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PARIKARTIKA: FISSURE IN ANO

Dr. Kumar Ravindra*

Assistant Professor Department of Shalya Tantra, Institute of Ayurveda, Parul University, Limda Vadodara, Gujarat.

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***Corresponding Author**
Dr. Kumar Ravindra
Assistant Professor
Department of Shalya Tantra, Institute of Ayurveda, Parul University, Limda Vadodara, Gujarat.

ABSTRACT

Anal fissures (Parikartika) usually occur in the mid-line as a result of the local anatomy and mechanics of the anus. About 90% of fissures occur posteriorly and less than 1% of patients having fissures in both positions.[1] Anal fissures may be acute or chronic. An acute anal fissure is a deep tear in the epithelium of the anal margin extending into the anal canal. There is accompanying spasm of the anal sphincter, but little inflammatory induration or oedema. A chronic anal fissure is an elongated ulcer with inflamed, indurated margins; often with a tag of oedematous skin inferiorly - a sentinel pile. Pain increases during defecation and persist 2-3 hour after defecation. It is sharp, agonizing, tearing in character. Minor fresh bleeding and a slight discharge may also be present. Periods of remission for days or weeks may occur.Infection, abscess formation and blind external fistula in post anal space are the complication of anal fissure.

KEYWORDS: Parikartika, Jatyadi ghrita, Kutaj, Isabgol.

INTRODUCTION

The typical symptoms of an anal fissure are severe pain during defecation and fresh blood associated with the stool. Patients may try to avoid defecation because of the pain. This increases constipation and therefore pain when stool is eventually passed. An anal fissure, or fissure-in-ano, is an oval, ulcer-like, longitudinal tear in the anal canal, distal to the dentate line. Fissures can occur at any age, but are usually seen in younger and middle-aged adults. In almost 90% of cases, fissures are identified in the posterior midline, an additional 1% of patients have both anterior and posterior fissures. Fissures occurring in lateral positions should raise suspicions for other disease processes, such as Crohn's disease, tuberculosis, syphilis, human immunodeficiency virus (HIV)/ acquired immunodeficiency syndrome

(AIDS), or anal carcinoma. Early, or acute, fissures have the appearance of a simple tear in the anoderm, whereas chronic fissures, defined by symptoms lasting more than 8–12 weeks, are further characterized by oedema and fibrosis. Typical inflammatory manifestations of chronic fissures include a sentinel pile, or skin tag, at the distal fissure margin and a hypertrophied anal papilla proximal to the fissure in the anal canal. In addition, fibres of the internal anal sphincter (IAS) are often visible at the fissure base. Many complication of anal fissure such as infection, abscess formation, and blind external fistula in post anal space.

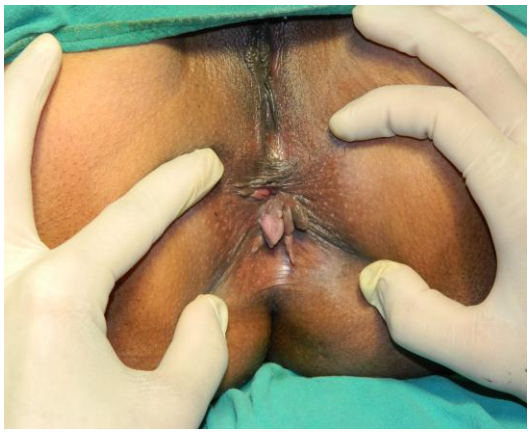
Etiology

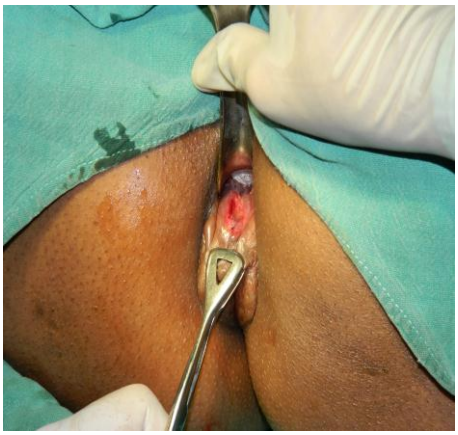
Trauma to the anal canal secondary to the passage of a hard stool is a common initiating factor. A history of constipation is not universally causes anal fissure however; in some patients report multiple episode of loose motion before the onset of symptoms. In Ayurveda it is a complication of virechana. Colitis is another cause of anal fissure, in which multiple episode of defecation with tenesmus and straining causes tear of anoderm. It is commonest in young adulthood to mid-life and is more common in females. It is not rare in children and may even occur in infancy, but is uncommon in the elderly because of relative muscular atony. The posterior wall of the lower anal canal is the most common site, very probably because it is subjected to greater pressure and stretching by a hard faecal mass. This, together with its lower vascularity, tends to render it ischaemic. Anterior anal fissure is much more common in females, especially those who have borne children, childbirth leading to a damaged pelvic floor and subsequent lack of support of the anal mucous membrane. Incorrect surgical technique in haemorrhoidectomy in which too much skin is removed may result in anal stenosis and tearing of the scar, particularly when a hard motion is subsequently passed. Inflammatory bowel disease such as Crohn's disease or ulcerative colitis, anal tuberculosis or syphilis may lead to fissures which are usually chronic and often in atypical sites. Over 50% of patients with Crohn's have anal lesions. In its earliest stages, anal carcinoma may stimulate a fissure.

