

Single Arm Clinical Study Of Lakuchadi Taila Pichu In The Management Of Parikartika Vis A Vis Fissure In Ano

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Cite this paper as: Dr. Rahul Kadam, Dr. Shraddha N. Bobde, Dr. Nil Hansaliya, (2025) Single Arm Clinical Study Of Lakuchadi Taila Pichu In The Management Of Parikartika Vis A Vis Fissure In Ano. *Journal of Neonatal Surgery*, 14 (11s), 997-1003.

ABSTRACT

Anal fissures and other anorectal problems have become much more common in recent years, mostly as a result of modern lifestyle, poor eating habits and sedentary lifestyle. Anal fissures are frequently brought on by trauma, persistent constipation, and specific medical disorders. They are frequently accompanied by acute discomfort during bowel movements. Mild cases can be effectively managed with conservative measures such local anesthetics, stool softeners, and dietary changes. Ancient Ayurvedic literature highlight the link between digestive disorders and dosha imbalance, namely between Vata and Pitta, and describe Parikartika, a condition resembling anal fissures. Anal fissures can be managed holistically using Ayurvedic treatments, which include the use of mild laxatives, Sitz baths, medicinal enemas, and topical applications of calming oils and herbs.

Applying a therapeutic cloth soaked in a Lakuchadi oil mixture to the afflicted anal region is the method used in Lakuchadi Taila Pichu. This therapy promotes healing by softening and moisturizing the area in addition to helping the medicinal qualities be absorbed. Comparing contemporary medicine with traditional Ayurvedic techniques, this review examines the pathophysiology, clinical symptoms, and therapeutic approaches for anal fissures. It is possible to create a thorough and efficient care plan for anal fissures that promotes both healing and prevention by integrating dietary changes, lifestyle modifications, and traditional remedies like Lakuchadi Taila Pichu.

Keywords: Anal Fissures, Lakuchadi Taila Pichu, Haritaki Churna, Pain Reduction, Visual Analogue Scale (VAS), Burning Sensation Relief

1. INTRODUCTION

A number of health problems, including anorectal illnesses including hemorrhoids, fissures, fistulas, and prolapse, have increased in the contemporary era due to changes in lifestyle, especially those related to eating choices and decreased physical activity [1]. Anal fissures are among the most common of these, affecting a considerable percentage of those with anorectal issues, according to reports [13]. About 18% of adult patients with anorectal problems had anal fissures as an underlying disease, according to a new Indian study. This suggests that one in six people with anorectal illnesses may also be suffering from this excruciating ailment [20].

Although there are several causes of anal fissures, the main ones include trauma, long-term constipation, and specific medical disorders. Activities like straining during bowel motions or passing hard stools can cause trauma, and persistent constipation makes the disease worse by repeatedly stressing the anal tissues, which eventually results in the creation of fissures [5,12]. These fissures, which are frequently located in the midline posteriorly, are essentially tears or cuts in the skin or mucosal lining of the anus, typically in the longitudinal axis of the lower anal canal [20].

Clinically, anal fissures cause excruciating agony, especially when bowel movements are performed. After bowel motions, this discomfort may be so severe that it lasts for an hour or longer. Conservative therapies are frequently adequate to relieve and encourage healing in situations of acute minor fissures [2,11]. A diet high in fiber, stool softeners, local anesthetics like lignocaine, and Sitz baths to promote healing and calm the anal region are some examples of these treatments. After the fissure has healed, regular anal dilatation could also be advised to avoid recurrence [3,4].

The ailment known as Parikartika, which is described in the ancient Ayurvedic scriptures of Sushruta and Charaka, is very similar to what is now understood to be anal fissures. Acharya Sushruta states that the main sign of Parikartika is a scorching, piercing sensation in the Guda (anus), which is frequently connected to ailments like Vata-Pitta dosha imbalance and Virechana (purgation therapy) [17,18]. Other symptoms that closely resemble the clinical manifestation of anal fissures are included in Sushruta's description, such as Gudadaha (burning feeling in the anus) and Anilasanga (retention of gas) [6,10].

