

Case Report

Murivenna Taila Pichu and Ruksha Swedan- An Ancient therapy in the treatment of Acute Fissure-In-Ano w.s.r. to Parikartika - A case report

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ABSTRACT:

BACKGROUND: Fissure-in-ano (Parikartika) is a common anorectal condition characterized by a painful tear in the anal mucosa, often associated with constipation and straining during defecation. Postpartum women are particularly vulnerable to this condition due to the physiological and hormonal changes that occur during and after pregnancy. The increased pressure on the pelvic floor, hormonal fluctuations affecting bowel movements, and the trauma of childbirth contribute to the development of fissure-in-ano during the postpartum period.

OBJECTIVE: This abstract aims to review the risk factors, and management strategies for fissure-in-ano in postpartum females, highlighting the importance of early diagnosis and intervention to prevent chronicity and improve quality of life.

METHODOLOGY: A comprehensive review of the literature was conducted, focusing on studies that investigate the incidence of fissure-in-ano in postpartum women, the underlying risk factors, and the effectiveness of various treatment modalities. Clinical guidelines and case reports were also examined to provide a holistic understanding of the condition.

CONCLUSION: Fissure-in-ano is a common but often overlooked complication in postpartum females. Early recognition and a multidisciplinary approach to management, including both conventional and alternative therapies, can significantly reduce pain, prevent chronic fissures, and improve the overall well-being of postpartum women. Further research is needed to establish standardized treatment protocols and explore the long-term outcomes of various therapeutic interventions.

KEY MESSAGES: Murivenna Taila Pichu and Ruksha Swedan, a concept mentioned in old classics that are mentioned for relieving pain and wound healing in ayurveda with aim to treat the disease like fissure-in-ano.

KEYWORDS: Parikartika, Fissure-in-Ano, Murivenna Taila, Taila Pichu, Ruksha Swedan, Pain management.

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INTRODUCTION

Parikartika, commonly known as fissure-in-ano, is a painful condition characterized by a small tear or ulcer in the lining of the anal canal. It is a prevalent anorectal disorder that causes severe discomfort during defecation, often accompanied by bleeding and spasms of the anal sphincter. In Ayurvedic literature, Parikartika is described as a sharp, cutting pain in the anal region, akin to being sliced by a knife. This condition is associated with disturbances in the body's doshas, particularly Vata and Pitta. Fissure-in-ano can occur due to a variety of factors, including chronic constipation, passing of hard stools, poor dietary habits, diarrhea, and trauma during childbirth. The condition is more common in adults but can affect people of all ages. If left untreated, it may progress to a chronic state, leading to complications like sentinel piles, hypertrophied anal papillae, and persistent pain.¹

One study conducted in a tertiary care hospital revealed that fissure-in-ano accounted for about 30.7% of anorectal disorder cases, with a higher prevalence in individuals aged 31-40 years and a slight male predominance. Another study highlighted that fissure-in-ano cases are more prevalent in younger age groups, particularly those aged 21-30 years, again with a male preponderance.^{2,3}

Ayurvedic treatments focus on balancing doshas, particularly Vata and Pitta, using therapies like

JatyadiGhritham for external application and internal medicines like DusparshakadiKashayam and TriphaladiChurnam. Combining Ayurvedic and modern methods, such as sitz baths and diet management, is effective in reducing symptoms and preventing recurrence. Traditional Ayurvedic treatments focus on balancing the aggravated doshas through dietary adjustments, herbal remedies, and local applications of medicinal oils or ointments to promote healing and reduce inflammation. Additionally, procedures like Snehana (oleation therapy) and Swedana (fomentation therapy) are often recommended to alleviate symptoms and support recovery.⁴Our aim to heal the fissure wound (Parikartika) while maintaining the normal anal tone.To alleviate the symptoms of Parikartika pain, burning sensation, itching and constipation.

MATERIALS AND METHODOLOGY

A CASE REPORT

A 29-year lady, who is a house-wife and recently delivered a healthy baby 10 days ago by normal vaginal delivery method presented with complaints of pain and burning sensation at anal region since 8 days. She disclosed history of consumption of NSAID'S and topical anesthetic gel prescribed by her family doctor. She experienced poor relief so visited the Shalyatantra OPD for further conservative management.

Name- ABC	Bala- Hina
Age- 29 years	Sex- Female
Marital status- Married	Occupation- Housewife
Weight- 64 kgs	Bowel habit- Regular
Sleep- Disturbed	Diet- Mixed

Table 1: Showing personal history of the patient.

- Patient is not a known case of Hypertension, Diabetes mellitus or any major illness.
- Patient has not undergone any previous surgery.
- She delivered a baby 10 days ago by normal vaginal delivery method.

