



# Integrated Treatment Protocol with Dorsal Sphincterotomy and Local Application of *Seethodaka Thaila* in the Management of *Parikarthika* (Chronic Fissure in Ano)-A Pilot Study

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## Abstract

The causes of anal fissure are not fully understood, but junk food, change or irregularity in diet and diet timings and also sedentary life style are some predisposing factors of ano rectal disorders. Anal fissure is second most common disease seen in Ano-rectal clinics. Modern surgical techniques like manual anal dilatation is advocated for fissure in ano, but it weakens the internal sphincter associated with risk of incontinence. Hence the proper and effective therapy is required for the treatment of chronic anal fissure which is simple, safe and effective, without any complication, avoidance of incontinence of stool and recurrence. *Seethodaka thaila* is Sri Lankan medicated oil widely used for treatment of aseptic wounds, burns and post-surgical wounds in Ayurveda.

**Material and Methods:** Ten patients of chronic fissure in ano were treated with seethodaka thaila local application for post-operative wound, after fissurectomy and dorsal sphincterotomy, daily for 4 weeks.

**Results:** Post-operative fissure wound healed within 4 weeks of time duration. The patients got complete relief of sign and symptoms after four weeks and no recurrence till one year.

**Conclusion:** On the basis of this Pilot study, it is concluded that dressing with seethodaka thaila followed by fissurectomy and dorsal sphincterotomy is effective in wound healing.

**Keywords:** Dorsal sphincterotomy; Fissure in ano; *Parikartika*; *Seethodaka Oil*

## Introduction

Anal fissure is a longitudinal tear or disruption in the anoderm at the distal end of anal canal. It typically extends from below the dentate line to the anal verge and usually located posteriorly in the midline, probably because of the relatively unsupported nature and poor perfusion in that location [1,2]. An anal fissure is second most common disease condition among ano rectal diseases, seen in an Ano Rectal Clinics (ARCs). In the present era, there is change or irregularity in diet and diet timings, sedentary lifestyle and also due to anatomical condition and manifestation of this

disease take place. In addition to a change in diet & lifestyle and mental stress also disturb in digestive system which results in ano-rectal disorders.

Acute fissure in ano is a simple linear ulcer in the anal canal. In chronic stage, ulcer may become deeper, margins become indurate & thickened, due to repeated healing and ulceration when occurs constipation. There develops a typical sentinel tag at the distal end of fissure, simultaneously an anal papilla develops at the proximal end of fissure within the anal canal. Acute superficial break in the continuity of anoderm in mid posterior at 6 o'clock 90% or mid anterior

at 12 o'clock position 10% is more common. Fissure in ano occurs most commonly in midline posteriorly. 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. Fissure is more common in women than men. This disease condition is most common in middle age [3].

*Parikartika* is mentioned in *Susruta chikitsa Sthana* as one of the complication of *virechana* therapy [4] and improper usage of *Vasti* [5] while in *Charaka Siddhi Sthana* as *atisara vyapad* [6-8]. In *Kashyapa Samhita*, the similar condition is mentioned in pregnant women and classified as *Vataja*, *Pittaja* and *Kaphaja* on the basis of *Doshic* profile [9]. *Acharya Susruta* describes as *Vata & Pitta Dosha* predominance condition. On the basis of symptoms of this disease, fissure in Ano can be compared with *Parikartika* in Ayurvedic classics. Similarly, secondary causes like Ulcerative Colitis, Crohn's disease, Syphilis and Tuberculosis have also been held responsible for the formation of the disease fissure-in-ano.

As mentioned above, this *Thaila* use for local application for new injuries, septic wounds, burns, fracture healing and in post-operative *Ayurvedic* surgeries [10]. This Pilot Study

aimed to evaluate the clinical efficacy of *Seethodaka Thaila* local application in the management of post-operative wound healing, followed by fissurectomy and dorsal sphincterotomy. *Seethodaka thaila* which is help in promoting formation of healthy granulation tissue in less time and no complication of keyhole deformity seen after dorsal sphincterotomy.

## Methodology

### Dorsal Sphincterotomy

After spinal anesthesia, patient laid in lithotomy position and painting, draping was done. Excision of sentinel tag with fissure bed and also papilla was done if available. Then identified the internal sphincter through that excision and the internal sphincter was divided with electric cautery. After achieved haemostatic, wound packed with seethodaka oil and dressed.

### Wound Dressing

From the day second patient was advised daily warm water sitz bath mixed with *Pancha Valkala Kwatha*. Then the post-operative wound was cleaned with NS (Normal Saline) and packed with *Seethodaka taila* by using sterile gauze piece. The dressing was done once daily for four weeks.

