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# A CASE REPORT ON *AYURVEDIC* MANAGEMENT OF *PARIKARTHIKA* (FISSURE IN ANO) IN CHILDREN

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## Abstract

**Background:** *Parikarthika* (fissure in ano) is a common anorectal disorder in children characterized by severe pain during defecation, bleeding per rectum, and constipation. Conventional management often includes stool softeners, analgesics, and in some cases surgery. Ayurveda offers safe and effective alternatives through *Sneha*, *Sitz bath*, *Lepa*, and dietary modifications, which are especially important in pediatric age groups where invasive procedures are less desirable. **Case Presentation:** An 8-year-old male child presented with complaints of severe pain during defecation, streaks of blood in stool, and constipation for 2 weeks. On local examination, a linear tear at the anal verge was observed, consistent with *Parikarthika*. The child had a history of irregular bowel habits and consumption of spicy food. **Intervention:** The management included internal administration of *Gandharvahastadi Taila* for *Mridu Virechana*, local application of *Jatyadi Ghrita*, warm *Sitz bath* with *Panchavalkala Kwatha*, and dietary advice to include fibrous diet and adequate hydration. The treatment duration was 21 days. **Outcome:** Within the first week, there was significant reduction in pain and constipation. By the end of the 3rd week, bleeding had stopped, the fissure was

healed, and the child reported painless defecation with regular bowel habits. **Conclusion:** Ayurvedic management of *Parikarthika* in children using *Sneha*, *Ghrita*, *Kwatha*, and dietary modification proved effective and safe, avoiding the need for surgical intervention. This case suggests Ayurveda may provide a non-invasive and child-friendly therapeutic approach to fissure in ano.

**Keywords:** *Parikarthika*, Fissure in ano, Children, Ayurveda, *Jatyadi Ghrita*, *Panchavalkala Kwatha*

## Introduction

*Parikarthika* is an anorectal disorder described in Ayurveda, often correlated with fissure in ano in modern medicine. It is characterized by severe cutting pain at the anal region, bleeding per rectum, and constipation. Though commonly seen in adults, children are also vulnerable due to irregular food habits, faulty bowel routines, and the intake of junk food leading to hard stools and anal trauma. The condition not only affects the physical health of children but also leads to psychological distress due to painful defecation.[1]

In contemporary medicine, the management of fissure in ano includes stool softeners, analgesics, topical applications, and in resistant cases, surgical procedures like lateral sphincterotomy. However, in pediatric cases, surgical intervention is less desirable because of risks, recurrence, and potential complications. This creates a strong need for safe, effective, and minimally invasive alternatives that can ensure early healing, prevent recurrence, and improve the quality of life in children.[2]

Ayurveda describes *Parikarthika* in the context of *Gudagata Vyadhi*, where *Vata Prakopa* along with *Apana Vata* dysfunction plays a central role. *Mala Sanga* (constipation) acts as the primary initiating factor. The line of treatment includes *Mridu Virechana*, *Snehana*, *Svedana*, *Sitz bath* with *Kwatha*, and local application of *Ghrita* or *Taila* preparations. These therapies help by softening stools, reducing inflammation, promoting wound healing, and maintaining the integrity of the anal mucosa.[3]

Several Ayurvedic formulations like *Jatyadi Ghrita*, *Gandharvahastadi Taila*, and *Panchavalkala Kwatha* have been documented for their wound-healing, anti-inflammatory, and soothing effects. These interventions are especially valuable in children, as they are non-invasive, safe, and easy to administer under parental supervision. Along with external and

internal measures, emphasis is also given to dietary regulation such as including fibrous food, fruits, ghee, and adequate hydration, which are essential to prevent recurrence.[4]

This case report highlights the successful Ayurvedic management of *Parikarthika* in an 8-year-old child. The outcome demonstrates that a holistic approach with classical interventions can effectively manage fissure in ano in children, ensuring safe recovery without surgical intervention. It also adds to the clinical evidence supporting Ayurveda as a viable therapeutic modality in pediatric anorectal disorders.[5]

## CASE PRESENTATION

An 8-year-old male child presented with complaints of severe pain during defecation, streaks of fresh blood in stool, and constipation persisting for the last 2 weeks. The child's mother reported that he often withheld stools due to pain, which further aggravated the condition. His dietary history revealed frequent intake of spicy and junk food with inadequate water consumption. On local examination, a linear tear was observed at the posterior anal verge associated with spasm of the anal sphincter, consistent with *Parikarthika* (fissure in ano). No history of systemic illness, previous anorectal surgery, or family history of similar complaints was noted.

