

A Critical Review on Parikartika (Fissure-in-Ano) and Its Complications in the Light of Ayurveda

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Abstract

Parikartika is a distressing anorectal disorder characterized by sharp cutting pain, bleeding, and constipation. It is commonly correlated with fissure-in-ano in modern medicine. Ayurveda mentions Parikartika as both an independent disease and a complication of Atisara (diarrhea), Grahani (IBS-like conditions), and improper Panchakarma practices such as faulty Basti administration. The Vata-Pitta dosha predominance, particularly Apana Vata, plays a central role in its pathogenesis. The chronicity and recurrence of this condition lead to complications like infection, abscess, and even Bhagandara (fistula-in-ano). This review article aims to synthesize Ayurvedic concepts with modern understanding and evidence-based approaches to the etiology, pathogenesis, clinical features, complications, and holistic management of Parikartika.

Keywords: Parikartika, fissure-in-ano, Ayurveda, Vata Vyadhi, Ksharasutra, Taila Basti, Anorectal disorders

1. Introduction

Parikartika is an extremely painful and common anorectal condition, especially in individuals suffering from chronic constipation, sedentary lifestyles, and faulty dietary habits. It manifests as cutting pain and bleeding during defecation, and if not treated, may develop into chronic or complicated forms.

Though modern medicine defines fissure-in-ano as a tear in the anoderm, Ayurveda describes Parikartika in greater clinical detail, often in the context of post-diarrheal or Vata-aggravated conditions. An interdisciplinary approach combining classical Ayurvedic principles with modern techniques can lead to better outcomes in both prevention and cure.

2. Etymology and Classical References

The term "Parikartika" is derived from the Sanskrit root "Kartana", meaning "to cut". The term reflects the cardinal symptom of the disease — cutting-type pain in the anal region.

References in Classical Texts:

- **Charaka Samhita:** Describes it as a complication of Atisara and Grahani.
- **Sushruta Samhita:** Includes it in the context of Gudaroga and describes treatments including local applications and surgical measures.
- **Ashtanga Hridaya:** Highlights Parikartika as a result of faulty Basti karma.

3. Nidana (Etiological Factors)

Ayurveda attributes the causation of Parikartika to several dietary, lifestyle, and procedural errors that vitiate primarily Vata dosha.

A. Aharaja Nidana (Dietary Factors):

- Consumption of **ruksha (dry)**, **katu (spicy)**, **tikshna (pungent)**, **ahara**
- Excessive intake of **diuretics or laxatives**
- Low water and fiber intake
- Improper or irregular eating patterns

B. Viharaja Nidana (Lifestyle Factors):

- Prolonged sitting
- Sedentary lifestyle
- Straining during defecation
- Irregular bowel habits

C. Manasika Nidana (Psychological Factors):

- Mental stress and anxiety aggravate Vata, resulting in poor bowel regulation.

D. Procedural Nidana:

- Improper administration of Basti
- Forceful Panchakarma therapies

4. Samprapti (Pathogenesis)

The primary dosha involved is **Vata**, particularly **Apana Vata**, which governs the function of expulsion. Aggravation leads to dryness and constriction in the rectal area, causing tearing of mucosa.

- **Ruksha and Sheeta Guna of Vata** → dryness in guda
- **Utklesha of Vata-Pitta** → tearing and inflammation

- **Mala Sthambhana** → hard stool passage → further trauma and pain

When chronic, **Kapha** dosha becomes involved, leading to shotha (swelling), srava (discharge), and induration.

5. Lakshana (Clinical Features)

The classical signs and symptoms of Parikartika are:

- **Teevra Kartanavat Vedana** (severe cutting pain during defecation)
- **Rakta Srava** (bleeding)
- **Gudapradesha Daha** (burning sensation)
- **Shoola** (pain radiating to sacral region)
- **Bhrama or Trushna** (in some aggravated systemic cases)

In chronic cases, a **sentinel tag** (external skin projection) and **fibrosis** may be present.

