Critical review of Parikartika as a disease

Suman Sarkar
Medical Officer in Ksharasutra Therapy Unit, Hooghly, West Bengal, India.

ABSTRACT

Anal fissure is very painful anorectal disease. The parallel word of anal fissure as per Ayurveda terminology is Parikartika mentioned in Ayurvedic text. The Parikartika, also not has any separate disease entity. It is mentioned as sign and symptom of other diseases or complication of Ayurvedic procedure (like Vasti, Virecana). It may also originate due to the some instrumentation, like enema nozzle etc. Here one attempt is made to introduce Parikarita as a disease itself. The main objectives are to introduce Parikarita as a disease by detailing of Pancha Nidana, specially the Rupa, Samprapti, etc. as well as to establish missing link between them.

Key words: Parikartika, Pancha Nidana, Anal fissure.

INTRODUCTION

Ayurveda, the science of life, is a comprehensive system of health, based on experiential knowledge and grown with perpetual additions. Our life style is changing, so as nature, which has great reflection in our health.

Anal fissure has also come in the same scenario, which previously mentions with other ano-rectal diseases. Now it has separate disease entity. The parallel word for anal fissure as per Ayurveda terminology is Parikartika. It is mentioned as sign and symptom of other diseases or complication of Ayurvedic procedure or due to the some instrumentation, like enema nozzle etc.

Address for correspondence:
Dr. Suman Sarkar
Medical Officer in Ksharasutra Therapy Unit,
Purbayan Manaspur Road, Dist-Hooghly, PO.
Sahaganj -712104, West Bengal, India.
E-mail: somayusarkar@rediffmail.com

MATERIALS AND METHODS

After a strategic searching about the Ayurvedic literature as well as contemporary science together the knowledge about the Parikartika and its manifestation. The search includes ancient text to the recent text. The search include Panchanidan of Parikartika with the present form of the disease.

Definition

Parikartika is derived from root ‘Parikṛt’ which denotes, to cut around. (Pari = all around, Kartanam = the act of cutting). It is symptom rather than a disease. There are many different opinion. Dalhana mention it as a cutting and tearing pain everywhere, where as Jejjata, and Vijayaraksita mention it as cutting type of pain specially localize in Guda. So basically Parikartika is a sharp shooting pain, specially in the rectum. Where as an anal Fissure is an elongated ulcer in the long axis of the anal canal.

Nidana

Etiology can be subclasified in two groups as general and specific. The general concept is vitiation of Doshas are due to vitiated dietary factors and vitated daily routines. The specific etiology in relation to disease may be related to the disease or physician.
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Tabel 1: The specific etiology related to the disease

<table>
<thead>
<tr>
<th>Related to the disease</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Udavarta</strong>[^8] (Purisajaudavarta[^9] or Purisavrta Vata[^10]) - The initiating factor in the development of a fissure is trauma to the anal canal, usually in the form of the passage of a fecal bolus that is large and hard.</td>
</tr>
<tr>
<td><strong>Arsha</strong> (Prodromal features[^11] and symptom of Vatika and Kaphaja Arsha[^12]) - Abnormality of the internal sphincter predisposes the patient to the formation of both haemorrhoid and fissure.[^13]</td>
</tr>
<tr>
<td><strong>Jirnajwara</strong>[^14] - Generalized dehydration of the body, so the bowels are not clear, causing the disease</td>
</tr>
<tr>
<td><strong>Atisara</strong> (Vatika Atisara[^15]) - After an attack of diarrhoea the sphincters loose their capacity to dilate and go into severe spasm.</td>
</tr>
<tr>
<td><strong>Vatika Grahani</strong>[^16] - Ulcerative colitis, Chron's disease the Anal fissure also very common.</td>
</tr>
</tbody>
</table>

Tabel 2: The specific etiology related to the physician

<table>
<thead>
<tr>
<th>Related to physician</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Virecana Vyapada</strong> - A person having Mrudu Kostha and with Alpa Bala if ingests Tiksna, Ushna and Ruksa drugs for Virechana, then this disease result.[^3]</td>
</tr>
<tr>
<td><strong>Vasti Vyapada (niuruha)</strong>- If Ruksa Vasti containing Tiksna and Lavana drugs is administered in heavy dose; it may produce Parikartika. [^17]</td>
</tr>
<tr>
<td>Excessive use of Yapana Vasti - It may lead to Parikartika along with other diseases.[^18]</td>
</tr>
<tr>
<td><strong>Vasti Netra Vyapada</strong> - Due to inappropriate administration of enema nozzle and defect in enema nozzle itself may cause this disease.[^19]</td>
</tr>
</tbody>
</table>

Rupam

**Samanya Rupam**

The terminology Parikartika is itself representing the symptom, which is the intensity of pain. It is sharp cutting or sawing type of pain. It’s severe pain with bloody mucous discharge associated discomfort in peri anal region as per Charaka.[^20] The pain persists before and after defecation mentioned by Susruta.[^21]

There is vitiation of Vayu mainly the Purisavrta Vata.[^22] The involvement of Dusya as disease concern will be Twak, Rakta and Mamsa. When vitiated Vayu affecting the following Dhatus, symptoms are become more relevant as per disease concern.[^23]

Tabel 3: The symptoms due to association of the Dhatus.