**Table 1: Patient Profile & Chief Complaints**

| Parameter | Details |
|---|---|
| Age / Gender | 8 years / Male |
| Chief Complaints | Severe pain during defecation, streaks of fresh blood in stool, constipation for 2 weeks |

**Table 2: History**

| Type of History | Details |
|---|---|
| Present Illness | Pain and bleeding during defecation, stool withholding due to pain |
| Past History | No history of hemorrhoids, fistula, tuberculosis, or chronic GI illness |
| Family History | Non-contributory |
| Personal History | Irregular diet, spicy/junk food, low fiber, less water intake, irregular bowel habits |
| Surgical History | No previous anorectal/abdominal surgery |
| Drug/Allergy History | No known drug allergies, no long-term medication |

**Table 3: Vital Examination**

| Vital Sign | Result |
|---|---|
| Temperature | 98.4°F |
| Pulse | 86/min |
| Blood Pressure | 102/66 mmHg |
| Respiratory Rate | 20/min |
| $SpO_2$ | 99% |

**Table 4: Systemic Examination**

| System | Findings |
|---|---|
| Cardiovascular | Normal heart sounds, no murmurs |
| Respiratory | Bilateral equal air entry, no added sounds |
| Abdomen | Soft, non-tender, no organomegaly |
| Central Nervous System | Alert, oriented, normal reflexes |

**Table 5: Local Examination**

| Parameter | Findings |
|---|---|
| Anal Verge | Linear tear at posterior verge |
| Tenderness | Present |
| Sphincter Spasm | Present |
| Bleeding | Streaks of fresh blood |
| Associated Lesions | No fistula, abscess, or sentinel pile |

## Ayurvedic Surgical Procedures

### Preoperative Management (*Poorva Karma*)

- **Deepana–Pachana:** Use of mild digestive formulations like *Trikatu Churna* in suitable dose to improve *Agni* and remove *Ama*.

- **Snehana (Oleation):** Local application of *Ghrita* (e.g., *Jatyadi Ghrita*, *Shatadhouta Ghrita*) over anal verge for lubrication. Oral intake of *Mridu Sneha* like *Gandharvahastadi Taila* to soften stools.
- **Swedana (Fomentation):** Local *Avagaha Sweda* with *Panchavalkala Kwatha* to reduce anal sphincter spasm and prepare the tissues.
- **Shodhana (Purgation):** *Mridu Virechana* with *Eranda Taila* to ensure easy defecation and avoid straining.
- **Patient Preparation:** Counsel the child's parents, explain the procedure, ensure bowel clearance, and psychological comfort.

**Operative Procedure (*Pradhana Karma*)**

In children, **para-surgical measures** like *Kshara Karma* are rarely done, but if fissure is chronic or non-healing, the following steps are indicated under local soothing measures.

- **Position:** Lithotomy or left lateral position.
- **Anesthesia:** In Ayurveda, *Mandanaphala*, *Shirisha Beeja*, or local oleation with *Ghrita* may be used traditionally; in practice, mild local analgesic ointments are applied for children.
- **Local Cleansing:** Anal region cleaned with *Triphala Kwatha* or *Panchavalkala Kwatha*.
- ***Kshara Karma* (if indicated):**
    - A probe or spatula is dipped in *Apamarga Kshara* (alkaline preparation).
    - Applied gently over fissure line for a few seconds.
    - Neutralized immediately with *Nimbu Swarasa* or *Ghrita*.
- **Alternative in Children:** Instead of *Kshara Karma*, continuous *Pichu Dharana* with *Jatyadi Ghrita* or *Durvadi Taila* may be done daily after sitz bath to avoid invasive measures.

