



## Review Article

www.ijrap.net

(ISSN Online:2229-3566, ISSN Print:2277-4343)



### TOPICAL APPLICATIONS IN AYURVEDA FOR THE MANAGEMENT OF ANAL FISSURES: A REVIEW

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Received on: 17/1/24 Accepted on: 28/2/24

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DOI: 10.7897/2277-4343.15248

#### ABSTRACT

Anorectal fissures are a common ailment where the lining of the anal canal breaks or fractures painfully. Using a variety of topical treatments, traditional Ayurvedic medicine provides a comprehensive approach to control anal fissures. The purpose of this thorough analysis is to assess the efficacy of various Ayurvedic therapies for anal fissures, with an emphasis on the length of therapy and the rates of recovery linked to these interventions. A wide variety of Ayurvedic topical treatments, such as herbal ointments, medicinal oils, and formulations enhanced with natural constituents, are methodically analysed in this paper. To study the effect of various local applications in Ayurveda on treating fissures-in-ano. The text was collected from the classical Ayurvedic literature. Different research papers published in national and international journals were analysed systemically to determine their effectiveness in terms of duration of treatment and healing rate. According to the aforementioned study, numerous clinical trials were carried out in Ayurveda to demonstrate the efficacy of different local applications for the treatment of anal fissures, with a promising success rate. In three to four weeks, most of the fissures were observed to have fully healed. This study suggests that surgery can be avoided if anal fissure patients receive treatment in the initial stage with topical applications like ghrita, taila, malahara, pichu, guda varti, or guda basti.

**Keywords:** Anal Fissure, Parikartika, Local applications in Ayurveda.

#### INTRODUCTION

Parikartika, or the fissure-in-ano, is the most common and painful lesion in the anal canal. It is an extensive ulcer at the lowest part of the anal canal distal to the dentate line, yet it is an actual ulcer of an anal<sup>1</sup> skin. According to Ayurvedic scriptures, Parikartika is caused by Vamana-Virechana Vyapada<sup>2</sup>, Basti Karma Vyapada<sup>3</sup>, and Bastineta Vyapad.

Fissures-in-ano is commonly caused by trauma, low-fibre diets, constipation or hard stools, and past anorectal surgery, according to current scientific research. Acute and chronic fissures are the two categories into which anal fissures fall. The two main signs and symptoms are pain and bleeding. Acute fissures can become chronic, with or without complications, if they are not appropriately treated within a reasonable amount of time.

The Indian traditional medical system known as Ayurveda has thousands of years of experience treating illnesses and preserving health with an almost limitless supply of remedies. Scientific research has examined and validated the effectiveness of many Ayurvedic medications. Treatment methods for anal fissures described in Ayurvedic literature include Bhaishajya, Kshara, Shastra Karma, etc. The first, known as Bhaishajya, or conservative management, is used to cure Parikartika. Parikartika is being efficiently treated with various topical treatments under careful control. Through published research articles and Ayurvedic scriptures, an extensive examination of numerous local applications for the management of anal fissures is attempted in this study, with particular attention to the length of treatment and rate of recovery.

This review aims to compile information on the effect of various local applications in Ayurveda for the treatment of fissures-in-ano.

The text was compiled from classical Ayurvedic literature. Various research papers published in national and international journals were analysed systemically to determine their effectiveness in terms of duration of treatment and healing rate.

After studying the detailed review of various articles, the observations were made and presented in Table 1.

#### DISCUSSION

Sarjara malahara is snigdha (unctuous), vranaropaka (wound healing), raktastambhaka (haemostatic), and Vatashamaka in nature. This helps to cure the fissure wound by reducing local dryness and roughness and promoting wound healing. Hence, it is effective in treating Parikartika.

Jatyadi taila malahara has varna sodhana, varna ropana, anti-septic, anti-microbial, anti-inflammatory, antioxidant, and soothing activity. This prevents secondary infection in the fissure and accelerates healing by inducing vascular endothelial growth and re-epithelialisation.

Gangeruki malahara relieves discomfort, bleeding, and burning sensations in anal fissures. It effectively stops bleeding and burning sensations in two to four days, relieves sphincter spasms, and promotes faster healing because of its prolonged contact with the lesion.

