

## CONCEPTUAL STUDY ON MANAGEMENT OF *PARIKARTIKA*

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### ABSTRACT

*Sushruta* has explained about *Guda Roga* i.e. Ano Rectal Disease in *Shalya Tantra*. Anal fissure is one of the most common caring anorectal conditions. Fissure-in-ano is can be associated with *Parikartika* as it is characterized by cutting pain (*Kartanwat Vedana*) in anal region. In Ayurvedic text, *Parikartika* is mentioned not as a separate disease entity but as a complication of different Ayurvedic procedures such as *vamana*, *virechana* and *basti* and complication of some diseases like *Arsha*, *Atisara*, *Grahani*. Chronic Constipation leads to hard stools and it result into tear or cut in anorectal mucosa along with signs and symptoms like which further become fissure in ano. Acute fissure in ano, presents symptoms like pain at the anal margin, severe and sharp cutting pain, bleeding per rectum, mucous discharge, itching. Health of an individual depends upon his diet, environmental condition and lifestyle. In present era lifestyle disorders like hypertension, diabetes mellitus, hypothyroidism, obesity etc. are affecting large number of populations in the world. Anorectal diseases like fissure in ano, hemorrhoid etc. could be considered as a problem originated from bad food habits and improper lifestyle.

**KEYWORDS:** *Parikartika*, Fissure in ano, *Guda Roga*, Ano Rectal Disease, Pain.

### INTRODUCTION

The word 'fissure' itself means 'a split or crack.' It's been described as an acute superficial breach in the anal canal's continuity. *Parikarthika* is a term used in Ayurvedic medicine to describe a situation in which the patient feels as if the anal canal is being sliced around with scissors. The word *Pari* as prefix signifies "all over," "whole," or "every aspect." *Kartika* is a noun form derived from the verb "*Krita*," which means "to cut." As a result, the word *Parikartika* means "to cut circumferentially" or "to cut all around."

The factors responsible for *Parikartika* are found as *Basti-Virechana Vyapada* (complication of the *Basti* and *Virechana* procedures) *Bastikarma Vyapada* (complication of the *Basti* procedures), *Arsha* (piles), *Atisara*, *Grahani*, *Udavarta*, etc., are mentioned in various texts. *Parikartika* is characterized by *kartanwat* and *chhedandvat shool* in *Guda*, but the sentinel tag like features are not in the reference of *parikartika*. Sentinel tag can be compared with *shuskarsh* as mentioned by *Charak Samhita*.<sup>[1]</sup>

Acute fissure in ano the symptoms like pain at the anal region, severe and sharp cutting pain, bleeding per rectum, mucous discharge, itching (From mucous and stool that may now soil the skin around the anal canal), sometime Anal Skin Tag felt at the skin around the anal margin known as sentinel tag.<sup>[2]</sup> The occurrence of fissure-in-ano is thought to be highly common in constipated patients, especially those who pass hard and dry stool, with a prevalence rate of 30–40% of overall ano-rectal complaints.

### AIMS AND OBJECTIVES

To study in detail about *Parikartika*.

### MATERIAL AND METHODS

#### Source of data

1. Classical text books of Ayurveda
2. Texts books of Modern science
3. Published article from periodical journals and other magazines.

## Review on parikartika

### Definition

It refers to a condition in which patient experiences a sensation of pain as if the *Guda* is being cut around with scissors. It is derived from Sanskrit word '*Parikr*' which denotes 'all around' and '*Kartanam*'. It means that excessive cutting pain around the anus is seen in *Parikartika*.

### Nirukti

- *Pari* – sarvato bhavaha<sup>[3]</sup>
- *Parikrit* – Krintati, to cut off, cut round, clip.
- *Pari* – round about
- *Kartana* – cutting

*Acharya Kashyapa* says that the one having cutting and tearing pain. means cutting and tearing pain everywhere as said by *Dalhana*. *Jejjata* has anticipated about the condition and opined in a very pin pointed way specific *Vatika* pain is present all around in a specific area of *Guda*, is *Parikartika*.

