

Pain management in Fissure-in-Ano by Invasive and Non-Invasive Methods: An Ayurvedic Review

Review Article

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Abstract

Fissure-in-ano (*Guda-parikartika*) is a tear, crack or ulcer in the anus which is one of the most troubling and painful surgical diseases that affect majority of the population. In *Ayurveda* it is mentioned as a sequel of some diseases or as a complication of some *Panchakarma* procedures or due to improper food habits and lifestyles leading to vitiation of *Pitta dosha* and develops indigestion in the patient which vitiates *Apana vata* and its functions which leads to fissure causing severe pain in the anal region along with severe spasm of Anal sphincter. Hence it becomes mandatory to pacify the *Vata dosha* for relieving pain which helps in relaxation of sphincter facilitating fissure healing. In this regard the various approaches are described in *Ayurveda* towards the *Guda parikartika* for controlling pain by correction of the *Agni (Pachakagni)* and *Vatanulomana* with multiple options by minimal invasive and non-invasive procedures. The invasive procedures are *Kshara* and *Agnikarma*, similarly non-invasive procedures are various medicated local applications and *Basti therapies*. However these therapeutic methods should be used judiciously as per the condition of the disease.

Key words: *Gudaparikartika*, fissure-in-ano, *Ksharakarma*, *Ksharasutra*, *Agnikarma*, *Bastikarma*.

Introduction

Guda parikartika (Fissure-in-ano) is named as it causes cutting type of pain in the anal region (1). In ancient *Ayurvedic* classics it was described briefly with various treatment principles and procedures. However, only *Acharya Kashyap* has described its types and

management as per the *Doshic* predominance (2).

In this disease the main predisposing factor is irregular food habits and lifestyles leads to constipation, which is one of the major causes along with other etiological factors like lack of local hygiene, pregnancy and following childbirth, post haemorrhoidectomy, inflammatory bowel diseases, particularly Crohn's disease and sexually transmitted diseases (3). Similarly *Acharya Sushruta* mentioned various causes like improper instrumentation like rough and thick *Basti Netra* (enema nozzle) while doing the *Basti karma* (4) injudiciously performing the *Panchakama* procedures, iatrogenic due to ignorance of physician while performing some of the *Panchakarma* procedures like

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Vamana (therapeutic emesis), *Virechana* (therapeutic Purgation) and *Basti Chikitsa* (medicated enema) (5). Further *Acharya Charaka* mentioned fissure in ano as a complication of *Vataj Atisara* (6). In this regard *Acharya Sushruta* explained the pathogenesis of disease that if a person is debilitated, with *Mrudu koshta* (mild digestive power), *Mandagni* (poor appetite) in such conditions more intake of food having the qualities of *Ruksha* (dry), *Ushana* (hot), *Lavana* (salty) etc. vitiates *Pitta* and *Vata* and leads to manifestation of the disease (7). The common site of fissure seen in the anus is at posterior or sometimes anterior midline which is seen commonly in the females.

In *Ayurvedic* classics according to *Acharya Kashyapa* fissure-in-ano was classified in to three types (*Vataja*, *Pittaja* and *Kaphaja*) (2) and similarly *Acharya Dalhana* also mentioned two types (*Vatolban* and *Pittolban*) as per predominance of *Doshas* and features (8). Further the clinical features can be classified in to common and specific as per the various classical references. In this regard *Acharya Sushruta* mentioned that common and chief symptom is sharp cutting pain in the anal region (1) and also described other symptoms like cutting with burning sensation in the anus, umbilicus, penis and the neck of urinary bladder, retention of flatus and anorexia (9). Similarly *Acharya Charaka* mentioned almost same features and also its complications like rectal prolapse and faecoliths (10).

Regarding specific features *Acharya Kashyapa* described as mentioned below, based on *Vata*, *Pitta* and *Kaphaja dosha* predominance and character of pain in the anal region².

- 1) *Vatik Parikartika*: Shooting, cutting and pricking type of pain.
- 2) *Paittik Parikartika*: Burning type of pain.
- 3) *Shleishmik / Kaphaj Parikartika*: Dull aching or itching type of pain.