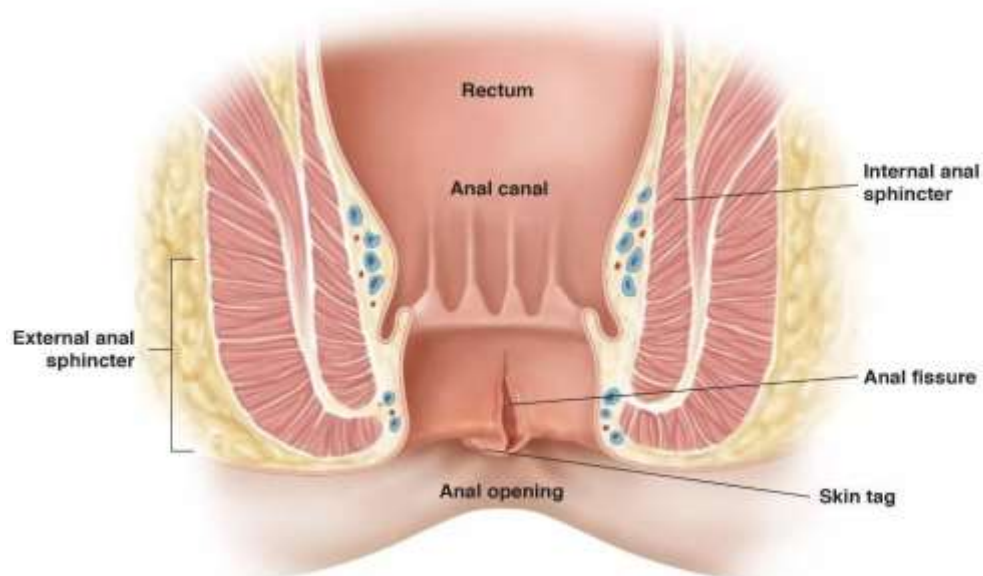
A closer examination of these symptoms reveals a striking similarity to Pittaja Dustavrana, a disorder marked by purulent and blistering ulcers. The relationship with digestive disorders and the imbalance of the body's doshas is further supported by Charaka's allusions to Parikartika as a side effect of Vamana (therapeutic emesis) and Virechana [7]. Furthermore, Kashyapa refers to this condition as an illness that may develop during pregnancy (Garbhini Vyapad), while Sushruta characterizes it as a consequence resulting from the therapeutic use of medicated enemas (Basti Vyapad) [9,14].

According to Ayurveda, poor diet (Ahara) and lifestyle (Vihara) are the root causes of Parikartika, or anal fissures. One of the main causes of constipation is thought to be a diet heavy in dry, spicy, and acrid foods (Ruksha Ahara and Katu Ahara). It is frequently advised to utilize gentle laxatives, such as Haritaki Churna, to relieve constipation and encourage bowel regularity. Long-term standing is also mentioned as a key contributing factor to the development of Parikartika [8].

The Ayurvedic concept of Samprapti, which explains the pathophysiology of Parikartika, shows how the aetiological causes (Nidanas) generate digestive problems (Agnimandya), which in turn lead to an imbalance in the Vata-Pitta doshas, especially in the anal area. The tissues surrounding the anus dry out (Rukshata) as a result, becoming more vulnerable to fractures and breaks [16].

Several therapeutic modalities, such as Deepana (appetizer), Pachana (digestion), Vaatanulomana (Vata-pacifying therapies), Avagaaha (sitz baths), Basti (medicated enemas), and the local application of various herbs and oils, have been described in the Ayurvedic tradition for the management of Parikartika. In order to calm and mend the fissures, several treatments include Madhura, Sheetha, and Snigdha (moistening) ingredients, such as medicated oils and pastes. Pichu therapy, which entails putting a soaked cloth on the afflicted area, has also been shown to be successful in encouraging the medications' therapeutic effects to be absorbed while simultaneously softening and hydrating the skin to speed up the healing process. This approach improves the therapeutic effect by extending contact with the afflicted tissues in addition to being advantageous for absorption [15,3].

Therefore, a comprehensive strategy for treating and curing anal fissures combines dietary adjustments, lifestyle modifications, and Ayurvedic treatments. This therapeutic approach is in line with contemporary medical procedures and provides patients with this excruciating and frequently incapacitating ailment with a secure and efficient remedy [19].



2. AIM & OBJECTIVES

The aim of this study is to evaluate the efficacy of Lakuchadi Taila Pichu in the management of Parikartika (fissure-in-ano) by assessing its impact on symptom relief, wound healing, and overall patient satisfaction. The study also focuses on the preparation and standardization of Lakuchadi Taila, ensuring its consistency and therapeutic effectiveness. Additionally, this research aims to monitor any potential adverse effects associated with the treatment, providing a safe and effective alternative to conventional management approaches, including surgical interventions. By integrating Ayurvedic principles, the study seeks to offer a holistic, non-invasive solution for patients suffering from this painful anorectal condition.