### Synonyms

*Kshata Payu* and *Kshata Guda* are the synonyms in this disease. Pain is most accepted and important clinical symptoms in this disease.

### Nidana<sup>[4]</sup>

In *Parikartika*, *Vata* is the leading or the primary *Dosha*, this is because of the fact that *Guda* is actual site of *Vata* especially *Apana Vayu*. *Vata* vitiation factors are *Tikta*, *Ushna*, *Kashaya*, *Alpa Bhojana*, *VegaDharana*, *Udirana*, excessive *Shodhana* therapy; diurnal and seasonal variations. The second predominant *Dosha* that seems to play important part is *Pitta*. The factors vitiating it are *Katu*, *Amla*, *Lavana*, *Ahara*, *Krodha*; diurnal and seasonal variations *Kapha Dosha*, though not predominantly present for triggering the condition, but still, it plays a role many ways. The factors vitiating *Kapha* are: *Swadu*, *Amla*, *Lavana*, *Adhyasana*, *Sita*, *Guru Bhojana*, *Divaswapna* and diurnal and seasonal variations. Other than the three *Doshas*, *Acharya Sushruta* has paid utmost attention to *Rakta Dhatu*, up to the extent that he says that *Rakta* is the 4th *Dosha*. He also says that as *Vayu* unites with blood *Vrana* is formed. In *Parikartika*, *Vrana* produced is mostly *Nija* in origin and *Acharya Charaka* in *Chikitsasthana Dwivraneeya Adhyaya* has explained that when *Doshas* take site in *Bahya Roga Marga*, they produce *Vrana* likewise *Prakupita Vata* and *Pitta* especially the causes of *Parikartika*. As told by *Acharya Sushruta*, the *Nidana* of *Parikartika* can be divided in to three types.

1. *Nija Nidana* (Endogenous).
2. *Nidanarthakari Roga* (Complications)
3. *Agantuja Nidana* (Exogenous).

### Nija Nidana<sup>[5]</sup>

The *Nidana* that vitiates *Apana Vayu*, *Rakta* is the *Nija Nidana* Consumption of the causative factors for *Apana Vikrti* are *Ruksha Anna* and *Guru Anna*, holding the

natural urges of micturition and defecation, too much of traveling by vehicles, traveling repeatedly at various places by walking. *Sushruta* has given few more reasons of *Parikartika*. He says that "Due to excessive accumulation of *Mala* in *Pakvashaya*, it obstructs the normal passage of *Vayu* and produces *Vibandha* with cutting like pain. Due to this the *Snehamsa* (unctuous portion) gets absorbed rapidly and eliminates dry faeces with pain. By excessive intake of astringent, bitter, pungent and dry articles of diet, by the suppression of natural urge of *Mala Pravrutti*, by excessive indulgence in eating and sex, the *Apana Vata* is provoked in the colon; growing stronger it causes obstruction in the lower part of the alimentary tract and produces retention of faeces, flatus and urine and thus produces very serious disorders of mis peristalsis. *Acharya Sushruta* has said that due to consumption of *Kashaya*, *Tikta* and *Ushna* and *Ruksha* substances *Vayu* enters into *Koshta* of a person and along with abstained urges of defecation, produces *Atopa*, *Shula* and *Parikartika* as sequel to *Vitasanga*.

### Nidanarthkari Roga Nimittaja<sup>[6]</sup>

*Nidanarthkari Roga Nimittaja* are such disorders that are produced due to any pre-existing diseases. the chief *Roga* is *Udavarta* that produces *Parikartika*. *Acharya Charaka* has described this condition as a *Lakshana* of *AtiSara*. *Acharya Charaka* and *Vagbhatta* have mentioned '*Parikartika*' as a symptom in *Vataja Atisara*, who is suffering from *Vatik Atisara* and has complaints of scanty, watery or hard rounded motions, soon develops *Parikartika Sushruta* while explaining the prodromal features of *Arsha*, has not mentioned the word *Parikartika* but has documented a very similar symptom, the symptom here is *Guda 'Parikartanam'* i.e. there is cut in the anus and cutting pain. This is nothing else but *Parikartika* and it is explained here as a prodromal symptom of *Arsha*. The shape of the *Vatika Arsha* is like 'arrow' and is pointed which is similar to sentinel tag. *Acharya Charaka* has said that in *Sahaja Arsha* there is severe pain in *Guda vallaya*. In *Vatika Arsha*, the symptoms that he has described very much similar to those found in *Parikartika* viz. pain in anus, penis, abdomen, umbilical region and so on. Also, in *Kaphaja Arsha* he has said that there is *Parikartika*, nausea etc.