<table>
<thead>
<tr>
<th>Dusya</th>
<th>Symptom</th>
<th>Associate modern terminology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twak,</td>
<td>Toda, Twakheda, Paripotan</td>
<td>Tearing and splitting of skin with cutting pain</td>
</tr>
<tr>
<td>Rakta,</td>
<td>Vrana</td>
<td>Ulcer</td>
</tr>
<tr>
<td>Mamsa</td>
<td>Granthi Shula</td>
<td>Swelling (skin tag) with pain</td>
</tr>
</tbody>
</table>

So infact Vrana is an essential symptom of Parikartika. It is having elongated or triangular in shape and a discharge may be present.[^23] The ulcer appears more dry and has features of Vata Pittaja Vrana and also Dusta Vrana.[^23]

**Visihta Rupa**

Acharya Kasyapa and other authors have not described the clinical features of this disease. Though he classified the disease according to the Doshic.[^24] The cardinal symptom of disease is pain. The pain of Vrana can be classified according Doshic predominance in relation to disease concern.[^25]
Table 4: The type of pain in Vrana and related symptom according the involvement of Dosha

<table>
<thead>
<tr>
<th>Involved Dosha</th>
<th>Type of pain in Vrana</th>
<th>Related symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vatika</td>
<td>Vidaran (cutting pain)</td>
<td>Parikartan (cutting pain)</td>
</tr>
<tr>
<td>Paittaka</td>
<td>Daha (burning pain)</td>
<td>Daha (burning sensation), Asra-srava (bleeding per rectum)</td>
</tr>
<tr>
<td>Kapha</td>
<td>Kandu (pruitsis)</td>
<td>Piccha-Srava (mucous discharge)</td>
</tr>
</tbody>
</table>

**Samprapti**

a) In the concern disease, the predominant vitiated Dosha is Vata. Dushya are Twak, Rakta and Mamsa, specifically in Guda Pradesa,[3] 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.[26] Due to the etiological factor there is Dusti of Purisavaha Srotas.[26] When Purisha 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 takes place. Thereafter when it localize in Mamsa forming knotty swelling or tags and pain.[23] Though there is predominance of Vayu, but it is associated with Pitta (according to Acharya Sushruta) and Kapha (according to Acharya Kasyapa)[24]

b) Impairment of Agni also plays a vital role in the formation of disease.[27] The persons has impaired Agni, is prone to having Parikartika as a result of Vamana – Virechan and Vasti Vyapada 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 Doshas get sited in the Vrana, producing further symptoms. When the wound is produced simultaneously there is vitiation of Dosha which in term leads to Parikartika.

Table 5: The pathogenesis of Parikartika

Pathogenesis of a disease can be summarized as below

- **Nidana**
  - Vitiation of Dosas
  - Sancaya
  - Agni manda
  - Malasancaya
- **Sancaya**
  - Pakwasaya avṛta vayu
  - Vyana avṛta apana
- **Prakopa**
  - Dosha migrate through Srotas
  - Prasara
  - Dosa Dusya Sammorchana in Samvarani Guda vali
  - Sthana Samshraya
  - Dosa Dusya (Pitta Kapha) Twak Rakta Mamsa
  -Vyakti
  - Parikartika
  - Jirna avastha / Vata, Pitta, Kapha Bheda
Sadhyasadhya

Generally Vrana in Payu is easily curable.[28] If a Vrana is left untreated, as a consequence it may lead to Yapyatwa stage and finally leading to Asadhyatwa 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 Sukhasadhya group. If it affects the deeper layers, it deals wound healing. If it is associated with Madhumeha, Kustha, Vishodusti and Sosha, the healing of Vrana will be delayed. If Parikartika is associated with Sanniruddha Guda, it is considered as Yapyatwa.[28]

In Astanga Samgraha some Arista Lakshana mentioned in relation to Parikartika[29]

a) When Parikartika is formed due to Amasaya cause and associated with severe thirst and Sakrutabheda.

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

Treatment of Parikartika

In general the aim of treatment is Samprapti Vighatana or reduce the strength of Vyadhi Ghatakas i.e.

1. Treatment of Vibandha has lot of importance. Due to Purisavega Avaroadha there is vitiation of Vayu(Apana Vayu) leads to Vibandha as well as Parikartika. So the cycle should be broken.

2. The Mandagni is most important factor of Parikartika as well as in Arsha, Atisara, Grahani. So increasing and maintain the Agni in equilibrium state is necessary.

In the treatment of Parikartika Acharya Charaka gave special importance to Ama,[27]

1. Sama Dosh - a) Langhana b) Pachana c) Rooksha Ushna Laghu Bhojan

2. Amajirna - Anubandheshu (Nirama state by Vrdhha Vagbhata) - use of Kshara, Amla, Madhu, Acharya Charaka also mention to take Brimhana and Madhura Drava in emaciated patient.

