



## Management of Fissure-In-Ano in Unani, Siddha, Homeopathy, and Ayurvedic System of Medicine: A Comparative Study an Evidence Based Review

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### Abstract

India's 1.21-billion-person population faces a shortage of medical experts, particularly doctors. To address this, the National Rural Health Mission integrated the Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homoeopathy (AYUSH) system of indigenous medicine.

To explore safe and alternative clinical interventions for chronic anal fissure, a condition with significant impact on quality of life and high treatment relapse rates.

The research team performed a narrative review by reviewing unani classical text book and by searching scientific databases, including pubmed, science direct, and google scholar from their dates of inception until December 2024.

The management of fissure-in-ano is remarkably similar across various traditional systems of medicine, including Ayurveda, Unani, Siddha, and Homeopathy, with minimal differences in their approaches.

Unani medicine offers therapeutic approaches for anal fissures, but empirical evidence is limited. Mainstreaming the AYUSH system, including Unani medicine, can improve healthcare accessibility and availability, but requires policymaker support and rigorous monitoring.

equal frequency, though instances may also present in older adults and children, particularly attributed to suboptimal toileting practices.

**Keywords:** Unani; Ayurvedic Medicine; Homeopathy; Siddha; Fissure in Ano

## Introduction

Anal fissure, frequently likened to the sensation of passing broken glass, manifests as a disruption in the integumentary structure of the distal anal canal, thereby precipitating distress upon defecation, occasionally accompanied by rectal bleeding. This condition exhibits an incidence rate of approximately one in every 350 adults<sup>1</sup>. Notably, it afflicts both young men and women within the age bracket of 15–40 with equal frequency, though instances may also present in older adults and children, particularly attributed to suboptimal toileting practices [1,2]. Anal fissures may originate due to the passage of hardened fecal matter and can also manifest spontaneously or in association with episodes of loose stool. Additionally, alternative hypotheses propose ischemic events within the midline of the anal integument and insufficiencies within the nitric oxide synthase pathway as potential contributing factors [3,4]. An acute anal fissure initially heals within 1–2 weeks, while a chronic fissure persists for over 6 weeks, showing distinct features like indurated edges, a skin tag, and visible internal anal sphincter fibers at its base [5]. Patients are initially managed conservatively with a regimen comprising a high-fiber diet, increased fluid intake, sitz baths, and, in severe cases, stool softeners and analgesics [6]. Topically, nitrates or calcium-channel blockers are added. Surgical intervention may be necessary for fissures resistant to topical treatments. This condition, known for its substantial impact on quality of life and treatment relapse, underscores the importance of investigating safe and alternative clinical interventions [5].

## Background

### Concept of anal fissure according to Ayurveda

Parikartika or Fissure in Ano is seen in current practice scenarios on a very high scale on a daily basis, which has continued since ancient times. Parikartika as the name suggests is the anorectal disease explained in Bruhatrayees in which there is pain like cutting with Axe in the Anal and perianal area. The earliest description of Parikartika is available in the Ayurvedic Textbook of Surgery, the Sushruta Samhita (1500 B.C). Acharyas have explained Parikartika as Vyapad of Vaman and Virechan. Constipated people are unable to pass stool or pass hard stool which breaks the smooth wall of the anal verge or longitudinal tear in lower end of anal canal this condition is called Parikartika. Acute fissures can be treated by Nidana Parivarjana, Avagahana-Sweda (hot fomentation-sitz bath),

Matrabasti, and PathyaSevana. Chronic Fissures can be treated by Kshara sutra therapy, Ksharalepa and Agnikarma [6].

## Objective

To explore safe and alternative clinical interventions for chronic anal fissure, a condition with significant impact on quality of life and high treatment relapse rates.

## Material and Methods

The research team performed a narrative review by reviewing Unani classical text book and by searching scientific databases, including PubMed, science direct, and google scholar from their dates of inception until December 2024.

