

A SINGLE CASE STUDY ON GUDA PARIKARTIKA (FISSURE-IN-ANO) WITH SHAMAN AUSHADHI

[Nabanita Basak](#)¹, Vishnu Dutt Sharma²

¹MS Scholar, P.G. Department of Shalya Tantra, DSRRAU, Jodhpur, Rajasthan, India

²Associate Professor, P.G. Department of Shalya Tantra, DSRRAU, Jodhpur, Rajasthan, India

Corresponding Author: basaknabanita59@gmail.com

<https://doi.org/10.46607/iamj5010022022>

(Published Online: February 2022)

Open Access

© International Ayurvedic Medical Journal, India

Article Received: 08/01/2022 - Peer Reviewed: 17/01/2022 - Accepted for Publication: 19/01/2022



ABSTRACT

According to *ayurvedic* literature the disease *Parikartika* comes under *gudaja vikara*. In *Parikartika* there is a cutting type of pain in *guda*. *Vamana-virechan vyapad*, *basti vyapad*, *atisar*, *arsha*, *grahani*, *udavarta*, and other elements are credited with causing *parikartika* in various sources. *Parikartika* is not described as a separate disease entity, it is available in a scattered way in different *ayurvedic* texts. *Parikartika* may be co-related with fissure-in-ano in modern science in which patient experiences cutting or tearing pain in anus. Fissure-in-ano means a linear ulcer in the anal canal, mostly situated in the midline posteriorly. The lower end of the fissure can be seen when the anal margins are separated¹. Fissure-in-ano is associated with pain during or after defecation for hours, per-rectal bleeding, burning sensation during or after defecation, constipation. In this case study, the patient with acute fissure is treated with *panchaskara churna* along with *shatadhouta ghruta* and *Jatyadi taila*. After two weeks of observation, the symptoms of *Parikartika* (Fissure-in-ano) have been reduced markedly.

Keywords: *Parikartika*, fissure-in-ano, *shatadhouta ghruta*

INTRODUCTION

The disease *Parikartika* may be considered as *purish-vaha srotodusti janita vyadhi* in *Ayurveda*. Mainly *Vata dosha* is involved in *parikartika*, as it occurs in

guda, which is a site of *vata dosha*, specifically *apana vayu* resides here. The type of pain and symptoms point towards *vata dosha* aggravation. When a person

with *ksham* and *mridu kosthi* indulges in *ruksha*, *tikshna*, and *ushna aushadhis*, *agnidusti* is produced, which leads to *vata-pitta prakopa*. *Kha-vaigunya* occurs owing to *dushya daurbalya*, i.e. *mamsha* and *twak* in *purishvaha srotas*. Because of this and due to *sthan samsraya* of aggravated *vata* and *pitta dosha* in *purishvaha srota*, it leads to *dosha-dushya sammurchana* which results in *twak – mamsha dusti* especially in *guda Pradesh*. *Twak mamsha dushti* or *vrana* results in frequent defecation along with pain this leads to the disease called *parikartika* ². The symptoms of *parikartika* are similar to the symptoms of fissure-in-ano mentioned in modern science. It's an ulcer in the lower anal canal's longitudinal axis. Commonly occurs in the midline, posteriorly common in males but can occur anteriorly which is more likely to occur in females³. Fissure-in-ano is more common in women of middle age. Pain is severe in an acute type of fissure and less

severe in a chronic fissure. Acute fissure presents with severe pain and constipation. It is characterized by pain along with constipation, bleeding and discharge. Patients suffering from acute fissure are treated with Lord's dilatation done under general anaesthesia to relax the sphincter. Use of laxatives, xylocaine surface anaesthesia and anal dilatation by using fingers are given for a certain period. Patients are advised to take bed rest and nifedipine ointment for local application. Due to the fear of general anaesthesia and its complication, side effects of modern medicines patients get scared. So, to avoid these, pain and post anaesthetic complications and side effects, *Ayurveda* suggests effective treatment to get cured of fissure-in-ano.

Materials and Method: The details of drugs, dosage and *anupan*, mode of administration of drugs are given in below-

Materials

SR. NO.	DRUGS	DOSAGE	ANUPAN	MODE OF ADMINISTRATION
1.	<i>Panchasakar churna</i>	3gm	<i>Ushna ambu</i>	Orally at Night Before Sleep
2.	<i>Shatadhouta ghruta</i>	Twice Daily		Local Application
3.	<i>Jatyadi taila</i>	Once daily		Local Application

METHOD-

1. CENTRE OF THE STUDY- DSRRAU, University College of Ayurveda, Jodhpur, Karwar.

2. TYPE OF STUDY- Simple single clinical study

3. PLAN OF TREATMENT- It is an OPD based treatment. In this case, the patient was treated with *Panchaskara churna*, *jatyadi taila*, *shatadhouta ghruta* followed by *pathya-apathya* and *anupan*.

4. COLLECTION OF MEDICINE- All the medicines were collected from the GMP certified pharmacy of DSRRAU, University College of Ayurveda, Jodhpur, Karwar.

CASE REPORT- A 26-year-old Hindu female patient, student by occupation came to our OPD with the complaint of pain during defecation for an hour along with burning sensation during defecation and constipation for 2 weeks.

1. HISTORY OF PRESENT ILLNESS- The Patient was suffering from the above symptoms for 2 weeks.

She took modern medicines but do not get relief. She is willing to take *ayurvedic* medicines.

