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Parikartika (Fissure-in-ANO): A Review of Ayurvedic Concepts and Therapeutic Potential of Durvadi Ghrita, Jatyadi Ghrita and Manual Anal Dilatation

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Abstract: ***Parikartika is a painful ano-rectal disorder described in Ayurvedic literature and is clinically comparable to Fissure-in-Ano. It is characterized by Kartanavat Vedana (cutting pain), Daha (burning sensation), Raktasrava (bleeding per rectum), Vibandha (constipation), Kandu (itching), and painful defecation. The disease is predominantly a Vata-Pitta Pradhana Guda Vyadhi in which aggravated Vata causes pain, dryness, constipation, and sphincter spasm, while vitiated Pitta contributes to inflammation, ulceration, burning sensation, and bleeding. Modern management includes dietary modification, stool softeners, topical medications, and surgical procedures; however, recurrence and procedure-related complications remain concerns. Ayurveda advocates a comprehensive therapeutic approach through Vata-Pitta Shamana, Vranaropana, Shothahara, Vedanasthapana, and bowel regulation. Durvadi Ghrita and Jatyadi Ghrita are classical formulations possessing wound-healing, anti-inflammatory, haemostatic, and tissue-regenerative properties. Manual Anal Dilatation helps reduce sphincter hypertonicity, improve local circulation, and facilitate fissure healing. This review highlights the Ayurvedic and modern perspectives of Parikartika and explores the therapeutic role of Durvadi Ghrita, Jatyadi Ghrita, and Manual Anal Dilatation in its management.***

Keywords: Parikartika, Fissure-in-Ano, Ayurveda, Durvadi Ghrita, Jatyadi Ghrita, Manual Anal Dilatation.

I. INTRODUCTION

Ayurveda is a holistic science of life that aims to preserve health and alleviate disease through maintenance of equilibrium among Dosha, Dhatu, Mala, and Agni. Among the eight branches of Ayurveda, Shalya Tantra occupies a prominent position due to its specialized role in the management of surgical disorders, particularly those involving the ano-rectal region. Acharya Sushruta has described numerous Guda Vyadhi owing to their painful nature, chronicity, recurrence, and significant effect on the physiological process of defecation.[1] Parikartika is one of the clinically important Guda Vyadhi described in Ayurvedic classics. The disease is characterized predominantly by Kartanavat Vedana in the anal region and is commonly associated with Daha, Raktasrava, Vibandha, Kandu, and painful evacuation of stool. The term itself denotes a sensation as if the anal region is being cut by a sharp instrument. Classical Ayurvedic texts describe Parikartika in relation to Vamana-Virechana Vyapad, Arsha, Grahani, Atisara, and other disorders affecting the lower gastrointestinal tract.[2,3]

From the modern perspective, Parikartika can be closely correlated with Fissure-in-Ano, a longitudinal tear or ulcer in the distal anal canal. It commonly presents with severe pain during and after defecation, bleeding per rectum, constipation due to fear of painful evacuation, and sphincter spasm.[4,5,6] Persistent pain leads to increased sphincter tone, reduced blood supply, delayed healing, and recurrence of symptoms, creating a vicious cycle that perpetuates the disease.[7,8]

Although various medical and surgical modalities are available, the need for safe, economical, minimally invasive, and wound-healing therapies remains significant. Ayurvedic interventions such as Durvadi Ghrita, Jatyadi Ghrita, and Manual Anal Dilatation offer a comprehensive approach by addressing both the symptoms and the underlying pathology of Parikartika.

A. Vyutpatti And Nirukti Of Parikartika

The term Parikartika is derived from the Sanskrit root "Kṛt", meaning "to cut". The prefix "Pari" denotes "all around" or "surrounding". Thus, Parikartika literally refers to a condition in which the patient experiences severe cutting pain around the anal region.

The defining feature of Parikartika is Kartanavat Vedana, which is considered the cardinal symptom of the disease. The pain is often so intense that patients compare it to being cut by a sharp weapon.[1,2]

B. Classical References Of Parikartika

Parikartika has been described in various Ayurvedic texts, either as an independent disease entity or as a complication associated with other disorders and therapeutic procedures.