GENERAL EXAMINATION:

Pulse rate- 84/min regular with normal volume,
 Blood pressure- 110/74 mm of Hg.
 Respiratory Rate- 16/min
 Temperature- 97.9 °F
 Pallor/Icterus/Clubbing- Absent

SYSTEMIC EXAMINATION:

Respiratory system: Air entry bilaterally equal, no abnormal lung sounds heard.
 Cardio-vascular system: S1 and S2 heard.
 Central nervous system: Conscious and well oriented with normal cranial nerve examination.

Per abdomen: Soft and non-tender. Striae Gravidarum noted on abdomen.

LOCAL EXAMINATION OF ANO-RECTAL REGION:

(Patient was examined in the room that was well lit up, in presence of a female attendant and patient laid down in sim's position.)

- On Inspection:**
1. A linear ulcer was noted at 6'0 clock position (Inferiorly).
 2. Erythema was noted at ulcer site without signs of bleeding.
 3. No evidence of any Sentinel tag/ Abnormal growth was noted.
 4. Episiotomy suture line noted at 12'0clock position.

On Palpation:

1. Tenderness was noticed at ulcer site along with tight anal sphincter tone so Digital Rectal Examination was not carried out.

2. Per Abdominal palpation noted normal findings.

ON EXAMINATION:**Table 1: Signs and symptoms of the patient before treatment on 0th Day and after treatment on 7th Day.**

Parameter's ⁵	Observation (Before treatment – 0 th Day)	Observation (After treatment – 7 th Day)
1. Pain (VAS)	7/10	1/10
2. Burning Sensation at anal verge	3	Absent
3. Bleeding Per Rectum	Absent	Absent
4. Ano-rectal Sphincter Tone	4	1
5. Itching	Mild	Absent
6. Constipation	2	0

Table 1 describes the signs and symptoms of the patient before and after treatment with consideration of parameters like pain (VAS), Burning sensation at anal verge, Bleeding per anum, Ano-rectal sphincter tone, Itching and Constipation.

ASSESSMENT CRITERIA:**Table 2: Assessment Criteria for Ano-rectal examination.**

Parameter's	Gradation				
	0	1	2	3	4
1. Pain (VAS)	On VAS scale 0-10 (According to severity)				
2. Burning Sensation at anal verge	Absent	Mild	Moderate	Severe	-
3. Bleeding Per Rectum	Absent	Present	-	-	-
4. Sphincter Tone (Resting Score)	No discernable tone at rest (Open/Patulous anal canal)	Low tone	Mild decreased tone	Elevated tone	Very high tone (Tight anal canal)
5. Itching	Absent	Mild (Occasional)	Moderate (Intermittent)	Severe (Continuous, Sleep Disturbance)	-
6. Constipation	Formed semi-solid (Normal)	Formed solid	Formed hard	Formed hard with pellets	Impacted/ Obstructed

Table 2 Mentions the assessment criteria gradation for Ano-rectal examination

NIDANA (ETIOLOGY):

Ahara (Diet)- Dry foods, Edible gum Ladoo, Fenugreek, decreased water intake.

Vihara (Lifestyle)- Recent Vaginal delivery, lack of exercise.

Samprapti (pathogenesis): Above nidana lead to Vata and pitta prakopa and later on stansanshraya (pathogenesis) occurred in ano-rectal region progression to constipation leading to further symptoms.

DIAGNOSIS: Parikartika (Acute Fissure-in-Ano)

THERAPEUTIC REGIMEN-**Table 3: Therapeutic regimen (Internal and external therapy)**

Sr. No.	Therapeutic regimen	Dosage	Duration
1.	Tab. Arogyavardhini vati	2 TDS (250 mg each)	7 days
2.	Liq. Abhayarishta	10ml BD with ½ glass water	7 days
3.	Murivenna Taila Pichu & Ruksha Swedan ⁶	For 5 mins	Daily for 7 days

Table 3 Explains the therapeutic regimen that includes both internal and external therapies along with its dosage and duration. External therapy introduced was murivenna taila pichu followed by ruksha swedan that was done daily for a week.

MATERIAL

Murivennataila, gauze, sponge holding forceps, artery forceps, babcock, sterile sheet and sterile gloves.

