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A THERAPEUTIC AYURVEDIC APPROACH TO TREAT FISSURE IN ANO : A CASE REPORT OF 30 YEARS OLD PATIENT

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Abstract

Background: The expand of sedentary lifestyles, combined with poor dietary choices and stress, has led to an increase in digestive issues like Fissure-in-ano. This condition involves a longitudinal tear in the anal canal, often found at the posterior midline, and is marked by intense pain, a burning sensation,
and periodic bleeding. In Ayurvedic terms, it corresponds to *Parikartika*, frequently triggered by inappropri ate use of treatments like Basti (enema) or *Virechana* (purgative).

Case Study: This study explores the effectiveness of administering *Patoladi Taila* rectally for treating *Parikartika* in a 30-year-old male patient experiencing anal discomfort, burning, and rectal bleeding after bowel movements.

Materials & Methods: The approach involved daily local application of *Patoladi Taila Pichu* (5ml) per rectal for 15 days.

Results: Notable improvement was observed by day five, with complete symptom relief and resolution of the fissure by day fifteen. The therapeutic effects of *Patoladi Taila* can be linked to its *Shodhana* (cleansing), and *Ropana* (healing), *Dahprashaman*, *Raktastambhak, Kandughna, Shothahar* qualities, which aid in wound recovery, reduce inflammation, and promote smoother bowel movements.

Conclusion:

Patoladi Taila is a viable and economically advantageous option for treating fissure-in-ano, offering substantial symptom relief without the complications associated with typical surgical procedures.

Keywords: Fissure-in-ano, *Parikartika, Patoladi Taila*, Per-rectal Pichu, Anal Fissure Management

INTRODUCTION.

In our current society, a lack of movement, major changes in diets, and mental strain lead to problems with digestion, which can cause various ano-rectal conditions such as piles, fissure, fistula,rectal prolapse, etc. One among then most common is fissure in ano. One of the most concerning issues is Fissure-in-ano, affecting approximately 1 in every 350 adults[1]. An anal fissure appears as a tear in the anoderm located at the end of the anal canal[2]. The fissure-in-ano is classified into two types based on clinical symptoms and disease duration: Acute and Chronic[3]. These fissures typically occur most often at the middle posterior (90%) and less frequently at the front (10%). Subsequently, female fissures located on the anterior midline are now slightly more prevalent than previously observed[4].
They usually result in intense, unbearable pain akin to the severe discomfort described in Parikartika by Acharya Sushruta[5].

Information regarding Parikartika can be found in all Bruhadtrayi texts and various authors of ayurveda. The elements that contribute to the onset of Parikartika are documented in several Ayurvedic writings, including Vamana – Virecana Vypada, Basti Karma vyapada, and upadrava of Atisara, Grahani. Inn this context, Acharya Sushruta explained the origin of the condition, noting that if an individual struggles with Mandagni (low appetite) and Mridukoshta (weak digestive capacity). Then an increased intake of food likely contains properties such as Rukshna (dry), Ushna (hot), Lavana (salty)[6]. Consuming foods with these qualities can disturb Vata and Kapha, ultimately leading to Parilartika. These symptoms of Parikartika include discomfirt in the penis, bladder neck, and the area around the belly button, along with cessation of flatus[7]. In the Kashyap Samhita, specifically in the Garbhini Chikitsa chapter, we find the doshik classification, causes, symptoms, and therapies for Parikartika[8]. Acharya Charaka also discussed fissures in the anus as a complication of Vataj Atisara[9].

Acharya Sushruta lists symptoms like sharp or burning pain in the anus, urinary bladder, and umbilical regions. The word Parikartika translates to "Parikartanvat Vedana," signifying a cutting-like pain experienced around the anal area[10].

Modern methods to treat fissure-in-ano consist of soothing creams, bulk laxatives, and surgical options. However, these methods may have disadvantages, such as a high chance of recurrence, possible incontinence, the development of fistulas or abscesses, and expensive costs.

Classical Ayurvedic texts suggest various treatments, including Bhesaja, Shashtra, and Kshara Karma. In this study, Patoladi Taila was chosen for topical use due to its mention in Ayurvedic Literature, being renowned for its Vranaropan, Dahprashaman, Raktastambhak, Kandughna, Shothahar properties, which promote the healing of fissures[11].

