



## Review Article

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## Critical review of *Parikartika* as a disease

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### ABSTRACT

Anal fissure is very painful ano-rectal 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 mention 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. In here one attempt is made to introduce *Parikartika* as a disease itself. In here the main objectives are to introduce *Parikartika* as a disease by detailing of *pancha nidana*, specially the *rupa*, *samprapti*, etc as well as establish missing link between them.

**Keywords:** *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 change, 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 of anal fissure as per Ayurveda terminology is *Parikartika*. It is mention as sign and symptom of other diseases or complication of Ayurvedic procedure or due to the some instrumentation, like enema nozzle etc.

### MATERIALS AND METHODS

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

### Defination

*Parikartika* is derived from root "*Parikrt*" 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. Dalhan mention it is a cutting and tearing pain everywhere,<sup>[3]</sup> where as *asjijjat*,<sup>[4]</sup> and *Vijayaraksita*,<sup>[5]</sup> mention its 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 *Dosas* are due to vitiated dietary factors and vitiated daily routines. The specific etiology in relation to disease may be related to the disease or physician (Table 1).

### 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 perianal region as per Caraka<sup>[20]</sup>. The pain persists before and after defecation mention by Susruta<sup>[21]</sup>.

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

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

Related to the Disease	Releted to Physician
<i>Udavarta</i> , <sup>[8]</sup> ( <i>Purisajaudavarta</i> , <sup>[9]</sup> or <i>Purisavrtavata</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>VirecanaVyapada</i> -A person having Mrdukoṣṭha and with Alpabala if ingests Tikṣna, Usna and Ruksa drugs for Virecana, then this disease result. <sup>[3]</sup>
<i>Arsa</i> (Prodromal features, <sup>[11]</sup> and symptom of <i>Vatika</i> and <i>kaphajaarsa</i> , <sup>[12]</sup> ) Abnormality of the internal sphincter predisposes the patient to the formation of both haemorrhoid and fissure. <sup>[13]</sup>	<i>VastiVyapada (niuruha)</i> - If <i>RuksaVasti</i> containing <i>Tikṣna</i> and <i>Lavana</i> drugs is administered in heavy dose; it may produce <i>Parikartika</i> . <sup>[17]</sup>
<i>Jīrnajwara</i> - <sup>[14]</sup> Generalized dehydration of the body,so the bowels are not clear, causing the disease	Excessive use of <i>YapanaVasti</i> - It may lead to <i>Parikartika</i> along with other diseases. <sup>[18]</sup>
<i>Atisara</i> - ( <i>Vatikaatisara</i> , <sup>[15]</sup> )After an attack of diarrhoea the sphincters loose their capacity to dilate and go into severe spasm.	<i>VastiNetraVyapada</i> - Due to inappropriate administration of enema nozzle and defect in <i>Venema</i> nozzle itself may cause this disease. <sup>[19]</sup>
<i>Vatikagrahan I</i> <sup>[16]</sup> - Ulcerative colitis, Chron's disease the Anal fissurealso very common.	

**Tabel 2:** The symptoms, due to association of the vitiation *Vayu* and the *Dhatus*.

Dusya	Symptom	Associate modern terminology
<i>Twak</i> ,	<i>Toad</i> , <i>Twakbhed</i> , <i>Paripotat</i>	Tearing and splitting of skin with cutting pain
<i>Rakta</i> ,	<i>Vrana</i>	Ulcer
<i>Mamṣa</i>	<i>Granthisula</i>	Swelling(skin tag) with pain

So *infectvrana* 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 *Vatapittajavrana* and also *DustaVrana*.<sup>[23]</sup>

#### Visitarupa

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

**Table 3:** The type of pain in *Vrana* and related symptom according to the involvement of *Dosa*.

Involve dosa	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> (pruitis)	<i>Piccha-srava</i> (mucous discharge)