**Postoperative Management (*Paschat Karma*)**

- **Sitz Bath (*Avagaha Sweda*):** With warm *Panchavalkala Kwatha* twice daily to reduce pain and spasm.
- **Local Application:** *Jatyadi Ghrita*, *Shatadhouta Ghrita*, or *Durvadi Taila* applied locally to promote healing.
- **Internal Medicines:**

- *Gandharvahastadi Taila* (small dose) for smooth evacuation.
- *Triphala Churna* with warm water at bedtime for bowel regulation.

- **Dietary Regimen (Pathya):** High-fiber diet, milk, ghee, fruits (banana, papaya), leafy vegetables, plenty of fluids.
- **Lifestyle Advice:** Avoid stool withholding, encourage fixed toilet timings, ensure calm environment during defecation.
- **Follow-up:** Monitor for pain, bleeding, or recurrence. Usually fissure heals within 2 – 3 weeks under this protocol.

**Table 6: Laboratory Investigations**

| Test | Before Treatment (Day 0: 01/08/2025) | After Treatment (Day 21: 22/08/2025) |
|---|---|---|
| Hemoglobin | 11.6 g/dl (mild anemia) | 12.4 g/dl (improved) |
| Total Leukocyte Count | 7,800 /cmm (normal) | 7,600 /cmm (normal) |
| ESR | 18 mm/hr (slightly raised) | 12 mm/hr (near normal) |
| Stool Examination | Occasional RBCs, no parasites | No RBCs, no parasites |
| Blood Sugar | Normal | Normal |
| Liver Function Test | Normal | Normal |
| Renal Function Test | Normal | Normal |

**Table 7: Treatment Plan**

| Date | Therapy Given | Details | Vitals (T – Temp, P – Pulse, BP – Blood Pressure, RR – Resp. Rate, $SpO_2$) | Remarks |
|---|---|---|---|---|
| **01/08/2025 (Day 0)** | Internal | *Mridu Virechana* with *Gandharvahastadi Taila* | T: 98.4°F, P: 86/min, BP: 102/66 mmHg, RR: 20/min, $SpO_2$: 99% | Baseline; pain severe, bleeding present |
| | Local | Warm Sitz bath with | | Initiated |

| | | | | |
|---|---|---|---|---|
| | | *Panchavalkala Kwatha* (BID) | | |
| | Topical | *Jatyadi Ghrita* application post-defecation | | Applied |
| | Diet & Lifestyle | High-fiber diet, ghee, fruits, hydration advised | | Counseling given to parents |
| **07/08/2025 (Day 7)** | Continued | Sitz bath + *Jatyadi Ghrita* + Taila internally | T: 98.2°F, P: 84/min, BP: 104/68 mmHg, RR: 19/min, $SpO_2$: 99% | Pain reduced, bleeding decreased |
| **14/08/2025 (Day 14)** | Continued | Same protocol maintained | T: 98.4°F, P: 82/min, BP: 106/70 mmHg, RR: 18/min, $SpO_2$: 99% | Defecation easier, bleeding absent |
| **22/08/2025 (Day 21)** | Continued | Same protocol + Diet reinforcement | T: 98.3°F, P: 82/min, BP: 108/72 mmHg, RR: 18/min, $SpO_2$: 99% | Fissure healed, painless defecation |
| **01/09/2025 (Follow-up)** | Maintenance | Only Sitz bath (SOS), diet advice | T: 98.4°F, P: 80/min, BP: 108/72 mmHg, RR: 18/min, $SpO_2$: 99% | No recurrence |