6. Types of Parikartika (Classification)

1. Swatantra Parikartika

- Occurs independently due to Vata-Pitta aggravation

2. Upadravaja Parikartika (Secondary forms)

- **Atisarajanya Parikartika** – due to diarrhea
- **Grahani-janya** – associated with IBS
- **Basti-janya** – post Basti karma complication

7. Complications of Parikartika

If untreated or improperly managed, Parikartika can progress to several complications:

Complication	Description
Chronicity	Non-healing fissure with fibrous tissue
Infection	Local infection and abscess formation
Bhagandara (Fistula)	Chronic inflammation tracking into perianal tissues
Anal stenosis	Fibrotic narrowing of the anal canal
Incontinence	Rare, may follow aggressive surgery
Bleeding and Anemia	Continuous bleeding leads to weakness

8. Differential Diagnosis

Disease	Key Differences
Arsha (Piles)	Mass, painless bleeding, prolapse
Bhagandara	Discharge, multiple openings
Guda Vrana	Ulcerative lesion without cutting pain
Gudabhramsha	Prolapse of anal mucosa, no fissuring

9. Chikitsa Siddhanta (Treatment Principles)

Treatment aims to pacify Vata, heal the fissure, soften the stool, and prevent infection.

1. Shamana Chikitsa (Conservative Management)

- **Taila Abhyanga and Lepa:**
 - Jatyadi taila, Nirgundi taila
 - Lepa with Yashtimadhu, Madhu, and Ghrita
- **Sitz Bath (Avagaha Sweda):**
 - Panchavalkala decoction
 - Triphala kwath
- **Internal Medications:**
 - **Eranda Sneha**, Triphala Churna for mild virechana
 - **Guggulu formulations:** Triphala Guggulu, Nimba Guggulu
 - **Triphala Ghrita:** healing and lubricating effect
 - **Haritaki:** stool regulation and Vata anulomana

2. Shodhana Chikitsa (Bio-purification)

- **Basti Therapy:**
 - **Anuvasana Basti** with Jatyadi taila, Eranda taila
 - **Niruha Basti** with Dashamoola kwatha and Saindhava
- **Mridu Virechana:**
 - Castor oil with warm milk
 - Avipattikar churna
- **Raktamokshana:**
 - For cases with significant inflammation

3. Surgical / Para-surgical Interventions

- **Ksharasutra therapy** (if sentinel tag or fistula develops)
- **Agnikarma** in fibrotic non-healing ulcers
- **Taila-daha karma** described in classical texts

10. Role of Pathya-Apathya and Dinacharya

Pathya (Wholesome regimen):

- Warm water intake
- Fiber-rich food: yava (barley), shaka, draksha
- Cow's ghee and buttermilk
- Avoid sitting for long hours

Apathya (To be avoided):

- Dry, spicy, junk foods
- Delayed meals
- Suppression of natural urges
- Excessive riding/travel

Lifestyle:

- Regular bowel habits
- Stress management
- Yoga and mild physical activity

11. Modern Correlation and Evidence

In modern medicine, fissure-in-ano is treated with:

- Stool softeners, topical analgesics
- Surgical interventions (sphincterotomy) in chronic cases

Ayurvedic Research Insights:

- **Triphala Guggulu** and **Jatyadi Taila** have shown significant wound healing and pain-relieving properties
- Studies on **Basti karma** have demonstrated effective management of chronic fissure and recurrence prevention
- **Ksharasutra therapy** is highly effective in managing sentinel tag and associated fistulas with minimal recurrence

12. Conclusion

Parikartika is a multi-faceted disease, deeply rooted in Vata-Pitta imbalance and aggravated by faulty dietary and behavioral patterns. The complications—ranging from chronic pain to fistula—can significantly affect patient quality of life. Ayurveda offers a multi-pronged approach with internal medications, topical therapies, Panchakarma, and surgery, providing holistic and sustainable solutions. Emphasis on prevention through dietary regulation and lifestyle correction plays a vital role. Further integration of clinical research with traditional knowledge can enhance the credibility and global acceptance of Ayurvedic proctology.

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