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Management of *Parikartika* w.s.r to acute fissure-in-ano with *Karpooora Grita* - A Case Study

Dr. Priya Yeli¹, Dr. Srinivas Masalekar²

¹Post Graduate Scholar, ²Associate Professor, Dept. of Shalya Tantra, Govt. Ayurvedic Medical College & Hospital, Bengaluru, Karnataka, INDIA.

ABSTRACT

Fissure in ano presents with features like severe pain in anus during and after defecation, constipation, stools streaked with blood. This is challenge to treat due to its nature of recurrence. The condition demands innovative techniques for its management. Many techniques are tried in its management, each by no means better than the other. The condition can be correlated with *Parikartika* according to Ayurveda. Ayurvedic treatment is beneficial in such cases which includes conservative management like *Deepana*, *Pachana*, *Vatanulomana* and *Basti Karma* and local application of *Madhura-Sheettha-Snighdha Dravyas*, *Taila Poorana*, *Lepa* and *Pichudharana*. A case study of patient having features of *Parikartika* was selected from OPD and *Karpooora Ghrita Pichu* was done for 7 days. Assessment was done on Pain, per rectal bleeding, constipation, sphincter tone and burning sensation. Significant improvement was observed after treatment.

Key words: *Parikartika*, *Karpooora Grita*, *Fissure-In-Ano*.

INTRODUCTION

Ayurveda is an ancient science of indigenous medicine, which is not only a medical science but an art of living in human beings. In this era of fast food, there is irregularity in people's diet. Along with this, one is always under mental stress and leading sedentary life style. All these causes disturbance in digestive system which in turn results in many diseases. Among them ano-rectal disorders dominate.

The earliest reference about the condition *Parikartika* is available in *Sushruta Samhita* (1500 B.C).

Address for correspondence:

Dr. Priya Yeli

Post Graduate Scholar, Dept. of Shalya Tantra,
Govt. Ayurvedic Medical College & Hospital, Bengaluru, Karnataka,
INDIA.

E-mail: basavapriya2010@gmail.com

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It is mentioned as one of the *Basti Karma Vyapath*, *Virechana Vyapath* and as an *Upadrava* of *Atisara*. It means "*Parikartanavat Vedana*" i.e. cutting type of pain specially observed in *Guda Pradesha* (anal region). This condition presents with features like severe pain, constipation and stools streaked with blood.

Major etiological factors of *Parikartika* according to various treatises are summarized as: improper administration of *Vamana*, *Virechana* and *Basti Karmas* and it is a complication of *Atisara*, *Grahani* and *Arsha Roga*. *Acharya Kashyapa* classifies the condition into three types viz. *Vataja*, *Pittaja* and *Kaphaja*.

Acharya Sushruta described the symptoms of the disease as cutting or burning pain in anus, penis, umbilicus and neck of bladder with cessation of flatus. And *Acharya Charaka* describes the features as pricking pain in groin and sacral region, scanty constipated stools and frothy bleeding per anus.

Acharya Charaka, *Vagbhata* and *Chakrapani* referred two words, "*Vikartika*" and "*Parikartika*" for denoting the condition. This can be correlated to "Fissure in ano" based on the similarity in clinical presentations.

Fissure-in-ano is a small longitudinal ulcer in long axis of lower anal canal producing severe pain when compared to its size. About 30 - 40% of the population suffers from proctologic pathologies at least once in their lives. Anal fissure comprises of 10 - 15% of Anorectal disorders. This is more common in youngsters, in females in their reproductive age and during pregnancy. This condition during pregnancy is difficult to cure as very less purgatives are prescriptible and no surgical intervention can be done which poses challenge to the surgeons. The patients in their post-operative period also tend to suffer with severe constipation because of prolonged bedrest and intravenous treatments and may acquire Fissure-in-Ano. This leaves a pit hole in the management techniques of fissure-in-ano, demanding for an applicable therapy even during pregnancy.

The condition demands innovative techniques for its management. Many techniques have been tried, each by no means better than the other. There is always a need for the cost effective and patient friendly method of management for *Parikartika*. The *Karpoora Grita* referred in *Sadhyovrana Chikitsa Adhyaya of Bhaisajya Ratnavali* which is mentioned to be very much effective in healing the acute ulcers was selected for study.

CASE REPORT

A 34 year old male, married, engineer by Profession presented with complaints of *Gudapradesha Kartanavath Vedana* (severe excruciating pain in the Anal region), *Gudapradesha Daha* (burning sensation at anal region), *Malavasthamba* (constipation), *Saraktamala Pravrutti* (stools streaked with blood) since 3 days at Shalya Tantra OPD of SJIM Hospital, GAMC Bangalore. Interrogations revealed that the patient used some local application in the form of ointment but did not get any relief and approached here for better management.

