



Case Report

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AYURVEDIC MANAGEMENT OF IRRITABLE BOWEL SYNDROME INDUCED PARIKARTIKA (FISSURE-IN ANO): A CASE REPORT

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ABSTRACT

Background: Irritable Bowel Syndrome is a gastrointestinal motility disorder characterized by abdominal pain or discomfort associated with altered defecation or a change in bowel habits, constipation, and abdominal bloating. In Irritable Bowel Syndrome, predominantly diarrhoea type due to repeated elimination, the patient may develop Parikartika. Parikartika is one of the common anorectal anomalies observed in clinical practice. As per the description of signs and symptoms, Parikartika can be co-related to fissure-in ano in modern contexts. The treatment in current clinical practice shows significant recurrence and is mainly indicated for surgery. Rationale of the case report: Here is a case report of 72 years; the male patient is a known case of irritable bowel syndrome predominantly diarrhoea type which got lead to the formation of Fissure-in ano, treatment concentrates both on irritable bowel syndrome and Parikartika since both occur due to vitiation of Vata. Intervention: The patient was given internal medication with Triphala churna avagaha and Jatyadi Ghriha pichu over the anus. Result and outcome: The patient got a satisfactory result within 14 days of Ayurveda treatment. After completion of 21 days course of treatment, surgery was prorogued as the patient improved.

Keywords: Irritable Bowel Syndrome, Parikartika, Fissure-in ano

INTRODUCTION

Irritable bowel syndrome or Spastic colon is an intestinal disorder causing pain in the abdomen, diarrhoea, and constipation. IBS continues to be a significant health hazard affecting all age groups worldwide. Ayurveda has a strong theoretical backup in the genesis of IBS. In Ayurveda, IBS can be considered as Agnimandyajanya vikara. The major Dosha involved in its aetiology is Vata Dosha, together with the association of Pitta and Kapha Dosha. Most patients alternate between episodes of diarrhoea and constipation and can be considered constipation predominantly or predominantly diarrhoea. Due to altered bowel habits, continuous irritation to the mucosa of the anal canal may lead to injury causing Parikartika. In Ayurveda classics, Parikartika is not mentioned as a separate entity but in different contexts. Parikartika is mentioned as Upadrava of Vatikapakwaatisara¹, Arshas², Udavarta³, and in Arshapurvarupa⁴, Vamanavirechanavyapat⁵. Acharya Dalhana said it as cutting and tearing pain⁶. According to Acharya Charaka, Parikartika is the sharp cutting or sawing pain with bloody mucosal discharge and discomfort in the peri-anal region⁷. The pain will persist before and after defecation, as per Acharya Sushruta. Acharya Kashyapa classified Parikartika into three types – Vataja, Pittaja, Kaphaja. The pain is classified according to the Doshik predominance⁸. Anal Fissure is the mere modern terminology for Parikartika. In Anal Fissure, a crack in the mucosal lining of the anus, will be associated with a cutting type of pain, burning sensation, bleeding, and elongated ulcer. 95% of anal fissures in men are posterior, and 5% are anterior. 85% of anal fissures in females are posterior, and 20% are anterior. Anterior anal fissures are common in females⁹. Various treatment modalities have been mentioned for parikartika in both ayurvedic and allopathic systems of medicine. In Allopathic practice, the

standard treatment of Fissure-in ano is oral pain medication, laxatives, and local anaesthetic agents, which may cause side effects if used continuously. Surgical procedures mentioned are Lord's anal dilatation, dorsal fissurectomy, and lateral anal sphincterotomy for Fissure-in ano. As pain killers have complications like side effects, reoccurrence, and most surgeries lead to post-operative pain, Ayurvedic treatment for Parikartika is beneficial and more effective.

Case Report

A 72-year-old male patient came to Sri Jayendra Saraswathi Ayurveda College & Hospital, Chennai- Bangalore Highway Nazarethpet, Chennai, Tamil Nadu 600123 OPD with the chief complaints of cutting type of pain in the anus during defecation (Karthanavat vedana), burning sensation in the anus, bleeding per anus for 15 days.

Associated complaints

Frequently passing motion 8-10 times/day for six months with intermittent constipation

History of present illness

Known case of IBS (irritable bowel syndrome) for two years. For the last 15 days, the patient had been suffering from cutting pain, a burning sensation in the anus, and bleeding per anus. He took modern medicine for IBS but didn't find any improvement, so he came to our Ayurveda Hospital.