Table 1

Name of a research article	Name of Author	Duration of treatment	Rate of Healing
Pilot study on the efficacy of Sarjarasa Malahara local application in Parikartika w.s.r to fissure in ano <sup>4</sup>	Dr. Jyoti Shinde, Dr. Balaji Mugave, <i>et al.</i>	28 days	87%
Study of Jatyadi Tail Malahara in The Management of Parikartika <sup>5</sup>	Dr. Manish Thakur, Dr. Bharat Rokade	15 days	95.1%
A Clinical Case Study of Gangeruki Malahara in the Management of Gud Vidar W.S.R.to Anal Fissure <sup>6</sup>	Dr. Neha Soni, Dr. Kaushalesh Mishra, <i>et al.</i>	15 days	100%
Effect of Murivenna Ointment in the Management of Parikartika- A Pilot Study <sup>7</sup>	Dr. Mukund Dhule, Dr. M.V.Shreerag	14 days	95.45%
Evaluation of Efficacy of Daruharidra Chandana Malahara Lepa and Panchavalkala Malahara Lepa in Parikartika w.s.r. to acute fissure in ano <sup>8</sup> .	Dr. Suresha Bhajantri, Dr. P. Gannur, <i>et al.</i>	7 days	100%
Clinical evaluation of Kasisadi Ghrita local application in parikartika <sup>9</sup>	Dr. Mamata G. Mate, Dr. D.N. Farande, <i>et al.</i>	28 days	62.5%
Clinical study to evaluate the local effect of Durva Ghrita in the management of parikartika <sup>10</sup>	Dr. Amarprakash Dwivedi, Dr. Amarsing Rathod, <i>et al.</i>	10 days	75%
Ayurveda view on fissure in ano and its management through Ayurveda w.s.r to role of Jatyadi Tail Matra Basti <sup>11</sup>	Dr. Lochan Khandagale, Dr. Vikas Jain, <i>et al.</i>	21 days	100%
Role of Kasisadi Ghrita Vrana Basti in the management of fissure in ano <sup>12</sup>	Dr. Prashant Pimpalkar, Dr. Ravishankar Pal, <i>et al.</i>	7 days	75%
Clinical study on the effect of Dwiharidra Rasakriya Pichu in the management of Parikartika <sup>13</sup>	Dr. Neetu Vishwakarma, Dr. Shrinivass Kumar, <i>et al.</i>	14 days	91.11%
Clinical efficacy of Pichcha Basti in Parikartika <sup>14</sup>	Dr. Bhausaheb A. Patange	7 days	75%
Clinical efficacy of Jatyadi Tail in Parikartika <sup>15</sup>	Dr. Sanghamitra Samantaray, Dr Radhakrishna Bishwal, <i>et al.</i>	28 days	60%
Management of Parikartika w.s.r to Acute fissure in ano with Guduchi Tail Pichu - A case study <sup>16</sup>	Dr. Renuka T., Dr. Shreedhar Rao	7 days	100%
Study the effect of Chandanbalalakshadi Tail Pichu in Parikartika w.s.r to fissure in ano - A pilot study <sup>17</sup>	Dr. Yogesh Badwe, Dr. Kalyani Pendam	21 days	53.3%
Proficiency of Khanduchakka Ghrita in the Management of Parikartika: A case report <sup>18</sup>	Dr. Suraj V. Tichkule, Dr. Kiran Khandare, <i>et al.</i>	21 days	100%
Efficacy of Gopyadi Ghrita Matra Basti in Parikartika vis -fissure in ano: A randomised Single Group Clinical Study <sup>19</sup>	Dr. Shrinivas G P, Dr. Mamatha H. M.	21 days	85.35%
Clinical study in the management of fissure in ano with Durvadi tail Gudvarti <sup>20</sup>	Dr. Prashanth K, Dr. K. V. Rajkumar Prabhu, <i>et al.</i>	28 days	100%

Murivenna ointment, due to its vata dosha shamaka and vranaropana properties, has proved very effective in managing Parikartika.

Daruharidra Chandana malahara lepa has vranropaka, vedanasthapaka, dahaprashmaka and krumighna properties, which help to cure Parikartika. It also helps in controlling bleeding per anum.

