



## AN AYURVEDIC APPROACH TO THE MANAGEMENT OF FISSURE-IN-ANO: A CASE STUDY

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### ABSTRACT:

**Background:** In today's sedentary lifestyle, coupled with unhealthy dietary habits and stress, digestive disorders such as Fissure-in-ano have become prevalent. Fissure-in-ano is a longitudinal tear in the anal canal, most commonly occurring in the posterior midline, characterized by severe pain, burning sensation, and occasional bleeding. In Ayurveda, this condition aligns with *Parikartika*, often caused by improper administration of therapies like *Basti* (enema) or *Virechana* (purgative). **Case Study:** It explores the efficacy of per rectal Administration of *Kaseesadi Taila* for the management of *Parikartika* in a 35-year-old female patient presenting with anal pain, burning, and rectal bleeding post-defecation. **Materials & Methods:** It involved daily rectal Pichu of *Kaseesadi Taila* (10ml) for 7 days. **Results:** It showed significant improvement by day 3, with complete relief of symptoms and healing of the fissure by day 7. The therapeutic benefits of *Kaseesadi Taila* are attributed to its *Lekhana* (scraping), *Shodhana* (cleansing), and *Ropana* (healing) properties, which promote wound healing, reduce inflammation, and facilitate easier bowel movements. **Conclusion:** *Kaseesadi Taila* is an effective, cost-efficient treatment for fissure-in-ano, providing significant symptom relief without the drawbacks of conventional surgical interventions.

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

## INTRODUCTION

In today's world, a sedentary lifestyle, significant shifts in eating habits and mental stress contribute to digestive issues, which in turn lead to various ano-rectal disorders. One of the most commonly troubling disease is Fissure-in-ano with prevalence of around 1 in every 350 adults.[1] An anal fissure is a longitudinal split in the anoderm of the distal anal canal.[2] Fissure occur most commonly in midline posteriorly (90%) and much less commonly anteriorly (10%)[3]. It typically causes severe intolerable pain which is similar to excruciating pain in Parikartika as mentioned by *Acharya Sushruta*.[4] Based on its symptoms, *Parikartika* can be correlated with Fissure-in-ano. It is described in the Ayurvedic texts as primarily resulting from improper administration of *Basti*(Enema) and *Virechana Karma*(Purgative therapy). *Acharya Sushruta* highlights symptoms such as sharp or burning pain in the Anus, Urinary Bladder, and Umbilical regions. The term *Parikartika* literally means "*Parikartanvat Vedana*," referring to a cutting-type pain around the anal region.

Modern treatment approaches for fissure-in-ano include soothing ointments, bulk laxatives, and surgeries. However, these treatments can have drawbacks, including a high risk of recurrence, potential incontinence, the formation of fistulas or abscesses, and high costs. In classical Ayurvedic texts, various treatments are recommended, such as *Bhesaja*, *Shashtra*, and *Kshara Karma*. In this study *Kaseesadi Taila* was selected for topical application as it is mentioned in *Ayurvedic Literature* and well known for its *Lekhana*, *Shodhana*,

*Snehana*, *Raktastambhana* and *Ropana* properties which ensures healing of fissure.

It is stated that *Kaseesadi Taila* works like a *Kshara* but does not affect the functions of the anal sphincters[5]. External use of Kaseesa is considered to be *Sankochankarana param* i.e., it helps to reduce the size of wound and heals it [6]. Hence, *Kaseesadi Taila* is used here in the study for management of *Parikartika*.

## AIM & OBJECTIVES

To assess the therapeutic efficacy of per rectal Pichu of *Kaseesadi Taila* in the management of *Parikartika* (Acute Fissure-in-Ano)

## Case Report

A 35 years old female patient had history of hard stools since 6 months which leads to manual removal of them. Over the last 15 days, she developed pain and burning sensation that lasted for 2 to 3 hours after defecation & also noticed streaks of blood on stools, which led her to seek medical care.

## Clinical Findings

**Past history:** No H/O DM, HTN etc.

**Past treatment history:** Nothing specific

**Family history:** No relevant family history found

## Personal history:

Appetite- normal

Diet-Mixed

Bowel- Irregular, Hard stool

Micturition- 4-5times/day

Sleep- Good

Habit-Tea

## Nidana (Causes)

**Ahara-** Ruksha Ahara, Tikta-Katu Rasa Pradhana

Aahara, Mamsahari Ahara

**Vihara** – Pravahana, Utkata-asana, Purisha

Vegadharana

### Vitals

BP- 120/80mmhg

PR-82/min

Temperature- 98.6F

### Local examination-

A. Per-Abdomen- Soft, non-tender

B. Per-rectal Examination

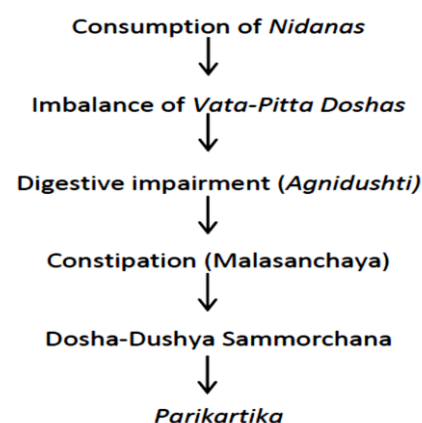
1. **Inspection-** Longitudinal ulcer was seen at 6 'O' clock position.