General Examination

Nadi (pulse) – 90/min

Mala (stool) – a loose stool with on and off constipation

Mutra (urine) – 5/1 D/N

Jihwa (tongue) – prakrut (normal)
 Shabda (speech) – prakrut
 Sparsha (skin) – prakrut
 Druk (eyes) – prakrut
 Agni – Visamagni
 Akrti – Sthoola
 Bala – Madhyama
 Raktachapa (B.P) – 120/80 mm/Hg

History

Hypertension – Known case
 Not a known case of DM, CVD, IHD, TB, BA

Local examination

Inspection – 1cm sentinal tag (6'o clock), Puckered anus
 Palpation – Warmth and tenderness present

On Per rectal examination

- Tight sphincter tone
- Severe pain
- Tenderness
- Burning sensation
- Multiple fissures (6'o clock, 4'o clock, 12'o clock, 9'o clock)
- A smear of faeces over examination gloves

MATERIALS AND METHODS

The centre of the study is Sri Jayendra Saraswathi Ayurveda College and Hospital, Chennai, India.
 Simple random single case study

Table 1: Medicines used in Case Study

Dravya	Dosage	Anupanam
Kaidaryadi Kashayam	15 ml twice daily before food	45 ml warm water
Dadimashtaka Churnam	5 gm twice a day after food	warm water
Mustakarishtam	30 ml twice a day after food	30 ml of normal water
Jatyadi Ghritha	Picuh twice a day	
Triphala churna Kashaya	Avagaha twice a day	

RESULT AND DISCUSSION

Parikartika is not mentioned as a separate entity but has more importance in clinical practice since it is the most painful condition. Parikartika is the longitudinal ulcer at the anal verge which causes the cutting type of pain and burning sensation in the anus. It is mentioned as a complication of Virechana, Vasti Karma. But in practice, excessive Virechana or improper Vasti administration are not the only causative factors for the disease. In the present case study, the patient got Parikartika due to irritable bowel syndrome, predominantly diarrhoea type (IBS-D). The faecal matter is forcibly pushed down in IBS-D due to vigorous hyperperistalsis. The external sphincters may not be relaxed when the faeces are pushed down, resulting in the traumatization of the anal margin. This is a recognized fact, i.e. there is an imbalance between the peristaltic wave of the colon and rectum on the one hand and the relaxation of the external sphincter on the other. The anal margin is most likely to get injured due to IBS-D also. So the treatment was focused on IBS-D and Parikartika. Kaidaryadi kashayam¹⁰ has Kleda Shoshana, tridoshahara, vatanulomana, kaphamedohara, and sophahara properties, and it is very effective in IBS and acts as Grahani balya. Dadimashtaka churna¹¹ has laghu, ruksha, tikshna guna, deepana, and pachana properties which help to pacify

Muhurdravam mala pravritti thereby improving metabolic process, reducing intestinal infection, acts as an internal antimicrobial agent, helps in the management of loose motion and Grahani. In IBS, where the gut-brain relation with respect to the CNS and ENS deregulation, the psychological factors alter the pain threshold, and stress alters the sensory threshold in IBS patients.

To control psychological alterations in IBS patients, Arishta preparations play a vital role. Musta being an Agrya dravya for Sangrahi, Deepana, and pachana action, it plays a significant role in all types of Grahani as Mustakarishtha¹². Healing of fissure is different from healing any other ulcer because, in the former, faeces constantly contaminate the wound and its frequent friction with the mucosa. Jatyadi ghritha¹³ has Vrana ropana, Vrana Sodhana, and Krimighna properties used to promote healing and improve re-epithelialisation, neo-vascularisation and migration of endothelial cells, dermal fibroblasts and myofibroblasts into the wound bed. To prevent contamination, Avaghana with Triphala churna¹⁴ kashaya, which has Vrana Sodhana, and Vrana ropana, is used for cleansing. Hence this case showed a better clinical improvement with Ayurvedic internal medication, Pichu, Avaghana. All these medications showed betterment in both IBS and Parikartika.

CONCLUSION

This case hence shows better clinical improvement with proper fissure-in ano healing. The clinical symptoms such as cutting type of pain, diarrhoea, and burning sensation are found to be reduced remarkably in 21 days. Hence based on assessment, Jatyadi ghritha pichu, Triphala Kashaya Avaghana for Parikartika and internal medications for irritable bowel syndrome are found to be safe and drastically showed improvement in the case.

Patient Consent: The patient has provided written consent for the publication.

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