

Parikartika: An Ayurvedic Review

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Abstract

Background: Parikartika, described in Ayurvedic literature as severe cutting pain in the guda pradesha (ano-rectal region), is analogous to fissure-in-ano in modern medicine. Despite its frequent clinical occurrence, classical texts do not treat it as a distinct disease but rather as a complication of Atisara, Jwara, Garbha (pregnancy), and improper Panchakarma therapies. This review aims to synthesize the scattered references from major Ayurvedic treatises and explore its etiology, pathogenesis, clinical features, and management.

Methods: A comprehensive review of Brihatrayi (Charaka, Sushruta, Vagbhata) and other classical literature was undertaken. Relevant concepts of nidana, samprapti, roopa, and chikitsa were compiled and analyzed in the context of contemporary understanding of fissure-in-ano.

Results: The pathogenesis of Parikartika is primarily attributed to Vata vitiation, particularly Apana Vayu, often accompanied by Pitta involvement. Causative factors include improper diet (katu, tikta, ruksha ahara), sedentary lifestyle (vegadharana, ratrijagarana), and iatrogenic complications of vamana, virechana, and basti. Clinically, it presents with intense anal pain, burning sensation, constipation, bleeding, and vrana-like lesions. Management principles outlined in Ayurveda are predominantly non-surgical, emphasizing local and systemic therapies. Basti karma with ghrita, taila, and milk-based formulations are recommended, alongside oral preparations for deepana, pachana, and bowel regulation. Herbs such as Yashtimadhu, tila, dhanyaka, kantakari, and gokshura are advocated based on dosh predominance.

Conclusion: Classical Ayurvedic literature provides a detailed theoretical framework for understanding Parikartika and its management. By correlating it with fissure-in-ano, this review highlights Ayurveda's potential in offering effective, safe, and conservative treatment approaches, thereby minimizing the need for surgical intervention

Keywords: Parikartika, fissure-in-ano, vaman-virechana vyapad, basti vyapad

INTRODUCTION

The term “Parikartika” denotes excruciating cutting pain circumferentially around the anus, often radiating to the nabhi, linga, and basti. Its pathogenesis (samprapti) primarily involves vitiation of Vata dosha, especially Apana Vayu, with associated roles of Pitta and occasionally Kapha.

In the Ayurvedic texts, not much description is available about Parikartika as a independent disease but however, the matter is available scattered in different.

All the three Acharyas of Brihatrayi have mentioned about Parikartika though not as a separate disease but still as a complication of various conditions that is Vatika Jwara, Vatika Atisara, Garbha and improper administrations of purgatives or enemas.¹

Acharya Sushrut has described it as a complication of Vamana-Virechana vyapad or a condition produced by the vaidya while performing therapies for other diseases.^{2, 3, 4}

Acharya Sushrut has also described its treatment, local as well as general but more description about its pathology, types, surgical and parasurgical treatments were not mentioned. It seems possible in this connection that Acharya Sushrut did not consider it as a disease complication which require any surgical intervention, because it could be cured by only local medications. The chapter of Vaman Virechan Vyapad and Basti Netra Vyapad has aetiology of the disease.^{5, 6}

Acharya Kashyap has mentioned that the condition Parikartika has three types pertaining to the predominance of the dosha and their treatment should be done accordingly.⁷

Ashtanga Sangraha and Ashtanga Hridaya have also supported the above description. According to Acharya Vagbhata, it also occur due to purishveg dharan.⁸

Acharya Sharangdhar has also described as a complication of excessive Basti netra Vyapad.⁹

DEFINITION:

The word Pari when used as suffix it means “all over”, “whole”, or every entity” or “every aspect” and the word Kartika is derived from “Krita” verb which means to cut. It is a noun form. Thus the word Parikartika, as a whole means “to cut circumferentially” or to cut all around.¹⁰ Parikartika is the condition where there is excruciating cutting pain in the Guda, Nabhi and surrounding areas.

