



Case Study

MANAGEMENT OF *PARIKARTIKA* W.S.R. TO ACUTE FISSURE-IN-ANO WITH *DHANWANTARAM TAILA PICHU*

Raj Kumar Gupta^{1*}, Subhendu Bikash Sahu²

¹PG Scholar, ²HOD and Professor, Department of Shalya Tantra, Jeevan Jyoti Ayurvedic Medical College and Hospital, Aligarh, Uttar Pradesh, India.

Article info

Article History:

Received: 05-02-2026

Accepted: 14-03-2026

Published: 06-05-2026

KEYWORDS:

Ayurveda, *Guda*, *Parikartika*, Fissure in Ano, *Yastimadhuk taila pichu*.

ABSTRACT

Fissure-in-ano, commonly known as an anal fissure, is a frequently encountered anorectal disorder characterized by significant pain and discomfort. In Ayurvedic literature, the condition *Parikartika* closely correlates with fissure-in-ano and is described by symptoms such as cutting and burning sensation in the *Guda* (anal region). The management of this condition primarily aims at alleviating pain and enhancing wound healing. Ayurveda outlines various therapeutic approaches for *Parikartika*, including *Deepana*, *Pachana*, *Vatanulomana*, *Avagaha Sweda*, *Basti Karma*, and the application of *Madhura*, *Sheeta*, and *Snigdha Dravyas* in forms such as *Taila Poorana*, *Lepa*, and *Pichu Dharana*. Among these, *Pichu Dharana* is considered a simple and effective procedure that works through local absorption at the tissue level. The present case study evaluates the efficacy of *Dhanwantaram Taila Pichu* in the management of acute fissure-in-ano. A 35-year-old female patient presented to the outpatient department with complaints of severe cutting pain in the anal region (*Gudapradeshi Kartanavat Vedana*), mild swelling (*Alpa Shotha*), burning sensation (*Daha*), constipation (*Malavashtambha*), and passage of blood-streaked stools (*Saraktamala Pravritti*) for five days. Administration of *Dhanwantaram Taila Pichu*, along with appropriate dietary and lifestyle modifications (*Pathya*), resulted in significant clinical improvement in this case.

INTRODUCTION

Fissure-in-ano, commonly known as an anal fissure, is a frequently encountered anorectal condition. Recent epidemiological data from India indicate that anal fissures account for approximately 17.8% of cases among adult patients presenting with anorectal disorders, suggesting that nearly one out of every six such patients may have this condition as the primary pathology^[1]. It is characterized by a longitudinal tear located at the distal end of the anal canal. Clinically, fissure-in-ano is regarded as one of the most painful disorders affecting the anorectal region.^[2]

Additionally, systemic conditions such as Crohn's disease and ulcerative colitis are known to predispose individuals to the development of anal fissures.^[3] Acute fissure-in-ano typically presents with severe, sharp pain that begins during defecation, often intense in nature and may persist for an hour or longer.^[4] Due to the severity of pain, patients are usually unable to tolerate digital rectal examination; therefore, the diagnosis of an acute fissure is primarily based on clinical symptoms and local inspection.

The management of anal fissures depends on the stage and severity of the disease. In mild acute cases, conservative treatment is generally effective. This includes adequate hydration (7–8 glasses of fluids daily), consumption of a high-fiber diet such as fruits, vegetables, and whole grains, use of bulk-forming agents like psyllium husk or bran, stool softeners such as lactulose, topical local anesthetics like lignocaine 5%, warm sitz baths, and measures to prevent constipation. Regular anal dilatation may be advised after recovery to reduce recurrence.^[5]

Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdharma.v13i2.2660>

Published by Mahadev Publications (Regd.)
publication licensed under a Creative Commons
Attribution-NonCommercial-ShareAlike 4.0
International (CC BY-NC-SA 4.0)

Surgical intervention, including procedures such as sphincterotomy and fissurectomy, is reserved for chronic cases that do not respond to conservative management. However, these procedures are associated with higher costs, require hospitalization, and carry the risk of potential complications.

