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MANAGEMENT OF PARIKARTIKA (ACUTE ANAL FISSURE) VIA JATYADI GHRITA MATRA BASTI AND KASHAYA SEKA: A CASE REPORT.

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ABSTRACT

Parikartika is a classical condition described in Ayurvedic literature, closely resembling Anal Fissure in modern clinical practice. Characterised by severe cutting pain (Kartanavat Vedana) and burning sensation (Daha) during and after defecation, it significantly impairs quality of life. This case report evaluates the clinical efficacy of conservative Ayurvedic management—specifically Jatyadi Ghrita Matra Basti along with Kashaya Seka (Sitz bath) and internal Anulomana therapy—in a 32-year-old male patient presenting with an acute fissure-in-ano. Complete symptomatic relief and fissure healing were observed within 21 days of treatment without surgical intervention.

Keywords:

Parikartika, Acute Anal Fissure, Shalya Tantra, Jatyadi Ghrita, Matra Basti, Kashaya Seka, Vrana Ropana.

1. INTRODUCTION

In Ayurvedic classical texts, Parikartika is primarily described as a Vyapat (complication) arising from improper administration of Vamana or Virechana (Panchakarma procedures), as well as Basti-Netra Vyapat. However, in contemporary surgical practice, Parikartika frequently presents as an independent clinical pathology driven by Aharaja (dietary) and Viharaja (lifestyle) factors like dry, excessively spicy food, irregular sleep patterns, continuous sedentary sitting, and chronic constipation.

Pathologically, Parikartika involves Vata-Pitta Pradhana Tridosha aggravation. The aggravated Apana Vayu leads to severe cutting pain (Kartanavat Vedana) and localised muscle spasm, while Pitta causes severe burning sensation (Daha), inflammation, and mucosal ulceration (Vrana). Contemporary surgical interventions such as Lateral Internal Sphincterotomy (LIS) carry inherent risks of permanent incontinence, prolonged wound recovery, and recurrence. Thus, non-invasive Shalya-Chikitsa modalities focusing on Vrana Ropana (wound healing), Vata Shamana, and sphincter relaxation offer a safer, highly effective conservative alternative.

3. PATIENT INFORMATION

- **Age / Gender:** 32-Year-Old Male
- **Occupation:** Software Engineer (Desk Job with prolonged sitting)
- **Socioeconomic Status:** Middle Class
- **OPD Reg. No.:** ST/2026/08/412
- **Department:** Department of Shalya Tantra, ADAMC, Ashta

Chief Complaints

1. Severe cutting/tearing pain in the anal region during and after defecation (lasting 2–4 hours) for 10 days.
2. Mild streak of bright red blood on the surface of hard stool for 5 days.
3. Severe burning sensation (Daha) in the perianal area post-defecation for 10 days.
4. Habitual constipation with hard, dry stools for 1 month.

History of Present Illness

The patient was apparently healthy 1 month ago when he developed irregular bowel habits and hard stools due to long desk hours and late-night shifts. Ten days before OPD presentation, following the evacuation of a hard bowel movement, he experienced sudden, excruciating cutting pain in the anal canal. The pain persisted for several hours post-defecation, accompanied by a burning sensation and streak bleeding. Fearing painful defecation, the patient voluntarily suppressed bowel urges, which further aggravated constipation and mucosal tearing. He presented to the Shalya Tantra OPD at ADAMC, Ashta for specialised Ayurvedic management.

3. CLINICAL EXAMINATION

General & Systemic Examination

- **Pulse Rate:** 74/min, regular
- **Blood Pressure:** 120/80 mmHg
- **Cardiovascular System:** S1, S2 Normal
- **Respiratory System:** Chest clear, Bilateral vesicular breath sounds
- **Per Abdomen:** Soft, non-tender; mild left iliac fossa tenderness due to loaded sluggish bowel.

Ashtasthana Pariksha

Pariksha (Parameter)	Observation	Ayurvedic Clinical Inferences
Nadi (Pulse)	Vata-Pitta Pradhana	Indicates Vata aggravation (pain) & Pitta involvement (daha)
Mala (Stool)	Baddha / Hard Stool	Vata Dushti in Annavaha & Purishavaha Srotas
Mutra (Urine)	Samyak / Normal	Prakrita (Normal function)
Jihwa (Tongue)	Sama (Slightly coated)	Mild Agnimandya and Ama presence
Sabda (Voice)	Normal	Prakrita
Sparsha (Touch)	Anushna-Sheeta	Prakrita
Drik (Vision)	Clear	Prakrita
Akruti (Build)	Madhyama (Moderate)	Normal body habitus

Local Anorectal Examination

1. Inspection: An acute longitudinal slit-like ulcer/tear was observed at the 6 o'clock position (Posterior Midline) in the anal canal upon gentle separation of the buttocks. Edematous, hyperemic margins with severe tenderness were present. No sentinel tag, external haemorrhoids, or fistulous openings were noted.
2. Digital Rectal Examination (DRE): Deferred initially during the acute baseline visit due to severe patient agony and marked anal sphincter hypertonicity/spasm.
3. Proctoscopy: Deferred during the acute painful phase to prevent additional mechanical trauma.