### Vaidya Nimittaja<sup>[7]</sup>

By *Pancakarma* like *Virechana*, *Basti* and *Vamana*, *Parikartika* as complication

- **Virechana Vyapad:** *Sushruta* both have mentioned one important complication '*Parikartika*', if ingests *Tikshna*, *Ushna* and *Ruksha* drugs for *Virechana*.
- **Basti Vyapada:** If *Ruksha Basti* containing *Tikshna* and *Lavana* drugs is administered in heavy dose; it may produce *Parikartika*.
- **Basti Netra Vyapada:** Due to inappropriate administration of *Basti Netra* and defect in *Basti Netra* it may cause this disease.
- **Excessive use of Yavana Basti:** It may lead to *Parikartika* along with other diseases.

**Rupa**<sup>[8,9]</sup>

*Vikrta Vata* gets localized in *Guda* it produces retention of faeces, urine and flatus, colic pain and flatulence and *Sarkara* (fecalith). Along with these the prodromal symptoms of *Parikartika*, in the words of *Sushruta*, is pain of sharp cutting nature in *Guda*. *Acharya Sushruta* has described is absolutely correct because in modern medicine also for anal fissure same clinical symptoms are described as cutting or burning pain in anus, pain in umbilical region and radiated pain in penis and thigh also. Constipation may be habitual or due to disease because patient is apprehensive to relax the sphincters and defaecate so wind is not passed and constipation develops, Further, he has quoted that the symptoms like 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*.

*Acharya Vagbhatta* has also described same signs and symptoms as described by *Acharya Charaka* and *Sushruta*. *Vraṇa* is an essential symptom of *Parikartika* which is having *Dirghakriti* shape or *Triputakakrti* and a *Srava* may be present. The *Vraṇa* surface appears more *Ruksha*. Features of *Vata Pittaja Vraṇa* and also *Dushta Vrana* like *Samvritatwam*, *Vivitatwam*, *Kathinya*, *Mṛduta*, etc. can be found.

**Samprapti**

The structural and functional integrity of the human body is maintained by *Tridoshas* in their state of equilibrium. But they are always susceptible to imbalance and vitiation. If proper *Dinacharya* and *Ritucharya* are observed, the vitiation of the *Doshas* can be brought to normal limit. When *Asatmya Indriyartha Samyoga*, *Prajnaparadha* and *Parinama* influence this imbalance of *Dosha*, a morbidization process begins and it undergoes six stages known as *Kriyakala*. They are *Sanchaya*, *Prakopa*, *Prasara*, *Sthanasamsraya*, *Vyakti* and *Bheda* during these stages disease is manifested. The *Samprapti* of *Parikartika* and *Arsha* shows close similarities. It is evident from the fact that both these conditions are manifested in the same *Srotasa* i.e. *Puriṣhavaha Srotasa*. The role of specific etiological factors and site of manifestation of disease further strengthens this theory. In this disease *Vata Prakopa* is predominant with associated *Pitta*. The localization of *Doshas* occurs particularly in *Guda Pradesh*. As a result of the pathogenesis, *Twak* becomes *Ruksha* and shows tendency to crack. *Sushruta* and *Vagbhatta* have clearly stated that similar changes occur in skin when *Vata* vitiates from the skin. When *Ksham* and *Mridu Koshta* person indulges *Ruksha*, *Tikshna Ahara* and *Ruksha Aushadha* it produces *Agnidushti*, which in term leads to *Vata- Pitta Prakopa*. Due to *Daurbalya* of *Duṣhya* i.e. *Mamsa* and *Twak*, particularly of *Puriṣavaha Srotasa*, *Kha-vaiguṇya* takes place. Because of this *Kha vaiguṇya*, *Sthana Samṣhraya* of aggravated *Vata* and *Pitta Dosha* takes place in *Puriṣhavaha Srotasa* which leads to *Dosha Dushya Sammurchhana*. This produces *Twak Māmsa Dushhti* specifically in *Guda Pradesh*. This *Twak Mamsa*

*Dushti* or *Vrana* results in frequent defecation associated with pain. This ultimately leads to *Parikartika*.

