

Management of Post-operative Wound of *Parikartika* (Chronic Fissure in Ano) by *Seethodaka Thaila Pichu* Followed By Dorsal Sphincterotomy: A Single Case Report

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Abstract

Introduction: Anal fissure is second most common disease in Anorectal disorders, because of its anatomical condition. Posterior wall of ano rectal junction is relatively poorly supported by musculature on this aspect. Posterior rectal wall forms acute angle with the posterior anal canal. Fissure occurs over stretching of the epithelial lining of anal canal by the pressure of hard faecal matter, which commonly present at sites 12 & 6 o'clock and do not cross dentate line. Modern surgical techniques like manual anal dilatation, was advocated for that. But they permanently weaken the internal sphincter in associated with the 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 at end of therapy. **Material and Methods:** One patient of chronic fissure in ano was selected. After chedana (surgical excision) of sentinel tag and sphincterotomy was done and then *Seethodaka Thaila pichu* was applied daily for 4 weeks. **Results:** Post operative fissure wound healed fast within 4 weeks of time duration. The patient got complete relief in signs and symptoms after four weeks. Follow up was done for two months and no recurrence of fissure was noted. **Discussion and Conclusion:** *Seethodaka thaila*, a Sri Lankan traditional medicated oil widely used for treatment of aseptic wounds, burns and post surgical wounds in Ayurveda was standardized according to rules and regulation of Ayurveda Pharmacopeia in Sri Lanka.

Keywords: Fissure in Ano; *Parikartika*; *Seethodaka Thaila*.

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Introduction

The causes of anal fissure are not fully understood. 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 it is uncommon in the elderly because of relative muscular atony.

Local trauma due to the expulsion of a hard faecal or scybalous mass as a result of constipation may stretch the anal mucosa, initiating a tear. Prolonged diarrhoea can also have the same effect. The posterior wall of the lower anal canal is the most common site, most 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.

Anal fissure is a painful tearing or ulceration of the anal passage or margin resulting from various causes including trauma to the epithelium and certain chronic inflammatory diseases. The posterior wall of the ano-rectal junction is relatively poorly supported by musculature on this aspect. The posterior rectal wall forms an acute angle with the posterior anal canal. Overstretching of the epithelial lining of anal canal by the pressure of hard fecal matter. In females pressure exerted by parturition. Present at sites other than 12 & 6 o'clock associated with other diseases and do not cross dentate line. Fissure-in-Ano is very common and painful condition. 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.¹

Acute superficial break in the continuity of anoderm in mid posterior (6 o'clock) or mid anterior (12 o'clock) position is more common. Acute Fissure in Ano is a simple linear ulcer in the anal canal. In chronic stage, ulcer may become deeper. Margins become indurated & thickened, due to repeated 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. Fissure in Ano occurs most commonly in midline posteriorly. Fissures usually occur in the midline posteriorly 90% and much less commonly anteriorly 10%. 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. More common in women than men. In children lateral sites & multiplicity is very common. This disease condition is most common in middle age. Possible complications include infection, abscess formation, and subcutaneous fistula in ano.^{2,3}

Why this intervention of *Seethodaka Thaila*

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. As I mentioned above this *Thaila* use for local application for New Injuries, Septic Wounds, Burns and in post-operative *Ayurvedic* Surgeries.

Case report

A 40-years male patient was presented with pain and burning sensation during and after defecation from 02 months. According to patient's complains he was suffering from constipation since 2 to 3 years.

During that period, mild bleeding per rectum as drops and feels of external sentinel piles in perianal region. On PR examination findings it was found acute on chronic fissure with sentinel tag, at 6 o'clock position. After baseline investigation and fitness patient undergo dorsal sphincterotomy under spinal anesthesia.

Aims and objectives:

To evaluate the clinical efficacy of *Seethodaka Thaila pichu* in the management of post-operative wound followed by dorsal sphincterotomy.

Materials and Methods

Materials

Seethodaka Thaila, Sterilized gloves, Sterilize gauze and Normal Saline

Method

After hot sitz bath of pancha valkala quata, post-operative wound clean with Normal Saline, and then packed with *Seethodaka Thaila Pichu*.

(Ingredients of *Seethodaka Thaila* and information can found in Ayurveda Pharmacopeia of Sri Lanka)⁴

Application of Seethodaka Thaila

Patient advised daily warm water sitz bath mixed with *Pancha Valkala Kwatha*. Then the post-operative wound was cleaned with NS and packed with *Seethodaka Thaila pichu*. The assessment of the wound was done on the basis of subjective parameters, i.e. Pain and Peri anal swelling as gradation and objective parameter, i.e. Oozing and Healing of wound at weekly interval till four weeks.

Observation of wound

Case 1



Discussion

Most of ancient Samhitas have mentioned *Parikartika* is a complication of *Virechana* or *Basti* Therapy.⁵ This patient did not give any history of either of therapeutic purgation or recent use of Enema. He suffered from habitual constipation and often passed thick and hard column of stool. Specialty according to Kashyapa Samhita, *Pain* is the predominant character of this ailment.⁶ *Burning* also associated with the Pitta involvement. Therefore, any therapy which alleviates Vata and Pitta Dosha will definitely relieve any type of *parikartika*. Causative factor is mostly constipation of those patients. Pain, Burning and constipation are only the subjective symptoms which can only be graded regarding their relative intensity but never can be properly measured. The degree of Pain, Burning and the gross healing of the ulcer are the only criteria considered to assess the progress of the case.

Probable Action of Seethodaka Thaila:

The healing of fissure is different from the healing of any other ulcer, 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*, *Daha prashamana*, *Vrana Shodhana*, *Vrana Ropana* and influences reduction of inflammation will be more suitable than drug which may act as the best healer of ulcer on other parts of the body. *Seethodaka Thaila* probably have these properties.

Results

Post-operative fissure wound completely healed within four weeks and no recurrence, no any complaint during the follow up of the period of 2 months.

Conclusion

Still there is no satisfactory method of treatment; medical or surgical, for *Parikartika* (Fissure-in-ano), a very painful condition of the ano-rectal region. This has been accepted by modern surgeons also. The pain is main contributing factor for the spasm of anal sphincters. Pain is relieved effectively by *Seethodaka Thaila pichu* which accelerates the process of healing of ulcer and contributes to the complete cure of the condition. The study concluded that complete healing of the post-operative wound

within 3-4 weeks with local application of *Seethodaka Thaila pichu*. No recurrence was noticed in this patient during the follow up of the period of 2 months. Hence the drug is safe, easy to apply and well tolerable to post-operative healing.

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