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# Critical review of *Parikartika* as a disease

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## ABSTRACT

Anal fissure is very painful anorectal disease. The parallel word of anal fissure as per Ayurveda terminology is *Parikartika* mentioned in Ayurvedic text. The *Parikartika*, also not has any separate disease entity. It is mentioned as sign and symptom of other diseases or complication of Ayurvedic procedure (like *Vasti*, *Virecana*). It may also originate due to the some instrumentation, like enema nozzle etc. Here one attempt is made to introduce *Parikarita* as a disease itself. The main objectives are to introduce *Parikarita* as a disease by detailing of *Pancha Nidana*, specially the *Rupa*, *Samprapti*, etc. as well as to establish missing link between them.

**Key words:** *Parikartika*, *Pancha Nidana*, *Anal fissure*.

## INTRODUCTION

Ayurveda, the science of life, is a comprehensive system of health, based on experiential knowledge and grown with perpetual additions. Our life style is changing, so as nature, which has great reflection in our health.

Anal fissure has also come in the same scenario, which previously mentions with other ano-rectal diseases. Now it has separate disease entity.<sup>[1]</sup> The parallel word for anal fissure as per Ayurveda terminology is *Parikartika*. It is mentioned as sign and symptom of other diseases or complication of Ayurvedic procedure or due to the some instrumentation, like enema nozzle etc.

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## MATERIALS AND METHODS

After a strategic searching about the Ayurvedic literature as well as contemporary science together the knowledge about the *Parikartika* and its manifestation. The search includes ancient text to the recent text. The search include *Panchanidan* of *Parikartika* with the present form of the disease.

### Definition

*Parikartika* is derived from root '*Parikṛt*' which denotes, to cut around. (*Pari* = all around, *Kartanam* = the act of cutting).<sup>[2]</sup> It is symptom rather than a disease. There are many different opinion. *Dalhana* mention it as a cutting and tearing pain everywhere,<sup>[3]</sup> where as *Jejjata*,<sup>[4]</sup> and *Vijayaraksita*,<sup>[5]</sup> mention it as cutting type of pain specially localize in *Guda*. So basically *Parikartika* is a sharp shooting pain, specially in the rectum.<sup>[6]</sup> Where as an anal Fissure is an elongated ulcer in the long axis of the anal canal.<sup>[7]</sup>

### Nidana

Etiology can be subclassified in two groups as general and specific. The general concept is vitiation of *Doshas* are due to vitiated dietary factors and vitated daily routines. The specific etiology in relation to disease may be related to the disease or physician.

**Tabel 1: The specific etiology related to the disease**

Related to the disease
<i>Udavarta</i> <sup>[8]</sup> ( <i>Purisajaudavarta</i> <sup>[9]</sup> or <i>Purisavrta Vata</i> <sup>[10]</sup> ) - The initiating factor in the development of a fissure is trauma to the anal canal, usually in the form of the passage of a fecal bolus that is large and hard.
<i>Arsha</i> (Prodromal features <sup>[11]</sup> and symptom of <i>Vatika</i> and <i>Kaphaja Arsha</i> <sup>[12]</sup> ) - Abnormality of the internal sphincter predisposes the patient to the formation of both haemorrhoid and fissure. <sup>[13]</sup>
<i>Jirnajwara</i> <sup>[14]</sup> - Generalized dehydration of the body, so the bowels are not clear, causing the disease
<i>Atisara</i> ( <i>Vatika Atisara</i> <sup>[15]</sup> ) - After an attack of diarrhoea the sphincters loose their capacity to dilate and go into severe spasm.
<i>Vatika Grahani</i> <sup>[16]</sup> - Ulcerative colitis, Chron's disease the Anal fissure also very common.