Table 1. Classical References of Parikartika

Classical Text	Context of Description
Charaka Samhita	Virechana Vyapad
Sushruta Samhita	Guda Vikara and treatment principles
Ashtanga Hridaya	Panchakarma complications
Bhaishajya Ratnavali	Therapeutic management

Ayurvedic scholars have consistently emphasized the role of Vata and Pitta Dosha in the pathogenesis of Parikartika. The disease is generally associated with trauma, bowel dysfunction, and inflammatory changes occurring in the anal region.[1-4]

C. Nidana (Etiological Factors)

The causative factors responsible for Parikartika primarily aggravate Vata and Pitta Dosha.

Aharaja Nidana

- Excessively spicy food
- Dry and rough food
- Irregular dietary habits
- Inadequate water intake

Viharaja Nidana

- Suppression of natural urges
- Excessive straining during defecation
- Sedentary lifestyle
- Prolonged sitting

Vyadhi Sambandhi Nidana

- Chronic constipation
- Atisara
- Arsha
- Grahani
- Trauma to anal mucosa

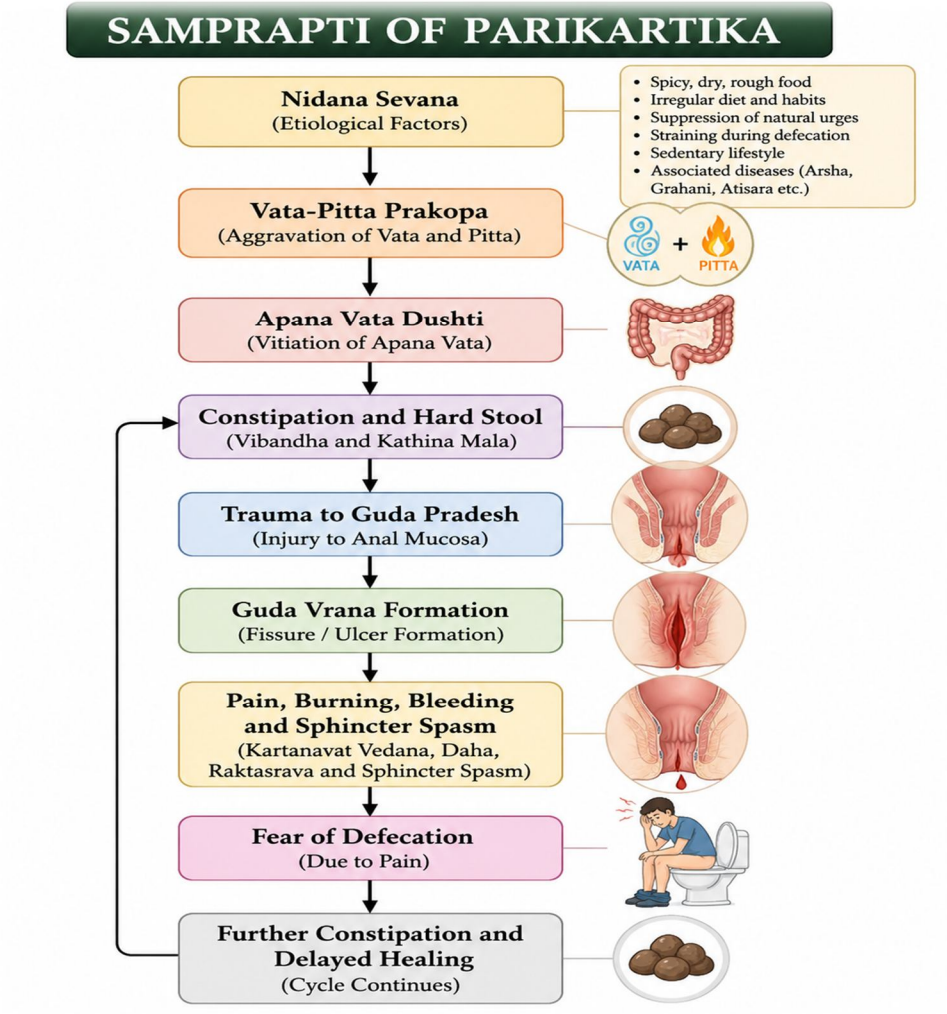
These factors contribute to derangement of Apana Vata and Pitta Dosha, ultimately leading to fissure formation and associated symptoms.[1-3]