The second kind of *Samprapti* is that the diseases like *Atisara*, *Grahani* etc. are if not treated properly and patient continues to indulge *Aharaja Nidana* then preexisting pathology leads to *Guda Vikṛti* and later on *Parikartika* occurs. 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 *Doṣha* which in term leads to *Parikartika*.

**Bheda**

*Acharya Charaka* and *Sushruta* both have described two types of *Doshas* in *Parikartika* viz. *Vata* and *Pitta*. In almost all Ayurvedic texts, no detailed descriptions about classification of disease, its *Samprapti* and symptomatology have been specified, but *Acharya Kashyapa* has described the involvement of all the three *Doshas* e.g. *Vata*, *Pitta* and *Kapha* in the *Adhyaya* of *Garbhini Chikitsa* while giving the detailed *Chikitsa* of the disease *Parikartika*. This classification is chiefly emphasized on the character of pain, shooting, cutting or pricking pain in *Vata* predominance, burning pain in *Pitta* and dull ache type in *Kapha* predominance. Since it is a known fact that *Kashyapa Samhita* is incomplete work and it might be possible that he might have considered the *Nidana Panchaka* of *Parikartika* in detail in some of lost portion over a period, but later on given a brief description of it in relation to a Gravid woman.

**Sadhyasadhya**

*Parikartika* which affects the superficial layer of the *Twak* (anal skin) is easily curable. Therefore, it can be included in the *Sadhyata* group. If it affects the deeper layers, it shows reluctance to heal.

Therefore, it can be included in *Kṛcchrasadhya* group. If it is associated with *Kushta*, *Vishadushti* and *Shosha*, the healing of *Vrana* will be delayed. If *Parikartika* is associated with *Sanniruddha Guda*, it is considered as *Yapya*.<sup>[10]</sup>

**Chikitsa**<sup>[11]</sup>

*Parikartika* as a disease has been considered very briefly by *Sushruta* and other successive authors. They have described the treatment of *Parikartika* in most brief manner. *Kashyapa* has mentioned its management according to *Doshika* predominance, others have not considered as *Doshika* type of classification, but it is a fact that none of them has described surgical management, thereby showing that there was no need of surgery as the disease was completely cured by the use of medicinal preparations only, and they were satisfied with management. According to route of administration the medicines are divided into two categories viz. 1) *Sodana* and 2) *Shamana*.

**Shodana Chikista:** This local treatment is nothing but only *Basti Karma*. *Basti* is prepared in Ghrita, *Taila* and milk with the help of other different drugs. Most of the drugs, which are used in *Basti Karma*, are *Vatashamaka*, *Vraṇa Shodhana - Ropaka* and *Pittashamaka*. There are three types of *Basti*'s described by *Sushruta* and other Ayurvedic authors viz.

(i) *Anuvasana Basti* (ii) *Piccha Basti* and (iii) *Sital Basti*.

Remedy consists in employing a *Picchā Basti* with *YashtiMadhu* and *Sesamum* pasted together and dissolved in clarified butter and honey. And patient should be kept on *Anuvasana Basti*, (in cases of *Pitta* predominance) *Basti* should be employed with the cream of clarified butter and in case of *Vata* predominance with *Taila* cooked with *Yashtimadhu*. *Charaka* has also advocated both types of medicines which have been advocated by the *Sushruta*. He says *Sheeta Basti* consisting of drugs having *Madhura* and *Kashaya* properties (*Piccha* and *Anuvasana Basti*) prepared by *Madhuyaṣṭi* powder and *kwatha* should be used.