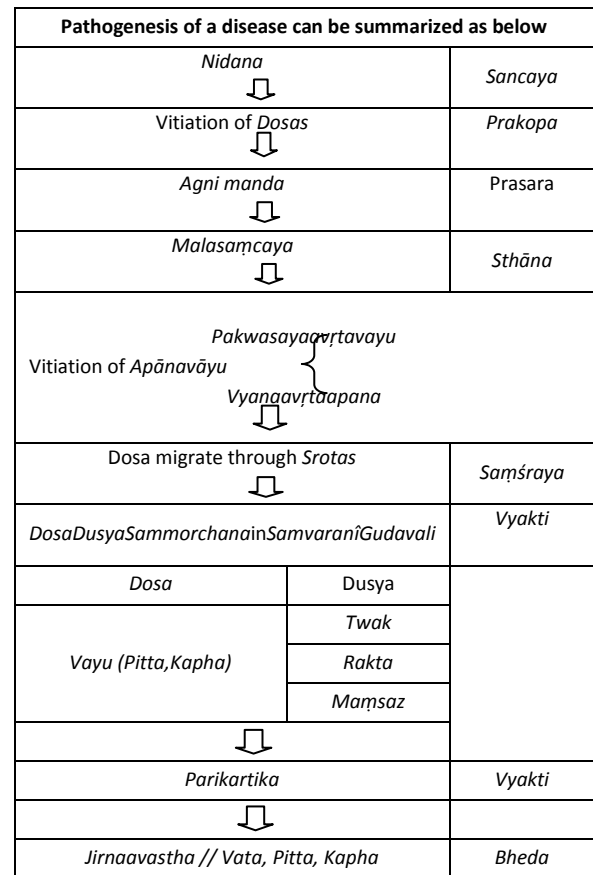
#### Samprapti

a) In the concern disease, the predominant vitiated *dosa* is *Vata*. *Dusya* are *Twak*, *Rakta* and *Mamṣa*, specifically in *GudaPradesa*,<sup>[3]</sup> which affect gradually according to the progress of disease. The *VyanaVayu* when obstructed the pathway of *Apanavayu* leads to formation of *Parikartika* associate with *Udavarta*.<sup>[26]</sup> Due to the etiological factor there is *Dusti* of *Purisavahasrota*.<sup>[26]</sup> When *Purisa* is obstructed the natural way of *Apanavata* 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. Thereafter when it localize in *Mamṣa* forming knotty swelling or tags and pain.<sup>[23]</sup> Though there is predominance of *Vayu* but it is associate with *Pitta* (according to *AcaryaSusruta*) and *Kapha*(according to *AcaryaKasyapa*)<sup>[24]</sup>.

b) Impairment of *agni* also place 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 *Vaman* –*Virechan* and *Vastivyapada* or associated with other disease.

**Table 4:** The pathogenesis of *Parikartika*



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

## Sadhyasadhya

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. Parikartikawhich affects the superficial layer of the Twak (anal skin) are easily curable in short time. Therefore it can be included in the Sukhasadhya group. If it affects the deeper layers, it dealy wound healing. If it is associated withMadhumehaKustha, Vishodusti and Sosa, the healing of Vrana will be delayed.If Parikartikais associated with SanniruddhaGuda, it is considered as Yapya.<sup>[28]</sup>

In As\_tangaSamgraha some Arista laksana mention in relation to Parikartika<sup>[29]</sup>

- When Parikartikais form due Amasaya cause and associated with severe thirst and Sakṛtabheda
- When Parikartikais form due Pakwasaya cause and associated withsevere thirst and Gudagraha

### Treatment of Parikartika

In general the aim of treatment is sampraptivighatan or reduce the strength of vyadhighatkasie-

1) Treatment of vivandha has lot of importance. Due to purisavegaavaroadha there is vitiation of vāyu (apānavayu) leads to vivandha as well as Parikartika. So the cycle should be broken.

2) Themandaagni is most important factor of Parikartikaas well as in arsa, atisaragrahani. So Increasing and maintain theagni in equilibrium state is necessary.

In the treatment of Parikartikathe ĀcāryaCarak gave special importance to āma<sup>[27]</sup>.

1) samadosha-a) langhan b) pachan c) rookshausnalaghubhogan

2) amajirna-anubandheshu (nirama state by vrddhavāgbhata)-use of kshār, amla, madhu

ĀcāryaCarak also mention to take brimhana and madhuradrava in emaciated patient.

