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DIFFERENT TREATMENT MODALITIES IN *PARIKARTIKA (FISSURE IN ANO)* – A REVIEW ON AYURVEDIC AND MODERN ASPECT

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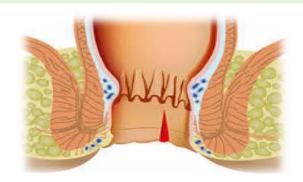
ABSTRACT

In the field of surgery the commonest problem faced by patient is ano rectal diseases like Piles, Fissure, and Fistula. There are many options available for treatment of these diseases. But one should consider particular treatment in particular situation. But due to lack of knowledge patients many times undergo wrong treatment and worsen disease. So in this article a focus is drawn on various treatments described in Ayurvedic *Samhitas* as well as Modern sciences in order to come to certain conclusion for decision making for treatment of specific condition of *Parikartika* (*Fissure in ano*).

Keywords: ano, Piles, Fissure, Fistula, Samhitas, Parikartika.

INTRODUCTION

Anorectal diseases like Piles, fissure, fistula are common in human being due to his erect posture as well has habitat. Sushruta had also mentioned *Arsha* (Piles) as *Arivat Pranan Shrunoti*. i.e. harmful like an enemy. So these are the conditions to be treated with much are in order to cure the patient. So there are various treatment modalities described by Ayurveda as well as modern science. But while treating various conditions in these diseases one should consider a particular modality



in particular situation. Considering anorectal diseases mainly three-four conditions elaborated in Samhitas like Arsha, Parikartika and Bhagandar. While in modern science also same pathologies are describe at anorectal region like -Piles – resembling Arsha, Fissure in Anoresembling Parikartika and Fistula in Ano resembling Bhagandar. All these are different entities and require different modalities for treatment. But lack of this awareness miss concepts, patients go for wrong treatment and face many complications. So in this article proper treatment described in Ayurveda and Modern science is elaborated with comparing basic principles of both methods. This article will be helpful for determiner particular treatment option in specific Anorectal Diseases.

1. Management of *Parikartika* by Ayurvedic methods:



Parikartika itself denotes the cutting pain .Though now a days Parikartika is separate disease but in the history it was mentioned a complication of some other disease or some Ayuredic procedures like Basti. Kashyap has described Parikartika as complication pregnancy. Sushruta mentioned Parikartika as a complication of one of the *Panchakarma* treatment Basti. Sushruta doesn't mention Parikartika disease but he described a disease resembling it as Kshataguda while describing Netra Vyapad (complication of instrument of Basti) in Sushruta Chiktsasthan 36/6. Considering treatment of Parikartika the main objective of treatment is to relieve pain, which provides

relaxation of Sphincter. Sushruta has advised to treat this condition same as wound management mentioned in *Sadyakshta -vidi* (Treatment of traumatic injury). Kashyapa has given detailed medicinal treatment of this disease. He says oral medicines should be prepared by *Madhuka* (*Glycyrrhiza Glabra*) Kantakari (*Solanum Surattense*) Shwadaunshtra (*Tribulus Terrestirs*) etc. according to *Dosha Pradhanya*.

In many parts of India *karpoor ghritam, yastimadhu ghritam, panchvalkal* ointment is used for *parikartika* -fissure in ano.

- 2. Management of *Parikartika* by Modern Science: treatment of fissure includes conservative management medical Therapy and Surgical management
- a) Conservative management- Practice parameters from American society of colon and rectal surgeons state that conservative therapy is safe has few side effects and should usually be first step in therapy for all fissure types Breaking the cycle of hard stool, pain and spasm is primary aim of treatment by adequate fluid, fibre and if necessary stool softeners.
- b) Medical Therapy- Mainly two topical agents, Nitrates and calcium channel blockers and one injectable agent, Botulinum of fissure in Ano.

1. Glycerin Trinitrate (GTN)-

Chemical Sphinctrotomy' is the term used for medical management of fissure in Ano with GTN. Nitrates are metabolized by smooth muscle cells to



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release nitric oxide which is the Neurotransmitter mediating relaxation of internal anal sphincter muscle. The most common side effect of GTN are headache and hypotension.

2. Calcium channel Blockers-

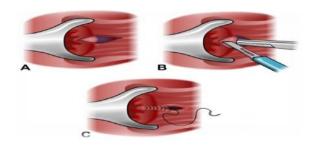
Calcium channel blockers prevent influx of calcium into smooth muscle cells, decreasing intracellular calcium and preventing smooth muscle contraction. Postural dizziness an unanticipated drop in blood pressure is the problem seen with calcium channel blockers.

3. Botulinum A toxin Injection-

Botulinum A toxin is a potent neurotoxin and when injected into internal anal sphincter, it produces a chemical denervation of motor end plates with subsequent decrease in resting anal pressure and improved perfusion. But it has also some side effects like temporary minor incontinence and urgency, cost is high, recurrence, unclear ideal location of injection.

4. Surgical Management:

a) Manual dilatation of Anus-



Once the first line of treatment for chronic anal fissure; manual dilatation in its original form is found to cause variable degrees of tear of sphincter muscle. The aim of procedure is to reduce sphincter tone. By controlled manual stretching of internal sphincter. This procedure is gradually being abandoned because it frequently produced an uncontrolled tearing of sphincter muscle which results in incontinence so sometimes balloon

dilatation is preferred over manual dilatation in order to achieve controlled pressure.

b) Lateral Internal Sphinctrotomy-

It is performed by two methods- open or closed. In both methods internal anal sphincter fibers are divided laterally. This sphinctrotomy may cause incontinence in 0 to50% of patients. Other complications are hematoma, abscess, formation recurrent ulcer formation and persistent mucus discharge.

CONCLUSION

Decision for right option of treatment for Parikartikia-Fissure is very important in order to avoid complications and recurrence. Looking towards treatment option described by Ayurveda as well as modern science we can conclude that many of the principles for treatment Anorectal diseases like fissure are same. But considering, removing basic cause or break cycle of pathophysiology, Ayurveda Samhita has elaborated more options. So in order to achieve complete cure one should consider operative methods describes by modern science along with Ayurvedic treatment in order to achieve holistic approach.

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