*Kashyapa* has also advised for the *Anuvasana Basti*. In this type of *Basti* the base is milk, oil or *Ghṛita* these are either *Vatashmaka* or *Pittashamaka*. In many compositions so many drugs have been used they have *Vata* and *Pittashamaka* properties and *Madhuyashti* is many times used. Because it has property of cooling, *Vata- Pitta-Raktashamaka* and widely it has been advocated by *Sushruta* for treatment of traumatic wounds, *Pittaja Vrana*, fractures, *Bhagandara*, *Upadansa* and ulcer etc. Both the *Acharya Charaka* and *Sushruta* have advocated *Piccha Basti* with *Madhuyaṣṭi*, *Madhu* and *Taila* for treatment of *Parikartika*.

### **Shamana chikista**

The oral preparation has many-fold objectives some drugs are used to correct the anorectal disorders other are used as laxative and few more as to correct the *Agnidūṣhti*. They have advised drugs as the *Tridoshashamaka*. *Sushruta* 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 1) Habitual constipation and 2) Due to fear of pain patient does not go for the defecation. *Acharya Charaka* has also written about the oral treatment in *Parikartika* and advised for only milk drinking.

*Acharya Charaka* has also advised to take *Amla Dravya* because it has the property of *Vatashamaka* and increases the digestive fire. According to *Charaka*, if there is *Parikartika* present with fever, patient should drink the gruel prepared with the heart shaped leaves of seed, fruits of *Kokam*, butter tree, sour jujube, then painted leaved *uremia* and yellow berried night shade

mixed with *Beal* fruit. In *Kashyapa Samhita* the treatment has been given according to predominance of *Dosha*.

### **1. Vatija Parikartika**

*Brihati*, *Beal* and *Ananta* are used which all have the *Vatashamaka* property.

### **2. Paittäja Parikartika**

Such drugs like *Madhuyaṣṭi*, *Hanspatti*, *Dhaniya*, *Madhu* etc. are useful for *Pitta Shamana* and have also property to correct abdominal trouble with its laxative effect.

### **3. Kaphaja Parikartika**

In this he has used the drugs which have the property of *Kaphaśhāmaka* and *Vatashamaka* also as *Kantakari*, *Pippal*, *Gokshura* and salt. Further he has given the treatment for Gravid *Stri* who is suffering from *Parikartika* is milk prepared with drugs which have *Madhura Rasa* and mixed with *Madhu*, *Sharkara*, *Tila Taila* and *Madhuyaṣṭi* in this way, all the treatment is based on following factors.

1. To alleviate the *Vata* and *Pitta*.
2. To correct the abdominal trouble because in this disease *Vata* and *Pitta* are vitiated. Most of the patients come with burning type of pain. So, keeping these

### **Treatment of fissure in ano in modern**

Acute ulcers with short history usually heal with conservative treatment. Conservative treatment includes, Oral medications for pain, which may be taken before any anticipated bowel movement. Stool softener may be used to make the stool soft enough to be passed without anal spasm. Weak bulk laxative is best in this condition. Nitric oxide is a neurotransmitter, which induces relaxation of the internal sphincter. Glycerin trinitrate is a nitric acid donor and is applied as an ointment to the anal canal to produce the relaxation of the internal sphincter. This heals the anal fissure in majority of the patients. Moreover, Glycerin trinitrate improves blood flow to the area, which further helps in healing of the fissure. But Glycerin trinitrate has a few side effects of which severe headache is of main concern. So later on calcium channel blocker, e.g. diltiazem is now being used. Soothing ointments may be applied with doubtful efficacy. 5 % xylocaine may be introduced with a fine nozzle into the anal canal. Self-dilatation is highly important, as this will relax the anal musculature and resolves with healing of the fissures. After 5 minutes of application of 5 % xylocaine Ointment a small St Marks anal dilator should be passed into the anal canal. Anal dilators are commonly made in 3 sizes (Small, medium and large). Gradual dilatation of the anal canal is advised by using larger dilators. This technique of using xylocaine lubricant and then dilating the anal canal with dilator should be practiced twice a day for a month. By using this time, the anal fissure may be healed. Injection of long-acting anesthetic solutions promotes little relief and has significant complications. Chronic ulcers – though in these cases conservative treatment may be tried, yet in majority of cases this treatment fails and surgical management should be called for those are.