**Tabel 2: The specific etiology related to the physician**

Releted to physician
<i>Virecana Vyapada</i> - A person having <i>Mrudu Kostha</i> and with <i>Alpa Bala</i> if ingests <i>Tiksna</i> , <i>Ushna</i> and <i>Ruksa</i> drugs for <i>Virechana</i> , then this disease result. <sup>[3]</sup>
<i>Vasti Vyapada (niuruha)</i> - If <i>Ruksa Vasti</i> containing <i>Tiksna</i> and <i>Lavana</i> drugs is administered in heavy dose; it may produce <i>Parikartika</i> . <sup>[17]</sup>
Excessive use of <i>Yapana Vasti</i> - It may lead to <i>Parikartika</i> along with other diseases. <sup>[18]</sup>
<i>Vasti Netra Vyapada</i> - Due to inappropriate administration of enema nozzle and defect in enema nozzle itself may cause this disease. <sup>[19]</sup>

## Rupam

### Samanya Rupam

The terminology *Parikartika* is itself representing the symptom, which is the intensity of pain. It is sharp cutting or sawing type of pain. It's severe pain with bloody mucous discharge associated discomfort in peri anal region as per Charaka.<sup>[20]</sup> The pain persists before and after defecation mentioned by Susruta.<sup>[21]</sup>

There is vitiation of *Vayu* mainly the *Purisavrta Vata*.<sup>[22]</sup> The involvement of *Dushya* as disease concern will be *Twak*, *Rakta* and *Mamsa*. When vitiated *Vayu* affecting the following *Dhatus*, symptoms are become more relevant as per disease concern.<sup>[23]</sup>

**Tabel 3: The symptoms due to association of the Dhatus.**

Dusya	Symptom	Associate terminology	modern
<i>Twak</i> ,	<i>Toda</i> , <i>Twakbheda</i> , <i>Paripotan</i>	Tearing and splitting of skin with cutting pain	
<i>Rakta</i> ,	<i>Vrana</i>	Ulcer	
<i>Mamsa</i>	<i>Granthi Shula</i>	Swelling (skin tag) with pain	

So infact *Vrana* is an essential symptom of *Parikartika*. It is having elongated or triangular in shape and a discharge may be present,<sup>[23]</sup> The ulcer appears more dry and has features of *Vata Pittaja Vrana* and also *Dusta Vrana*.<sup>[23]</sup>

### Visihta Rupa

*Acharya Kasyapa* and other authors have not described the clinical features of this disease. Though he classified the disease according to the *Dosha*.<sup>[24]</sup> The cardinal symptom of disease is pain. The pain of *Vrana* can be classified according *Doshic* predominance in relation to disease concern.<sup>[25]</sup>

