

Review Article

Volume 15 Issue 01

January 2026

AYURVEDIC CONCEPT OF PARIKARTIKA AND ITS CORRELATION WITH ANAL FISSURE – A REVIEW

Dr. Vishwajeet Shivajirao Dhage

Assistant Professor, Department of Shalya Tantra, HSPM Ayurvedic Medical College, Peth Vadgaon, Maharashtra.

DOI: <https://doi.org/10.5281/zenodo.18444817>

Abstract -

Background:- *Parikartika* is a commonly encountered anorectal disorder described in *Ayurvedic* classics, characterized by cutting and burning pain in the *Guda* region. It is frequently observed as a complication of improper *Virechana*, *Basti karma*, or due to *Nidan* as such as *Atiruksha Ahara*, *Vegavidharana* and *Mandagni*. Clinically, *Parikartika* shows close resemblance to anal fissure described in modern medicine, which is a painful longitudinal tear in the anoderm. **Aim and Objectives:-** The present review aims to explore the *Ayurvedic* concept of *Parikartika* and to establish its correlation with anal fissure on the basis of etiology, clinical features, pathogenesis and principles of management. **Materials and Methods:-** Relevant references regarding *Parikartika* were collected from classical *Ayurvedic* texts such as *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya* and their commentaries. Modern medical literature related to anal fissure was also reviewed from standard textbooks and published research articles. A conceptual and comparative analysis was carried out. **Discussion:-** *Parikartika* is primarily caused by *vitiating of Vata and Pitta Dosha*, leading to *Guda Shoola*, *Daha*, *Srava* and *Malavarodha*. The *Samprapti of Parikartika* closely correlates with the pathophysiology of anal fissure involving sphincter spasm, ischemia and mucosal tear. *Ayurvedic* management including *Nidana Parivarjana*, *Shamana* therapy, local applications (*Lepa*, *Taila*), *Basti* and dietary modifications offers a holistic and conservative approach. **Conclusion:-** *Parikartika* described in *Ayurveda* can be effectively correlated with anal fissure of modern medicine. *Ayurvedic* principles provide comprehensive preventive and therapeutic strategies, which may help in better management and prevention of recurrence. Further clinical studies are needed to validate *Ayurvedic* interventions scientifically.

Keywords - *Parikartika*, Anal fissure, *Guda Roga*, *Ayurveda*, *Vata-Pitta*, *Ksarakarma*, *Shalyatantra*.

75

Introduction

Parikartika as the name recommends is a condition which is identified with '*Kartanvat Vedana*' around the *Guda*. The word "*Parikartika*" is derived from the Sanskrit roots "*pari*" (around) and "*kartika*" (pain), indicating a condition characterized by pain and discomfort around the anus.[1]

In modern medicine, Fissure-in-ano is a common proctological condition affecting individuals across all age groups, with an estimated lifetime prevalence of around 11% [2]. It is defined as a longitudinal tear in the anoderm distal to the dentate line, leading to a classic triad of symptoms: severe, cutting pain during and after defecation, bright red rectal bleeding, and anal sphincter spasm [3, 4]. Acute fissures (6 weeks) develop indurated edges, a sentinel pile, and a hypertrophied anal papilla, perpetuating a vicious cycle of pain, spasm, and ischemia that impedes healing [5, 6].

Objectives of the Review

The primary objectives of this review are:

- To provide a detailed understanding of *Parikartika* according to classical *Ayurvedic* texts.
- To compare *Ayurvedic* descriptions of *Parikartika* with modern medical conditions.
- To review *Ayurvedic* treatment methods and their effectiveness.

Material & Methods

Data Collection

A systematic search was conducted using a range of sources to gather relevant information on *Parikartika*. The following resources were used:

- **Classical Ayurvedic Texts:** *Brihtrayi* (*Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*), and *Laghutrayi*.
- **Modern Scientific Literature:** Databases including Google Scholar, PubMed, Medline, AYUSH Research Portal, and Digital Helpline for Ayurveda Research Articles (DHARA).
- **Dissertations and Theses:** *Ayurveda* college dissertations and studies available on Research Gate.
- **Journals and Articles:** Peer-reviewed articles and reviews related to

Parikartika and similar conditions.