4. DIAGNOSIS & SAMPRAPTI (PATHOPHYSIOLOGY)

- **Ayurvedic Diagnosis:** Parikartika (Vata-Pitta Pradhana)
- **Modern Diagnosis:** Acute Fissure-in-Ano (Posterior Midline)

Samprapti Ghataka (Ayurvedic Pathological Components)

- **Dosha:** Vata Pradhana (Apana Vayu), Pitta Anubandha
- **Dushya:** Rasa, Rakta, Mamsa
- **Agni:** Mandagni / Vishamagni
- **Srotas:** Annavaha & Purishavaha Srotas
- **Srotodushti:** Sanga (Constipation) & Vimarga Gamana
- **Udbhavasthana:** Pakvashaya
- **Adhisthana:** Gudavali / Anal Canal (Posterior Midline)

5. TREATMENT PLAN & INTERVENTION

The comprehensive therapeutic strategy was designed to break the vicious cycle of fissure pathogenesis by focusing on Vata-Pitta Samana, local Vrana Shodhana (cleansing), Vrana Ropana (wound healing), sphincter relaxation, and Mala Anulomana (bowel regulation).

Local Interventions (Bahya Chikitsa)

Treatment Procedure	Drug / Medicine Used	Mode of Administration & Dosage	Duration
Kashaya Seka (Sitz Bath)	Triphala Kashaya + Panchavalkala Kashaya	Lukewarm sitz bath for 15 minutes twice daily post-defecation	21 Days
Matra Basti	Jatyadi Ghrita	15 ml intra-rectally via 20 ml syringe & rubber catheter (No. 6) once daily after morning bowel movement	14 Days
Local Application	Jatyadi Taila	Gentle perianal application before bedtime	21 Days

Internal Oral Medications (Abhyantara Samana Chikitsa)

Drug / Formulation	Dosage	Frequency & Time	Anupana (Vehicle)
Gandharvahasthadi Kashayam	15 ml + 45 ml lukewarm water	Twice daily before meals	Warm Water
Triphala Guggulu	2 Tablets (500 mg each)	Thrice daily after meals	Warm Water
Abhayarishta	20 ml + 20 ml water	Twice daily after meals	Normal Water
Haritaki Churna	3 grams	Once daily at bedtime	Warm Water / Milk

Dietary & Lifestyle Modifications (Pathya-Apathya)

• **Pathya (Advised):** High-fibre diet including leafy green vegetables, papaya, oats, cucumber; warm cow's milk with 1 teaspoon of Ghee at night; daily intake of 3.5–4 litres of fluids; light evening walks.

• **Apathya (Restricted):** Spicy, pungent, dry (Ruksha), and deep-fried foods; bakery and refined wheat products; excessive tea/coffee; long hours of continuous sitting; voluntary suppression of natural bowel urges (Vega Dharana).

6. RESULTS & OBSERVATIONS

The patient was evaluated at weekly intervals (Day 0, Day 7, Day 14, and Day 21) across key clinical subjective and objective parameters.

Clinical Parameter	Day 0 (Baseline)	Day 7	Day 14	Day 21 (Final)
Anal Pain (VAS 0–10)	8 / 10 (Severe)	4 / 10 (Moderate)	1 / 10 (Mild)	0 / 10 (Completely Absent)
Burning Sensation (Daha)	Severe (Persisting 3 hrs)	Mild (Persisting 15 mins)	Absent	Absent
Bleeding Per Anum	Present (Streak on stool)	Absent	Absent	Absent

Clinical Parameter	Day 0 (Baseline)	Day 7	Day 14	Day 21 (Final)
Stool Consistency	Hard & Fragmented	Semi-solid / Soft	Soft formed stool	Normal soft formed stool
Ulcer Healing (Vrana)	Fresh mucosal tear, red	Oedema reduced, clean base	Active epithelization	Complete ulcer healing/scar

7. DISCUSSION

The core clinical challenge in managing acute fissure-in-ano (Parikartika) is interrupting the self-perpetuating pathology: Mucosal Tear → Severe Pain → Internal Sphincter Hypertonicity / Spasm → Local Ischemia → Impaired Healing → Recurrent Tear.

1. Action of Jatyadi Ghrita Matra Basti: Jatyadi Ghrita is a renowned classical formulation containing ingredients like Jati, Nimba, Patola, Tuttha, Yashtimadhu, and Haridra, which possess potent Vrana Shodhana (antiseptic/cleansing) and Vrana Ropana (healing) properties. When administered as Matra Basti, the unctuous (Snigdha) nature of Ghrita directly lubricates the hypertonic anal sphincter, protects the denuded epithelium during bowel movements, pacifies local Vata-Pitta Dosha, and enhances microcirculation to promote tissue regeneration.

2. Action of Triphala & Panchavalkala Kashaya Seka: Warm Sitz baths exert a direct thermal muscular relaxation effect on the internal anal sphincter, reducing resting sphincter pressure and instantly alleviating pain (Vata Shamana). The Kashaya dravyas possess Kashaya (astringent) and Stambhana/Sodhana qualities, reducing edema, hyper-exudation, and local microbial load.

3. Action of Oral Anulomana & Shothahara Therapy: Gandharvahasthadi Kashayam and Abhayarishta regulate bowel peristalsis and soften stool consistency (Mala Anulomana), ensuring soft, non-traumatic evacuation. Triphala Guggulu acts as an effective anti-inflammatory and systemic wound healer (Shothahara and Vrana Ropana).

8. CONCLUSION

This case study demonstrates that conservative Shalya Tantra protocols—specifically Jatyadi Ghrita Matra Basti, Kashaya Seka, and oral Anulomana medications—provide safe, rapid, and complete healing in acute Parikartika (fissure-in-ano). The intervention effectively relieved sphincter spasm, abolished severe pain, and achieved complete mucosal healing within 21 days without requiring invasive surgical procedures like lateral internal sphincterotomy. This multimodal Ayurvedic approach is an exemplary model for non-surgical anorectal care.

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