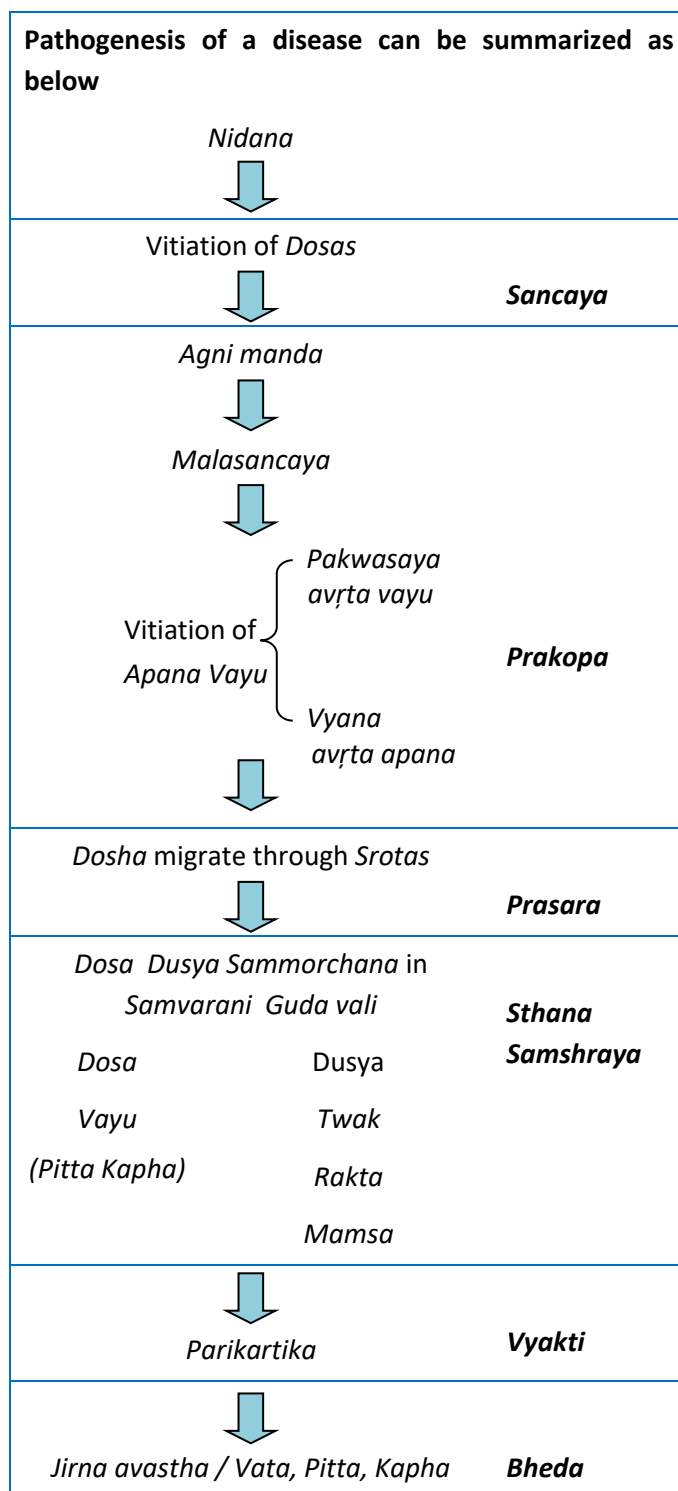
**Table 4: The type of pain in *Vrana* and related symptom according the involvement of *Dosha***

Involved <i>Dosha</i>	Type of pain in <i>Vrana</i>	Related symptom
<i>Vatika</i>	<i>Vidaran</i> (cutting pain)	<i>Parikartan</i> (cutting pain)
<i>Paittaka</i>	<i>Daha</i> (burning pain)	<i>Daha</i> (burning sensation), <i>Asra-srava</i> (bleeding per rectum)
<i>Kapha</i>	<i>Kandu</i> (pruritis)	<i>Piccha-Srava</i> (mucous discharge)

#### Samprapti

- a) In the concern disease, the predominant vitiated *Dosha* is *Vata*. *Dushya* are *Twak*, *Rakta* and *Mamsa*, specifically in *Guda Pradesa*,<sup>[3]</sup> which affect gradually according to the progress of disease. The *Vyana Vayu* when obstructed the pathway of *Apana Vayu* leads to formation of *Parikartika* associate with *Udavarta*.<sup>[26]</sup> Due to the etiological factor there is *Dusti* of *Purisavaha Srotas*.<sup>[26]</sup> When *Purisha* is obstructed the natural way of *Apana Vata* also cause vitiation of *Vayu*. As a result of the pathogenesis, when *Vata* localize in *Twak*, it becomes *Ruksa* and shows tendency to crack. As the disease progress the vitiated *Vayu* localized in *Rakta* and formation of ulcer takes place. Thereafter when it localize in *Mamsa* forming knotty swelling or tags and pain.<sup>[23]</sup> Though there is predominance of *Vayu*, but it is associated with *Pitta* (according to *Acharya Sushruta*) and *Kapha* (according to *Acharya Kasyapa*)<sup>[24]</sup>
- b) Impairment of *Agni* also plays a vital role in the formation of disease.<sup>[27]</sup> The persons has impaired *Agni*, is prone to having *Parikartika* as a result of *Vamana – Virechan* and *Vasti Vyapada* or associated with other disease.