The patient had history of habitual constipation and is not a known case of Diabetes mellitus, Hypertension or underwent any surgery.

On physical examination pulse rate was 86/min, regular with normal volume. Blood pressure was 110/80 mmHg. All the laboratory investigations done were within normal limit.

Systemic Examination

- Cardio Vascular System - S1 S2 heard, no any added sounds
- Central Nervous System - conscious, oriented
- Respiratory System - Bilateral air entry clear
- Per Abdomen - soft, non-tender

Local Examination

Inspection: Active bleeding was seen as the anal canal was visualized. On separation of anal verge, a longitudinal tear extending from the anal verge was seen at 6 o'clock position 1.5 cm inside the anus on the Posterior midline.

Palpation: Tenderness present over the Fissure area and Digital rectal examination was not done as patient had severe pain due to sphincteric spasm.

Nidana

- *Ahara* - *Ruksha Ahara Sevana, Amla Lavana Ahara, Madhyapaana, Guru Ahara*
- *Vihara* - prolong standing, sleeping late night
- *Manasika* - *Chinta, Krodha* etc.

Samprapti

The *Nidanas* (Aetiological factors) influence and produces *Agnimandya* and there by leads to *Vata Pradhana Pitta Dosha Dushti*. Then localisation of *Dushita Doshas* occurs particularly in *Guda Pradesha*. Producing *Twak Mamsa Dushti* and results in *Rukshata of Twacha* which later attains tendency to crack. Thus, cracked skin in the perianal region is *Parikartika*. When *Atisara, Grahani* etc. diseases are not treated properly and patient continues to indulge in *Aharaja Nidana* then pre-existing pathology leads to *Guda Vikruti* leading to *Parikartika*.

Diagnosis: *Parikartika* - Acute Fissure in Ano (Posterior)

MATERIALS AND METHODS

Treatment was planned as;

<i>Sthanika Chikitsa</i>	<i>Samanya Chikitsa (Oral medication)</i>
<i>Karpoora Grita Pichu</i> for 7 days	<i>Triphala Guggulu</i> tid for 7 days
<i>Avagaha Sweda</i> with <i>Sukhoshna Jala</i>	<i>Triphala Choorna</i> with warm water at bed time for 7 days
<i>Pathya</i> : Rich fiber diet. Increased fluid intake	

Assessment Criteria

1.	<i>Guda Daha</i> (burning sensation at anal verge)
2.	<i>Guda Peeda</i> (cutting pain)
3.	<i>Rakta Srava</i> (bleeding)
4.	Constipation
5.	Sphincter tone

Treatment course in hospital

Treatment	Day	Observation			
		Burning sensation at anal region	Pain	Stools streaked with blood	Sphincter tone
<i>Karpura Grita Pichu</i>	1 st	+++	+++	++	Spasm ++
	2 nd	+++	++	++	-
	3 rd	++	++	+	Spasm+
	4 th	++	+	+	-
	5 th	+	+	0	N
	6 th	0	0	0	N
	7 th	0	0	0	N

OBSERVATIONS AND RESULTS

Clinical examination of the patient revealed regression of symptoms with treatment on third day itself. On fourth day there was mild pain and scanty bleeding streaked to stools. On 5th day minimal burning sensation was seen and sphincter tone was normal on digital rectal examination and on last day

of treatment, patient had no symptoms and was completely cured.



Fig. 1: Before Treatment



Fig. 2: During Treatment



Fig. 3: After Treatment

DISCUSSION

Patient got relieved of the symptoms and improved with *Karpoora Grita Pichu*.

Probable mode of action

Karpoora Ghrita is prepared out of *Karpoora (Cinnamomum Camphora)* and *Shatadhautha Ghrita*.

Properties	Karpoora	Ghrita
Rasa	Tikta, Katu, Madhura	Madhura
Guna	Laghu, Ruksha	Pitta Vata Shamaka
Veerya	Sheeta	Sheeta
Vipaka	Katu	Madhura

Karpoora possess properties like *Vatahara*, *Gurutva* and *Chedana Gunas*, *Sheeta Veerya* by which there is *Pittashamana* and helps in relieving pain.

Shatadhautha Ghrita is an emulsion of water and *Ghrita* maintains hydration, better absorbed and favours healing when applied externally. The combination of *Karpoora* and *Shatadhautha Ghrita* selected in the present study helped healing the fissure along with reduction of pain.

Triphala choorna was given for *Vatanulomana* which relieved constipation.

CONCLUSION

In this single case study *Karpoora Ghrita Pichu* has showed excellent results. The use of *Karpoora Grita Pichu* has a definite role in the treatment of fissure-in-ano in terms of earlier relief in cardinal and general symptoms and quick healing of ulcer too. But time demands to work on more patients and detail research.

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