Patoladi Taila is employed in this study for the treatment of Parikartika along with the internal (oral) medication of Gandharva haritaki 500mg at bed time with luke warm water.

AIM & OBJECTIVES

To evaluate the effectiveness of per rectal Pichu of Patoladi taila in treating Parikartika (fissure in ano)

Case Report

A 30-year-old male patient present in OPD of Shlaya Tantra Department of Dr. D. Y. Patil College of Ayurved and Research centre, Pimpri Pune, experiencing hard stools for the past six months. In the last two weeks, she began to feel pain and a burning sensation that could last for 2 to 3 hours after bowel movements, and she also observed blood streaks in her stools, prompting her to seek medical assistance.

Clinical Findings

Past medical history:

No history of Diabetes Mellitus, Hypertension, etc.

Past treatment history:

No specific treatments noted.

Family history:

No any significant family medical history identified.

Personal history:

Appetite is normal.

Diet consists of mixed foods.

Bowel habits are irregular with hard stools.

Urination 5 to 6 times per day.

Sleep is good.

Habits include tea consumption.

Nidana (Causes)

Ahara-

Ruksha Ahara, Tikta-Katu Rasa Pradhana Mamsahari Ahara.

Vihara –

Pravahan, Purisha vegadharana, Utkata-asana

Vitals

BP: 130/80 mmHg
PR-78 per minute
Temperature: 98°F

Local examination

A. Per-Abdomen - Soft, non-tender

B. Per-rectal Examination

1. Inspection- Longitudinal ulcer was seen at 4 O' clock position. Bleeding was noted along the edges of the ulcer. Sentinal tag present at 12 O' clock.

2. Palpation- Tenderness on lateral side of anal verge.

3. Digital examination- Hypertonicity

Etiopathogenesis (Samprapti)

Consumption of Nidanas

⇩

Imbalance of Vata-Pitta Doshas

⇩

Digestive impairment (Agnidushti)

⇩

Constipation (Malasanchaya)

⇩

Dosha-Dushya Sammorchana

⇩

Parikartika

Diagnosis: Parikartika (Acute Fissure-in-ano)

ASSESSMENT CRITERIA

SUBJECTIVE CRITERIA:-

- Gudagata Raktasrava (Perrectal bleeding)
- Vibandha (Constipation)

GRADATION OF SUBJECTIVE PARAMETERS:-

Table no.1

GRADATION	GUDAGATA RAKTASRAVA (per rectal bleeding)
0	No bleeding
1	Mild (along with stool)
2	Moderate (6-8 drops)
3	Severe (more than 8 drops)

Table no.2

GRADATION	VIBANDHA (Constipation)
0	No (passes stool regularly without difficulty)
1	Mild (passes stool regularly with difficulty)
2	Moderate (passes hard stool irregularly with difficulty)
3	Severe (passes pellet like stool once in a week with difficulty)

OBJECTIVE CRITERIA:-

1. Size Of Ulcer

2. Gudashoola (Pain)

3. Sphincter tone

GRADATION OF OBJECTIVE PARAMETERS:-

Table no.3

GRADATION	SIZE OF ULCER
0	Healed ulcer
1	1-2 mm
2	2-4 mm
3	Greater than 4 mm

Table no.4

GRADATION	GUDAGATA SHOOL (PAIN)
0-10	Based on VAS scale

0 **10**

|----------|

No pain VAS scale worst pain

Table no.5

GRADATION	SPHINCTER TONE
0	Normal
1	Increased sphincter tone

MATERIALS AND METHODS

It is a single case study.

INTERVENTION:

Sthanika Chikitsa – Per rectal Patoladi taila pichu BD for 15 days with inernal (oral) medication of Gandharva haritaki 500mg HS with luke warm water.