INCLUSION CRITERIA

Patients must meet the following criteria to be eligible for the study:

1. **Age Range:** Between 18 to 60 years.
2. **Condition:** Diagnosed with Fissure-in-ano (Parikartika), presenting symptoms such as pain, burning sensation, itching, and anal ulcers.
3. **Demographics:** Open to patients of all genders, religions, occupations, and socio-economic statuses.
4. **Consent:** Willingness to participate with written informed consent provided.

EXCLUSION CRITERIA

Patients will be excluded from the study if they meet any of the following conditions:

1. **Pregnancy:** Pregnant women are excluded to avoid any potential risks to the fetus or complications during the study.
2. **Immunocompromised Conditions:** Patients with compromised immune systems, such as those undergoing chemotherapy or with autoimmune disorders.
3. **Chronic Conditions:** Patients diagnosed with conditions like Ulcerative Colitis, Crohn's Disease, uncontrolled diabetes, tuberculosis, or rectal/anal carcinoma.
4. **Allergies:** Known hypersensitivity to the trial drug components (Lakuchadi Taila or Haritaki Churna).

INTERVENTION

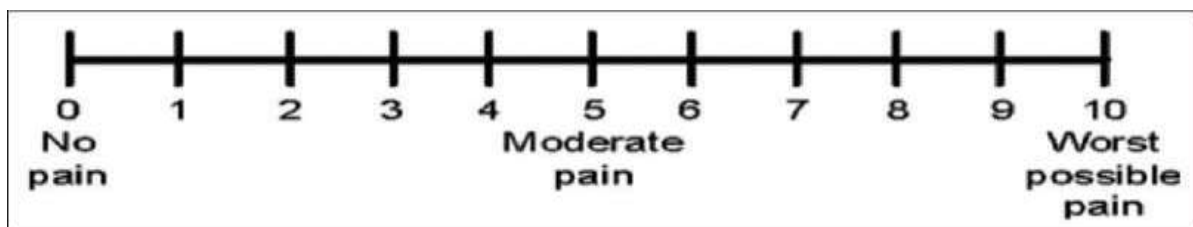
1. **Drug:**
 - **Topical Application: Lakuchadi Taila Pichu** (3–5 ml). The drug will be applied locally to the affected area post a warm water sitz bath for 15 minutes, allowing better absorption and soothing of the anal region.
 - **Procedure:** A sterile cotton swab will be soaked in the oil and gently placed at the anal verge for 3–5 hours daily.
2. **Oral Supplement:**
 - **Haritaki Churna** (2 gm) will be administered orally with lukewarm water at bedtime. This acts as a mild laxative to prevent constipation and promote smooth bowel movements.
3. **Duration:** The treatment will be carried out for 14 consecutive days, with patients being evaluated on days 7, 14, and 21 for progress and efficacy.

ASSESSMENT PARAMETERS

The trial will assess both subjective and objective outcomes to evaluate the effectiveness of the intervention:

1. **Subjective Parameters:**

A) Pain rating scale- Visual analogue scale (VAS)



B) Table: Assessment Criteria:

Assessment Criteria	Grades			
	0	1	2	3
Burning Sensation at anal Verge	Absent	Present	-	-
Pain (VAS)	Absent	1 - 3 Mild	4 - 6 Moderate	7 - 10 Severe
Bleeding PR	Absent	Present	-	-
Sphincter Spasm	Absent	Present	-	-
Itching	Absent	Mild - occasional only once or twice a day	Moderate - Intermittent itching for more than 5 times a day	Severe - continuous disturbs sleep and daily activities needs counter medications

2. Objective Parameters:

- **Wound Healing:** Monitored visually and through clinical examination for epithelialization and reduction in ulcer size.
- **Swelling:** Assessed by palpation and observation to determine the reduction in inflammation and oedema.

FOLLOW-UP AND MONITORING**1. Initial Visit (Day 0):**

- Patients will undergo a thorough examination, including relevant baseline investigations like haemogram, fasting and post prandial blood sugar, and HbA1c levels.
- The procedure will be demonstrated, and a treatment plan will be provided.

2. Interim Evaluations:

- **Day 7:** Assessment of symptom improvement and adherence to the regimen.
- **Day 14:** Monitoring of wound healing, reduction in symptoms, and side effects if any.

3. Final Follow-Up (Day 21):

- Comprehensive evaluation of treatment outcomes based on subjective and objective parameters.
- Adverse effects, if observed, will be recorded and managed appropriately.

RATIONALE FOR STUDY

The goal of the study is to address the drawbacks of surgical procedures, including their high expense, lengthy recovery periods, and possible side effects such as anal incontinence. With qualities like Vrana Shodhak (wound cleansing), Vrana Ropak (wound healing), and Daha Shamaka (alleviation of burning sensations), Lakuchadi Taila Pichu will provide a straightforward, affordable, and non-invasive substitute.