D. Samprapti (Pathogenesis)

The pathogenesis of Parikartika can be understood through the interaction of Vata and Pitta Dosha.[1-3]

Samprapti Ghataka

Component	Involvement
Dosha	Vata and Pitta
Dushya	Rasa, Rakta, Mamsa
Agni	Vishama/Tikshna
Srotas	Purishavaha Srotas
Adhisthana	Guda Pradesh
Udbhava Sthana	Pakvashaya



E. Lakshana (Clinical Features)

The clinical manifestations of Parikartika arise from the combined effects of Vata and Pitta Dosha.[1,2]

Table 2. Clinical Features of Parikartika

Ayurvedic Symptom	Clinical Interpretation
Kartanavat Vedana	Severe cutting pain
Daha	Burning sensation
Raktasrava	Bleeding per rectum
Vibandha	Constipation
Kandu	Itching
Vedana During Defecation	Painful bowel evacuation
Vata Prakopa	Sphincter spasm

Pain during and after defecation remains the most distressing symptom and often initiates the cycle of constipation and recurrent trauma.

F. Correlation of Parikartika with Fissure-IN-ANO

Parikartika described in Ayurveda closely resembles Fissure-in-Ano described in modern medicine with respect to etiology, symptomatology, pathogenesis, and clinical course. Both conditions are characterized by severe pain during defecation, burning sensation, bleeding, constipation, and sphincter spasm.

The characteristic feature of Parikartika, namely Kartanavat Vedana, corresponds to the severe cutting pain experienced by patients suffering from Fissure-in-Ano. Similarly, Daha corresponds to local irritation and burning sensation, while Raktasrava correlates with bleeding resulting from mucosal injury.[5,6]

Table 3. Ayurvedic–Modern Correlation of Parikartika and Fissure-in-Ano

Ayurvedic Perspective	Modern Perspective	Clinical Significance
Kartanavat Vedana	Severe cutting pain	Cardinal symptom
Daha	Burning sensation	Local inflammation
Raktasrava	Bleeding per rectum	Mucosal tear
Vibandha	Constipation	Hard stool passage
Vata Prakopa	Internal sphincter spasm	Delayed healing
Guda Vrana	Anal fissure	Structural lesion

G. Modern Concept of Fissure-In-ANO

Fissure-in-Ano is one of the most common painful ano-rectal disorders encountered in surgical practice. It is defined as a longitudinal tear or ulcer in the anoderm extending from the anal verge towards the dentate line.

The lesion is most commonly located in the posterior midline and less frequently in the anterior midline. Chronic fissures may be associated with fibrosis, hypertrophied anal papilla, sentinel pile, and persistent ulceration.

The disease occurs in all age groups but is more frequently observed among young and middle-aged adults. Constipation and passage of hard stool remain the most common precipitating factors.