Nidana (Etiological factors) –

Ayurvedic Nidan - *Susruta* underscores *Vega dharana* (suppression of natural urges) as a prime instigator, arguing that retained mala desiccates, hardens and tears the delicate *Guda marmasthana*.

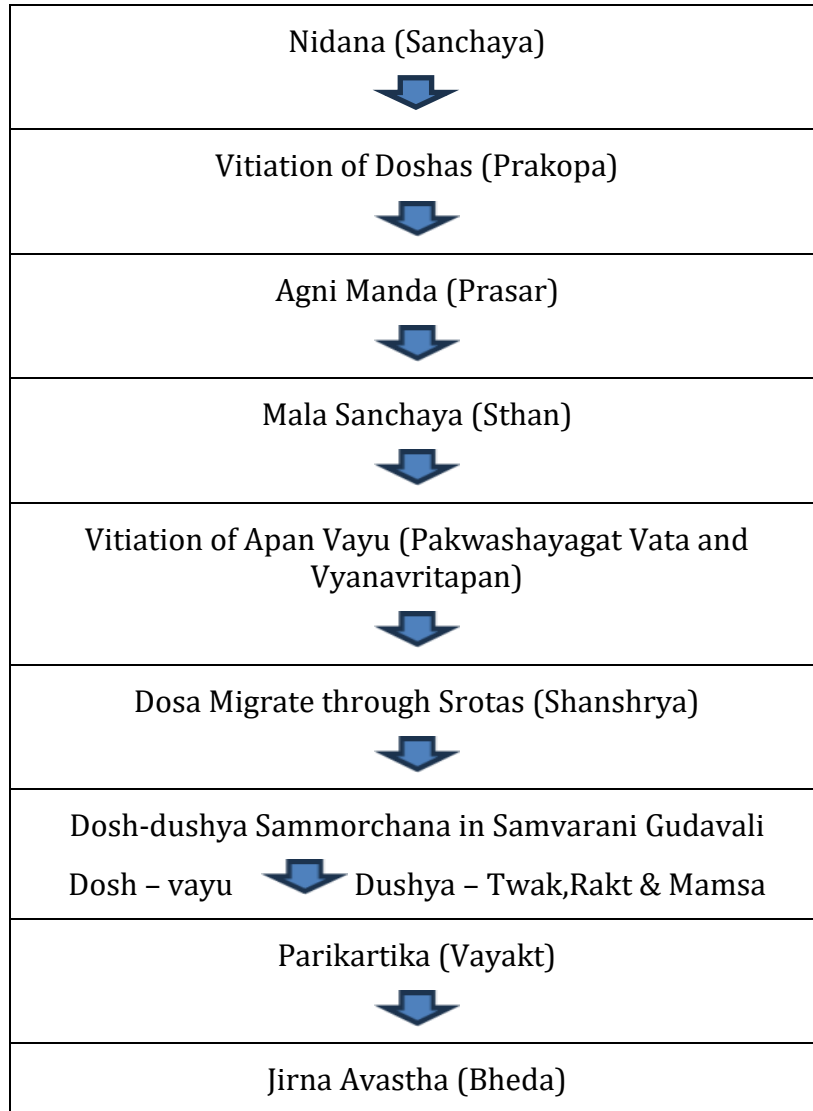
Additional *nidana* include *Atibhojana* (binge eating of *guru, ruksha* food), *Atiushna-tikshna ahara*, *Avyayama* (sedentary habit), prolonged sitting, and postpartum strain. Iatrogenic trauma—improper *basti* nozzle insertion or forceful *virecana*—also features.[7,8,9,10]

Modern Etiology - Contemporary studies incriminate chronic constipation, passage of large caliber stools, recurrent diarrhea, Ano receptive intercourse, childbirth trauma, Crohn's disease, and anal stenosis. At the cellular level, a hypertonic internal sphincter maintains resting pressures 30 % above normal, curtailing Ano dermal perfusion and hampering wound repair.

