ISSN 2456-3110 Vol 6 · Issue 6 Nov-Dec 2021



# Journal of Ayurveda and Integrated Medical Sciences

www.jaims.in

Indexed

An International Journal for Researches in Ayurveda and Allied Sciences





Journal of Ayurveda and Integrated Medical Sciences

> CASE REPORT Nov-Dec 2021

# Lateral Fissure-In-Ano - A Case Study

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# ABSTRACT

The word Parikartika comprises of two words, Pari (around) and Karthika (cutting pain), Kartanaavat Peeda is the main symptoms of Parikartika. Acharya's have explained it as a one among the Vamana, Virechana and Bastivyapata. It can be equated with Fissure-In-Ano based on signs and symptoms. About 30-40% of population suffers from proctologic pathologies at least once in their lives, and anal fissure comprises of 10-15%. A 38 years male patient, who was businessman by profession came to Shalyatantra OPD with complaints of Pain at anal region with burning sensation after defecation since 20 days, bleeding during defecation since 20 days, feeling of mass per anal region since 20 days, hard stool since 25 days. In Chikitsa of Parikartika, Acharya's have mentioned Madhura, Kashaya Rasa Sneha Yukta Dravyas in the form of Piccha Basti, Anuvasana Basti, Pichu, Varti and Lepa which pacifies Vata and Pitta Dosha's. Hence present case study is planned with above said principle.

Key words: Parikartika, Lateral Fissure-In-Ano, Matra Basti, Pichu, Jatyadi Taila.

# **INTRODUCTION**

Paikartika is one of the most painful and commonest condition in Gudagata Vikaraa affecting majority of population in morden world.<sup>[1]</sup> The word *Parikartika* comprises of two words, Pari (around) and Karthika (cutting pain), Kartanaavat Peeda is the main symptoms of Parikartika. Acharya's have explained it as a one among the Vamana, Virechana<sup>[2,3]</sup> and Bastivuapata.<sup>[4]</sup>

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**Quick Response Code** Website: www.jaims.in Published by Maharshi Charaka Ayurveda Organization, Vijayapur, Karnataka (Regd) under the license

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It is caused by Sthana Samshraya of vitiated Vata and Pitta Dosha's in Gudapradesh, leading to Kartanavat Vedana and Daha.<sup>[1]</sup> It can be equated with fissure in ano based on signs and symptoms.<sup>[5]</sup> Fissure in ano is an elongated ulcer in longitudinal axis of lower anal canal associated with constipation, severe pain, burning sensation during defecation and passage of bright steaks of blood along with stool or will be seen on tissue paper.<sup>[6]</sup>

Fissure in ano occurs most commonly in midline posteriorly. In males usually posteriorly 95%, anteriorly 5% and in females posteriorly 80% and anteriorly 20%.<sup>[7]</sup> About 30-40% of population suffers from proctologic pathologies at least once in their lives, while anal fissure comprises of 10-15%.<sup>[8]</sup> It occurs in both men and women and is common in all age groups especially adults of 15 -40 years.<sup>[9]</sup>

In Chikitsa of Parikartika, Acharya's have mentioned Madhura, Kashaya Rasa Sneha Yukta Dravyas in the form of Piccha Basti, Anuvasana Basti,<sup>[11]</sup> Pichu, Varti and Lepa which pacifies Vata and Pitta Dosha's.

# ISSN: 2456-3110

Acharya Sushruta has mentioned Anuvasana Basti with Grithamanda and Yastimadhu Taila in Parikartika.<sup>[12]</sup> He has mentioned Pichu Prayoga in context of Shashti Upakrama,<sup>[13]</sup> in management of Vrana. Hence present case study is aimed to evaluate the combined effect of Avagaha Sweda with Panchavalkala Kwath, Matra basti and Pichu with Jatyadi Taila, Jaloukavacharana and anal dilatation in the management of lateral fissure-in-Ano.

# **CASE REPORT**

A 38 years male patient, who was businessman by profession came to Shalya Tantra OPD of BVVS Ayurved Medical College and Hospital, Bagalkot, with complaints of Pain at anal region with burning sensation after defecation since 20 days, bleeding during defecation since 20 days, feeling of mass per anal region since 20 days, hard stool since 25 days.

## **Associated Complaints**

Difficulty in micturition since 15 days.

Lower abdominal discomfort since 15 days.

## **History of Present Illness**

Patient was apparently normal 20 days back. Suddenly he started itching around the anal verge and he was unable to pass stool since 1-2 days. For which he did manual evacuation of stool. This was black and hard in consistency. Then he started pain with burning sensation which was lasted for 30 to 45 min, streak along stool, per rectal bleed after defecation since 25 days, for this patient approached his family doctor and he advised him some ointment for local application, but he didn't get complete relief. Later on he started complaints like difficulty in maturation and lower abdominal discomfort since 10 days.

He had same complaints 6 years back and since that time he is having mass per- anal region which is asymptomatic, so for which he had taken Ayurvedic treatment in our hospital by which patient got complete relief but now again same complaints reoccurred, so he approached our hospital for further management.