TREATMENT PROCEDURE:--

- **PURVA KARMA:-**
  - Written informed consent from patient.
  - Patient will be ask to lay in lithotomy position.
  - Perianal region will be cleaned by normal saline.
- **PRADHAN KARMA:-**
  - Take a small piece of cotton.
  - Soak it in medicated oil & place it on the affected part of anus (where there is an ulcer).
- **PASCHAT KARMA:-**

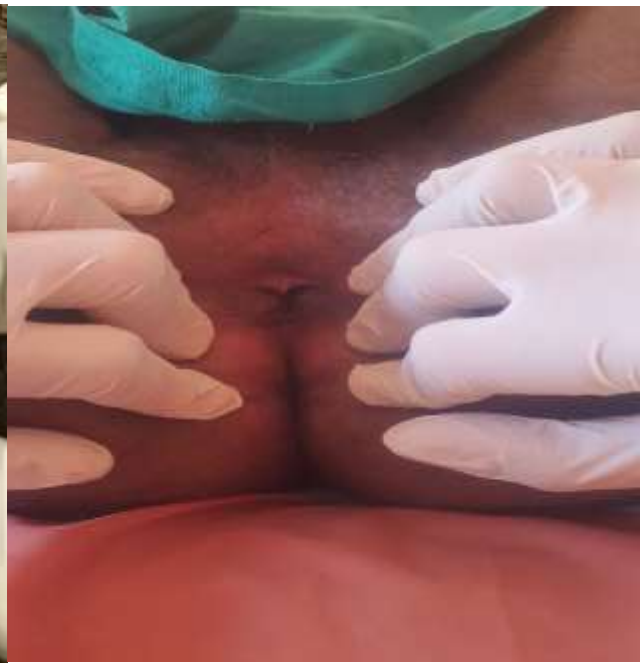
● Apply dry sterile gauze piece over the oil soaked cotton piece & close the dressing with paper sticking.

Observations on 0th , 5th , 10th & 15th days of treatment

Table no.6

ASSESSMENT CRITERIA	0th day	5th	10th	15th
GUDAGATA RAKTASRAVA (per rectal bleeding)	2	1	0	0
VIBANDHA (constipation)	2	2	1	0
SIZE OF ULCER	3	2	1	0
GUDAGATA SHOOL (pain)	8	2	0	0
SPHINCTER TONE	1	0	0	0

BEFORE TREATMENT



AFTER TREATMENT

RESULT:

Clinical assessment indicates a marked reduction in the patient's symptoms following treatment. By the 5th day, only slight burning sensations and pain were noted, and the sphincter tone returned to normal. On the 10th day, the patient reported no symptoms, and healthy granulation tissue was observed. By the 15th day of treatment, which was the 10th th day, the fissure had fully healed.

Follow Up and Outcome:

During the follow-up on the 15th day, the patient showed no signs of Fissure-in-ano.

DISCUSSION:

The individual found relief from Fissure-in-ano symptoms after using Patoladi Taila. Significant improvement in symptoms occurred throughout the 10-day medication regimen. It has been observed that Patoladi Taila, when applied per rectally, contributed to alleviating symptoms

and facilitating the healing of fissures. The Taila forms a protective barrier over the fissure, facilitating smoother stool passage and reducing discomfort.

As per ayurveda, Patoladi dravyas possesses quality such as Vranaropan, Dahprashaman, Raktastambhak, Kandughna, Shothahar and Tridosha shamak which alleviate discomfirt, burning sensation, swelling and bleeding. Therefore, it encourages healing in Fissure-in-ano when used both orally and topically, presenting no risk of complications, no possibility of infection, no irritation, and no allergic reactions due to its inherent properties. Hence these drugs are taken for the study.

Table No. 7 Showing mode of action of Patoladi Taila

Properties	Mode of Action	Effect
Shodhana (Cleansing)	Helps in removing dead tissue and debris from the wound site.	Facilitates wound cleaning
Raktastambhana	Hemostatic action to control bleeding	Stops or reduces bleeding
Ropana (Healing)	Promotes tissue regeneration and repair.	Aids in wound healing

CONCLUSION

This single case study demonstrated that the application of per rectal Pichu with Patoladi Taila yielded positive outcomes. Symptoms associated with Fissure-in-ano were alleviated, and the fissure was entirely healed. It is also regarded as economical. Also its easy accessibility are major consideration.

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