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<http://www.pediatricurologycasereports.com>**Efficacy of palashgudavarti (ayurvedic anal suppository) on a pediatric fissure in ano: Case report****Shubham Biswas*, Devyani Dasar**

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ABSTRACT

Background: Parikartika is an ano-rectal condition characterised by cutting pain in the anal area (Parikartana vatvedana). Parikartika is not a distinct disease, but rather a sign and symptom of other diseases or a side effect of an Ayurvedic operation (like Vasti, Virecana). It can be linked to crack in ano, according to recent science. It also has anus symptoms such as a burning feeling, minor swelling, and bleeding.

Aim: To evaluate and disseminate the efficacy of ayurvedic treatment in Parikarika.

Case: A report of an 8-year-old female child who has been complaining of hard stool passing on and off for the past year was brought to the Shalyatantra department's OPD. She has been experiencing pain and sporadic new bleeding with her stool for the past 20 days. A case was enrolled in OPD of Shalyatantra dept.

Observations and results: After treatment, patient fissure was healed. Symptoms get subsides. Appetite was good and improved. This Case study proven the best result in less time and cost effectiveness in acute fissure in ano with help of ayurvedic medicines and local application of Ayurvedic anal suppository.

Key Words: Parikartika, fissure in ano, palashgudavarti, anal suppository

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Introduction

Ayurveda, or "science of life," is a comprehensive healing system founded on experience knowledge and constantly evolving. Our lifestyles have changed, and as a result, diseases have multiplied. However, Ayurveda, as a natural science, has a significant impact on our

health and may easily prevent and cure diseases. In the same situation, anal fissure has appeared. In Ayurvedic terms, the anal fissure is referred to as Parikartika. It has been described as a sign or symptom of other disorders, as well as a complication of Ayurvedic procedures or as a result of certain instruments, such as an enema nozzle. Parikartika is mentioned several times in the Ayurvedic Samhita. It is described as a complication of Virechana Vyapad in the Charak Samhita (therapeutic purgation) [1]. In Susruta Samhita it described as Bastivyapad (complication due to enema apparatus nozzle) [2]. Kashyapa referred to it as Garbhiniyapad (pregnancy disease) [3]. In anorectal disorders, fissure-in-ano has become the most common and painful illness. It's more common among young people and pregnant women. Because of an injury to the somatic nerve supply to the anal region, it is extremely painful. Analgesics,

antibiotics, laxatives, ointment, and surgical treatments such as anal dilatation, sphincterotomy, and fissurectomy are all used in modern medicine [4]. Fissure-in ano surgeries are costly and need a lengthy stay in the hospital. All of these surgeries come with their own set of complications. Cutting anal pain, burning feeling at anus, constipation, faeces streaked with blood, and other clinical symptoms are shared by the condition fissure-in-ano, which is widely found in ano-rectal practise [5]. In Ayurveda, there are so many preparations and procedures also for its treatment. It is a symptom rather than a disease. The word Parikartika literally means cutting like agony peripheral to anus. There are numerous points of view. Edit has a cutting and ripping pain throughout, according to Dalhana, but Jejjat, and Vijayaraksita, have a cutting type of pain that is particularly focused in Guda. An anal fissure is an extended ulcer on the long axis of the anal canal, whereas Parikartika is a sharp shooting pain, especially in the rectum. Various lifestyle illnesses are on the rise in the modern day as a result of changing lifestyle behaviours such as sedentary behaviour, increased stress, and poor food and sleep habits. This results in a lack of appetite, which is the foundation of all disorders. Which parikartika is the one of the fissure in the anus is notable for its consistent position around the midline of the posterior wall of the anal canal, sporadic occurrences in the middle of the anterior anal wall, and rare occurrences elsewhere on the circle of the anus. It's usually a single fissure, although it's not uncommon for two or more to coexist. The long axis of the anal fissure is parallel to the long axis of the anal canal. Acute anal fissure is a deep tear in the skin of the anal edge that extends into the anal canal. The borders are swollen. The internal sphincter muscle is involved in chronic fissure in ano, which is characterised by indurate and inflamed borders with scar tissue at its base involving of the internal sphincter muscle. The ulcer is cone-shaped, and it is typically accompanied with a loose tag of skin that is generally edematous; this tag is referred to as a 'Sentinel pile.' Sentinel means umbrella or guard.