VYUTPATTI OF PARIKARTIKA:

The word Parikartika means "to cut all around" or "to cut circumferentially". Excessive cutting pain around the anus is seen in Parikartika.¹¹

Parikrit - pari + kruntati

Pari: Around

Krintat: sharp shooting pain

Acharya Jejjata has anticipated about the condition, according to him “cutting pain of Guda which is localized up to a particular area”. This means specific vatika pain is present all around in a specific area of Guda, is Parikartika. According to Acharya Dalhana there is cutting and tearing pain everywhere.¹²

According to Acharya Kashyap the one having cutting and tearing pain is Parikartika.¹³

NIDANA:

The precipitating and predisposing factors of any disease is known as its nidana. In the Ayurvedic texts, not much description is available about Parikartika as an independent disease entity. A properly classified documentation of nidana, roopa, samprapti etc. of Parikartika is not described at any one place. Even then many nidana that may directly or indirectly produce Parikartika are found scattered in the text. The Dosha which are in a state of Sanchayavastha progress to Prakopavastha due to aetiological factors and produce the disease.

In Parikartika, Vata is the dominant Dosha. This is because of the fact that Guda is the actual site of vata, especially apana vayu. Also the kind of pain and other symptoms of the condition point towards vitiation of vata. Factors vitiating vata are as follows: katu, tikta, kashaya, alpa-bhojana, ratri-jagran, vegadharana, excessive shodhana therapy, diurnal and seasonal variations.¹⁴

The second predominant Dosha that seems to play important role is Pitta dosha. The vitiating factors are katu, amla and lavana ahara; krodha, diurnal and seasonal variations.¹⁵

Kapha Dosha, though not predominantly triggers the condition, but still it plays part in many ways. The factors madhur, amla and lavana ahara, adhyashana, sheetal, guru bhojana, divaswapna and diurnal and seasonal variations vitiates Kapha Dosha.¹⁶

In Parikartika, the Vrana produced is mostly nija in origin and Acharya Charak in dwivraneeeya adhyaya of chikitsa sthana has told that when dosha take site in bahya roga marga, they produce vrana, likewise prakupit vata and pitta causes Parikartika.¹⁷

The Nidana of Parikartika can be divided in to three types.

- Nija Nidana (endogenous factors)
- Agantuja Nidana (exogenous factors)
- Nidanarthakari Roga (complications of other diseases)

Nija Nidana:

- Nija hetus are those hetu which are dosh prakopak. Main symptom of Parikartika is pain, so all factors responsible for vitiation of vata dosha are considered under nidana of Parikartika.

As per Ayurvedic texts, factors which are responsible for vitiation of vata dosha are as follows:

- According to Acharya Vagbhatta, apana vayu vikriti occurs due to tikta, lavan and kasaya ras pradhan anna sevan, ruksha anna sevan, vega dharan, atibhashana, ratri jagrana etc.¹⁸
- Due to excessive accumulation of mala in pakwaashaya leads to marg avrodha of vayu.
- According to Acharya Sushruta, causes (nidana / hetu) are ruksha, katu, tikta and kashaya anna sevan. Then vayu enters into the koshttha due to pureesha vega dharan and produces aatopa, vitasanga and shoola, leading to Parikartika.¹⁹
- Vitiation of apana vayu occur due to kashaya, katu, tikta and ruksha anna atisevan, atibhojan, vega dharan etc.²⁰

Agantuja Nidana (Vaidya Nimittaja):

Agantuja Nidana are mostly Vaidya Nimittaja that are due to exogenous cause or iatrogenic produced by an Akushal Vaidya.^{21, 22}

The panchakarma therapies like vamana, virechana and basti are intensive therapies and utmost care should be taken while conducting them. When a less experienced Vaidya performs such therapies there are chances of development of complications as enlisted by Acharya Sushrut.^{23, 24}

Acharya Sushrut has described fifteen complications that can occur due to unlawful and improper administration of vamana and virechana. Parikartika is one such complication. The causes may be improper lubrication and too thick Basti Netra or too strong drug for Shodhana in relatively weak patient as per mentioned by Acharya Sushruta in Basti Netra Dosha.²⁵