Kasisadi ghrita contains go-ghrita, Jati Mula, Shudha Kasisa, Katuki Mula, and Haridra, which overall exert a wound-healing effect due to their kandughna, vranaghana, and Pittanashaka properties. Pittahara, characteristic of Vata, probably clears the fissure bed, reduces subsequent infection and promotes healing.

Durva ghrita is kashaya rasatmaka medication having dah shaman qualities along with vrana ropana and raktastambhana properties, which help in healing ulcers. The smoothing effect of the drug is aided by the ghrita employed in its formulation. Go-ghrita possesses sanskaranuvarti features, which means its potency remains unchanged while it retains all the qualities of the medication used.

Jatyadi taila matra basti is used to transfer the effects of several herbs, such as ropaka, vedanasthapaka and shothahara, to treat a variety of disease symptoms, such as pain, inflammation, swelling and burning sensations, which helps to cure Parikartika.

Kasisadi ghrita vrana basti has vrana shodhana and vrana ropana properties, which decrease bleeding, itching, and burning sensations from the fissure site.

Dwiharidra rasakriya pichu reduces inflammation, itching, bleeding, and burning sensations and improves healing.

Pichcha basti probably removes the accumulated secretions in the fissure bed, promotes healing, and reduces secondary infection due to its vrana shodhana, vrana ropana, shothahara and vedanasthapana properties.

Guduchi tail is tridosa shamaka, having properties like vranahara, kushtagna, Vata-Raktahara and kandugna. The local action of pichu is based on the cellular absorption of medicines, which helps in symptomatic relief.

Chandanbalalakshadi tail pichu is useful in reducing pain, inflammation, spasms, bleeding per rectum and healing wounds in the anal region.

Khanduchakka ghrita has vranashodhana and ropana properties that can help to heal the vrana rapidly.

In Gopyadi ghrita matra basti, all the ingredients are madhura, kashaya, tikta rasa, snigdha guna, and sheeta veerya, so they act as vrana shodhaka, ropaka, and stambaka activities, which help in healing fissure wounds.

Durvadi tail gudvarti acts as a lubricant and soothing agent, which helps ease the passage of stools in patients with fissures in the ano.

## CONCLUSION

The ano-rectal region is frequently affected by the painful ailment known as anal fissure. Surgery is a less desired initial treatment

option since people in today's fast-paced environment want quick relief from the related pain. Conservative medical care, which encompasses several techniques such as snehana, swedana, and langhana, is frequently chosen by patients. Anal fissure management has seen revolutionary modifications as a result of the shift towards local applications, such as tail, ghrita, malahara, pichu, and basti. Positive results in treating anal fissures have been observed in the field as local applications of Ayurvedic drugs. When carried out in the initial phases of the illness, these treatments have proven successful in removing the need for surgical procedures.

From the above review, it is observed that in Ayurveda, many clinical studies were conducted to prove the efficacy of various local applications for the management of anal fissures, along with an encouraging success rate. Most of the fissures were seen to have healed entirely during 3 to 4 weeks with negligible complications.

From this study, it can be concluded that surgery can be avoided in patients with anal fissures if the disease is adequately treated in the initial condition with local applications of herbal medicated ghrita, taila, malahara, medicated pichu and basti.