Symptoms

Pain is especially when passing stools. During the passing of a stool, the pain is sharp and then afterward there may be a longer deep burning sensation. Fear of pain may put some patients off going to the toilet, increasing their risk of constipation. Unfortunately, after delaying going, when the person does go there is likely to be more pain and tearing because the stools will be harder and larger. Some people may experience a sharp pain when they

clean themselves with toilet paper. Because the blood is fresh, it will be bright red and may be noticed on the stools or the toilet paper. Anal fissures in infants commonly bleed. Itching in the anal region. The sensation may be intermittent or persistent.





Diagnosis

A doctor will usually be able to diagnose an anal fissure after a physical examination of the anal area. If nothing is visible, gentle pressure onto the anal area will often result in pain if there is an anal fissure.

Rectal exam

A rectal exam involves inserting a gloved finger or small instrument into the rectum. Usually, however, the doctor will not do this because it may cause too much pain. A specialist may apply anaesthesia to the area before a rectal exam.

Sigmoidoscopy or colonoscopy

A rigid or flexible viewing tube is used to inspect inside the anus and rectum. This diagnostic test may be ordered if the doctor wants to rule out a more serious disease of the anus.

Management

An acute fissure is managed with non-operative treatments and over 70 to 90% will heal without surgery. Symptomatic treatment of anal fissure should not be the primary goal of treatment, symptomatic treatment as well as treatment of cause of fissure. According to causes of fissure, treatment modalities of fissure in ano are different. In constipated patients, improve Bowel habit with a high fibre diet, bulking agents (fibre supplements), stool softeners, and plenty of fluids to avoid constipation and promote the passage of soft stools. Warm baths (Seitz Baths) for 10-15 minutes several times each day are soothing and promote

relaxation of the anal muscles. In a colitis patient have multiple episode of defecation with straining causes tearing and inflammation, primarily manage the colitis then symptomatic treatment of fissure in ano. However, Ayurvedic preparations are used in primary stage of disease the chances of progression of disease converting into chronic fissure, post anal space abscess and blind external fistula can be minimized. The main aim of treatment is to relive spasm of sphincter, cleaning and healing of fissure wound, soothing of anal canal, minimize the pain.

There are so many topical applicant and surgical techniques are available such as topical anaesthetic, topical calcium channel blocker, injection of botulinum toxin, sclerotherapy and anal dilatation, fissurectomy, fissurectomy with skin grafting, open sphincterotomy, closed lateral subcutaneous sphincterotomy, sphincterotomy with cryotherapy, are used to treat fissure and sentinel tag in modern sciences. However, many complications like incontinence, fistula or abscess formation, anal canal fibrosis and stenosis, bleeding, wound healing is in surgical procedure. To avoid surgical complications, adverse effects and patient not fit for surgery Ayurvedic preparations can be use according to causes of fissure as;

Isabgol (High Fiber Diet)

Isabgol (psyllium husk) are portions of the seeds of the plant *Plantago ovata*. These are hygroscopic, which allows them to expand and become mucilaginous. These fibers are a complex carbohydrate, which binds with water in the colon creating larger, softer, stool. Larger, softer, stools stretch and relax the sphincter muscles helping the blood to flow and it also require little pressure to pass. Psyllium fiber is widely used as a fiber supplement for the treatment of constipation and has in clinical trials reported significantly increased levels of stool moisture, as well as wet and dry stool weight in healthy subjects.[2,4]

Medicated Ghee, oil and ointment

Jatyadi ghrita and oil for the treatment of vrana mentioned in Bhaisajya ratnawali.[5,6] It is prepared with chameli patra (leaves of *Jasminum officinale)*, nimba patra (leaves of *Azadirachta indica*), haridra (*Curcuma longa*), daruharidra (*Berberis aristata*), mulethi (*Glycirrhiza glabra*), kutaki (*Picrorhiza kurroa*) bee wax and other plants. Local application of jatyadi oil/ghee and ointments shows effective results by it forms a protecting layer over fissure wound and reduces contamination. Jatyadi ghee and tail matra vasti soothes anal canal so relive pain by relaxing sphincter tone and passes hard stool smoothly. Jatyadi ghee\tail has very good healing property.

Drugs (Aushadhi)

Triphala guggulu Shigru guggulu, Kanchanar guggulu and Gandhak rasayan are the drugs which is used in treatment of fissure in ano have shows very good result. Triphala guggulu and gandhak rasayan is used in unhealthy and large wound. Triphala guggulu is also useful in constipation. Gandhak rasayan is effective when there is associate dermatitis and itching condition. Shigru guggulu is given when there is inflammation and pain. Kanchanar guggulu is effective in chronic fissure with non healing wound.

Fissure associated with diarrhea and colitis

If fissure is associated with diarrhoea and colitis then treat the primary disorder with bilwadi churna (*Eagle marmelos etc*), kutaj ghan vati (*Holarrhena antidysentrica*), kutajarista, takra (buttermilk) and chitrakadi vati then symptomatic treatment of fissure.

Hot fomentation-sitz bath (Avgaha sweda)

Sitz bath is highly effective in treatment of fissure. Sitting in the warm/hot water tub for 10 to 15 minutes after each bowel movement soothes pain and relaxes spasm of internal sphincter for some time. It also helps in cleaning of wound, soothing of anal canal and minimizes the pain.

CONCLUSION

Treatment of fissure in ano should be done in that way to avoid complications and recurrence. Ayurvedic preparations are effective that can cure fissure and regulate bowel in acute and chronic fissure. Ayurvedic preparations are more useful and effective in those patients they are not fit for surgery like immunocompromised, cardiac patient etc.

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