**Table 8: Follow-up**

| Date / Duration | Vitals (T – Temp, P – Pulse, BP – Blood Pressure, RR – Resp. Rate, $SpO_2$) | Observation |
|---|---|---|
| **07/08/2025 (End of 1st Week)** | T: 98.2°F, P: 84/min, BP: 104/68 mmHg, RR: 19/min, $SpO_2$: 99% | Pain reduced significantly, stool softened, bleeding decreased markedly |
| **22/08/2025 (End of 3rd Week)** | T: 98.3°F, P: 82/min, BP: 108/72 mmHg, RR: 18/min, $SpO_2$: 99% | Fissure healed, painless defecation, normal bowel habits established |
| **01/09/2025 (1 Month Follow-up)** | T: 98.4°F, P: 80/min, BP: 108/72 mmHg, RR: 18/min, $SpO_2$: 99% | No recurrence, child comfortable, maintained on diet and lifestyle advice |

## Results and Findings

- Pain during defecation was significantly reduced within the first week of treatment.
- Constipation improved and stool became soft with the use of *Mridu Virechana* and dietary modifications.
- Bleeding per rectum decreased markedly by the end of the first week and completely stopped by the third week.
- The fissure healed completely by the third week with painless and smooth defecation.
- At 1-month follow-up, no recurrence of symptoms was reported.
- Hemoglobin improved from 11.6 g/dl (before treatment) to 12.4 g/dl (after treatment).
- ESR reduced from 18 mm/hr (before treatment) to 12 mm/hr (after treatment), indicating decreased inflammation.
- Stool examination, which earlier showed occasional RBCs, was normal after treatment.
- Total Leukocyte Count, Blood Sugar, Liver Function Test, and Renal Function Test remained within normal limits before and after treatment.
- Vitals remained stable throughout the treatment and follow-up period, showing safety and tolerability of Ayurvedic management in pediatric *Parikarthika*.

## DISCUSSION

*Parikarthika* is described in Ayurveda as an anorectal disorder characterized by severe cutting pain and bleeding during defecation. In modern terms, it correlates with fissure in ano, which is a common but distressing condition in children due to irregular diet, constipation, and hard stools. Conventional management often includes stool softeners, topical ointments, and sometimes surgery, but these are not always safe or suitable for pediatric cases. Hence, Ayurvedic management becomes valuable as it offers safe, non-invasive, and effective measures that focus on both local healing and systemic correction.[6]

In this case, the child was treated with a comprehensive Ayurvedic protocol. *Mridu Virechana* with *Gandharvahastadi Taila* ensured soft and regular evacuation of stools, preventing further trauma to the anal mucosa. *Avagaha Sweda* (sitz bath) with *Panchavalkala Kwatha* helped in reducing inflammation, spasm, and pain. Local application of *Jatyadi Ghrita*

provided soothing, lubricating, and wound-healing properties. This combination directly addressed the pathology by pacifying aggravated *Vata* and promoting tissue repair.[7]

Laboratory parameters supported the clinical findings. Hemoglobin levels improved, ESR reduced, and stool examination normalized, indicating not only symptomatic relief but also systemic improvement. The stability of vitals throughout the treatment showed the safety of Ayurvedic measures in pediatric patients. These results confirm that holistic treatment including internal medicines, local therapies, and lifestyle modifications can effectively manage *Parikarthika* without the need for surgical interventions in children.[8]

The present case highlights that Ayurveda provides a child-friendly, non-invasive, and recurrence-free approach for fissure in ano. By addressing root causes like constipation and *Vata Dushti* through dietary regulation, bowel correction, and local healing measures, long-term outcomes can be achieved. This case adds to the growing evidence that Ayurvedic interventions can be integrated as a safe and effective alternative to modern surgical approaches, especially in the pediatric population where minimal invasive care is most desirable.[9]

## CONCLUSION

In this present case, Ayurvedic management of *Parikarthika* (fissure in ano) in a child through *Mridu Virechana* with *Gandharvahastadi Taila*, *Avagaha Sweda* with *Panchavalkala Kwatha*, local application of *Jatyadi Ghrita*, dietary regulation, and counseling resulted in significant relief from pain, bleeding, and constipation, with complete healing of the fissure within three weeks and no recurrence at one-month follow-up. The treatment was safe, effective, and well-tolerated, highlighting that Ayurveda provides a non-invasive, child-friendly, and holistic approach to the management of pediatric fissure in ano.

**CONFLICT OF INTEREST –NIL**

**SOURCE OF SUPPORT –NONE**

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