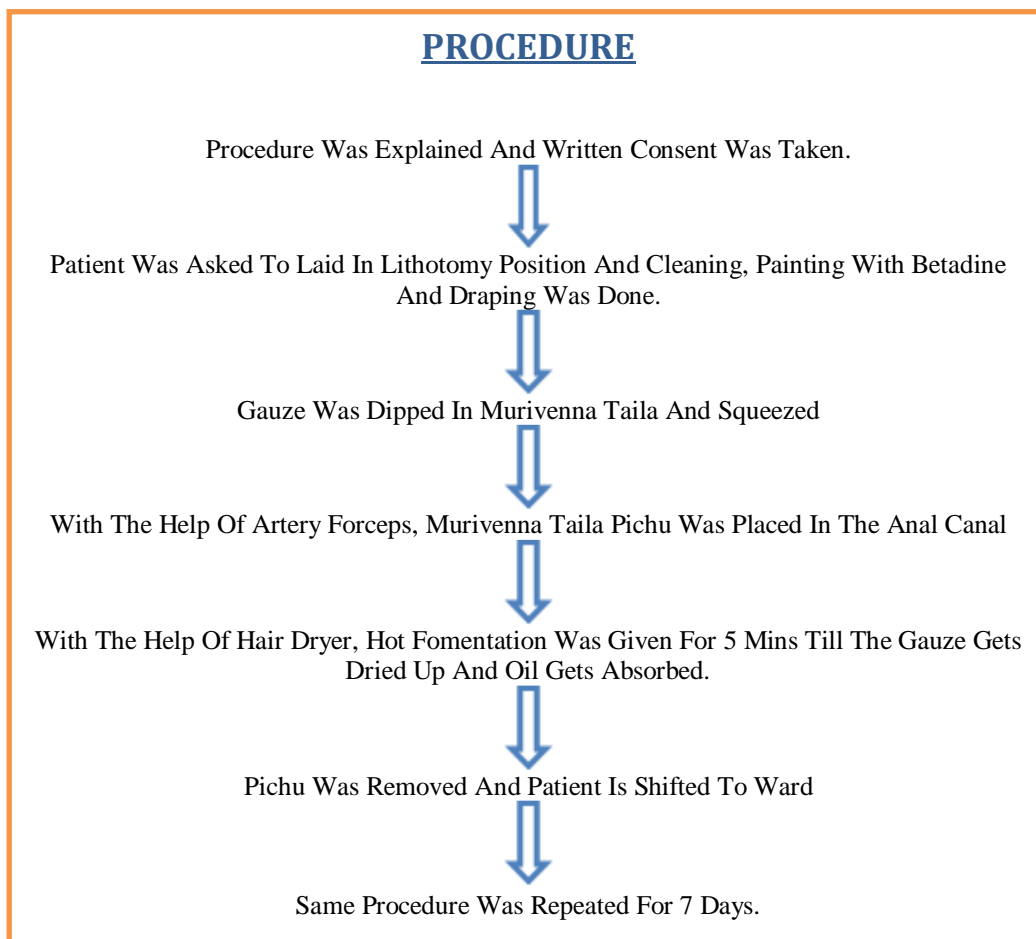




Figure 1: Represents instruments and Murivennataila pichu required for the procedure

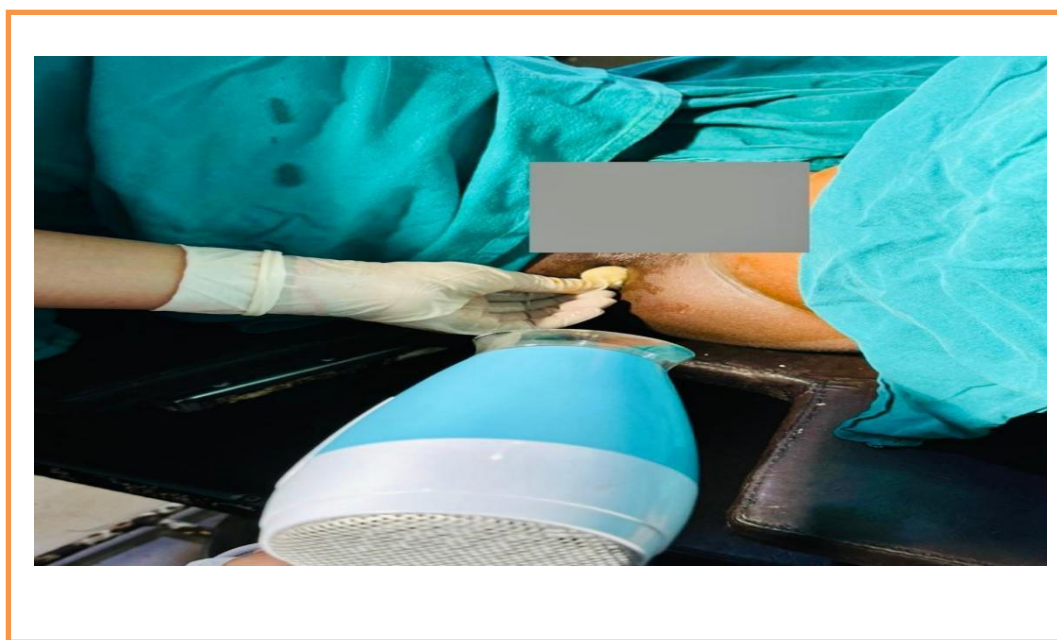


Figure 2: Represents gudapichu and hot fomentation with hair dryer.