According to Acharya Sushrut, tiskhna virechak dravyas administered to person who are debilitated, who are having soft bowel movement, who have mandagni, or the medicine having properties such as greatly penetrating, hot in potency, very salty or very dry, then the consumed medicine aggravates pitta and vata and produces Parikartika, characterised by cutting pain in the rectum accompanied with burning sensation

in the rectum, umbilicus, penis and head of the bladder, obstruction of the flatus and lack of desire for food.²⁶

Acharya Charak has also supported this view and stated that a ati-snigdha person who has poor digestion and whose Udara is full of Aamadosha or a person who is suffering from general debility, having Mridu Koshtha and fatigue, if such person intakes strong acute virechak dravya, then these dravyas enters in to pakvashaya without digestion and removes the saamdosh from the gudmarg frequently and produces Parikartika with bleeding which is a painful condition. According to Acharya Charak, inappropriate administration of basti netra and defect in basti netra also cause the disease. Gudaksata may occur due to inappropriate administration of basti netra by an unskilled person.^{27, 28, 29}

Unlike Acharya Sushrut, Acharya Sharangadhar has enlisted nine type of chikitsaka nimitta dosha (regarding basti netra) and Parikartika is one of them.³⁰

Acharya Kashyap has said that this is a disease of gravid woman.³¹

Virecana, basti vyapada, basti-netra vyapada and vataja atisara are said to be the main cause of Parikartika. Overall trauma is an important causative factor for virechana and basti netra vyapada. In basti netra vyapada there is direct mechanical trauma to guda twak. In vataja atisara, it is the hard stool which produces the trauma to rectal mucosa and causes the disease Parikartika.³²

Nidanarthkari Roga Nimittaja:

Nidanarthkari Roga Nimittaja are such nidana that are produced due to pre-existing diseases i.e sequel of any disease³³.

The chief roga is Udavarta, which produces Parikartika. Acharya Vagbhatta also have the same opinion.^{34, 35, 36} Acharya Charak has described this condition as a lakshana of atisara and also described as jwara Parikartika.^{37, 38}

After an attack of diarrhoea the patient will suffer from Parikartika because in diarrhoea the sphincters lose their capacity to dilate and go into severe spasm. Thus the tear of anal margin takes place causing Parikartika.

Acharya Vagbhatta has supported the view of Acharya Charak in the chapter of atisar grahani dosha nidana.³⁹

According to Acharya Charak and Acharya Vagbhatta a person who is suffering from vatic atisar and has complains of scanty, watery or hard rounded stool, soon develops Parikartika.⁴⁰

Acharya Sushrut while explaining the prodromal features of arsha, has documented about a very similar symptom “Guda parikartanam” i.e. there is cut in the anus and cutting pain.⁴¹ This is nothing else but Parikartika and it is explained here as a prodromal symptom of arsha. The shapes of the vatic arsha is like “arrow” and are pointed which is similar to sentinel tag.⁴²

In vatic arsha lakshana the symptoms described by Acharya Charak are very much similar to those found in Parikartika i.e pain in anus, penis, abdomen, umbilical region. Also in kaphaja arsha he mentioned presence of Parikartika, nausea etc.^{43, 44}

In Grahani chapter Acharya Charak said that in Vatica grahani there is cachexia, weakness, pain in chest, no perception of taste, and Parikartika.⁴⁵

Acharya Kashyapa has mentioned in garbhini chikitsa adhyaya that Parikartika is prevalent in pregnant ladies. He has also mentioned the types of this condition according to the predominant Dosha present i.e Vata, Pitta, and Kapha.⁴⁶

ROOPA:

According to Acharya Charak, vikrit vata get localized in guda. It produces retention of faeces, urine and flatus, colic pain and flatulence and sharkara (fecolith).