### Definition of Parikartika is derived from [6,7]

Pari = sarvato bhaavahan (all around), Parikrit = krintati- to cut off; cut around, Kartika = Sharp shooting pain (especially in the rectum) and Kartana = to cut off. So, Parikartika is a sharp shooting pain, especially in the rectum [6,7]. Acharaya Dalhana has described the term Parikartika as a condition of Guda (anus) in which there is cutting and tearing pain everywhere is called fissure in ano. In Ayurveda, Samhitas Parikartika is described in a different place. In Charak Samhita it is described as a complication of Virechan (therapeutic purgation) [8]. In Susruta Samhita it describes as Bastivhyapad [9] Kashyapa mentions it as Garbhini Vyapad (Disease occurs in Pregnancy) [10]. Vagbhatta mentioned as diseases are consequence of Mandagni (low digestive power) [11], which is the main cause of Vibandha (constipation). Spasm of anal sphincter is main cause of fissure. The predominant symptom of anal fissure is unbearable pain, blood mixed stool, and a burning sensation. Comparatively, pain is more in the acute type of fissure Acharya Charaka described it as Vaman-VirechanaVyapad (complication of therapeutic emesis and purgation) [12] Bastivhyapad (complication of medicated enema) and BastinetraVyapad (complication of medicated enema tube). Sushruta described Parikartika as Virechana Vyapad, and BastiVyapad. Vagbhatta described it as Upadrava (complication) of Vataja Atisara (diarrhea). Kashyapa mentioned that this disease is prevalently seen in pregnant women. In the Siddhithana of the Bhela Samhita, Parikartika has been mentioned as a Vyapad of both Virechana and Basti Karmas [6]. In Ayurveda Parikartika is usually described as a symptom found in other diseases like arsha (Haemorrhoids), grahani (Dysentery),

atisara (Diarrhea), udavarta (reverse movement of vata Dosha) etc. or as a complication of faulty instrumentation and excessive or improper panchkarma (virechan and basti) procedures which produce a tear in anal region with features of cutting or tearing type of pain, burning sensation and bleeding during and after defecation. While treating Parikartika by applying ayurvedic principles, one has to mainly focus on stabilizing the digestive functions and improving the nature, character, and consistency of stool in addition to using laxatives and wound healing (vranropan) agents [6].

### Synonyms

Following are the terms used in a different context, which denotes similar conditions [7]. Parikartika

- Gudavidara
- KsataGuda
- KsataPayu

### Etiology

Ayurveda has explained Parikartika (fissure-in-ano) as Vyapad (complication) of Vaman (Therapeutic Emesis) and Virechan (therapeutic purgation). Diet also plays an important role in Parikartika. As mentioned above, parikartika is not described as an independent disease entity in Ayurveda; rather, it has been presented as a symptom found in other diseases or as a complication of some procedures. The various etiological conditions described in Ayurveda for parikartika can be described under the following subheadings. Parikartika as an Associated Symptom in Other Diseases.

Jwara (Fever) - In cases of long standing fever (jeernajwara), faeces becomes hard due to decreased appetite and dehydration and may cause a crack or tear in anal region while passage of stool [13].

Vataja Grahani (irritable bowel syndrome, prominent constipation) - Parikartika has been enumerated as a symptom of vatajagrahani. While describing the etiology, Charaka has mentioned the excessive intake of bitter, pungent and astringent (katu-tikta-kashaya) foods or the food items which are too dry (atirooksha) or cold (atisheeta) or fasting and to suppress the urge of defecation. All these factors contribute to make the faeces dry and hard which may cause fissure in ano [14].

Vataja Pakwatisara (Dysentery) - In later stages of vatajaatisara, when the tonicity of anal musculature increases (i.e. there is a spasm) and there is frequent passage of very little but hard and frothy faeces with pain, gudaparikartika occurs [15].

Malavritta Vata (Chronic constipation) - It demonstrate the stage of chronic constipation due to slow transit or low motility functions causing abdominal distention, pelvic pain and passage of dry and hard faeces leading to fissure in ano [16].

Vyanavritta Apana Vayu (The air that moves away) - Here also, due to reverse peristaltic movements or disrupted motility functions of colon and rectum, parikartika occurs in addition to distention and vomiting [17].

Pureeshavrodha janya Udavarta (retention of feces)- Due to suppression of urge of defaecation, faeces are pushed back into the colon wherein, due to further absorption of water, faeces becomes dry and hard which then causes anal fissure [18].

Kalaja Arsa (Acquired Hemorrhoids) - The symptoms of kalajaarsa includes the frequent passage of stool mixed with mucus and tenesmus i.e. the suggestive features of colitis which lead to development of anal fissure due to repeated trauma to anal canal [19].

Prodromal symptom of Arsa (Hemorrhoids) - The causative factors described for arsa mostly includes the dietary factors which lead to derangements in the digestive functions and hence lead to features of dyspepsia, flatulence and alteration of bowel habits i.e. either constipation or colitis like features, both of which predispose to the development of anal fissure [20].