3) Invāta predominant condition-the following medicine should taken by patient<sup>[27]</sup>

- Sarpi prepare with darimba rasa added with puṣpa-kāsis or kshara or lavan.
- Food and drink containing sour curd mixed with the skin of darimba (pomegranate)
- Paste of deva-daru and tila along with warm water
- Milk boiled by adding aśvattha, udumbara, plaksa, and kadmba

4. In the Jwara -CikitsāĀcāryaCaraka has also mentionedthat in Jwarita person, there are chances of having Parikartikā. He should consume Peya of red rice made from decoction of Brakshamala, Bera, Pithivana, Kantakāri with powder of unripped fruit of Bela's cortex.<sup>[14]</sup>

4) In relation with garbhanichikitsa ĀcāryaKasyapa,<sup>[24]</sup> classified the disease in three category and give specific treatment according to the doshic involve-

Table 5:

	Ingredients
LehanaYoga, <sup>[30]</sup>	Cold milk medicated with madhur group drugs
	Śarkarā, madhutailla
	Yaṣṭimadhuphanita
Yusa for VātikaParikartika, <sup>[24]</sup>	Briahati, Bilva, Anantamūla.
Yusa for PaittikaParikartika, <sup>[24]</sup>	Madhuyaṣṭi, Hanspatti, Dhaniyā, Madhu, etc.
Yusa for KaphajaParikartika, <sup>[24]</sup>	Kateri, Gokśura, Pippali and salt.

5. Though among the various preparations Picchavasti and anuvasanvasti has given special importance. PicchāBasti is specially advice when there is picchasrava or asrasrava, specially for stambhan purpose. AnuvāsanaBasti has ability to treat the vititedapānavāyu.

PicchāBasti should be given in cold state prepapre bykaśāya and madhurdrava<sup>[3]</sup>. AnuvāsanaBasti should be given with yastimadhusiddha taila.<sup>[3]</sup>

### DISCUSSION

In accordance with Ayurveda, anal fissure has no specific disease entity. Parikartikais the terminology use in Sam hita, somehow represent the fact. Though there is controversy on the Ayurvedic nomenclature, it can be compared with Parikartika. The definition of Parikartikagiven by Jejjata, Vijayraksita is much more applicable in here. The Parikartikais 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 include under Parikartikabut all Parikartikais not anal fissure. For easy understanding the Guda-Parikartikacan 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 is occure in the 5<sup>th</sup> stage (Vyaktaavasta). As a manifestation of disease it has to travel longway from Nidan to Vyaktaavasta. In the context of Pakwasayaavṛtavata there are two main symptoms as dry hard stool and Parikartika. In another context it was mention as a symptom of Vyanaavṛtaapana associate with adhmaana and udavarta. This phenomenon may be responsible for Slow-transit constipation. There was prakopita of dosas due to Nidansevana which ultimately causes Sthansamsraya in Samvaranīgudavali. 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 produce by the irritant food, which may be the cause of chronically elevated internal anal sphincter tone. These phase completed in Sthansamsraya. Though it is easy to understand due to abhighat i.e., direct trauma by hard stool, causing the Ksatavṛjana or Gudavidarana and later it become Dustavṛjana.

As a result of the pathogenesis, when vata localize in Twak, it becomes Ruksa and microscopic ulcer occur which in other word known as proctotites. There was the formation of liner ulcer, when the vitiated vayu localized in rakta, as the disease progress. This is the acute fissure

in ano. As the disease progress the vitiated Vayu, when localize in Mamsa forming knotty swelling. So as per contemporary science it is similar pathway of Fissure- in –ano . Initially where the disease is still not occur we can thought it involve only rasa dhatui.e disease will manifest if apathy sebanis going on which is nothing but acute fissure .In acute fissure there is severe pain and bleeding and angry ulcer is also easily visible. As the disease progress the fissure in ano when become chronic as per body own compensatory mechanism there is formation of anal polyp above the ulcer and below there is sentinal tag. The general principal of treatment is removing the cause and treats the disease. The Agni should be maintain as well as the proper environment should be provided for proper healing. The conventional treatment is sufficient rarely needs surgical intervention. A Guda-Parikartikais a disease itself, where it is undergone various stages and also there is involvement of Dosas, when it is associated with other disease it also follow the same rule.

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### Conflicts of Interest

Nil

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