**Table 5: The pathogenesis of *Parikartika***



- c) The third type of *Samprapti* is due to *Agantuja Nidana* where there is wound formation in first stage and then the *Doshas* get sited in the *Vrana*, producing further symptoms. When the wound is produced simultaneously there is vitiation of *Dosha* which in term leads to *Parikartika*.

**Sadhyasadhyata**

Generally *Vrana* in *Payu* is easily curable.<sup>[28]</sup> If a *Vrana* is left untreated, as a consequence it may lead to *Yapyatwa* stage and finally leading to *Asadhyatwa* stage. *Parikartika* which affects the superficial layer of the *Twak* (anal skin) are easily curable in short time. Therefore it can be included in the *Sukhasadhyata* group. If it affects the deeper layers, it deals wound healing. If it is associated with *Madhumeha*, *Kustha*, *Vishodusti* and *Sosha*, the healing of *Vrana* will be delayed. If *Parikartika* is associated with *Sanniruddha Guda*, it is considered as *Yapya*.<sup>[28]</sup>

In *Astanga Samgraha* some *Arista Lakshana* mentioned in relation to *Parikartika*<sup>[29]</sup>

- When *Parikartika* is formed due to *Amasaya* cause and associated with severe thirst and *Sakrutabheda*.
- When *Parikartika* is formed due to *Pakwasaya* cause and associated with severe thirst and *Gudagraha*.

**Treatment of Parikartika**

In general the aim of treatment is *Samprapti Vighatana* or reduce the strength of *Vyadhi Ghatakas* i.e.

- Treatment of *Vibandha* has lot of importance. Due to *Purisavega Avaroadha* there is vitiation of *Vayu* (*Apana Vayu*) leads to *Vibandha* as well as *Parikartika*. So the cycle should be broken.
- The *Mandagni* is most important factor of *Parikartika* as well as in *Arsha*, *Atisara*, *Grahani*. So increasing and maintain the *Agni* in equilibrium state is necessary.

In the treatment of *Parikartika* *Acharya Charaka* gave special importance to *Ama*,<sup>[27]</sup>

- Sama Dosh* - a) *Langhana* b) *Pachana* c) *Rooksha Ushna Laghu Bhojan*
- Amajirna* - *Anubandheshu* (*Nirama* state by *Vrdha Vagbhata*) - use of *Kshara*, *Amla*, *Madhu*, *Acharya Charaka* also mention to take *Brimhana* and *Madhura Drava* in emaciated patient.

- In *Vata* predominant condition - the following medicine should taken by patient<sup>[27]</sup>
  - Sarpi* processed with *Dadima Rasa* added with *Pushpa Kasis* or *Kshara* or *Lavana*.
  - Food and drink containing sour curd mixed with the skin of *Dadima* (pomegranate)
  - Paste of *Devadaru* and *Tila* along with warm water.
  - Milk boiled by adding *Asvattha*, *Udumbara*, *Plaksa* and *Kadamba*.
- In the *Jwara Chikitsa*, *Acharya Charaka* has also mentioned that in *Jwarita* person, there are chances of having *Parikartika*. He should consume *Peya* of red rice made from decoction of *Vrakshamala*, *Badara*, *Pithivana*, *Kantakāri* with powder of unripened fruit of *Bela's cortex*.<sup>[14]</sup>
- In relation with *Garbhini Chikitsa*, *Acharya Kasyapa*,<sup>[24]</sup> classified the disease in three category and given specific treatment according to the *Doshic* involvement.

Dosha in Parikartika	Ingredients helpful
Yusa for Vātika Parikartika. <sup>[24]</sup>	<i>Briahati</i> , <i>Bilva</i> , <i>Anantamūla</i> .
Yusa for Paittika Parikartika. <sup>[24]</sup>	<i>Madhuyasti</i> , <i>Hanspatti</i> , <i>Dhaniyā</i> , <i>Madhu</i> , etc.
Yusa for Kaphaja Parikartika. <sup>[24]</sup>	<i>Kateri</i> , <i>Gokśura</i> , <i>Pippali</i> and salt.