Samprapti – (a) In the concern disease, the predominant vitiated *dosa is Vata*. *Dusya* are *Twak, Rakta and Mamsa*, specifically in *Guda Pradesa*,[11] which affect gradually according to the progress of disease. The *Vyana Vayu* when obstructed the pathway of *Apana vayu* leads to formation of *Parikartika* associate with *Udavarta*. Due to the etiological factor, there is *Dusti of Purisavaha srotas*. [12] When Purisa is obstructed the natural way of *Apana vata* 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 localizes in *Mamsa* forming knotty swelling or tags and pain.[13] Though there is predominance of *Vayu* but it is associate with *Pitta* (according *Acarya Susruta*) and *Kapha* (according *Acarya Kasyapa*) [14].

(b) Impairment of *agni* also place a vital role in the formation of disease [15]. The persons have impaired *Agni*, is prone to having *Parikartika* as a result of *Vaman –Virechan and Vastivyapada*. Or associated with other disease.

(c) The third type of *Samprapti* is due to *Agantuja nidana* 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*.



Classification - *Acharya Kashyap* has described the three types of *Parikartika*. This classification is based upon the character of pain which is prominent feature of the *Parikartika*.

1. *Vatika Parikartika* : Patient complaining shooting, cutting or pricking type of pain.
2. *Paittika Parikartika* : Patient complaining burning type of pain, *raktsrava* and inflamed margins.
3. *Shleishmik / Kaphaj Parikartika*: Patient complaining dull-ache or itching, bulky sentinel tag and mucoid discharge.

Modern classification:

- Acute (<6 weeks): shallow linear tear, pliable edges.

- Chronic (>6 weeks): fibrosis, sentinel pile, hypertrophied papilla; occasionally, posterior midline ulcer extends to anterior quadrant in females due to obstetric anatomy.

Clinical features - Cardinal symptoms include: [16]

1. *Parikartanavat sula*—knife-like pain during and 1-2 h post defecation.
2. *Raktasrava*—streak of bright red blood on stool or tissue.
3. *Vibandha*—habitual constipation owing to fear-induced stool retention.
4. *Daha*—intense burning sensation.
5. *Gudakandu*—peri-anal pruritus.

Sadhyasadyata - Generally *Vrana* in *Payu* is easily curable. If a *Vrana* is left untreated, as a consequence it may lead to *Yapyatwa* stage and finally leading to *Asadyatwa* stage. *Parikartika* which affects the superficial layer of the *Twak* (anal skin) are easily curable in short time. Therefore, it can be included in the *Sukhasadya* group. If it affects the deeper layers, it delays wound healing. If it is associated with *Madhumeha*, *Kustha*, *Vishodusti* and *Sosa*, the healing of *Vrana* will be delayed. If *Parikartika* is associated with *Sanniruddha Guda*, it is considered as *Yapya*. [17] In *Aṣṭanga Saṃgraha* some *Arista lakṣana* mention in relation to *Parikartika*[18]

(a) When *Parikartika* is formed due to *Amasaya* cause and associated with severe thirst and *Sakṛtabheda*

(b) When *Parikartika* is formed due to *Pakwasaya* cause and associated with severe thirst and *Gudagraha*.

Chikitsa Siddhanta (Therapeutic Principles)

Fundamental objectives are—

- (a) *Niḍana Parivarjana* (elimination of causative factors).
- (b) *Doṣa-Prashamana* with *Vata-anulomana dravyas*.
- (c) *Sula - Stambhana* and *Daha - Samana* through *Snigdha-Sita* applications.
- (d) Debridement of *Abhadda Maṃsa* via *Kṣara/Agnikarma*.
- (e) Promotion of *Raktadhara Niyāntrana* and *Vrana Ropana* (wound healing).

In modern terms, treatment aims to break the 'pain–spasm–ischaemia' cycle by relaxing the internal sphincter, softening stool, enhancing perfusion and accelerating re-epithelialisation.

Ayurvedic Management -

Samana Cikitsa —

Oral *virechana* with *Avipattikara* or *Trivṛt Lehya* (5–10 g at bedtime) counteracts *Vata-Pitta*. *Sita-Snigdha pana* such as *Dadhi-takra* with ghee mitigates *grahaṇi*.

Topical application of *Jaṭyadi Ghr̥ta*, *Yaṣṭimadhu Ghr̥ta*, or *Panchavalkala siddha taila* twice daily soothes pain and expedites granulation through their *tani-madhura rasa and vrana ropaka guṇa*.