Case presentation

An 8-year-old girl was brought to the Shalyatantra

Out Patient Department (OPD) with complaints of anal pain and blood with stool on and off for the past year, as well as minor constipation for the previous two months. Her mother complained that after excrement, the infant cries really loudly for a long time. She complains about the emergence of blood in her stool after a day. Mother became emotional when recounting the history of her 8-year-old daughter's past treatment for the same concerns, and she produced documentation of previous medicine in a private hospital. A fissure was discovered at the anal area at 6:00 AM on rectal digital examination. Taking hot or junk food aggravates these symptoms. She was only gaining a small amount of weight, Developmental history and birth history an uneventful. Immunization history shows all vaccines were given according to schedule till the study work-up. The patient used to daily take spicy food in her diet. Once or twice a week he was having habit of consuming Chinese and junk food, he used to take only 2-3 glasses of water in a day.

Vital signs and a systemic examination were both normal during the examination. Fissure was found at the 6:00 AM location during a local inspection. There is tenderness present. There was no active bleeding. On palpation, there is no induration communicating with the anal canal. Sphincter tone seems normal on digital inspection with the little finger; there was no internal opening felt or active bleeding seen throughout the examination. This instance was confirmed as an acute fissure in ano after clinical examination (Table 1).

Table 1. The internal medicines and local application given to patient for 10 days.

Therapy	Medicine used	Duration
Hot sitz bath	Palashgudavarti for local application	Twice a day for 10 days
	Gandharva haritaki churna 1 tsp at night time	Folloup on 11 th day 20 th day and 30 th day.
Oral medications		
Drug	Dose	Anupan
Gandharva haritaki churna	1 table spoon	lukewarm water After food
Local application		
Palashgudavarti	1 suppository twice a day	After sitz bath

Pathya

- Increase liquid intake
- Advised take 1tsf of ghrita in her food
- Advise to take buttermilk (with pinch of rock salt and cumin seeds)
- Avoid spicy and junk food
- Advice to take fibrous food in dietlike oats, carrots, apple, oranges, broccoli, etc

Results and discussion

Vrana, Vatakaphahara, and Gudaja vikara are all treated with palash in Ayurveda. Rasa-katu, tikta, Kashaya, Guna-Laghu, snigdha, virya-ushna, vipaka-katu, doshagnata-vatakaphahara 12,13 is the Rasapanchaka of palash, because palash (*butea monosperma*) has anti-inflammatory, analgesic, antifungal, and anti-ulcer properties.

In Guda pradesh, a fissure in an ano is a tear, or Sadhyavrana. Sphincterotomy, lord's dilatation, and fissurectomy are surgical treatments for ano fissures available in modern science, but these procedures have side effects such as bleeding, infection, and incontinence. Palashadigudavarti is effective in treating fissure in ano symptoms like pain and bleeding in the rectum, as well as itching. The fissure wound had completely healed by day 14 and there were no other complaints [6].

The symptoms of pain during defecation, constipation tendency, and other symptoms were assessed weekly in this study. Without undergoing any surgical treatments, the patient achieved outstanding results. Following treatment, the patient experienced very minor discomfort when defecating [7,8].

- No pain at anal region
- Fissure was healed
- Burning sensation was absent, occasional itching was present
- Consistency of stool become normal
- Irritability reduced
- Internal Medicine were advised to continue for 1 month

Conclusion

The medication, which contains anti-inflammatory, antibacterial, antifungal scavenging action, antiulcer, anti-proliferative, and antioxidant activity, was found to be helpful in relieving pain, bleeding, and itching in the perianal region. In the treatment of fissure in ano, a change in lifestyle and a good diet are also necessary. Palashadigudavarti has been found to be beneficial in the treatment of paediatric fissures in the ano. For the benefit of patients, a new ayurvedic suppository that is easily admistrable, cost effective, and rapid to function should be introduced to the market. Patients who complete all follow-up appointments after therapy had a lower risk of symptom recurrence.

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