**Anal dilatation:** Lord's procedure of anal dilatation is the simplest method to dilate the sphincters of the anal canal. Under general anesthesia and the patient in lithotomy position the index and the middle fingers of each hand are inserted simultaneously into the anus and pulled apart to give maximum anal dilatation.

**Excision of anal ulcer:** Excision of anal ulcer along with skin graft to limit the convalescent period has not been successful. Even anal skin has been lifted up to cover the defect of the anal canal following excision of the ulcer. This is called V-Y anoplasty. This has also been unsuccessful.<sup>[12]</sup>

**Anal advancement flap:** After excision of the edges of the fissure and, if necessary, its base overlying the internal sphincter, an inverted house-shaped flap of perianal skin is carefully mobilized on its blood supply and advanced without tension to cover the fissure, and then sutured with interrupted absorbable sutures. The patient is maintained on stool softeners and bulking agents postoperatively, and usually also on topical sphincter relaxants.<sup>[13]</sup> This technique has become popular recently as there is little risk of damage to the underlying internal sphincter, so there is no chance of incontinence.<sup>[14]</sup>

**Dorsal fissurectomy and sphincterotomy:** The essential part of the operation is to divide the transverse fibers of the internal sphincter in the floor of the fissure. If a sentinel pile is present, this is excised. The ends of the divided muscle retract and smooth wound is left. The after-treatment consists of attention to bowels, a daily bath, and the passage of an anal dilator until the wounds have healed, which usually takes about 3 weeks. Despite the presence of the wound, there is little or no pain and the results are good. The disadvantage of this operation is the prolonged healing time- usually not less than 3 weeks and often longer-and, occasionally, a mild, persistent and permanent mucus discharge. It is now reserved only for the most chronic or recurrent anal fissures, the majority being treated by lateral sphincterotomy.<sup>15</sup>

### Complications

- 1. Infections:** Infections in a fissure may lead to the formation of a fissure abscess, which if left untreated can lead to Fistula in ano.
- 2. Sentinel pile:** It is the skin tag found at the lower end of a chronic Fissure in ano. Sometimes due to unhygienic conditions it can get infected and cause severe pain and discomfort to the patient.
- 3. Enlarged papilloma:** Hypertrophied papillae are found at the upper end of the Chronic Fissure in Ano.

### Pathyapathya<sup>[16]</sup>

#### Pathya for Parikartika

- Langhana, pachana, ushna* and *laghu ahara* should be consumed.
- Madhura rasa* and *vata anulomaka ahara* and *vihara* should be taken.

- Green leafy vegetables and avoidance of constipation and strain during defecation.
- Old *Raktashali* and *shasti* rice, *yava* and *Kulatha* also recommended.

#### Apathya for Parikartika

- Vegadharana, maithuna*, riding, sitting in *Utkata Asana*. (Hard sitting place)
- Ati tikshna, atilavana, ati rooksha* diet.

### DISCUSSION

The disease *parikartika* occur due to *pitta* and *vata*. Due to these etiological factors vitiated doshas get cumulated in the *guda* region. The disease is most common in middle age group. *Vata* and *pitta dosha* are mainly involved in *Parikartika*. Passage of hard stool is main cause of tear in lower part of anal canal. *Charaka* mention that if a drastic purgative drug is taken by one having *snigdha guru kosta* and *ama dosha* or by other having *mridu kosta*, *alpa bala* it expels impurity along with *ama*, shortly on reaching the anal region and then causes severe colic, cutting pain and slimy discharge with blood. So, before prescribing medicine for *Sanshodhan* or to treat constipated patient, care of *Saama Nirama* condition of *kosta* and roughness of body is very important, otherwise medicine may cause *Parikartika*. In the treatment of *Parikartika*, if the patient having *ama*, then *langhan pachan ruksha* is indicated, i.e. hot and light food should be prescribed, and if the patient is weak and his body is *ruksha* then sweet and *bringhaniya* food should be recommended.