CHRONOLOGY IN OBSERVATION AND RESULT: (Table 1 & 2)

Clinical examination of the patient reveals regression of the symptoms of about 80% gradually after 7 days. Patient has complete relief from pain and burning sensation at anal verge along with regression in constipation, normal restoration of sphincter tone after the completion of the study.

DISCUSSION

Arogyavardhini Vati is a classical Ayurvedic formulation known for its versatile therapeutic

applications, including in the management of digestive disorders. It is often used in conditions like Parikartika (fissure-in-ano) due to its properties of balancing the doshas, promoting digestion, and detoxifying the body. It contains ingredients like Triphala, Kutki (Picrorhiza kurroa), and Shuddha Parada (Purified Mercury), which have wound healing and anti-inflammatory properties. These ingredients help in reducing inflammation and promoting the healing of anal fissures. The formulation also aids in detoxification and improving digestion, which is crucial in preventing constipation—a common cause of fissure-in-ano. By improving digestion and

liver function, Arogyavardhini Vati helps in preventing the hardening of stools and thus reduces the strain during defecation. In fissure-in-ano, Vatadosha is often aggravated, leading to dryness and pain. The formulation helps in pacifying the Vatadosha and providing relief from pain and discomfort.^{7,8}

Abhyarishta is used to treat digestive problems, especially piles and constipation, which are frequently associated with fissure-in-ano (Parikartika). Because of its capacity to ease the tension during defecation and soften stools—both of which are essential for the repair of anal fissures—it is advantageous in the management of Parikartika. Thanks mainly to its major constituent, haritaki (*Terminalia chebula*), it is well-known for having mild laxative qualities. This lessens the pain and suffering brought on by fissures by softening the faeces and making it easier to pass. Additionally, the formulation contains anti-inflammatory substances like Gokshura (*Tribulus terrestris*) and Vidanga (*Embelia ribes*) that help to reduce inflammation and promote the healing of the fissure. It helps in pacifying Vata by improving digestion and relieving constipation, which is crucial for preventing further damage to the anal mucosa.^{9,10}

Murivenna Tailam is used to treat musculoskeletal problems, fractures, and wound healing. Being anti-inflammatory, analgesic, and regenerative, it is particularly well-known for how well it treats burns, wounds, and other skin problems. Typically, murivenna is made with coconut oil, which is renowned for its ability to heal wounds and provide moisture. By keeping the wound moist, coconut oil helps to speed up the healing process and keep it from drying out. In essence, fissure-in-ano is a tear in the anal mucosa. The fissure may be healed by the wound-healing qualities of Murivenna, which is made from components like aloe vera (Kumari) and karanja (*Pongamia pinnata*). These herbs lower the chance of infection and encourage tissue regeneration. Because of their analgesic and anti-inflammatory properties, betel (*Tambula*) leaves have long been used to treat pain and reduce inflammation. Because of its potent anti-inflammatory and antioxidant qualities, moringa promotes quicker healing of wounds. Wounds, cuts, and abrasions can be treated directly with Murivenna Tailam. It facilitates quicker tissue regeneration, lowers inflammation, and guards against infection. To lessen pain and swelling in cases of deep tissue injuries or fractures, the affected area should be gently rubbed with the oil.

Murivenna Tailam can be gently applied to the area of the anus where the fissure is present after practicing good hygiene. You can do this to encourage healing and lessen discomfort following each bowel movement. To a warm sitz bath, add a few drops of Murivenna. This bath can help calm the area, lessen swelling, and lessen the discomfort associated with the fissure.^{11,12}

CONCLUSION

The conducted case study has shown gratifying positive results for pain management as well as for wound healing in condition of Acute Fissure-in-Ano. Based on clinical observation and discussion it can be concluded that murivenna taila pichu and ruksha swedan has remarkable outcomes in the treatment of Parikartika (Acute Fissure-in-Ano). It was noticed that there were no adverse effects, contemptible and fast healing of the disease. Moreover lateral internal sphincterotomy in post partum cases can be avoided. There is further need of studying this modality treatment on a greater number of patients to evaluate the findings and prove statistically accurate.

FURTHER SCOPE OF STUDY

This treatment modality can be adapted in pregnant women, children, geriatric age group after suitable study on more number of patients.

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Conflict Of Interest: None

Informed Consent: The patient's written informed consent was obtained before commencing the treatment. The patient has also granted her consent for the report to be published for purpose of advancing clinical research knowledge exchange. To maintain the confidentiality of the patient's identity, all necessary safeguards have been followed during the case report's creation.

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