# CASE REPORT Nov-Dec 2021

Patient had suffered from fissure-in-Ano 6 years back

**Past Treatment History** 

Nothing Specific.

## **Family History**

No relevant family history found.

#### **Personal History**

- Appetite Decreased
- Diet Vegetarian
- Bowel Irregular, Hard stool
- Micturition 5 to 6 times / day
- Sleep Disturbed
- Habit None

## **General Examination**

- BP 120/80 mmHg
- PR 100/ min
- RR 20/min
- Temperature 98.6°F
- Pallor, Icterus, Cyanosis Absent
- CNS Conscious and Oriented
- CVS S1 S2 Heard
- RS AEBE, Clear
- PA Soft, non-tender.

# **Local Examination**

**Inspection** - Lateral fissure with Tag at 3 o'clock position.

Lateral fissure at 9 o'clock position.

Bleed noted stretch of ulcer edges.

# Palpation

# Tenderness on lateral side of anal verge

# **Digital examination**

Not done.

#### **Past History**

No H/O DM. HTN etc.

# Jha Shailesh Arunkumar et al. Lateral Fissure-In-Ano - A Case Study

# ISSN: 2456-3110

# CASE REPORT Nov-I

Nov-Dec 2021



#### Investigation

CBC – Hb - 12.4 gm%, WBC - 9100 cells/ cu mm, RBS - 153 mg/dl

BT - 3.40 sec, CT - 4.10 sec,

RVD and HBsAg - Non reactive.

Urine routine - Pus cells - 2 to 4 /hpf, Epithelial cells- 2 to 3

# **Treatment Protocol**

Avagaha Sweda with Panchavalkala Kwath twice a day for 7 days

Matra basti - Jatyadi Taila (30ml) for 7days

Pichu with Jatyadi Taila twice a day for 7 days.

Jaloukavacharana - one sitting

Anal dilatation with anal dilator for 4 days

## Procedure

#### Matra Basti and Pichu with Jatyadi Taila





Jaloukavacharana Procedure



- No of Jalouka 01
- Site- anal verge 3 o'clock position.
- Starting time 4pm
- Ending time 4:25pm
- Quantity of blood 15ml

# Anal Dilatation with Anal Dilator



# ISSN: 2456-3110

# **Oral Medication**

TB. Anuloma DS 1 Tab HS

Cap. Arshohita 1Tab TID

Tb. Triphala Guggulu 1Tab TID

Shatadhautaghrita for Local application.

Yestimadhu Kasheera Paka (50ml) in morning.

#### Chikitsa Parinama - After Jalaukavcharana



**Before Treatment** 



After Treatment

Complaints	Before Treatment	After Treatment
Pain at anal region	Present	Reduced
Bleeding during defecation	Present	Absent
Burning sensation at anal region after defecation	Present	Reduced

Ulcer Size	0.9 cm	0.2 cm
Tag Size	1 cm	0.3 cm

# DISCUSSION

This treatment was advised for 7 days, it was found that there is significant relief in subjective and objective parameters for lateral fissure-in-ano. The *Avaghasweda* with *Panchavalkala Kwath* played important role in maintaining local hygiene, *Shodhana* (cleaning) as well as *Ropana* (healing) of ulcer. *Matrabasti* with *Jatyadi Taila* – It is good *Shodhana* and *Ropana* drug, it acts as a soothing agent for smooth evacuation of feaces and protects fissure bed. Pichu with *Jatyadi Taila* - as we know most of the ingredients used in *Jatyadi Taila* are *Shothahara*, *Vedanasthapana* and *Ropana*, which are helpful of healing a wound. Ingredients like *Neema* and *Daruharidra* are antibacterial and promote wound healing.

Jaloukavacharana- As patient was continued to experience pain and tenderness around anal verge, for which inflamed tag could be the reason. Application of Jalauka result in reduction in symptoms by antiinflammatory substances present in its saliva. It goes to deeper level and acts as Thrombolytic, Vasodilation etc. So, there was significant reduction in size of swelling. Jalauka should be applied in the disease where there is Avagadha Dosha Dusti.

Due to fissure, the hypertonic sphincter was relaxed by above procedure. After assessing the healing ratio of ulcer dilator was introduced for further enhancing the lumen diameter.

## **CONCLUSION**

In this patient lateral fissure-in-Ano occurred due to constipation, which was caused by Vitiated Apana Vata. Here, disease is caused due to Vata and Pitta dosa. Avagaha Sweda with Panchavalkala Kwath, Matra basti – Jatyadi Taila (30ml), Pichu with Jatyadi Taila etc all together will act on Vataanulomana, Pitta Samana, Vrana-Shodhana and Ropana etc. This shows that if plan of treatment is selected according to principle of Ayurveda along with proper drug, doses

# CASE REPORT Nov-Dec 2021

# ISSN: 2456-3110

# CASE REPORT Nov-Dec 2021

and duration there is assurance of success in treatment a seen in this case.

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**How to cite this article:** Jha Shailesh Arunkumar, Pallavi A. Hegde, M. M. Salimath. Lateral Fissure-In-Ano - A Case Study. J Ayurveda Integr Med Sci 2021;6:291-295.

Source of Support: Nil, Conflict of Interest: None declared.

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