Daily *panchavalkala kwatha* sits-bath (5 min, lukewarm) cleanses the wound, reduces oedema, and supplies tannins fostering capillary haemostasis.

Kṣarakarma —

Under local anaesthesia, the fissure is gently dilated; *Apamarga Kṣara* paste (pH ≈ 13) is applied for 30–60 s till '*pakva jambuphala*' brown discolouration appears, followed by neutralisation with citric acid (lemon juice). *Kṣara* acts by chemical cauterisation, removing fibrotic tissue and lowering sphincter tone via partial muscular protein denaturation. Healing ensues within 7–10 days with negligible incontinence risk.

Agnikarma —

A blunt gold probe heated to red heat is swiftly touched to fissure base for 0.5 s, inducing micro-burn that enhances local angiogenesis. Particularly useful in patients with hypersensitivity to alkaline agents.

Basti Karma —

Anuvasana with *Satadhautaghr̥ta* (30 ml) on alternate days lubricates distal colon, eases defecation, and exerts systemic *Vata-samana*. In chronic cases with *Vata-kapha prakopa*, *niruha basti* of *Dasamula–Eranda-taila kwatha* (350 ml) is advocated for 8 days.

Rasayana Support —

Combination of *Amalaki-Guda*, *Guggulu tikta ghr̥ta* and *Triphala churna* sustains antioxidant milieu favouring collagen cross-linking.

Modern Management

Conservative Regimen —

- Bulk-forming fibre (≥ 25 g/day),
- Osmotic laxatives (lactulose 15 ml),
- Topical 2 % lidocaine jelly before defecation,
- Sitz baths constitute first-line therapy.
- Pharmacological sphincter relaxants include 0.4 % glyceryl trinitrate (GTN) ointment t.i.d. (healing rate 50–70 %) and 2 % diltiazem cream (success 75 %; fewer headaches).
- Botulinum toxin A (20–30 units) injected into internal sphincter achieves chemical sphincterotomy lasting 3 months.

Surgical Interventions —

Persistent fissures warrant operative care. Closed lateral internal sphincterotomy (CLIS) involves a 1 cm subcutaneous division of the internal sphincter to the dentate line; cure rates exceed 95 %.

Complication spectrum: - Transient flatus incontinence (8 %), minor bleeding (2 %), infection (1 %). Fissurectomy with V-Y or House-advancement flap facilitates primary closure in complex fissures where sphincterotomy is contraindicated (Crohn's, multiparous women with weak sphincter).

Novel techniques such as laser fissurotomy and radiofrequency ablation are under investigation.

Pathya – Apathya - consume whole-grain cereals, leafy greens, and 2–3 L of water daily, avoid chilli-laden, deep-fried snacks; schedule stress-free morning bowel routine. perform *Mula-bandha* yoga to tone pelvic floor; postpartum women should institute early perineal physiotherapy. Regular office-goers must take brief standing walks every hour to avert pelvic congestion.

Discussion-

Parikartika is described in *Ayurvedic* literature as a distressing condition of the *Guda* region marked by *Kartanavat Vedana* (cutting pain), *Daha* (burning sensation) and difficulty in

defecation. *Acharyas* have emphasized its occurrence either as an independent disease entity or as a complication of improperly performed *Shodhana* therapies, especially *Virechana* and *Basti*. Apart from procedural causes, dietary and behavioral factors such as excessive intake of *Ruksha, Katu* and *Ushna Ahara*, chronic constipation and suppression of natural urges play a significant role in its manifestation.

From an *Ayurvedic* perspective, *Vata Dosha* is responsible for *Shoola* and sphincter spasm, while *Pitta Dosha* contributes to *Daha*, inflammation and *Raktasrava*. The involvement of these *Doshas* leads to vitiation of *Guda Pradesha*, resulting in fissure-like lesions. This pathogenesis closely parallels the modern explanation of anal fissure, where hypertonicity of the internal anal sphincter causes reduced blood supply, leading to ischemia and delayed healing of the Ano dermal tear.

