



## STUDY OF ANORECTAL DISEASES IN POSTPARTUM FEMALE: A REVIEW STUDY

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### ABSTRACT

Anal fissure and haemorrhoids are the most commonly observed complications during pregnancy or even after the birth of child. Anal fissures occur as a result of tear in the anal region. In ayurveda Parikartika is mentioned as Vaman, Virechan and Basti Vyapad. Pregnancy is the most beautiful journey in women's life it is going to be filled with moments of joy and so much expectations. At the same time pregnancy can bring a lot of changes in health of a women both positive as well as negative one of that health changes is getting anal fissure. Anal fissure is considered acute when it is of recent onset (less than six weeks), and chronic if it has been present for a longer period, taking on a characteristic aspect that includes perianal skin tag, fibrotic edges, and a proximal papilla. A fissure may cause severe pain or be essentially asymptomatic depending on the degree of anal sphincter spasm. There is often associated low volume rectal bleeding. Secondary reflex constipation is very common due to the fear of pain associated with bowel movements. The fissure is located posteriorly in 85% of cases and anteriorly in 15% of cases. Anorectal abscesses are much commoner in men than in women. The difference in the incidence in the two sexes may be explained by the less fastidious attitude of men in general towards anal cleanliness, by their rougher type of underclothing, causing greater friction on the perianal skin, and by their often more arduous work causing more sweating in the anal region. When rectal bleeding is a presenting symptom, the presence of a fissure should not preclude full colonoscopy to rule out other colorectal lesions. And treatment will be given according to diagnosis. The patient was treated with Jatyadi Taila Basti. The outcome revealed a better therapeutic efficacy of Jatyadi Taila Basti in the whole symptoms of Parikartika without any adverse effects.

**Keywords:** Parikartika, Fissure in ano, Basti and postpartum female

## Introduction

Parikartika is defined as localised cutting pain within the region of guda. Chakrapani mentioned synonyms of Parikartika as a kshatgud and Vikartika. (Acharya Vagbhat also explained Parikartika in the chapter of 'Atisar grahani Dosha Nidan'. according to vaghbhat the patient suffering from Vatik Atisar has complains of scanty motion and hard stool while passing through anal canal it tears the anal margin causing Parikartika

According to modern science fissure is defined as longitudinal ulcer in the lower anal canal:

This disease most commonly seen during pregnancy period in females due to various changes in the health of a women this is a condition where small tears are going to occur in the lining of the anus which are going to cause significant discomfort and distress. At a time of pregnancy females suffer from problem of Malavashtambha (constipation). Common sites for fissure in Ano with sentinel piles are 12 and 6 o'clock. Anorectal abscesses are much commoner in men than in women. The difference in the incidence in the two sexes may be explained by the less fastidious attitude of men in general towards anal cleanliness, by their rougher type of underclothing, causing greater friction on the perianal skin, and by their often more arduous work causing more sweating in the anal region.

Factors affecting the development of anal fissure in pregnant women are

- The first and foremost factor is hormonal changes occur, especially the progesterone which relaxes the smooth muscles including the digestive tract this leads to constipation.
- Others are dietary adjustments and pressure of growing uterus in that instance straining during a bowel movement can lead to fissure. In some cases blood volume will increase which lead to haemorrhoids which is swollen vein present in rectal area these haemorrhoids too contribute to fissure formation.
- The pressure and strain while vaginal delivery may cause anal fissure that force exerted during delivery can cause tear in the delicate lining of the anal.
- In delivery there are high chances of getting tear at anal region which are commonly cause anterior fissures. In FTND when episiotomy was done it also causes tear to the anterior anal region which later causes fissure in ano.
- After delivery we called that female Sutika her diet changes as well as her lifestyle and sleep changes occur for feeding of baby in night also she can't get proper sleep cause every 2 hourly she feeds baby for proper nutrition and its required to her baby.

### 1)Hormonal Changes:

Increased Progesterone: Elevated progesterone levels relax smooth muscles, which can lead to reduced gastrointestinal motility and constipation.

Water Retention: Hormonal changes may also lead to fluid retention, causing increased pressure in the pelvic and rectal regions, which can worsen Parikartika symptoms.

### 2)Constipation:

Constipation is common during pregnancy due to hormonal effects, reduced physical activity, and iron supplements often prescribed to prevent anemia. Straining due to constipation increases the risk of anal fissures or tearing in the anal region, leading to Parikartika.

### 3)Pressure from the Growing Uterus:

As the uterus expands, it puts pressure on the lower gastrointestinal tract and the rectal veins, leading to poor blood flow and potentially increasing the chances of developing hemorrhoids or rectal tearing.

### 4)Dietary Changes:

Pregnancy cravings may lead to irregular eating patterns, including an increased intake of spicy, processed, or low-fiber foods, which can aggravate digestive issues.

### 5) Stress and Anxiety:

Pregnancy-related stress or anxiety may increase Vata dosha, leading to dryness in the colon and digestive tract, contributing to constipation and pain.

### 6) Post-Delivery Strain:

If Parikartika doesn't occur during pregnancy, it can still develop post-delivery due to straining during labor or postpartum constipation, which is common in many women.

#### Types:

- According to kashyap 3 types- 1 Vataj 2 Pittaj. 3 Kaphaj
- According to Sushrut Vataj piles = Parikartika
- Acharya Dalhana has described the term Parikartika as a condition of guda in which there is cutting and tearing pain similarly Jejjata have clearly described Parikartika as a condition which causes cutting pain in ano rectum
- According to description of Acharya Charaka it can say that Kshatguda and Vikartika is the synonyms of Parikartika

#### Treatment Schedule:

1) Jatyadi Tailam Basti given (4ml) BD.