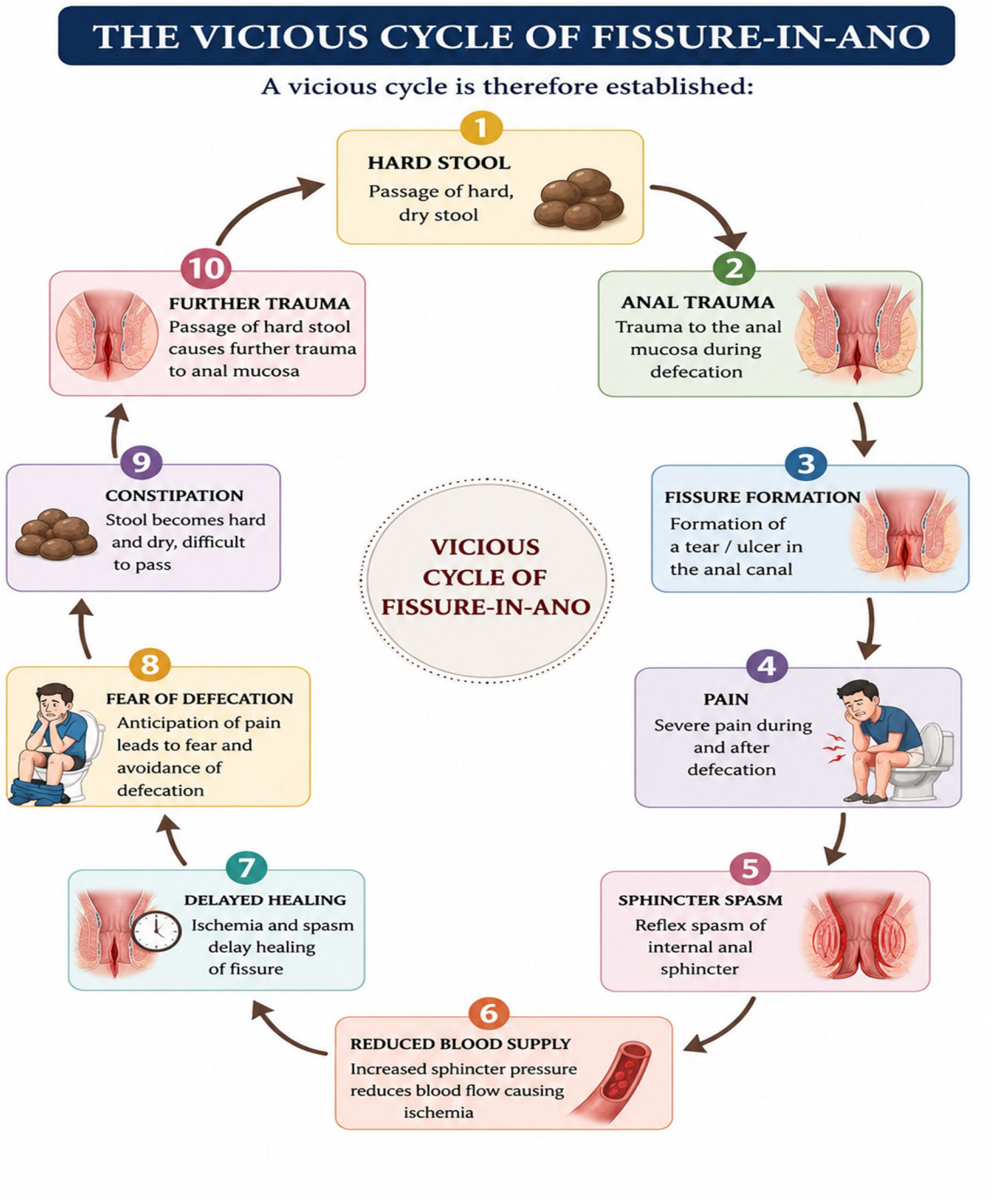
Clinical Features of Fissure-in-Ano

- Severe pain during defecation
- Pain persisting for several hours after defecation
- Bleeding per rectum
- Burning sensation
- Constipation
- Fear of defecation
- Internal sphincter spasm [5,6]

H. Etiopathogenesis of Fissure-in-ANO

The pathogenesis of Fissure-in-Ano involves trauma to the anal canal followed by reflex spasm of the internal anal sphincter.

Passage of hard stool produces a tear in the anal mucosa. The resulting pain causes reflex contraction of the internal sphincter, leading to increased resting anal pressure. This reduces local blood flow and produces ischemia, which delays healing of the fissure.[7,8]



I. Conventional Management And Its Limitations

Modern management of Fissure-in-Ano may be broadly classified into conservative and surgical approaches.

Conservative Management

- High-fiber diet
- Adequate fluid intake
- Stool softeners
- Sitz bath
- Topical nitrates
- Calcium channel blockers

Surgical Management

- Anal dilatation
- Lateral internal sphincterotomy
- Botulinum toxin injection

Although these modalities often provide symptomatic relief, several limitations have been reported.[9,10]

Limitations of Conventional Therapy

Treatment	Limitations
Stool softeners	Temporary relief
Topical nitrates	Headache and recurrence
Calcium channel blockers	Variable response
Botulinum toxin	Cost and recurrence
Surgery	Risk of incontinence and postoperative discomfort

J. Ayurvedic Principles of Management

The management of Parikartika is based upon the principles of:

- Vata-Pitta Shamana
- Vedanasthapana
- Shothahara Karma
- Raktastambhana
- Vranashodhana
- Vranaropana
- Bowel regulation

The objectives of treatment include:

1. Relief of pain.
2. Reduction of burning sensation.
3. Control of bleeding.
4. Reduction of sphincter spasm.
5. Promotion of wound healing.
6. Restoration of normal bowel function.
7. Prevention of recurrence.

