

Integrated Ayurvedic Management of Parikartika (Acute Fissure-in-Ano) with Guduchi Taila Pichu and Triphala Churna: A Case Report

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KEYWORDS

Parikartika, Acute fissure-in-ano, Guduchi Taila, Pichu, Ayurveda, Case report.

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Abstract

Parikartika, comparable to acute fissure-in-ano, is a painful anorectal condition that commonly affects quality of life and is often associated with constipation and difficult bowel evacuation. This case highlights the role of conservative Ayurvedic management using Guduchi Taila Pichu and Triphala Churna in achieving symptomatic relief and promoting healing without invasive intervention.. A 31yrs/Female patient presented to Shalya OPD of RPK Ayurvedic Hospital with complaints of pain during defecation, burning sensation, incomplete bowel evacuation & bleeding per rectum since 1 week. After evaluation she was diagnosed as Parikartika corresponding to acute fissure-in-ano. Baseline assessment included evaluation of pain, burning sensation, bleeding, and ulcer size. We treated with local application of Guduchi Taila Pichu and oral administration of Triphala Churna with Sukoshna Jala for 15 days. Marked improvement was observed following treatment, including reduction in pain, burning sensation, and bleeding per rectum. A decrease in ulcer size was noted, along with improved bowel evacuation and overall symptomatic relief. No adverse effects were reported during the treatment period. Guduchi Taila Pichu combined with oral TriphalaChurna demonstrated beneficial outcomes in the management of Parikartika (acute fissure-in-ano), suggesting a safe and effective conservative Ayurvedic approach for symptom relief and anorectal healing.

1. INTRODUCTION

Parikartika is an anorectal disorder described in Ayurvedic classics and is characterized predominantly by severe cutting and burning pain in the anal region. Classical texts describe it as a complication of improper procedures such as Basti Karma and Virechana¹, and it may also occur in association with conditions such as Atisara, Grahani, and Arsha². Acharya Kashyapa have classified based on clinical feature and doshic varieties³, symptoms including cutting or burning pain in Guda, Basti, Shiras and Naabhi.⁴

From a contemporary perspective, Parikartika can be correlated with acute fissure-in-ano, a linear tear in the anoderm of the distal anal canal. It commonly presents with severe pain during and after defecation, burning sensation, bleeding per rectum, sphincter spasm, and difficulty in bowel evacuation. Anal fissures account for approximately 10–15% of anorectal disorders and are frequently associated with constipation, low-fibre diet, irregular food habits, and sedentary lifestyle⁵. Although current management includes dietary modification, stool softeners, topical medications, and surgical interventions, recurrence and treatment-related concerns continue to pose challenges.

Ayurveda advocates local healing measures along with correction of bowel habits in the management of Parikartika. Among the various treatment modalities, Pichu Dharana⁶ provides sustained local therapeutic action and is simple procedure. Guduchi Taila possesses wound-healing and Tridosha-balancing properties,⁷ while Triphala Churna supports bowel regulation⁸. This case is clinically relevant as it demonstrates a conservative Ayurvedic approach for acute fissure-in-ano. The present case report aims to evaluate the effect of Guduchi Taila Pichu along with oral Triphala Churna in the management of Parikartika corresponding to acute fissure-in-ano.

2. PATIENT INFORMATION

A 31 yrs old female, house wife presented with complaints of severe pain in the anal region during and after defecation associated with burning sensation, stools streaked with blood and constipation since a week at Shalya Tantra OPD, RP Karadi Ayurvedic Hospital, SVM AMC, Ilkal for better management. The patient had history of constipation and is not a known case of Diabetes mellitus, Hypertension or underwent any surgery. The patient had not received any prior treatment for the present condition before reporting to our hospital. Patient consent was taken.

3. CLINICAL FINDINGS

Physical examination - Pulse - 82/min, Blood pressure - 110/ 80 mmHg.

Systemic examination - done and clinically no abnormalities were detected.

Local Examination -

Inspection: Active bleeding was seen at the anal verge. On separation of buttocks, a longitudinal tear extending from the anal verge was seen at 6 o' clock position.

Palpation: Tenderness present over the fissure area.

4. DIAGNOSTIC ASSESSMENT

Diagnosis was made based on clinical history and local examination findings.

- 1.Kartanavatpeeda
- 2.Asriksrava
- 3.Twakbheda
- 4.Malabhaddata
- 5.Daha

Diagnostic challenges:

No significant diagnostic challenges were encountered. Diagnosis was established based on clinical history and local examination findings.