## REFERENCES

1. Dr. S Das – Concise textbook of Surgery 16th edition published in Calcutta P 1083.
2. Agnivesha, Charaka Samhita, revised by Charaka and Dridhabala with "Ayurveda Dipika" commentary by Chakrapani, edited by Dr. Bramhanand Tripathi, Acharya. Varanasi: Chaukhamba Surbharati Prakashan; 2006. Siddhi Sthana 6/61; 62:1241.
3. Kabiraj Ambikadutta Shashtri. Sushruta Samhita. 11th ed. Banaras: Chaukhamba Sanskrit Sansthan; 1997. Chikitsa sthana Adhyaya No. 34, Shlok 16:15.
4. Shinde J, Mugave B, et al. Pilot study on efficacy of Sarjarasa malahara local application in Parikartika with special reference to Fissure-in-ano. Int J Ayurvedic Med. 2022;13(1):254-257.
5. Thakur M, Rokade B. Study of Jatyadi Tail Malahara in The Management of Parikartika. World J Pharm Res. 2017;6(15):1730-1739. DOI: 10.20959/wjpr201715-10173.
6. Soni N, et al. A Clinical Case Study of Gangeruki Malahar in the Management of Guda Vidar W.S.R. to Anal Fissure. Social Science Research Network. April 29, 2020; 7(2): 224-229
7. Dhule SM, Effect of Murivenna Ointment in the Management of Parikarthika (Acute Fissure in ano) – A Pilot Study. J Pharm Res Int. 2021 Jul;33(39A):A32154. DOI: 10.9734/jpri/2021/v33i39A32154.
8. Bhajantri S, Gannur P, et al. Evaluation of efficacy of Daruharidra Chandana Malahara lepa and Panchavalkala Malahara Lepa in Parikartika with special reference to acute fissure in ano. Int Ayurvedic Med J. 2021;10(8): 1623-1628
9. Mate MG, et al. Clinical evaluation of Kasisadi Ghrita local application in Parikartika (Fissure-in-ano). J Ayurveda Integr Med. 2019 Jul-Aug;4(4):129-132
10. Dwivedi A, Rathod A, et al. Clinical study to evaluate the local effect of Doorva Ghrita in the management of Parikartika. Int J Appl Ayurveda Res. 2015;2(3):302-306
11. Khandagale LS, Jain V, et al. Ayurveda view on Fissure-in-ano and its management through Ayurveda w.s.r. to the role of Jatyadi Taila Matra Basti. Himalayan J H Sci. 2022 Dec 15;7(4):4-6.
12. Pimpalkar P, Pal R, et al. Role of Kasisadi Ghritam Vrana Basti in the management of fissure in ano (Parikartika). Government Ayurved College, Nagpur, Maharashtra, India. Rasamruta. 2014 Jun;6:13.
13. Vishwakarma N, K S K, et al. Clinical study on the effect of Dwiharidra Rasakriya Pichu in the management of Parikartika (Fissure in ano). Int J Ayurvedic Med. 2016;7(3):191-195
14. Patange BA. Clinical Efficacy of Piccha Basti in Parikartika (Fissure-In-Ano). Aayushi International Interdisciplinary Research Journal (AIIRJ). 2019 Dec;6(12):38-43.
15. Samantaray S, Bishwal R, et al. Clinical efficacy of Jatyadi Taila in Parikartika (fissure-in-ano). Published 2017. Medicine. Corpus ID: 212444771. World journal of pharmaceutical and medical research (WJPMR). 2017;3(8):250-254
16. Renuka T, Shreedhar Rao. Management of Parikartika w.s.r. to Acute Fissure-in-ano with Guduchi Taila Pichu - A Case Study. J Ayurveda Integr Med Sci. 2022;7(1):339-342.
17. Badwe Y, Pendam K. Study the effect of Chandanbalalakhshadi Taila Pichu in Parikartika with special reference to fissure-in-ano: a pilot study. Ayush. 2020 Mar 7;7(1):2545-52.
18. Tichkule S, et al. Comparative study of efficacy of Khanduchakka (*Ehretia laevis*) Ghrit and cow ghee in the management of Parikartika (fissure in ano). J Indian Sys Med. 2020 Apr-Jun;8(2):109.
19. Srinivasa GP, Mamatha HM. Efficacy of Gopyadi Ghrita Matra Basti in Parikarthika vis-a-vis Fissure-in-ano: A randomised single group clinical study. Int J Health Sci Res. 2020;10(8):157-166.
20. Gupta PJ. Clinical study in the management of fissure in ano-with Durvadi tail Gudvarti, Treatment of fissure in ano-revisited. Afr Health Sci. 2004 Apr;4(1):58-62. PMID: 15126193; PMCID: PMC2141661.

## Cite this article as:

Jyoti N. Shinde, Swati U. Kapgate and Vaishnavi H. Hande. Topical applications in Ayurveda for the management of anal fissures: A Review. Int. J. Res. Ayurveda Pharm. 2024;15(2):104-106 DOI: <http://dx.doi.org/10.7897/2277-4343.15248>

Source of support: Nil, Conflict of interest: None Declared

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