- Though among the various preparations *Picchā Basti* and *Anuvāsan Basti* has given special importance. *Picchā Basti* is specially advised when there is *Picchāsra* or *Asra Srava*, specially for *Stambhan* purpose. *Anuvāsan Basti* has ability to treat the vitiated *Apāna Vāyu*. *Picchā Basti* should be given in cold state prepared by *Kashaya* and *Madhura Dravya*.<sup>[3]</sup> *Anuvāsan Basti* should be given with *Yastimadhu Siddha Taila*.<sup>[3]</sup>



## DISCUSSION

In accordance with Ayurveda, anal fissure has no specific disease entity. *Parikartika* is the terminology used in *Samhita*, somehow represent the fact. Though there is controversy on the Ayurvedic nomenclature, it can be compared with *Parikartika*. The definition of *Parikartika* given by *Acharya Jejjata, Vijayraksita* is much more applicable in here. The *Parikartika* is a symptom where cutting type of pain is the major criteria in the ano-rectal region, which is also common in anal fissure, so the fissure in ano can be included under *Parikartika*, but all *Parikartika* is not anal fissure. For easy understanding the *Guda - Parikartika* can be classified into two sub headings as specific and non-specific. Specific variety is those where there is specific lesion (macro injury). The lesion can be anywhere in anorectal area which includes solitary rectal ulcer, anal fissure, laceration etc. Non specific are those where there is no visible specific lesion. There may be minute injury; it may be due to the irritant matter (viz. spicy food, irritant enema, etc.) causing proctotites.

So as an Ayurvedic physician, it is our duty to understand the disease. The picture in our mind about the disease should be clear and it should follow the Ayurvedic rule. As a disease, it should undergone six stages of *Kriyakala*. The formation of visible anal fissure occurs in the 5<sup>th</sup> stage (*Vyakta Avasta*). As a manifestation of disease it has to travel long way from *Nidana* to *Vyakta Avasta*. In the context of *Pakwasaya Avruta Vata* there are two main symptoms as dry hard stool and *Parikartika*. In another context it was mentioned as a symptom of *Vyana Avruta Apana* associated with *Adhmana* and *Udavarta*. This phenomenon may be responsible for slow-transit constipation. There was *Prakopita* of *Dosas* due to *Nidana Sevana* which ultimately causes *Sthansamsraya* in *Samvarani Gudavali*. Though the disease was more due to the hard stool but it is our hypothesis that the field for the disease formation is prepared early, that is due to micro injury which is produced by the irritant food, which may be the cause of chronically elevated internal anal sphincter tone. These phases completed in *Sthansamsraya*. Though it

is easy to understand due to *Abhigat* i.e., direct trauma by hard stool, causing the *Ksataja Vrana* or *Guda Vidarana* and later it becomes *Dusta Vrana*.

As a result of the pathogenesis, when *Vata* localizes in *Twak*, it becomes *Ruksa* and microscopic ulcers occur which in other words known as proctotites. There was the formation of linear ulcers, when the vitiated *Vayu* localized in *Rakta*, as the disease progresses. This is the acute fissure in ano. As the disease progresses the vitiated *Vayu*, when localized in *Mamsa* forming knotty swelling. So as per contemporary science it is similar pathway of Fissure-in-ano. Initially when the disease has not occurred we thought it involves only *Rasa Dhatu* i.e. disease will manifest if *Apathya Sevana* is going on which is nothing but acute fissure. In acute fissure there is severe pain and bleeding and an angry ulcer is also easily visible. As the disease progresses the fissure in ano when becomes chronic as per body's own compensatory mechanism there is formation of anal polyp above the ulcer and below there is sentinal tag. The general principle of treatment is removing the cause and treating the disease. The *Agni* should be maintained as well as the proper environment should be provided for proper healing. The conventional treatment is sufficient, rarely needs surgical intervention. A *Guda - Parikartika* is a disease itself, where undergoes various stages and also there is involvement of *Dosas*, when it is associated with other disease it also follows the same rule.

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