### CONCLUSION

*Parikartika* is very common among ano rectal diseases due to improper *aahara-vihara*. Fissure in ano (*parikartika*) having best treatment in Ayurveda. The management with the help of *deepana* and *pachana* oral medication to improve *agni* of patients. Local application of *vranaropak Ghruta*, Tail and Basti treatment can help in healing fissure in ano early.

### REFERENCE

- ShuklaV, editor, (2nd ed.). *Charaka Samhita of charak, Siddhistana: Chapter 5, Verse 15-16*. Varanasi: Chowkhambha Sanskrit Series, 2002; 455.
- Das, Somen, A concise Textbook of Surgery.5th Edition 200 8 published by Dr. S. Das old mayer s court, Kolkata. p 1084 -1085.
- Raja Radhakanta Dev. *Shabdakalpadruma*. 3rd ed. Varanasi: Chaukambha Sanskrit series, 1999; 937; 563.
- Maharshi Sushruta, *Sushruta Samhita of acharya Sushruta*, edited by, Kaviraj Ambikadutta Shastri, Sutra sthan Ch.17 , Ver.12 , edition 2007, Varanasi chaukhambha Sanskrit Sansthan, 2007.
- Maharshi Sushruta, *Sushruta Samhita of acharya Sushruta*, edited by, Kaviraj Ambikadutta Shastri chikitsa sthan Ch.35, Ver 32, edition 2007, Varanasi chaukhambha Sanskrit Sansthan, 2007; 155.

6. Maharshi Sushruta, Sushruta Samhita of acharya Sushruta, edited by, Kaviraj Ambikadutta Shastri chikitsa sthan Ch.34, Ver 3, edition 2007, Varanasi chaukhambha Sanskrit Sansthan, 2007; 147.
7. Maharshi Sushruta, Sushruta Samhita of acharya Sushruta, edited by, Kaviraj Ambikadutta Shastri chikitsa sthan Ch.34, Ver 16, edition 2007, Varanasi chaukhambha Sanskrit Sansthan, 2007; 151.
8. Agnivesa, Charaka Samhita with Ayurveda Dipika Commentary, Choukhamba Sanskrit series .Varanasi. Chikitsa Sthana, 1994; 28/26-27.
9. Sushruta, Sushruta Samhita with Nibandha Sangraha Commentary Choukhamba Sanskrit series Sutra Sthana, 2002; 22/8.
10. Sushruta, Sushruta Samhita with Nibandha Sangraha Commentary Choukhamba Sanskrit series 2002. Sutra Sthana 23/4.
11. Agnivesha, Charaka samhita of Acharya Charak, Dridhabala krit, edited by Pt. Kashi Nath Shastri and Dr. Gorakh Nath Chaturvedi, Chikitsa sthan. Ch.19 Ver.5 edition, Varanasi: Chaukhambha Bharati Academy, 2007; 558.
12. Soman Das, A Concise Text Book of Surgery, 8th Edition, January, Published By Dr S Das Kolkata, 2014; 45: 1358-1086.
13. Bailey and Love's Short Practice of Surgery Christopher J K Bulstrode & P Ronan O' Edward Arnold (Publishers) Ltd., 2014; 1513-1253.
14. Soman Das, A Concise Text Book of Surgery, 8th Edition, January, Published By Dr S Das Kolkata, 2014; 45: 1358-1086.
15. Bailey and Love's Short Practice of Surgery Williams and Christopher J K Bulstrode Twenty fourth edition, Edward Arnold (Publishers) Ltd, 2004; 1522: 1253.
16. Agnivesha, Charaka samhita of Acharya Charak, Dridhabala krit, edited by Pt. Kashi Nath Shastri and Dr. Gorakh Nath Chaturvedi, Siddhi sthan. Ch.6 Ver.62-66 edition, Varanasi: Chaukhambha Bharati Academy, 2007; 1028.