Basti Procedure:

Jatyadi Tailam was warmed to body temperature.

A dose of 40 ml was administered daily as a retention enema (Basti) under Aseptic conditions.

The patient was advised to retain the oil for approximately 15-20 minutes to

Allow absorption of the therapeutic components.

Dietary modifications were also recommended, including a high-fiber diet and increased fluid intake to avoid constipation and strain during defecation.

2) Anal dilator with Lox 2% jelly

3) Sitz bath - BD

4) laxative syrup Abhayarisht ( 2tsf – BD)

5) Gandharvharitaki churna – HS

#### Observations and Outcomes:

1. Pain Reduction: The patient reported significant pain relief after the first week, With VAS scores decreasing from 8/10 to 3/10 by the end of the four-week treatment.

2. Bleeding Reduction: Bleeding episodes were reduced by the second week, with complete cessation by the third week.

3. Healing of Fissure: Inspection at the end of the treatment period indicated substantial healing of the fissure with no signs of active inflammation or spasm.

4. Overall Improvement: The patient experienced minimal discomfort, a reduction in anal sphincter spasm, and improved bowel movements without pain.

#### Discussion:

Parikartika (Anal Fissure) in Modern and Ayurvedic Perspectives Parikartika, commonly equated with the modern clinical condition of anal fissure, is a painful longitudinal ulcer or tear in the anal canal. It is often caused by trauma to the anoderm, frequently due to the passage of hard stools, straining, or sphincter hypertonia. In Ayurveda, Parikartika is described as an intense burning or cutting sensation in the anal region, primarily resulting from vitiated doshas (imbalanced humors) and aggravated Vata and Pitta doshas. Conventional management of anal fissure typically involves dietary and lifestyle modifications, topical medications, botulinum toxin injections, and in severe cases, surgical sphincterotomy. However, these treatments are often associated with recurrence, side effects, and patient reluctance toward invasive interventions.

Ayurveda offers alternative therapeutic approaches, including local and internal medications that address symptoms while promoting tissue healing. One such intervention is the administration of Jatyadi Tailam Basti, a therapeutic enema using Jatyadi Tailam, an herbal oil with potent healing properties. Rationale for Jatyadi Tailam in Parikartika Jatyadi Tailam is a classical Ayurvedic formulation known for its healing, anti-inflammatory, antiseptic, and analgesic properties. When administered as a Basti, Jatyadi Tailam directly contacts the affected tissue in the anal canal, delivering these therapeutic properties in a targeted manner.

This local application bypasses the digestive process and facilitates rapid absorption of the oil's active ingredients into the fissure site, promoting faster healing.

### **Mechanism of Action of Jatyadi Tailam Basti:**

Jatyadi Tailam functions through several mechanisms that address both the symptoms and underlying pathology of anal fissures:

**Anti-inflammatory and Analgesic Effects :-** Ingredients like Haridra and Daru Haridra reduce local inflammation and provide relief from pain by Down regulating pro inflammatory mediators and inhibiting COX-2 pathways. The reduced inflammation alleviates pain, one of the most debilitating symptoms of anal fissures. **Antimicrobial Action:** Nimba, known for its broad-spectrum antimicrobial activity, helps reduce the risk of secondary infection, which can exacerbate inflammation and delay healing. This antimicrobial action is particularly valuable in the anal region, where the risk of bacterial infection is high. **Promotion of Tissue Healing:** Jatyadi Tailam's constituents promote granulation tissue formation, collagen synthesis, and tissue remodeling. This helps the damaged tissue regenerate effectively, closing the fissure and restoring mucosal integrity. Ingredients like Yashtimadhu play a significant role in enhancing these reparative processes, which is why Jatyadi Tailam is frequently used in Ayurvedic practice for various types of wounds and ulcers. **Soothing and Moisturizing Effects :** The oil medium of Jatyadi Tailam forms a protective barrier on the ulcerated tissue, reducing friction during bowel movements and allowing smoother passage of stools. This lubrication prevents further trauma to the fissure site, a common problem that aggravates pain and delays healing in untreated anal fissures.

### **Conclusion:**

The therapeutic use of Jatyadi Tailam Basti offers a promising, non-invasive alternative for managing Parikartika (anal fissure). Through its potent anti inflammatory, antimicrobial, and tissue-healing properties, Jatyadi Tailam directly addresses the underlying causes of fissure pain and promotes effective mucosal healing. By soothing inflamed tissues, reducing pain, and helping repair fissures, it allows patients significant relief from the intense discomfort and recurrence often associated with anal fissures. Compared to conventional treatments, Jatyadi Tailam Basti has the advantage Of being low-cost, accessible, and minimally invasive, making it appealing for Patients seeking natural treatment options or wishing to avoid surgery. Despite These advantages, further clinical studies are needed to establish standardized protocols, ensure formulation quality, and verify efficacy through larger sample sizes and comparative trials with modern treatments.

Anorectal abscesses are much commoner in men than in women. Of 200 cases of anorectal abscess treated in the casualty department of the Leeds General Infirmary during an 18-month period, 143 were males and 77 females (Ellis 1958). The difference in the incidence in the two sexes may be explained by the less fastidious attitude of men in general towards anal cleanliness, by their rougher 2 type of underclothing, causing greater friction on the perianal skin, and by their often more arduous work causing more sweating in the anal region.

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