In chapter - vaman virechan vypada⁴⁷, Acharya Sushrut has described that there is -

- Guda Sadanam Parikartanam- cutting and burning sensation in guda.
- Nabhi Medhra Basti Shirasu Sadanam Parikartanam - pain in umbilical region, penis and fundus of bladder.
- Anila Sanga - Avarodha of apana.
- Vayu Vishatambha - Vigunata in Vayu.
- Aruchi

Parikartika is the one in which, blood is being eliminated either mixed with, before or after elimination of faeces accompanied with pain. Dalhana commenting on this says that this cutting type of pain is because of vata. In the context of virechana vyapada, Dalhana quotes that Parikartika presents with cutting type of pain all around the anus.

Acharya Charak has fully supported Acharya Sushruta's description in this context. He has said cutting like pain present in Guda and also pain in the groin region, flanks and in sacral region and during the defaecation, prolapse of rectum and presence of fecolith. Further, he has quoted that the symptoms are pricking pain in the sacrum, groins, below the naval region and passage of scanty stools and constipation are present in one who is suffering from Parikartika. ^{48, 49, 50}

Acharya Vagbhatta has described same signs and symptoms as mentioned by Acharya Charak and Acharya Sushrut. But Acharya Kashyap and other authors have not described the clinical features of this disease. In Parikartika; vata and pitta are the causative dosha, so it is natural that the pain also shows vatic and paittik dosha characteristic.⁵¹

This description is absolutely correct in these days as well, because some clinical symptoms are described as cutting or burning pain in anus, pain in umbilical region and radiating pain in penis and thigh. Constipation may be habitual or due to disease because patient is apprehensive to relax the sphincters and constipation develops.

Vrana is an essential symptom of Parikartika which is having shape of deerghakriti or tripatakakriti and srava (discharge) may be present. The vrana surface appears more ruksha, it is a features of Vata Pittaja Vrana. Also features of Dushta Vrana like Samvritatwam, Vivritatwam, Kathinya, Mriduta, etc. can be found.⁵²

SAMPRAPTI:

When asatmyaindriyarthasanyoga, pragyaparadha and parinama influence this imbalance of dosha, a morbidisation process begins and it undergoes six stages known as kriyakalas i.e, sanchaya, prokopa, prasara, sthanasansraya, vyakti and bheda during these stages disease is manifested.⁵³ Tridosha maintains the structural and functional integrity of human body. However they are always susceptible to imbalance and vitiation. If proper dinacharya and ritucharya are performed, the vitiation of the dosha can be brought to normal limit.

The samprapti of Parikartika and arsha shows close similarities. It is evident from the fact that both these conditions are manifested in the same srotas i.e. pureeshavaha Srotas. The role of specific etiological factors and manner in which manifestation of disease further strengthens this theory. The dosha undergoes sanchaya as a normal physiological response to various endogenic and exogenic stimuli. When the person

continue to use the specific etiological factors mentioned for the vitiation of dosha, they undergoes vitiation and agni-vaishmya also occurs, which causes avipaka and malasanchaya, resulting in vitiation of apana vayu and hence affect normal functioning of purishavaha srotas then the vitiated dosha migrate into whole body through pradhana siras. At this condition when the person uses nidana, the small srotas of guda vali undergoes pathological changes and dosha dushya sammoochana localizes here and further changes occur. During this process, disease manifest.

In this disease, vata dosha is predominant with associated pitta. The localization of dosha occurs in twak between payudwaram and gudaushta. As a result of the pathogenesis, the twak becomes ruksha and shows tendency to crack.

Acharya Sushrut and Vagbhatta have clearly stated that similar changes occur in skin when vata vitiates from the skin.^{54, 55}

The second kind of samprapti is that when the diseases like atisara, grahani etc. if not treated properly and patient continues to indulge ahara nidana then pre-existing pathology leads to guda vikriti and later on Parikartika occurs.

The third type of samprapti is due to agantuja reason where there wound occurs first and then the dosha get vitiated producing further symptoms. This may cause tear in anal verge leading to Parikartika.