Fissure-in-ano is a commonly encountered condition in anorectal practice and shows close similarity with the Ayurvedic condition *Parikartika* in terms of site and clinical features, including pain in the anal region, burning sensation, constipation, and passage of blood-streaked stools.

In classical Ayurvedic texts, *Parikartika* is described in various contexts. In Charaka Samhita, it is mentioned as a complication of *Virechana Vyapad* (adverse effect of purgation therapy).^[6] In Sushruta Samhita, it is discussed under *Basti Vyapad* (complications of enema therapy),^[7] while Kashyapa Samhita describes it as a disorder occurring during pregnancy (*Garbhini Vyapad*).^[8]

The etiological factors (*Nidana*) include intake of dry and rough foods (*Ruksha Ahara*), excessive consumption of pungent foods (*Katu Pradhana Ahara*), and prolonged sitting or faulty lifestyle practices. The pathogenesis (*Samprapti*) involves impairment of digestive fire (*Agnimandya*), leading to vitiation of *Vata* and *Pitta Dosha*. These vitiated *Doshas* localize in the *Guda Pradesha* (anal region), causing vitiation of *Twak* and *Mamsa Dhatu*, resulting in dryness and fissuring of the perianal skin, which manifests as *Parikartika*.

Various treatment modalities have been described in Ayurveda for the management of *Parikartika*, including *Deepana*, *Pachana*, *Vatanulomana*, *Avagaha Sweda*, *Basti Karma*, and local application of *Madhura*, *Sheeta*, and *Snigdha Dravyas* in the form of *Taila Poorana*, *Lepa*, and *Pichu Dharana*. Among these, *Pichu Dharana*^[9] is considered a simple and effective procedure. Since the medicated cotton pad remains in contact with the affected area for a longer duration, it enhances drug absorption, maintains local moisture, and softens the tissues. This method acts through local cellular absorption and is easy to administer in clinical practice.^[10]

Case Report

A 35-year-old female patient presented to the outpatient department with complaints of severe cutting-type pain in the anal region (*Gudapradeshi Kartanavat Vedana*), mild swelling (*Alpa Shotha*), burning sensation (*Daha*), constipation (*Malavashtambha*), and passage of blood-streaked stools (*Saraktamala Pravritti*) for the past five days.

On detailed history, the patient reported a previous episode of fissure-in-ano following childbirth approximately two years earlier, which was managed

conservatively with medication and subsequently resolved. There was no history suggestive of any major surgical procedure in the past.

Personal History

Appetite: Moderately maintained

Bowel habits: Constipated

Micturition: Normal and regular

Sleep: Adequate and undisturbed

Diet: Mixed dietary pattern with frequent intake of spicy and non-vegetarian foods.

Clinical Observations

General Assessment

Vital signs respiratory rate: 18 breaths per minute

Blood pressure: 110/80 mm Hg Weight: 54 kg

Menstrual history: Regular cycles lasting 4-5 days every 30 days.

One male child (2.5 years old), delivered via lower segment cesarean section (LSCS).

Abdominal examination (*Udara Parikshana*): Normal findings (no abnormalities detected).

Local examination (*Sthanik Parikshana*)

Inspection

Visible active bleeding at the anal verge. Lateral retraction of the buttocks exposed a longitudinal tear starting from the anal verge, located 1cm inside the anus at the 5 o'clock position (see Figure 1). Palpation: Tenderness noted in the fissure region. Digital rectal exam was deferred due to intense pain from sphincteric spasm.

Diagnosis: *Parikartika* (Acute anal fissure)

Treatment Approach

Local therapy (*Sthanika Chikitsa*) and dietary guidelines (*Pathya*).

Local therapy (*Sthanika Chikitsa*): Application of *Dhanwantaram Taila*- soaked Pichu for 3 hours daily, continued for 7 days.

Internal medication: *Haritaki Churna*- 5 grams at bedtime, taken with warm water.

Dietary recommendations (*Pathya*): Lukewarm water intake, buttermilk, green leafy vegetables, and a high-fiber diet.