## Case History

Case No.	Age & Gender	Complains & duration	Site of Fissure	Presence of Papila	Presence of Sen. Tag	Diagnosis	Anaesthesia
1	40years Male	Pain & Burning since 3/12 BPR as drops-2/12 Constipation on/off -since 4ys	6 o'clock position	No	Yes	Acute on Chronic Fissure	Spinal
2	42years Female	Pain & Burning 1y BPR as streak 6/12 Constipation on/off -since 6ys	6 o'clock position	Yes	Yes	Acute on Chronic Fissure	Spinal
3	38years Male	Pain & Burning,1/12 BPR as drops -1/12 Constipation - 3ys	6 o'clock position	No	Yes	Acute on Chronic Fissure	Spinal
4	40years Male	Pain & Burning,3/12 BPR as streak-3/12 Constipation on/off -since 5ys	6 o'clock position	Yes	Yes	Acute on Chronic Fissure	Local
5	49years Male	Pain & Burning 9/12 BPR as drops 3/12 Constipation 1y	6 o'clock position	Yes	Yes	Acute on Chronic Fissure	Spinal
6	35years Female	Pain & Burning 3/12-5/12, No BPR Constipation 6/12	6 o'clock position	No	Yes	Chronic Fissure	Spinal
7	30years Female	Pain, Burning & BPR drop wise since 15days Constipation 2ys	6&12 o'clock positions	No	Yes	Acute on Chronic Fissure	Spinal

8	34years Male	Pain & Burning 1/12, BPR as drops 10days Constipation 4-5ys	6&12 o'clock positions	No	Yes	Acute on Chronic Fissure	Spinal
9	32years Female	Pain, Burning & BPR on/off as streak, since more than 1yr. Constipation 7ys	6 o'clock position	Yes	Yes	Acute on Chronic Fissure	Spinal
10	30years Female	Pain & Burning, since 3weeks, BPR since 2weeks Constipation 2ys	6 o'clock position	No	Yes	Acute on Chronic Fissure	Local

### Observation of the Wound

#### Case No 01:



#### Case No. 02:



## Case No. 03



## Case No 04





## Case No 05



## Case No 06



## Case No 07



## Case No. 08



## Case No. 09



## Case No. 10



## Assessment

The assessment of the wound was done on the basis of subjective parameters i.e. Pain and Burning as gradation and objective Parameters as Oozing and Healing of the wound at weekly intervals till four weeks. *Eranda brusta harithaki churna* 5g after meal at bed time as laxative was advised during the treatment for all patients.

## Discussion

Out of those patients 100% were vegetarian. It doesn't mean that patients who are taking vegetable diet are more prone to this disease condition. But it is related to spicy food and the persons who take more chillies, spicy as well as more oily food are more prone to develop Fissure in ano. In chronic fissure in ano when there is development of acute pain due to acute tear/ulcer at ano-derm. Patient usually takes medication & it heals spontaneously. But due to reoccurrence which is due to incomplete healing of fissure and sphincter spasm again patient had severe pain in ano during defecation.

Speciality according to Kashyapa Samhita, pain is the predominant character of this ailment. Burning also associated with the Pitta involvement. But the rarely presence of Kaphaja symptoms also seen as itching at peri-anal region is one of the symptom, sometimes due to discharge. This disease does not give very marked changes in the blood picture. Therefore, the progress seen in these cases, repeated blood examination during the course of treatment also is insignificant.

Most of ancient Samhitas have mentioned *Parikarthika*

is a complication of *Virechana* or *basti* therapy, if not done by expert physician. But practically found that excessive *Virechana* or improper use of *basti* is not the only causative factors of this disease. Out of these 10 cases any of the patient did not give any history of either of therapeutic purgation or recent use of enema. All of the cases in this series suffered from habitual constipation and often passed hard column of stool that lead to injury at ano-derm. So after sphincterotomy the dorsal portion of sphincter is divided then there is no spasm. So healing of ulcer takes place and recurrence was not noted till one year in this study but reported minimum cases [11]. In dorsal sphincterotomy study, reported that if there is development of keyhole defect that leads to sometime recurrence [12]. In lateral sphincterotomy some part of internal sphincter is not be divided as it is blind procedure and pain may persist in some cases [13].

But in this Pilot study none of patient found with keyhole defect because after dorsal sphincterotomy the wound was taken care with local application of *seethodaka thaila* which is effective for wound healing & that healing fissure achieve good tensile strength [14]. Ayurveda oils are usually helpful to provide nutrition to the cell along with healing effect. Daily warm sit bath with *pancha valkala kwatha* is helpful for cleaning and all ingredients process *kashaya* predominant property, so helpful as *Vrana shodhana* [15,16].