3. In Vata predominant condition - the following medicine should taken by patient[27]
   - Sarpi processed with Dadima Rasa added with Pushpa Kasis or Kshara or Lovana.
   - Food and drink containing sour curd mixed with the skin of Dadima (pomegranate)
   - Paste of Devadaru and Tila along with warm water.
   - Milk boiled by adding Asvattha, Udumbara, Plaksa and Kadamba.

4. In the Jwara Chikitsa, Acharya Charaka has also mentioned that in Jwarita person, there are chances of having Parikartika. He should consume Peya of red rice made from decoction of Vrakshamala, Badara, Pithivana, Kantakāri with powder of unripped fruit of Bela’s cortex.[24]

5. In relation with Garbhini Chikitsa, Acharya Kasyapa,[24] classified the disease in three category and given specific treatment according to the Doshic involvement.

<table>
<thead>
<tr>
<th>Dosh in Parikartika</th>
<th>Ingredients helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yusa for Paittika Parikartika.[24]</td>
<td>Madhuyaṣṭi, Hanspatti, Dhaniyā, Madhu, etc.</td>
</tr>
</tbody>
</table>

6. Though among the various preparations Piccha Basti and Anuvasan Basti has given special importance. Picchā Basti is specially advised when there is Picchasrava or Asra Srava, especially for Stambhan purpose. Anuvāsana Basti has ability to treat the vitited Apāna Vāyu. Picchā Basti should be given in cold state prepapre by Kashaya and Madhura Dravya.[3] Anuvāsana Basti should be given with Yastimadhu Siddha Taila.[3]
**DISCUSSION**

In accordance with Ayurveda, anal fissure has no specific disease entity. *Parikartika* is the terminology used in *Samhita*, somehow represent the fact. Though there is controversy on the Ayurvedic nomenclature, it can be compared with *Parikartika*. The definition of *Parikartika* given by Acharya Jejijata, Vijayraksita is much more applicable in here. The *Parikartika* is a symptom where cutting type of pain is the major criteria in the ano-rectal region, which is also common symptom where cutting type of pain is the major symptom where cutting type of pain is the major criterion in the ano-rectal region. So, the fissure in ano can be included under *Parikartika*, but all Parikartika is not anal fissure. For easy understanding the *Guda - Parikartika* can be classified into two sub headings as specific and non-specific. Specific variety is those where there is specific lesion (macro injury). The lesion can be anywhere in anorectal area which includes solitary rectal ulcer, anal fissure, laceration etc. Non specific are those where there is no visible specific lesion. There may be minute injury; it may be due to the irritant matter (viz. spicy food, irritant enema, etc.) causing proctotites.

So as an Ayurvedic physician, it is our duty to understand the disease. The picture in our mind about the disease should be clear and it should follow the Ayurvedic rule. As a disease, it should undergo six stages of *Kriyakala*. The formation of visible anal fissure occur in the 5th stage (*Vyakta Avasta*). As a manifestation of disease it has to travel long way from *Nidana* to *Vyakta Avasta*. In the context of *Pakwasaya Avruta Vata* there are two main symptoms as dry hard stool and *Parikartika*. In another context it was mention as a symptom of *Vyana Avruta Apana* associate with *Adhma* and *Udavarta*. This phenomenon may be responsible for slow-transit constipation. There was *Prakopita of Dosas* due to *Nidana Sevana* which ultimately causes *Sthansamsraya* in *Samvarani Gudavali*. Though the disease was more due to the hard stool but it is our hypothesis that the field for the disease formation is prepared early, that is due to micro injury which is produce by the irritant food, which may be the cause of chronically elevated internal anal sphincter tone. These phase completed in *Sthansamsraya*. Though it is easy to understand due to *Abhigath* i.e., direct trauma by hard stool, causing the *Ksataja Vrana* or *Guda Vidarana* and later it become *Dusta Vrana*.

As a result of the pathogenesis, when *Vata* localize in *Twak*, it becomes *Ruksa* and microscopic ulcer occur which in other word known as proctotites. There was the formation of liner ulcer, when the vitiated *Vayu* localized in *Rakta*, as the disease progress. This is the acute fissure in ano. As the disease progress the vitiated *Vayu*, when localize in *Mamsa* forming knotty swelling. So as per contemporary science it is similar pathway of Fissure-in-ano. Initially when the disease has not occured we thought it involve only *Rasa Dhatu* i.e. disease will manifest if Apathya Sevana is going on which is nothing but acute fissure. In acute fissure there is severe pain and bleeding and angry ulcer is also easily visible. As the disease progress the fissure in ano when become chronic as per body own compensatory mechanism there is formation of anal polyp above the ulcer and below there is sentinel tag. The general principal of treatment is removing the cause and treating the disease. The *Agni* should be maintained as well as the proper environment should be provided for proper healing. The conventional treatment is sufficient, rarely needs surgical intervention. A *Guda - Parikartika* is a disease itself, where undergoes various stages and also there is involvement of *Dosas*, when it is associated with other disease it also follow the same rule.

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