Flow chart describing Samprapti



- Nidan- Nija Nidana, Agantuja nidana and Nidanarthakari Roga

- Sanchaya- Vitiating of Doshas, Agnivaishamya, Avipaka and Malasanchaya
- Prakopa- Prakopa of Vata, Pitta and prakopa of Rakta and Apanavayu
- Prasara- Dosha migrate through Pradhan Siras and Adhogami Dhamnis
- Sthana Sansraya- Dushti of small Srotas of Gudavalis, The localisation of Doshas occurs in Twak between Payudwara and Gudaustha (Pureeshavaha srotas), Dosha Dushya Sammoorchana
- Vyakti: Parikartika
- Bheda: Gudapak, Gud Vidradhi

Types:

According to Acharya Charaka and Acharya Sushruta, the doshas involved in Parikartika are of two types i.e vata and pitta. Acharya Kashyapa has explained the involvement of all three doshas in garbhini chikitsa adhyaya and has given the detailed chikitsa of Parikartika.⁵⁶

Acharya Kashyap has described three types of Parikartika (The classification is mainly based on the nature of pain.)

1. Vatik Parikartika: Pain is of shooting, cutting or pricking type
2. Paittik Parikartika: Pain is of burning type.
3. Shleishmik Parikartika: Pain is of dull type.

According to Kashyapa Samhita, a brief description is given in relation to a gravid woman. Fissure-in-ano is a very common complaint of the gravid woman particularly the primigravida and precisely in the immediate antenatal and post-partum period.⁵⁷

SADHYA - ASADHYATA:

Before administering any type of chikitsa, vaidya must know the prognosis, hence the knowledge of sadhyasadhyata is essential. The sadhyasadhyata of disease is determined by taking all the factor that could affect whether the disease is curable or incurable. Vrana that occur in guda pradesh are sukha rophanyia. If the patient is young and has good satva, mamsa dhatu, and agni then varna can be easily cured.⁵⁸

And if vrana is not treated, the sadhyatva stage, may progress to yapyatva stage and finally leading to asadhyatva stage.⁵⁹ If superficial layer of the twak (anal skin) is affected in Parikartika, then it is easily curable. So, can be integrated in the sukh sadhyatva group. If deeper layers are affected it is difficult to heal. So, it can be included in kriccha-sadhyata group and may require shastrakriya. The healing of vrana can be delayed if it is associated with kustha, vishadusti and sosha. In case when Parikartika is associated with sanniruddha guda, it is considered as yapyata.⁶⁰

MANAGEMENT OF PARIKARTIKA

If a disease is curable with medicine, then then there is no need of surgery according to Acharya Sushruta.⁶¹ Acharya Kashyap has mentioned its management according to Dosha dominance in Parikartika, others have not considered Dosha based classification.⁶²

Indeed, none of the Acharyas recommended surgical treatment, indicating that there was no need for surgery because the disease was fully treated with the use of medicinal preparations alone.

According to Acharya Sushrut-

1. According to Acharya Sushrut, tiskhna virechak dravyas administered to person who are debilitated, who are having soft bowl movement, who have mandagni, or the medicine having properties such as greatly penetrating, hot in potency, very salty or very dry, and then the consumed medicine aggravates pitta and vata and produces Parikartika.⁶³

Treatment –

- a) Piccha Basti – with the paste of madhu , ghritayukta mulethi and krishna tila
- b) Patient to take a bath with cold water and intake of dugdha along with food.
- c) Anuvasana Basti with Taila which is prepared with ghrita-manda and mulethi.
2. Use of basti that is atitikshna, atilavana and dry leads to the aggravation of pitta along with vata that results in development of Parikartika.⁶⁴

Treatment –

- a) Piccha Basti
- b) Sneha Basti – prepared with Madhura Dravya

According to Acharya Charak

1. If the Netra of basti is old enough then it results in fissuring of guda (anal region).⁶⁵
2. Vigorous introduction and expulsion of basti Netra destruct the tissue around anus.⁶⁶

Treatment - snehana, swedana along with niruha basti

3. Tremor during introduction of basti⁶⁷

Trauma in guda (anal region) leads to burning sensation in anal region and swelling.

Treatment –

- a) Parisheka with dravya that are madhur, kashaya and sheeta.
- b) Use of kashaya madhura sheetal basti.
4. Insertion and expelling out basti netra again and again creates cuts around the anal region that results in pain, burning sensation and pricking pain.⁶⁸

Treatment –

In this condition, mardana should be done in anal region with ghee.