In the contemporary medical science it is classified in to acute and chronic according to the onset and severity of the disease and with the clinical features of sharp, agonizing pain during defecation which may last for an hour or more. Many times patient may have painful bleeding with streak of fresh blood occurs at the end of defecation. However patient is comfortable until the next defecation, periods of remission occur for days to weeks. Due to severe pain during defecation, the patient tends to become constipated which results in passing of hard stools further deteriorating the problem and thus vicious cycle is formed. Hence to break this vicious cycle, it become very important to control the pain of the patient. This can be managed with various invasive and non-invasive procedures mentioned in *Ayurvedic* classicis as well as some procedures routinely used now a days in clinical practice apart from *Ayurvedic* literature.

Therefore the aim of this article is to throw light on various methods, procedures used for the pain management. Further the objective of the article is to evaluate the various available methods, procedures and to describe them with their particular indications practically used in current practice of *Ayurvedic* medicine and surgery.

Management:

The main objective of this disease is to relieve the pain which provides relaxation of sphincters, further it allows healing of fissure. This can be achieved by correction of the vitiated *Vata* and *Pitta doshas*, as these two are basic factors in manifestation of disease. In this regard various Non-invasive and Invasive methods were described by different *Acharyas* in *Ayurveda*. The main non-invasive methods are *Oushadha chikitsa* (administration of drugs) and *Basti* therapy (medicated enema). Similarly invasive methods are *Kshara karma*, *Ksharsutra* application and

Agnikarma (cauterisation). These methods of treatment can be used based on condition of the disease and patient. Further *Acharya Kashyapa* stated that treatment should be based on *Doshic* predominance in *Guda parikartika* (2).

Non-Invasive methods **Oushadhi chikitsa**

In this disease the main vitiated *Doshas* are *Vata* and *Pitta*. Therefore administration of sour (*Amla Rasa Dravyas*) and soft items are advisable as these corrects the *Pitta* as well as *Vata* by increasing *Agni-deepana* (appetite) and *Vataanulomana* respectively (11). Further the drugs like *Mrudurechaka* (mild laxatives), *Shothahar* (anti-inflammatory) drugs as well as *Vranaropaka* (promoting wound healing) anointments will helpful to control constipation and pain which are main features of the disease. Regarding the food habits *Acharya Charaka* advised milk diet (12). These diet changes are helpful in rectification of vitiated *Doshas* as well as enhancing potency of drugs which helps early recovery from this disease.

Basti Chikitsa

Almost all ancient authors focused on *Basti Chikitsa* while treating fissure-in-ano as it pacifies vitiated *Vata* which is one of the main factor for pain. Particularly *Basti* prepared with *Taila* (oils), *Ghrta* and milk which are processed with various drugs further helps in controlling the pain and further assists in early recovery. *Acharya Sushruta* and other Authors of *Ayurveda* advised *Pichha basti* and *Anuvasana basti* fortified with *Yashtimadhu* and *Ghrit mand* for this ailment.

The *Pichha basti* is prepared as described by *Acharya Charaka* in *Siddhithana* which mainly contains *Yashtimadhu* (*Gly.gabra*) and paste of Sesame seeds mixed in *Ghee* (clarified butter) and honey (12). This *Pichha basti* acts as *Vata-Pitta Shamaka* and *Vrana*

ropaka, which finally helps in controlling the pain.

Sneha (Anuvasana) basti is also useful in this disease and it is to be given with medicated oil / ghee which is prepared with *Yashtimadhu* (*Gly.gabra*) (1). *Basti* can be used in modified method by 10 ml of oil like *Anu Taila* or *Narayana Taila* or *Yashtimadhu Taila* or *Jatyadi Taila* etc is administered before and after defecation is in practice with promising results.

Invasive Methods

***Kshara* application**

Acharya Sushruta defined the *Kshara* as the substance possessing *Ksharana* (localized cleansing properties) and *Kshanan* (debridement) properties (13). He advocated *Ksharakarma* for the *Shodhana* (purification) of a long standing ulcer which is having the features like induration, raised margins and is marked by itching (14). On this principle *Kshara* is used for *Shodhana* (purification) and *Lekhana* (debridement) of unhealthy tissue seen on the bed of chronic fissure which ultimately reduces the pain by controlling induration and inflammation.