OBSERVATION AND RESULTS

The patient underwent initial evaluation using *Ashta-Vidha Pariksha* (Table 1). Key parameters assessed included burning at the anal verge, pain (via VAS score), per-rectal bleeding, sphincter tone, and itching (Table 2). Daily clinical exams showed progressive symptom improvement with treatment (Table 3). By day 4, only minimal burning persisted. On day 5,

Mild pain and trace bleeding (streaks on stools) were noted. Sphincter tone normalized by day 6. Itching resolved by day 4, and by the final treatment day, the patient was completely symptom-free (Figure 2).

Tabel 1: Ashta-Vidha Pariksha

Parameter	Findings
<i>Nadi</i>	78 beats/min
<i>Mala</i>	Constipated. Once daily, with pain and itching at anus. Stools occasionally streaked with blood.
<i>Mutra</i>	Normal (<i>Samyak</i>)
<i>Jihwa</i>	Non-coated (<i>Nirama</i>)
<i>Shabda</i>	Normal (<i>Prakruta</i>)
<i>Drika</i>	Normal (<i>Prakruta</i> ; no pallor or icterus)
<i>Akriti</i>	Medium build (<i>Madhyama</i>)
<i>Sparsha</i>	Normal (<i>Prakruta</i>)

Table 2: Symptoms assessment grading criteria

Criteria	Grade 0	Grade 1	Grade 2	Grade 3
Burning at anal verge	None	Mild	Moderate	Severe
Pain (VAS Score)	Absent	1-3 (Mild)	4-6 (Moderate)	7-10 (Severe)
Per rectal bleeding	None	Present	-	-
Sphincter Tone	Normal	Mild spasm (+)	Moderate spasm (++)	Marked spasm (+++)
Itching	None	Mild (occasional, 1-2 times/day)	Moderate (intermittent, >5 times/day)	Severe (constant; disrupts sleep/ activities, requires meds)

Table 3: Daily Symptom Progression Following Dhanwantaram Tailam Pichu Therapy

Day	Burning Sensation	Pain (VAS)	Bleeding PR	Sphincter Tone	Itching
Day 1	3 (Severe)	9 (Severe)	1 (Present)	3 (+++)	3 (Severe)
Day 2	3 (Severe)	7 (Severe)	1 (Present)	3 (+++)	3 (Severe)
Day 3	2 (Moderate)	5 (Moderate)	0 (Absent)	2 (++)	2 (Moderate)
Day 4	1 (Mild)	3 (Mild)	0 (Absent)	2 (++)	1 (Mild)
Day 5	0 (Non)	1 (Mild)	0 (Absent)	1 (+)	0 (Non)
Day 6	0 (Non)	0 (Non)	0 (Absent)	0	0 (Non)
Day 7	0 (Non)	0 (Non)	0 (Absent)	0	0 (Non)

DISCUSSION

The patient experienced complete symptom resolution from the anal fissure using *Dhanwantaram Taila Pichu* therapy. Its primary component, *Bala mula* (*Sida cordifolia*), effectively balances *Pitta-Vata*, promotes strength (*Balya*), controls secretions (*Grahi*), and relieves burning (*Prajastapana*). The *Dasamoola* ingredients- *Agnimantha*, *Syonaka*, *Gambhari*, *Gokshura*, *Kantakari*, *Sariva*, *Mashaparni*, *Saindava lavana*, *Manjishta*, *Kushta*, *Satapuspa*, and *Tagara* pacify *Vata* and *Kapha*. These possess digestive (*Deepana*), metabolic (*Pachana*), and bitter (*Tikta*)/astringent (*Kashaya*) tastes. *Tikta rasa* excels at

digesting *Ama*, while *Kashaya rasa* dries excess matured *Pitta*, making it an ideal *Pitta*-pacifying remedy. The base oil, *Tila taila*, balances all three doshas, is absorbent (*Grahi*), and strengthening (*Balya*). As a *Taila* preparation, its unctuous (*Sneha*) and subtle (*Sukshma*) qualities enable easy absorption via mucous membranes, glands, and blood vessels. These pharmacological properties explain the formulation's efficacy.