2. CLINICAL EXAMINATION- ASHTAVIDHA PARIKSHA-

Nadi-74 Beats/Min

Mutra- Normal

Mala-Malabaddhata

Jihwa- Malavrita

Shabda-Spashta

Sparsha-Anushna-seeta

Drik-Normal

Akriti-Sama

GENERAL EXAMINATION-

Height-164 cm

Weight-58kg

B.P.-124/84 mm of Hg

Pulse Rate-74 Beats/Min

Respiratory Rate- 18/Min

Temperature- Afebrile

ON EXAMINATION- An acute fissure on seen at 6'O Clock position on the lower anal canal.

OBSERVATIONS AND RESULTS- The patient was observed for 14 days, with assessments of

objective criteria conducted by interviewing patients every seven days.

SYMPTOMS	1 ST DAY	7 TH DAY	14 TH DAY
Pain during defecation	+++	++	+
Burning sensation during defecation	+++	++	-
Constipation	++	-	-

DISCUSSION

Cutting or cutting pain all over is what *parikartika* means which is similar to fissure-in-ano in western science. An acute fissure is a very dreadful and painful condition. A fissure is a superficial, small but distressing lesion that comes to an end above the dentate line. An acute fissure is a profound rip in the lower anal canal accompanied by a strong sphincter spasm but no oedema or inflammation. In modern surgery patients are advised to take plenty of water, a high fibre diet, bulk forming agents, stool softener, sitz bath, local anaesthetic agent etc⁴. According to the *ayurvedic* view when a debilitated person with *ksham* and *mridu kosthi* indulges in *ati ruksha*, *ati tikshna*, and *ati ushna aushadhis*, *agnidusti* is produced, which leads to *vata-pitta prakopa*. *Kha-vaigunya* occurs owing to *dushya daurbalya*, i.e., *mamsha* and *twak* in *purishvaha srotas*. Because of this and due to *sthan samsraya* of aggravated *vata* and *pitta dosha* in *purishvaha srota*, it leads to *dosha-dushya sammurchana* which results in *twak – mamsha dusti* especially in *guda pradesh*. *Twak mamsha dushti* or *vrana* results in frequent defecation along with pain this leads to the disease called *parikartika*. So, in this disease, we need to maintain the *agnibala* of the patient. *Vata- pitta shamak aushadhi*, diet and regimen should be followed. *Mala anuloman* regimen should also be followed. *Panchaskara churna* prepared from *sunthi* which is *grahi* and *ama pachak*, *swarnapatri* which is *vatanulomak*, *pitta shodhak*, *rechak*, *shodhak*, *balharitakee* which is considered to be the best *anuloman dravya*, with its *tridoshahara* property and *saindhav lavan* has the property of *tridoshahara* and *anuloman* also are given. To use locally *shatadhouta ghruta*

which is a medicated *ghee* in the form of ointment was given twice, *ghee* has the property of *seeta virya* which helps in healing ulcers produced in a fissure. *Jatyadai taila* helps in the healing of *dushta vrana* composes of *jati* which is also *tridoshnasak* and *lodhra* which is *vranaropaka*, *tuttha* has the property of *lekhan* and *bhedan*, helps in removing the slough. *Jatyadi taila* has the property of *kashaya rasa* which has *vrana ropak* property, *tikta rasa* which helps in *twak-mamsha sthirikaran* and *lekhan karma*, *Katu rasa* acts as *vrana shodhan* and *avasadan*⁵. *Tila tila* itself is *vyavayi*, *vikasi*, *sukshma* and *vatanasak*. In short, it could be said that *panchasakar churna* acts as *virechak* as well as *vata-anulomak* which gives relief from constipation and helps in passing stool without any difficulties. *Shatadhouta ghruta* and *Jatyadi taila* helps in healing ulcers produced due to fissure-in-ano when administered in an established case of *parikartika*, these formulations showed a significant role within a short duration.

CONCLUSION

We can deduct from the preceding research that *parikartika* is *purishvaha srota dusti janita vyadhi*. In modern science, *parikartika* is quite similar to fissure-in-ano. Treatments such as *mala anuloman*, *vata anuloman*, *ama pachan*, and *vrana ropan*, as well as the use of *Panchasakar churna* 3gm daily at night before sleep with lukewarm water, local application of *jatyadi taila*, and *shatadhouta ghruta* twice daily could provide a satisfactory and curative as well as preventive effect on the acute fissure. During the research, no major negative side effects were discovered.

REFERENCES

1. A Manual on clinical surgery, S. Das, 14th edition, chapter -36, page no- 542
2. *Sushruta Samhita*, kaviraj Ambika Dutta Shashtri, Chaukhmba Sanskrit samsthan, Varanasi-2006, chikitsa sthan, chapter 34, sloke no- 16, page no-153.
3. SRB'S Manual of surgery, 3rd edition, Jaypee brothers & medical publishers (p) LTD, Page no-911
4. SRB'S Manual of surgery, 3rd edition, Jaypee brothers & medical publishers (p) LTD, Page no-912
5. Sardangadhar *Samhita*, *pandit* Dwarka Prasad Mishra (shashtri), chaukhmba Sanskrit series office, varanasi, 1st edition madhyam khanda, chapter no 9, sloke no- 168/171

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Nabanita Basak & Vishnu Dutt Sharma: A Single Case Study On Guda Parikartika (Fissure-In-Ano) With Shaman Aushadhi. International Ayurvedic Medical Journal {online} 2022 {cited February 2022} Available from: http://www.iamj.in/posts/images/upload/570_573.pdf