Among various treatment modalities described in Ayurveda, local Ghrita therapy occupies an important position due to its soothing and healing properties.

K. Durvadi Ghrita: Classical Review

Durvadi Ghrita is a classical medicated Ghrita formulation described for conditions associated with bleeding, inflammation, ulceration, and tissue injury.

The formulation consists of:

- Durva (Cynodon dactylon)
- Kampillaka (Mallotus philippensis)
- Daruharidra (Berberis aristata)
- Goghrita

The formulation possesses multiple therapeutic properties relevant to Parikartika.

Table 4. Therapeutic Properties of Durvadi Ghrita

Ingredient	Major Ayurvedic Properties
Durva	Raktastambhaka, Pittashamaka, Sheeta, Vranaropana
Kampillaka	Krimighna, Shodhana
Daruharidra	Shothahara, Vranashodhana
Goghrita	Snigdha, Sheeta, Yogavahi, Vranaropaka

Durva is particularly important because of its ability to control bleeding and burning sensation. Its cooling action helps alleviate Pitta-induced symptoms such as Daha and inflammation.
Daruharidra contributes anti-inflammatory and wound-cleansing actions, while Kampillaka supports tissue purification and healing.
Goghrita acts as a carrier medium and provides lubrication to the anal canal, reducing friction during defecation and facilitating tissue repair.
Probable Mode of Action
Durvadi Ghrita may act through:

- Reduction of inflammation
- Control of bleeding
- Relief of burning sensation
- Lubrication of tissues
- Promotion of granulation tissue formation
- Acceleration of epithelialization
- Enhancement of wound healing [11-15]

L. Jatyadi Ghrita: Classical Review

Jatyadi Ghrita is one of the most widely accepted formulations for the management of chronic wounds and ulcerative lesions.
The formulation contains ingredients such as:

- Jati
- Nimba
- Haridra
- Daruharidra
- Tuttha
- Goghrita

Table 5. Major Therapeutic Properties of Jatyadi Ghrita

Ingredient	**Therapeutic Action**
Jati	Vranaropana
Nimba	Krimighna, Shodhana
Haridra	Shothahara
Daruharidra	Vranashodhana
Tuttha	Lekhana
Goghrita	Tissue regeneration

Jatyadi Ghrita promotes cleansing of the fissure bed and facilitates development of healthy granulation tissue. The formulation helps reduce local inflammation and accelerates healing of ulcerated tissue.
The antimicrobial action of its ingredients further assists in preventing secondary infection and chronicity.

Probable Mode of Action

The therapeutic effects of Jatyadi Ghrita may be attributed to:

- Vranashodhana
- Vranaropana
- Reduction of inflammation
- Prevention of infection
- Tissue regeneration
- Restoration of mucosal integrity [14-15]

M. Role of Manual Anal Dilatation In Parikartika

Manual Anal Dilatation is an important adjunctive procedure in the management of Parikartika and Fissure-in-Ano. One of the major factors responsible for persistence of symptoms in fissure patients is internal anal sphincter hypertonicity. Increased sphincter tone leads to reduced blood supply to the fissure area, thereby delaying healing and perpetuating the cycle of pain and spasm.

The procedure aims to reduce anal sphincter pressure, improve local circulation, facilitate painless defecation, and promote healing of the fissure. By relieving sphincter spasm, Manual Anal Dilatation helps interrupt the vicious cycle of pain, constipation, recurrent trauma, and delayed tissue repair.[16,17]

Table 6. Therapeutic Benefits of Manual Anal Dilatation

Therapeutic Effect	Clinical Benefit
Reduction in sphincter spasm	Relief from pain
Improvement in blood circulation	Faster ulcer healing
Decrease in anal canal pressure	Easier bowel evacuation
Reduction in ischemia	Enhanced tissue repair
Prevention of recurrent trauma	Reduced recurrence

N. Therapeutic Rationale Of Combined Therapy

Parikartika is a multifactorial disorder involving ulceration, inflammation, bleeding, pain, constipation, and sphincter spasm. No single intervention adequately addresses all these components. Therefore, a combination approach involving medicated Ghrita and Manual Anal Dilatation appears rational and clinically relevant.