Administered as *Pichu, Dhanwantaram Taila* provides essential nourishment and enhances fissure healing along with symptom relief. This *Pichu dharana* method ensures superior efficacy and rapid absorption through local tissues, making it highly effective for managing anal fissures.

CONCLUSION

This single-case study demonstrates excellent outcomes from *Dhanwantaram Taila Pichu* combined with appropriate dietary measures (*Pathya*). The treatment provided complete relief from acute anal fissure symptoms, with full healing confirmed on final examination. *Pichudharana* therapy leverages cellular-level absorption and offers a simple, patient-friendly approach.

Limitations of the study

This study could be extended to additional cases, such as chronic anal fissures and postoperative scenarios, by evaluating *Dhanwantari taila pichu* in a larger sample size.

Patient consent

Written informed consent was obtained from the patient for both the treatment and the publication of related data.

Acknowledgement

I extend my deepest gratitude to Dr Yati Tiwari sir Professor in the Department of Shalya Tantra at Jeevan Jyoti Ayurvedic Medical College and Hospital Lodha Aligarh Uttar Pradesh India, for his valuable guidance in compiling this article. I also thank Dr Shubhendu bikash sahu sir Hod and Professor in the Department of Shalya Tantra at Jeevan Jyoti Ayurvedic Medical College and Hospital Lodha Aligarh Uttar

Pradesh India. For his outstanding help in reviewing, footnotes, and references. Additionally, I appreciate Principal Dr. R.N. Mohonta sir and all staff at JJAMC Aligarh, for their ongoing support.

REFERENCES

1. Chaudhary R, Dausage CS. Prevalence of Anal Fissure in Patients with Anorectal Disorders: A Single centre Experience. JCDR 2019; 13(2): PC05-PC07
2. Manipal Manual of Surgery, 4th ed. (Nileshwar), p. 802 (K. Rajgopal Shenoy & Anitha Shenoy).
3. SRB's Clinical Methods in Surgery, 3rd ed., p. 542 (M. Sriram Bhat, 2019).
4. Bailey & Love's Short Practice of Surgery, 18th ed., ELBS reprint (1983), p. 1087.
5. SRB's Manual of Surgery, 3rd ed., p. 912 (M. Sriram Bhat; foreword by Prakash Rao, 2009).
6. Chaukhambha Orientalia, Varanasi (2005). Charaka Samhita, Vol. 2, Siddhi Sthana, Chapter 7, Shloka 54 (P. V. Sharma), p. 634.
7. Chaukhambha Visvabharati, Varanasi (2005). Sushruta Samhita, Vol. 2, Chikitsa Sthana, Chapter 36, Shloka 36 (P. V. Sharma), p. 613.
8. Chaukhambha Sanskrit Sansthan (1995). Kashyapa Samhita, 4th ed., Garbhini Chikitsa Sthana, p. 65 (Hemraj Sharma).
9. Chaukhambha Bharti Academy, Varanasi (2012). Charaka Samhita, Vol. 2, Siddhi Sthana, Chapter 7, Shloka 54 (eds. K. Shastri & G. Chaturvedi), p. 1041.
10. Renuka T, Rao S. Management of Parikartika w.s.r. to Acute Fissure-in-Ano with Guduchi Taila Pichu – A Case Study. Journal of Ayurveda and Integrated Medical Sciences 2022; 7(1): 339-342.

Cite this article as:

Raj Kumar Gupta, Subhendu Bikash Sahu. Management of Parikartika w.s.r. to Acute Fissure-in-Ano with Dhanwantaram Taila Pichu. AYUSHDHARA, 2026;13(2):215-218.

<https://doi.org/10.47070/ayushdhara.v13i2.2660>

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

*Address for correspondence

Dr. Raj Kumar Gupta

PG Scholar

Department of Shalya tantra,
Jeevan Jyoti Ayurvedic Medical College
and Hospital, Lodha, Aligarh,
Uttar Pradesh.

Email: rrrgupta28@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.