4.1 Assessment criteria

1)PAIN(VAS)

Grade 0 - No pain

Grade 1 - Mild (VAS1-3)

Grade 2 - Moderate (VAS 4-6)

Grade 3 - Severe/Unbearable (VAS 7-10)

2)BLEEDING

Grade 0 - No bleeding

Grade 1 - In streaks

Grade 2 - In drops (0-10 drops)

Grade 3 - Profuse (> 10 drops)

3)BURNING SENSATION

Grade 0 - No burning

Grade 1 - Mild (<10 min)

Grade 2 - Moderate (10-30 min)

Grade 3 - Severe (>30 min)

4)SIZE OF ULCER

After gently separating the buttocks, the fissure was visualized and its length was measured using a glass rod and recorded in mm. The fissure was then graded as follows:

Grade 0 - Absent

Grade 1 - 0-5mm ulcer

Grade 2 - 6-10mm ulcer

Grade 3 - >10mm ulcer.

5. THERAPEUTIC INTERVENTION

EXTERNAL APPLICATION- Guduchi Taila Pichu for 20 mins twice daily

INTERNAL MEDICAMENT- Triphala churna 3g twice daily with Sukoshna Jala before food.

Treatment Duration : 15 days

Follow up : 16th and 21st day

- Total Study Duration : 21 days

Procedure

Patient was advised to take warm water sitz for a period of 15 mins and then made to lie in Lithotomy position. Per rectal examination was done and position of fissure was noted. A sterile gauze is soaked in Guduchi Taila and it is placed at 6' o clock position near anal verge. About the procedure, it is explained to the patient and advised to keep the Pichu at anal verge by himself for 15 days twice a day.

6. FOLLOW UP AND OUTCOMES

TIMELINE	DAY	INTERVENTION	PAIN	BLEEDING	BURNING SENSATION	SIZE OF ULCER
13 th April 2026	1 st day	Guduchi taila pichu BD + Triphala churna 3g orally BD with Sukoshna Jala	3	1	3	2
28 th April 2026	16 th day	Treatment completed	0	0	0	0

1 st follow-up						
3 rd May 2026	21 st day	No medication, Follow up assessment	0	0	0	0
2 nd follow-up						

Table 1: Timeline of Intervention and Clinical Outcome Assessment



(A)



(B)

Figure 1: Clinical appearance of Fissure-in-ano (A) Before treatment (B) After treatment

The patient reported complete relief from symptoms with normal bowel habits. The fissure had healed considerably, and no recurrence of pain, bleeding, or burning sensation was observed.

7. DISCUSSION

Pichu is a simple, economical, and patient-friendly local therapeutic procedure that allows the medicated oil to remain in continuous contact with the affected area for an extended period. This prolonged retention enhances local absorption of the drug and ensures sustained therapeutic action at the site of pathology. Since the medicated cotton can be placed directly over the lesion, the treatment can be effectively targeted according to the location of the disease.

Guduchi Taila Pichu Application

↓
Prolonged Retention at Fissure Site

↓
Sustained Local Drug Absorption

↓
Tikta & Kashaya Rasa9 - Reduces burning sensation and local irritation

↓
Ushna Veerya - Pacifies Vata and alleviates pain

↓
Guru&Snigdha Guna - Lubricates anal mucosa and facilitates painless defecation.

↓
Shothahara Property - Reduces local inflammation and edema

↓
Antimicrobial Activity - Prevents secondary infection

↓
Vrana-RopakaAction - Promotes tissue repair and wound healing

↓
Vata-Shamaka Effect - Reduces pain, tenderness, dryness & Accelerated Fissure Healing

↓
Relief from Pain, Burning, Bleeding and Constipation

Amalaki11 provides soothing and anti-inflammatory effects on the gastrointestinal mucosa. Bibhitaki12 contributes to improved bowel movement and supports intestinal health through its fiber content. Triphala also enhances gut motility and maintains a balanced intestinal environment, promoting regular defecation. By reducing

straining and minimizing repeated injury to the anal mucosa, it may assist in symptom relief and healing in fissure-in-ano.

This case showed improvement in symptoms and good patient compliance with conservative management. However, as this is a single case with short follow-up, further studies with larger samples are needed to confirm the findings.

8. CONCLUSION

The present case demonstrates that Guduchi Taila Pichu along with Triphala Churna with sukoshna jala showed improvement in this case and promoted healing in Acute Fissure-in-Ano (Parikartika). This conservative Ayurvedic approach was safe, economical, and resulted in complete recovery without recurrence during the follow-up period. This case suggests that Guduchi Taila Pichu with Triphala Churna may be beneficial in managing Parikartika; further clinical studies are warranted.

Patient perspective :

The local application was comfortable and easy to continue at home. Overall, I was satisfied with the treatment and felt better in my daily activities.

Declaration of patient consent :

The authors certify that informed written consent was obtained from the patient for publication of clinical information and clinical photographs. The patient has consented to the reporting of her case and images in the journal. Efforts have been made to maintain confidentiality and identity will not be disclosed.

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