- Apply cloth or cotton swab soaked with ghrita.
- Parisheka with dugdha
- Use of piccha basti
- 5. Person whose snehana has been done accordingly but have heavy koshtha or presence of saamdosha in udara or patients having mridu koshtha who feels lethargic (tired) and weak. After that if he takes tikshna drugs then these saamdosha readily expels out of the body through anus and just after that expulsion there is sharp pain in udara with characteristic foamy appearance of blood leading to development of disease named as Parikartika.⁶⁹

Treatment –

- a. Langhana with ruksha, ushna, laghu and easily digestible diet.⁷⁰
- b. All procedures of brinhana are effective especially madhura rasa dominant brinhana diet.⁷¹
- c. If aam dosha get digested and still there is involvement of Parikartika then take food which is kshariya, amla and laghu in nature.
- d. If there is dominance of vata, then drink the formulation prepared by mixing purified kasees either with kshar or salt along with juice of pomegranate and ghrita.
- e. Mixing pomegranate peel powder with sour Yoghurt and using it along with food or as a drink.
- f. Consume paste of devadaru and tila with lukewarm water.
- g. Prepare paste made from the barks of ashwatha, udumbara, plaksha, kadamba and then process it with milk and then drink it accordingly.
- h. Use of sheetal basti and piccha basti made from kashaya and madhura Ras pradhan dravyas.
- i. Anuvasana basti whose sneha has been prepared from the paste and decoction of mulethi.⁷²

6. If a person having mridu koshttha or any other dosha takes niruha basti in excessive in amount, tikshna or ruksha then that will rapidly expel out dosha from the body and results in development of Parikartika.⁷³

Treatment –

- Basti from milk processed with ikshu (sugarcane) like madhura and sheetala dravya and mixed with mulethi and paste of tila
- Patient only on milk diet.
- Basti from milk mixed with rala , mulethi , kamala kichada and raswata
- While practicing basti, patient should go for food that is soft and made with amla.

According to Kashyapa Samhita

The treatment has been given to predominance of dosha.

- Vataj Parikartika:- Brahiti, bel and ananta mool are used, all have the vata-shamak property.⁷⁴
- Pittaj Parikartika:- Yasimadhu, hanspadi, dhaniya, madhu etc., these drugs are useful for shamana of pitta and have also property to correct abdominal trouble.⁷⁵
- Kaphaj Parikartika: Acharya Kashyap has used the drugs that are kapha shamaka and vata shamak such as kantakari, peepal, gokshuru and salt.⁷⁶

Depending upon the above description, treatment can be done in two ways:

- Local
- General.

1. Local Treatment:-

This local treatment include basti karma only. Basti is prepared in ghrita, taila and milk with the help of different drugs. Most of the drugs, which are used in bastikarma are vata-shamak, vrana sodhan, vrana ropak and pitta shamak.

2. General Treatment:-

The oral preparations have many fold objectives, some drugs are used to correct the gastrointestinal disorders other are used as laxative and few more as to increase the jathragni (deepana , pachana). Acharya Sushrut has advised for cold water bath and milk for oral administration. In this disease, the main problem is that of constipation and pain only. If one corrects the constipation part of disease and alleviates the pain, the disease may disappear to a great extent within few days. Pain due to vata and pitta vitiation and constipation due to two reasons – firstly, is the habitual constipation and other is due to fear of pain that patient experience thus does not go for the defecation. Acharya Charak has also written about the oral treatment in Parikartika and advised for only drinking milk. Acharya has also advised to take amla dravya because it has the property of vata shaman and increases the digestive fire (Jathragni).

So, the treatment is based on the following principle -

- Alleviating the Vata and Pitta.
- Correcting the mandagni by pacifying the vitiated doshas because in this disease vata and pitta are vitiated. Most of the patients present with burning type of pain. So keeping these points in the mind all Ayurvedic authors have described only vata and pitta shamak management.

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