Bleeding was noted along the edges of the ulcer.

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

3. **Digital examination-** Hypertonicity

### Samprapti(Etiopathogenesis)



**Figure 1. Samprapti Chart.**

**Diagnosis:** Parikartika (Acute Fissure-in-ano)

### MATERIALS AND METHODS

It is a single case study. Informed consent was taken from the patient.

**Intervention:** Sthanika Chikitsa - Per rectal Kaseesadi Taila pichu OD for 7 days.

**Table No. 1 Showing Assessment Criteria**

S.No.	Symptoms	Grade	Descriptions
1	Pain	0	No pain(0)
		1	Mild pain(1-3)
		2	Moderate pain(4-6)
		3	Severe pain(7-9)
		4	Very Severe pain(10)
2	Burning Sensation	0	Never
		1	Less than 1 hour
		2	More than 1 hour and less than or equals to 2 hours
		3	More than 2 hours and less than or equals to 3 hours
		4	More than 3 hours and less than or equals to 4 hours
3	Bleeding	0	Never
		1	Rarely, (less than or equals to 25% of defecations)
		2	Sometimes, (more than 25% and less than or equals to 50% of defecations)
		3	Often, (more than 50% and less than or equals to 75% of defecations)
		4	Always, (more than 75% of defecations)
4	Sphincter Tonicity	0	Normal
		1	Hypotonicity
		2	Hypertonicity

**Table No. 2 Showing observations on 1, 3, 5 & 7 days of treatment**

Treatment	Day	Observations			
		Burning sensation	Pain	Bleeding	Sphincter tonicity
Per-rectal Pichu of <i>Kaseesadi Taila</i>	1ST	3	3	2	2
	3RD	1	1	0	0
	5TH	0	0	0	0
	7TH	0	0	0	0

## RESULTS

Clinical evaluation shows a significant decrease in symptoms of the patient with treatment. On 3rd day minimal burning sensation, pain was observed & sphincter tone became normal. On 5th day, patient had no symptoms & healthy granulation was seen.

On last day of treatment i.e., 7th day, fissure was healed completely.

**Follow Up and Outcome:** On 30th day follow-up patient was not having any symptoms of Fissure-in-ano.



Figure 2. Before Treatment.



Figure 3. After Treatment.

## DISCUSSION

The patient experienced relief from Fissure-in-ano symptoms following the use of *Kaseesadi Taila*. There was considerable symptom improvement during the course of the seven-day prescribed course of medication. It has been found that *Kaseesadi Taila* applied per rectal route helped to

reduce symptoms and promote the healing of fissures.

*Kaseesa* (ferrous sulphate) aids in decreasing wound size. The *Lekhana* qualities of *Kaseesa*, *Kustha*, *Chitraka*, and *Manashila* helped in eliminating pus, slough, and damaged tissue and fostering rapid wound healing. *Karvira* facilitates the healing of wounds, whereas *Danti* and *Chitraka*

possess antibacterial qualities helps in lowering the risk of infection.

**Table No. 3 Showing mode of action of *Kaseesadi Taila***

Properties	Mode of Action	Effect
<i>Shodhana</i> (Cleansing)	Helps in removing dead tissue and debris from the wound site.	Facilitates wound cleaning
<i>Ropana</i> (Healing)	Promotes tissue regeneration and repair.	Aids in wound healing
<i>Raktastambhana</i>	Hemostatic action to control bleeding	Stops or reduces bleeding
<i>Lekhana</i> (Scraping)	Scrapes off dead tissue, pus, and damaged cells.	Clears slough and promotes rapid healing

Per rectal Pichu delivers the *Kaseesadi Taila* directly to the fissure site, allowing for targeted absorption at the cellular level. The *Taila* forms a protective barrier over the fissure, facilitating smoother stool passage and reducing discomfort.

### CONCLUSION

In this single case study, per rectal Pichu of *Kaseesadi Taila* has showed good results. Relief from symptoms of Fissure-in-ano was seen. And fissure was completely healed.

**Declaration of Patient Consent:** The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

**Conflicts of Interest:** There are no conflicts of interest.

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