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Parikartika and its Treatment Modalities - A Literary Review

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ABSTRACT

The health of an individual depends considerably on his diet and lifestyle. Lack of concern in the same may lead to various GI tract disorders. The term *parikartika* refers to cutting and tearing pain in the anal region. It has been described as a symptom found in other diseases or as a complication of *basti* therapy in Ayurvedic classics. Fissure in ano is an ulcer in the longitudinal axis of the lower anal canal. A wide variety of treatments are available for fissure in ano depending upon its chronicity. In the present review the different classical references of *parikartika* along with its treatment modalities are explained.

Key Words *Parikartika, Basti, Fissure in ano*

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INTRODUCTION

Parikartika has been explained by Acharyas Susruta, Charaka and Kashyapa. Prevalence of fissure in ano among patients with anorectal complaints is 15.62 %. It is the most painful condition affecting the anal canal which results from a tear in the lower anoderm. Patient postpones defecation which results in constipation again. It becomes a vicious cycle. In acute condition it subsides through conservative management whereas for a chronic fissure, surgical management is preferred.

DEFINITION & AETIOLOGY

In ayurveda, *parikartika* refers to cutting or tearing pain in the anal region. Main symptom is *kartanvat vedana* at anus during and after defecation[1].

An anal fissure is 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[2].

95% of anal fissures in men are posterior, 5 % are anterior. 80% of anal fissures in females are posterior, 20% are anterior. Anterior anal fissure is common in females[3]. Any fissure situated elsewhere in the anal circumference should raise the suspicion of Crohn's disease, tuberculosis, HIV and other sexually transmitted diseases.

The *nidanas* that are responsible for *parikartika* are explained by different acharyas which are found scattered in various *samhitas.*

It can be divided into :

1) Complications of other diseases
2) Complications of treatment procedures

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3) Endogenous factors

Complications of other diseases

In *vamana virechana vyapat chikitsitam adhyayam*, Acharya Susruta opines that a person that is debilitated, with *mrudu koshta*, *mandagni*, intakes medicine with *ati tikshnoshna*, *ati lavana*, *ati rooksha* properies, it vitiates *vata* and *pitta* which leads to cutting pain termed as *parikartika*. Acharya Charaka in *sidhisthana* states that *parikartika* is a complication of *pravahika* and also improper administration of *yapana vasti*. Acharya Charaka in *chikitsasthana* has mentioned *parikrtika* as a symptom of *vataja grahani* and *vataja atisara*. Acharya Kashyapa has mentioned *parikartika* as *garbini upadrava*.

Complications of treatment procedures

Acharya Susruta has also mentioned that improper administration of Basti by obliquely inserting the basti netra can cause ulcer in *guda* which leads to *parikartika*[4].

Endogenous factors

The main dosha involved in parikartika is vata dosha (as there is severe pain) and thus vata prakopa nidanas can be considered as one of the causes for parikartika[5].

Because of the curvature of the sacrum and the rectum hard faecal matter while passing down causes a tear in the anal valve leading to posterior anal fissure.

A fissure is initiated by hard stool causing a crack. As a result of this defecation results in pain. Due to pain, internal sphincter spasm takes place which makes constipation worse resulting in chronic fissure. The pain from the tear triggers the anal sphincter muscles to spasm and tighten, cutting off blood supply that may delay healing of the tear. This cycle of pain, muscle spasms, and lack of blood flow then occurs with every bowel movement. It is the most painful condition affecting the anal region.

Anterior anal fissure is common in females due to lack of support to the pelvic floor.

Hard stools, diarrhoea, increased sphincter tone, local ischaemia, trauma, sexually transmitted diseases are the major causes.

Other causes: haemorrhoidectomy, Crohn's disease, venereal diseases, ulcerative colitis, tuberculosis.

Fissure in ano is divided into the following:[6]

1) Acute fissure in ano:

It is a deep tear in the lower anal skin with severe sphincteric spasm without oedema or inflammation.

It presents with severe pain and constipation.

2) Chronic fissure in ano:

It has got inflamed, indurated margin with scar tissue.

Ulcer at its inferior margin is having a skin tag which is oedematous, acts like a guard – sentinel pile.

Proximally hypertrophied anal papilla is seen.

It can cause repeated infection, fibrosis, abscess formation or fistula formation.

Chronic fissure is less painful than acute one.

Multiple fissures are seen in inflammatory bowel disease, homosexuals and venereal diseases.

Chronic fissure can cause complications like abscess or fistula formation.

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TREATMENT

Ayurvedic management:

Nidanaparivarjana: (removal of the cause): - The patient is asked to stop the food and lifestyle related causes mentioned earlier. For example, reducing intake of non-vegetarian food and inclusion of fiber rich food like vegetables, fruits, brown rice and buttermilk in the diet, adequate fluid intake and avoiding constipation.