Durvadi Ghrita and Jatyadi Ghrita provide:

- Vranaropana (wound healing)
- Shothahara (anti-inflammatory action)
- Vedanasthapana (pain relief)
- Raktastambhana (control of bleeding)
- Tissue regeneration

Manual Anal Dilatation contributes:

- Reduction in sphincter hypertonicity
- Improvement in blood circulation
- Easier bowel evacuation
- Prevention of recurrent trauma

Table 7. Combined Therapeutic Approach in Parikartika

Pathological Component	Ghrita Therapy	Manual Anal Dilatation
Pain	✓	✓
Burning sensation	✓	–
Bleeding	✓	–
Ulceration	✓	✓
Sphincter spasm	✓	✓
Constipation	✓	✓
Delayed healing	✓	✓

II. DISCUSSION

Parikartika is a painful ano-rectal disorder predominantly resulting from Vata-Pitta vitiation and may be closely correlated with Fissure-in-Ano. The disease involves both functional abnormalities such as sphincter spasm and constipation, and structural pathology in the form of anal ulceration. According to Ayurveda, aggravated Vata produces pain, dryness, constipation, and sphincter spasm, whereas vitiated Pitta is responsible for inflammation, burning sensation, bleeding, and ulceration. Therefore, effective treatment should address both Dosha imbalance and local tissue pathology. The pathogenesis of Fissure-in-Ano described in modern medicine closely parallels the Ayurvedic concept of Parikartika. Passage of hard stool results in trauma to the anal mucosa, leading to severe pain and reflex sphincter spasm. Reduced blood supply subsequently delays healing and perpetuates the disease process. Thus, therapies capable of relieving pain, reducing sphincter tone, improving circulation, and promoting wound healing are likely to produce optimal therapeutic outcomes. Durvadi Ghrita possesses unique therapeutic advantages due to the presence of Durva, Kampillaka, Daruharidra, and Goghrita. Durva provides Raktastambhaka and Pittashamaka effects, making it particularly useful in controlling bleeding and burning sensation. Daruharidra contributes anti-inflammatory and wound-cleansing actions, while Goghrita enhances tissue repair and regeneration. These properties directly counteract the pathological processes involved in Parikartika. Jatyadi Ghrita is primarily recognized for its Vranashodhana and Vranaropana actions. The formulation promotes cleansing of unhealthy tissue, prevents infection, and accelerates healing of ulcerative lesions. The combined action of Jati, Nimba, Haridra, and Daruharidra facilitates restoration of normal mucosal integrity.

Manual Anal Dilatation complements local Ghrita therapy by relieving internal sphincter hypertonicity. Reduction of sphincter pressure improves local blood flow, decreases pain, and creates favorable conditions for rapid fissure healing. By facilitating painless defecation, the procedure also helps prevent recurrent trauma and recurrence of symptoms.

Thus, the combination of medicated Ghrita and Manual Anal Dilatation represents a logical and holistic therapeutic approach that simultaneously addresses pain, inflammation, bleeding, constipation, sphincter spasm, and delayed wound healing.

III. CONCLUSION

Parikartika is a Vata-Pitta predominant Guda Vyadhi that closely resembles Fissure-in-Ano in terms of symptomatology and pathogenesis. The disease significantly affects quality of life due to severe pain, burning sensation, bleeding, constipation, and sphincter spasm. Ayurveda offers a comprehensive treatment approach through Dosha Shamana, wound healing, and restoration of normal bowel function. Durvadi Ghrita and Jatyadi Ghrita possess significant Vranaropana, Shothahara, and tissue regenerative properties that support healing of fissure pathology. Durvadi Ghrita appears particularly beneficial because of its additional Raktastambhaka and Pittashamaka actions. Manual Anal Dilatation serves as an effective adjunctive procedure by relieving sphincter hypertonicity, improving local circulation, and facilitating ulcer healing. The combined use of medicated Ghrita and Manual Anal Dilatation provides a safe, economical, minimally invasive, and rational therapeutic approach for the management of Parikartika. Further clinical and experimental studies are required to strengthen the evidence base and establish long-term therapeutic outcomes.