Procedure: Fissure is isolated and visualized properly by introducing a lubricated slit proctoscope in lithotomy position. Then approximately 500 mg. of *Apamarga kshara* is to be taken on cotton swab wrapped on carried mosquito forceps is applied on fissure bed and to be kept for 100 seconds. Later the site should be washed thoroughly with lemon juice.

Agnikarma

Agnikarma (therapeutic thermal cauterisation) is one of the para-surgical procedure is very much useful and gives good relaxation to the anal sphincters, relieves pain and promotes healing in fissure. The indication of *Agnikarma* for the *Guda parikartika* is not advised in the classics of *Ayurveda*, but this procedure has been explained in painful *Vataja Arsha chikitsa*. In this context, based on the

properties (15) and mode of action (16) of this procedure has been selected in the ailment. Some research scholars have published papers which clearly depicts the efficacy of *Agnikarma* in fissure in ano

Procedure: Patient was taken in lithotomy position under spinal or local anaesthesia. After achieving proper analgesia and relaxation, manual anal dilatation to be done up to four fingers lubricated with local analgesic jelly. Then sentinel tag should be excised by electric cauter. Later visualize the fissure by gentle stretching of the anus with help of assistant, then denuding of the fissure by cutting few fibers of the sphincters through the bed of fissure resulting in the relaxation of the sphincters. Finally application of *Yastimadhu ghrta* or any *Pittahara* anointments may be used for the rectal pack over *Sudagtha vrana* to avoid the post-operative complications.

Ksharasutra

Ksharasutra application has been described in the management of fistula-in-ano in Ayurveda. However it can be used based on its properties. This procedure can be under local anaesthesia under strict measures. Patient should be kept in lithotomy position, then with help of round curved needle few fibers of internal sphincter to be taken along with bed of fissure. Later it should be tied and *Ksharasutra* should be changed for every week till it will get cut. This procedure helps in relaxation of sphincter by cutting few of its fibres gradually and patient get relief in the pain.

On *Agnikarma* and *Ksharsutra* procedures various clinical studies have been conducted and proved to be beneficial in different types of fissures.^{17,18}

Discussion

The vital symptom of this disease is severe pain in anus causing spasm of anal sphincter. Hence pain management is first step as it relieves the sphincter spasm and

improves local circulation which results in the rapid healing of the fissure. As per *Ayurveda* the whole patho-physiology of disease is due to vitiation of *Vata* and *Pitta* and the treatment is aimed to pacify *Vata* and *Pitta dosha*. In *Ayurvedic* classics various management methods were described in various contexts these should be used with caution as per the condition of the disease and patient. In this regard *Oushadha Chikitsa* is first line of management and it should be given with respect to any procedure as it causes *Deepana* and *Vatanulomana*. While *Anuvasana Basti* useful in the chronic fissures, *Piccha basti* is advisable if fissures are secondary to the intestinal diseases. Similarly invasive procedures like *Ksharakarma* are useful in chronic fissures with slough and unhealthy fibrous tissue. The application of *Ksharsutra* is advisable only in the chronic fissures along with severe sphincter spasm. Similarly *Agnikarma* is indicated in acute fissures with sentinel tag and severe sphincter spasm.

Conclusion:

Gudaparikartika is a common clinical entity mainly caused due to vitiation of *Vata* and *Pitta Dosha* and its incidence varies substantially by age and sex with intolerable pain at anal region and always disproportionate to the severity of the physical lesion. Therefore pain management has got prime importance in the treatment of fissure by pacifying vitiated *Apanavata* which can be achieved with selection of either Invasive or Non-invasive methods. Pain management through these procedures not only helps in healing of fissure but also avoids recurrence. Hence various methods like *Agnikarma* and *Ksharkarma* explained at various contexts in the classics of *Ayurveda* can be implemented in the management of diseases with caution and can be successfully practiced in present days

though they are not particularly indicated for fissure.

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