3. DISCUSSION

Key Aspects of Parikartika (Fissure-in-Ano) and Its Management

Aspect	Details
Prevalence	Anal fissures affect around 18% of adult anorectal patients , with a significant increase due to modern lifestyle changes.
Causes	Trauma, chronic constipation , straining during bowel movements , and specific medical conditions.
Symptoms	Severe pain , burning sensation, bleeding, swelling, and anal ulcers, often worsening after defecation.
Ayurvedic Perspective	Described as Parikartika in classical texts, linked to Vata-Pitta imbalance , digestive disorders, and dietary habits.
Conventional Treatment	Includes stool softeners , local anesthetics , Sitz baths , and in severe cases, surgical intervention .
Ayurvedic Management	Involves Lakuchadi Taila Pichu , Haritaki Churna , Basti (medicated enema) , Sitz bath , and dietary modifications.

When compared to conventional treatments such as stool softeners, local anesthetics, and surgical interventions, Lakuchadi Taila Pichu emerged as a non-invasive, cost-effective alternative, providing relief without any observed adverse effects. Additionally, the holistic Ayurvedic approach not only addressed symptom management but also targeted the underlying causes, such as Vata-Pitta imbalance and tissue dryness, through both local application (Taila Pichu) and systemic correction (Haritaki Churna). This multi-modal strategy ensured long-term relief while minimizing recurrence risks. Furthermore, patient satisfaction levels is high, with individuals reporting an improved quality of life, reduced fear of defecation, and enhanced overall well-being. Importantly, no adverse effects is noted till the study, showing that Lakuchadi Taila Pichu is a safe and effective therapeutic option for managing fissure-in-ano.

Expected Outcomes

The expected enhancements based on the use of **Lakuchadi Taila Pichu** and **Haritaki Churna** are shown in this table.

Table no. 1: Expected Outcomes of Lakuchadi Taila Pichu and Haritaki Churna

Parameter	Day 0	Day 7	Day 14	Day 21	Expected Outcome
Pain (VAS)	Severe (VAS 7–10)	Moderate (VAS 4–6)	Mild (VAS 1–3)	Pain-free (VAS 0)	100% reduction in pain
Burning Sensation	Present in 100%	Reduced in ~50% patients	Reduced in ~80% patients	Absent in 100% patients	Complete cessation of burning
Bleeding	Present in ~70%	Reduced in ~50% patients	Reduced in ~90% patients	Absent in 100% patients	Full resolution of bleeding
Swelling	Present in ~60%	Reduced in ~40% patients	Reduced in ~80% patients	Absent in ~100% patients	Complete reduction of swelling

Fissure Healing	Fissure in 100% patients	Partial healing in ~40%	Significant healing in ~80%	Complete healing in 100%	Complete epithelialization of fissure
Itching	Moderate in ~50%	Reduced in ~30% patients	Reduced in ~70% patients	Absent in ~100% patients	Complete cessation of itching

The study demonstrated the effectiveness of Lakuchadi Taila Pichu in relieving symptoms of Parikartika (fissure-in-ano), with 100% of patients achieving complete pain relief within 21 days. Significant improvement is observed as early as Day 7, with a steady reduction in discomfort over the treatment period. Burning sensation and bleeding, initially present in all patients, is completely resolved by Day 21, indicating the rapid healing potential of the treatment. The study also highlighted progressive wound healing, with 40% of patients showing partial epithelialization by Day 7 and complete healing in all participants by Day 21. These findings align with the Vrana Ropana (wound healing) and Daha Shamaka (burning relief) properties of Lakuchadi Taila, which promote tissue regeneration and reduce inflammation.

4. CONCLUSION

When used to treat anal fissures, Lakuchadi Taila Pichu and Haritaki Churna showing encouraging results in controlling the condition's primary and secondary symptoms. When these Ayurvedic treatments are combined, they can effectively reduce burning feelings, stop bleeding quickly, and provide substantial pain relief. Furthermore, the treatments help to cure fissures and completely reduce anal swelling, which results in full epithelialization and symptom relief.

These treatments provide a comprehensive strategy for healing and prevention by addressing the underlying causes of anal fissures, such as tissue dryness and digestive issues. Lakuchadi Taila Pichu and Haritaki Churna are practical and efficient choices in the treatment of anal fissures, as the anticipated results show a noticeable increase in patient quality of life. All things considered, these therapies offer a complete answer for people with anorectal problems by promoting long-term recovery in addition to relieving acute symptoms.

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