The healing of fissure is different from the healing of any other ulcer in the body, because in the former, there is constant contamination of the wound by faeces and its frequently friction with the mucosa while there is continuous spasm of the sphincteric muscle. They are the important



factors which keep a fissure away from normal healing. In such situation a drug which produces a soothing effect, *vata-pittahara*, *vedana sthapana*, *vrana shodhana* and *vrana ropana* influences reduction of inflammation will be more suitable than a simple conventional antiseptic ointment. *Seethodaka Thaila* probably have these properties. Its well-known fact that the *Vata* and *Pitta Doshas* are predominant in Fissure in ano. *Seethodaka Thaila* is probably having anti-inflammatory and steroidal activity counting for its increased efficiency. The relief of severe pain within 24-48 hours is something remarkable about this drug although the ulcer takes as few days as three to four weeks for complete healing.

### Conclusion

Study concluded that integrated approach in chronic fissure with dorsal sphincterotomy and local management with *pancha valkala kwatha* warm sitz bath and *seethodaka thaila local application* is good treatment protocol. Limitation of the study needs to be trial in more number of patients for its scientific validation. On the basis of these ten cases that complete healing of the post-operative wound within 4 weeks of time after local application of *Seethodaka Thaila*, no recurrence was noticed during the follow up period of 1 year. Hence the drug is safe, easy to apply and well tolerable in patient of chronic fissure for post-operative wound healing.

### References

1. Russell RCG, Norman SW, Christopher JKB (2008) Bailey and Love's Short Practice of Surgery 25<sup>th</sup> [Edn.], London: Arnold Publication, pp: 1251-1252.
2. Mapel DW, Schum M, Worley AV (2014) The epidemiology and treatment of anal fissures in a population-based cohort. BMC Gastroenterol 14: 129.
3. <https://www.scribd.com/doc/27187148/Parikartika-Fissure-in-Ano-Defination-Parikartan>
4. Shastri KA (2014) Maharishi Susrut, Susrut Samhita, Chikitsa Sthana, Vamana Virechana Vyapat, 34/16, Hindi commentary, by A.M.S, Chaukhamba Sanskrit Sansthan, Varanasi, pp: 187.
5. Shastri KA (2014) Maharishi Susrut, Susrut Samhita, Chikitsa Sthana, Anuwasana Uttara Vasti Chikitsa, 36/37, Hindi commentary, A.M.S, Chaukhamba Sanskrit Sansthan, Varanasi, pp: 196.
6. (2008) Agnivesha, Charaka, Dridhabla, Charak Sanhita, Siddhi sthana, Vamana Virechan Vyapada, 6/61, Chaukhamba Sanskrit Series Office, Varanasi, pp: 281.
7. (2008) Agnivesha, Charaka, Dridhabla, Charak Sanhita, Siddhi sthana, Vasthi Vyapad Siddhi, 7/56, Chaukhamba Sanskrit Series Office, Varanasi, pp: 305.
8. (2008) Agnivesha, Charaka, Dridhabla, Charak Sanhita, Siddhi sthana, Netra Vasthi Vyapad Siddhi, 5/5, Chaukhamba Sanskrit Series Office, Varanasi, pp: 251.
9. Tewari PV (2016) Maharshi Kashyapa, Acharya Vriddha Jeewaka, Kashyapa Sanhita, Khilasthan, Pregnant woman chaptor 09/10, 10/102.2-103.1 chumbha Viswa bharti, Varanasi, pp: 565.
10. (2008) Ayurveda Pharmacopeia of Sri Lanka 1(1): 263.
11. Memon AS, Siddiqui FG, Hamad A (2020) Fissurectomy with posterior midline sphincterotomy for management of chronic anal fissure. J Coll Physicians Surg Pak 20(4): 229-231.
12. Yüksel O, Bostanci H, Leventoğlu S, Sahin TT, Menteş BB (2008) Keyhole deformity: a case series. J Gastrointest Surg 12(6): 1110-1114.
13. Madalinski MH (2011) Identifying the best therapy for anal fissure. World J Gastrointest Pharmacol Ther 2(2): 9-16.
14. Ayurveda Pharmacopeia of Sri Lanka 1(1): 263
15. Khadkutkar DK, Kanthi VG, Dudhamal TS (2016) Antimicrobial Activity of Panchavalkal Powder and Ointment. International Journal of Medicinal Plants and Natural Products (IJMPNP) 2(1): 9-15.
16. Dhurve VA, Dudhamal TS (2020) Formulations of Panchavalkala As Vrana Shodhana and Vrana Ropana: A Brief Review. Indian J Ancien Med Yog 13(1): 17-22.