Samanoushadi:

Abhayarista : It is mentioned in chikitsasthana of Astanga Hrudaya and Charaka Samhita and is indicated in *Gudaja vyadis*. It acts as a laxative and helps to relive constipation. It is given in *apanakala* (before food)[7].

Triphala guggulu: It is indicated in anorectal disorders according to sharangadhara Samhita madhyamakhanta[8].

Triphala churna : It is given in hot water at bed time which helps in easy passage of stools and is also *vrana ropana*[9].

Acharya Kashyapa has mentioned the management of *parikartika* according to the *doshik* involvement.

Acharya Charaka has mentioned about treatment of *parikartika* in sidhisthana in which he mentions *basti* with oushada which is *madhura* & *sheeta, ksheera, ikshu, yasti* and *tilakalka*[10].

Matra vasti using vrana ropana tailas like *Jatyadi taila*, Yastimadhu taila or *Murivenna*. *Taila* provides lubrication and at the same time it is *vatahara*. The drugs used in Preparing *Basti* are mostly *Vata-Pitta shamak* and *Vrana ropak* (wound healing) Properties[11].

Acharya Susruta has explained *kshara* to be having *vranashodana* and *vrana ropana* properties and has indicated *kshara* for treatment of *vrana*[12] and that has lead to *kshara* being popularly used for management of *parikartika*.

Both Acharyas Susruta and Vagbhata has mentioned that agnikarma is superior to all other parasurgical procedures and states that in diseases treated with *agnikarma* chances of recurrence is rare(*apunarbavatva*). Since fissure is a condition with a high chance of recurrence, *agnikarma* would be a great choice.

Agnikarma being one of the parasurgical procedures explained by acharya Susruta can be used for the management of *parikartika*. Application of *agnikarma* in fissure in ano shares the same principle to that of fissurectomy performed in modern medicine in which the intention is to excise the necrosed base of the fissure. Acharya Vagbhata in *sootrasthana* of Astanga Hrudaya has indicated *agnikarma* for vrana[13]. Acharya Susruta has also explained application of *agnikarma* in *vrana* in *chikitsasthana*[14].

According to modern science:

I. Conservative

- Avoid constipation-encourage fibre diet, mild laxatives and not to postpone defaecation.
- Surface anaesthetic creams: Lignocaine jelly.
- Metronidazole and antibiotics
- Sitz bath

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II. Agents which decrease sphincter pressure

- Glyceryl trinitrate (0.2%) topical application: Significant headache and 50% recurrence are drawbacks. It reduces spasm, increases vascular perfusion.
- Purified botulinum toxin injection into internal sphincter:

Botulinum toxin 25 units injected into the internal sphincter. It causes temporary denervation of internal sphincter, reducing its tone, improving blood supply and reducing ischaemia

It acts by inhibiting the presynaptic release of acetylcholine from cholinergic nerve endings and cause temporary paresis of striated muscle. It causes temporary incontinence for flatus(10%) and also cost, perianal thrombosis and sepsis are drawbacks. The injection produces prolonged but reversible effects, thus avoiding permanent injury.

- Calcium channel blockers: Nifedipine, diltiazem oral and

topical applications (2%) also have been used.

- Topical nitro glycerine 0.2% can also be used to relax the sphincter but severe headache is a complication.

III. Surgical treatment

The treatment of chronic anal fissure is directed at reducing the spasm of the internal anal sphincter and hence anal canal pressure, which is achieved surgically by Lord's dilatation or sphincterotomy.

1. Lateral anal sphincterotomy of Notaras: Here internal sphincter is divided away from fissure either in right or left lateral positions. It can be done through both open and closed methods. The complications include incontinence, fistula, haematoma, perianal abscess and bruising.

2. Fissurectomy and local advancement flap: This is indicated in persistent, chronic, nonhealing fissure. After excision of the fissure, the resulting defect in the anal canal is closed by a small (rhomboid) advancement flap. Fissurectomy and Local advancement flap should not be considered as a first line of treatment. Recovery from this operation takes much more time than other treatments for anal fissures .

3. Lord's dilatation: It is also called blunt sphincterotomy-few fibres of internal sphincter are divided. It results in a lowering of intra-anal pressure during defaecation, thus making the passage of stool easier.

CONCLUSION

As prevention is better than cure, proper diet and lifestyle is to be adopted for the prevention of fissure in ano which is one of the most common ano rectal disorders. It is always better to manage it in the acute stage which can be done through conservative management mentioned above because if it turns chronic it requires surgical management for permanent relief. Ayurveda has some of the best treatment protocols for fissure through conservative and parasurgical measures.

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