is produce by the irritant food, which may be the cause of chronically elevated internal anal sphincter tone. This phase completed in sthansamsrya. Though it is easy to understand due to abhigat i.e. direct trauma by hard stool, causing the ksatajavrana or gudavidarana and later it become dustavrana.

As a result of the pathogenesis, when vata localize in twak, it becomes ruksha and microscopic ulcer occure which in other word known as proctotites. There was the formation of liner ulcer, when the vitiated vayu localized in rakta, as the disease progress. This is the acute fissure-in-ano. As the disease progress the vitiated vayu, when localize in mamsa forming knotty swelling. So as per contemporary science it is similar pathway of fissure-in-ano. Initially where the disease is still not occur we can thought it involve only rasa dhatu i.e. disease will manifest if a pathy sebanis going on which is nothing but acute fissure-in-ano. In acute fissure there is severe pain and bleeding and angry ulcer is also visible. As the disease progress the fissure-in-ano when become chronic as per body own compensatory mechanism there is formation of anal polyp above the ulcer and below there issentinal tag. The general principle of treatment is removing the cause and treat the disease. The agni should be maintain as well as the proper environment should be provided for proper healing. The conventional treatment is sufficient rarely needs surgical intervention. A guda parikartika is a disease itself, where it is undergo various stages and also there is involvement id doshas, when it is associated with other disease it also follow the same rule.

References-

1. Khan AU. Effect of topical glycerin trinitrate on the management of acute fissure-in-ano. Rawal medical Journal, 2006, 31.
2. Dalhana Nibandhsangraha commentary on Sushruta, sushruta samhita chikitisasthana -16 edited by vaidya jadavjitrikamjiacharya, 9th ed. Chaukhambha Sanskrit pratishtana. 2007, 524
3. Vijayarakshita Madhukosha commentary on, Madhavnidana Grahaniroganidan, editor by Brahmasan karsastri 23 ed. 1994, 65.

4. Baileys H, Love Mc N. Short practice of surgery, 24 ed. Hodder Arnold. 2004; 71:1219-1222.
5. Agnivesh, Charaksamhita Chikitsasthana-26, hindi commentary Charakchandrika, Brahmananda Tripathi Chukhambha surbharati prakashan, Varanasi 2002; 2:864, 261
6. Sushruta, Sushrutasamhita Uttartantra-55, commentary by Dalhananibandhasangraha, edited by Vaidya Yadavajitrikamjiaacharya, 9th ed. Chaukhambhasanskrit pratishthana. 2007, 777
7. Vgbhata, AshtangaHradya; Nidanasthana-16, hindi commentary- Nirmala by Dr. Brahmanansa Tripathi, Chaukhambhasanskritpratishthana. Delhi. 2003, 541.
8. Vradhajivaka Kashypa samhita chikitsasthana-2, edited by P.V. Tewari, Chaukhambha Vishwabharti Varanasi. 2008, 163.