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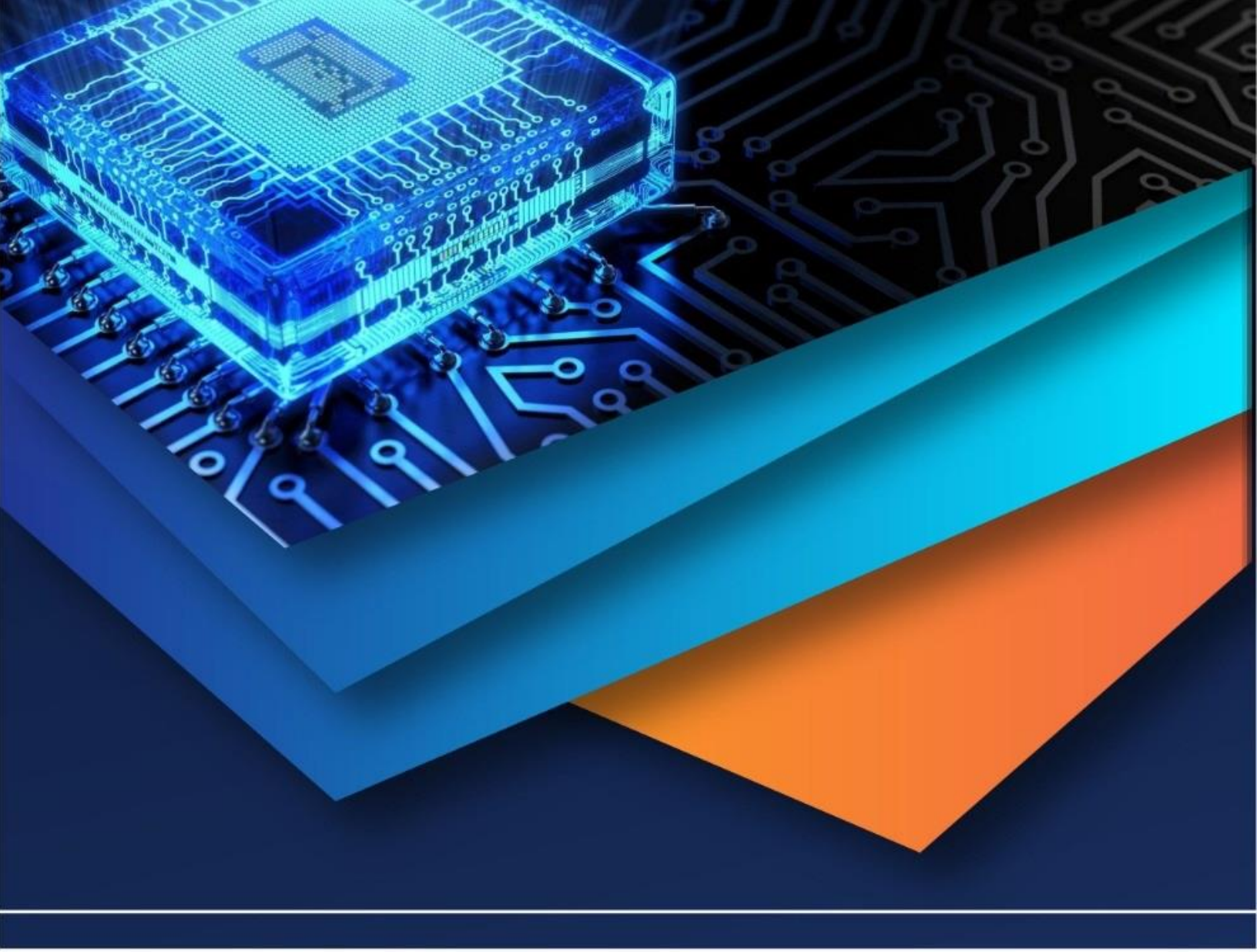

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