Ayurvedic management of *Parikartika* is primarily conservative and holistic. *Nidana Parivarjana* forms the foundation of treatment, aiming to remove causative factors. *Shamana* therapies such as *Sneha* preparations, *Pitta-shamaka* drugs and mild laxatives help in relieving pain, burning and constipation. Local applications like *Taila* and *Ghrita* promote wound healing and reduce inflammation. *Basti* therapy, particularly *Anuvasana* and *Matra Basti*, plays a crucial role by pacifying *Vata Dosha* and normalizing bowel movements. Unlike surgical interventions, *Ayurvedic* treatment emphasizes restoration of physiological balance and prevention of recurrence.

Conclusion-

Parikartika described in *Ayurveda* shows a strong clinical and pathological correlation with anal fissure of modern medicine. The symptomatology, etiological factors and pathogenesis of both conditions exhibit remarkable similarities, especially with regard to pain, sphincter spasm and impaired healing. *Ayurvedic* principles offer a comprehensive approach to management through dietary regulation, medicinal therapy, local applications and *Panchakarma* procedures, addressing both the root cause and symptoms of the disease. Hence, *Ayurveda* provides an effective, safe and holistic alternative for the management of anal fissure. Further well-designed clinical studies are required to scientifically validate and standardize *Ayurvedic* interventions in *Parikartika*.

Conflict of interest - None

Source of Support - Nil

References –

1. Sushruta S. *Sushruta Samhita*. Trikamji VY, editor. Reprint ed. Varanasi: Chaukhambha Sanskrit Series Office; 2006. p. 400–410.
2. Lucas G, Ashurst JV. Anal fissure. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025.
3. Salati SA. Anal fissure: an extensive update. *Pol J Surg*. 2021;93(4):46–56.
4. Nelson RL, Manuel D, Gumienny C, et al. A systematic review and meta-analysis of the treatment of anal fissure. *Tech Coloproctol*. 2017;21(8):605–625.
5. Lyle V, Young CJ. Anal fissures: update on treatment. *Aust J Gen Pract*. 2024;53(1–2):33–35.
6. Jahnnny B, Ashurst JV. Anal fissures. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024.
7. Shastri AD. *Bhaishajya Ratnavali*. Varanasi: Chaukhambha Sanskrit Sansthan; 2009.
8. Jha CB. *Ayurvediya Kriya Sharira*. Varanasi: Chaukhambha Orientalia; 2010.
9. Dalhana. *Nibandhasangraha* commentary on *Sushruta Samhita*, Chikitsasthana 8/32.
10. Charaka. *Charaka Samhita*, Chikitsasthana. In: Trikamji YT, editor. Varanasi: Chaukhambha Orientalia; 2007.
11. Dalhana. *Nibandha Samgraha* commentary on *Sushruta Samhita*, Chikitsasthana 34, Shloka 16. Trikamji VY, editor. 9th ed. Varanasi: Chaukhambha Sanskrita Pratisthana; 2007. p. 524.
12. Agnivesa. *Charaka Samhita*, Chikitsasthana 28, Shloka 27, 211. Tripathi B, commentator (Charaka Chandrika). 2nd part. Varanasi: Chaukhambha Surbharati Prakashan; 2002. p. 976.
13. Sushruta. *Sushruta Samhita*, Nidanasthana 1, Shloka 25–26. Singhal GD, commentator. 1st ed. Delhi: Chaukhambha Sanskrita Pratisthana; 1973. p. 16–17.
14. Vrddha Jivaka Kasyapa. *Kasyapa Samhita*, Khila Sthana 4, Shloka 102.2–106.1. Tewari PV, editor. Varanasi: Chaukhambha Viswabharti; 2008. p. 565.
15. Vagbhata. *Ashtanga Hridaya*, Nidanasthana 16, Shloka 40. Tripathi B, commentator

- (Nirmala). Delhi: Chaukhambha Sanskrita Pratisthana; 2003. p. 541.
16. Charaka C. *Charaka Samhita*. Trikamji VY, editor. Reprint ed. Varanasi: Chaukhambha Sanskrit Series Office; 2005. p. 250–255.
17. Sushruta. *Sushruta Samhita*, Sutrasthana 23, Shloka 5, 7. Singhal GD, commentator. 1st ed. Delhi: Chaukhambha Sanskrita Pratisthana; 1973. p. 404–405.
18. Vagbhata. *Ashtanga Samgraha*. Indu commentary. Pandit DB, editor. Delhi: CCRAS; 1991. p. 535–536.