Complication of Excessive Virechana (purgative therapy) - Both Charaka and Sushruta has against the excessive use of purgation or strong purgation in a weak and emaciated person as it may lead to the development of fissure in ano [21,22].

A complication of Excessive use of Vasti (medicated enema therapy) - Charaka has also enumerated fissures in and as a complication due to excessive use of vasti therapy. Parikartika due to Trauma in Anal region Apart from trauma due to the passage of hard stool, other causes like the use of a defective enema nozzle or improper administration of the enema nozzle may also develop a painful tear in the anal region and may cause a fissure in ano [23,24].

## Classification

Acharya Kashyapa described the type of parikartika based on dosha predominance and character of pain in anal canal.

Three types of Parikartika [6,7]

- Vatika- Shooting, cutting type of pain
- Paittika- A burning type of pain
- Shlaishmika- Itching type of pain
- Clinical Features

Sushruta while describing the symptoms of this disease speaks of features like cutting/burning pain in anus, penis, umbilical region and neck of urinary bladder with cessation of flatus. Whereas, Charaka has described features like pricking pain in groin and sacral area, scanty constipated stools and frothy bleeding per rectum [6]. Dalhana has mentioned it as a cutting or tearing type of pain. In addition, Sushruta has mentioned burning sensation in anal, perineal and umbilical region with blockage of flatus as a symptom in parikartika caused due to excessive purgation. Again, in context of diarrhea (atisara) management, Sushruta has also mentioned the symptom of bleeding before and after defecation in patients with parikartika [14].

Principles of management:

- Deepana – pachana
- Vatanulomana
- Slimy blood discharge
- Vata-pitta shaman
- Bahyasheetalalepa
- Picchabasti mixed with paste of yashtimadhu and Krishna tila along with honey and ghee
- Anuvāsana basti is given with yashtimadhu siddha ghritamanda in pittolbana parikartika and yashtimadhu siddha taila in vatolbana parikartika.
- Sprinkled with cold water
- Milk diet

## Management of Parikartika (Acute Fissure-in-Ano)

The main aim of the treatment is to relieve sphincter spasm, promote healing of fissure wound, soothe the anal canal and relieve the agonizing pain and associated burning sensation and bleeding.

- Nidana Parivarjana (removal of etiology)- It is the first step of treatment.
- Avagahana-sweda (Hot fomentation- Sitz bath) - Sitting in warm/hot water tub after each bowel movement soothes the pain and relaxes the spasm of internal sphincter for some time.
- Local application of Durvadya taila- Main ingredient of Durvadya taila is Durva (Cynodondactylon), Kampillaka (Mallotusphilippensis), Daruharidra (Berberisaristata) and Tiltaila (sesame oil).
- Local application of Matra-basti (enema) - It acts as a retention enema and helps in easy voiding of stools. It cures the diseases caused by aggravated Vata (related to movement) as Parikartika. By giving Matra-basti, local Snehana (oleation) occurs and the spasm also gets relieved, thus bringing down the pain. It softens the stools, lubricates the anal canal and facilitates easy evacuation.
- Ghrita-pichu (butter oil swab) - It helps in healing of ulcer by forming a protective layer on the fissure wound, soothing the anal canal, relieving the pain by releasing sphincter tone and cleaning the wound.
- High fiber diet- Patients should take fiber rich food and plenty of fluids to improve digestion and regularize bowels. The rate of intestinal passage of food depends upon the nature of the diet and its fluidity. The greater the indigestible residue and water content, the more rapidly it reaches the rectum, producing distension and thereafter evacuation. Soft stools relax the anal sphincter muscles and help the blood to flow; it also requires little pressure to pass [6,14].

## Management for chronic fissure in ano

- fissure in anoKshara Sutra Therapy (medicated thread) - Ligation of Kshara sutra to sentinel pile masses may cause them to fall within a few days.
- Kshara Lepa (coating of alkali) - Lepa of Pratisaraneeya (external) Kshara is done over the chronic fissure-in-ano ulcer surface. The scraping action of Kshara reduces the excess fibrous tissue present over the ulcer surface, causing the ulcer to heal, with a simultaneous relaxation of the sphincter too.

- Agni karma (cauterization) - Para surgical procedure like Agnikarma have been widely advised by Sushruta. Agnikarma provides a marked relief and no recurrence is seen too. In it, excision of sentinel piles (electro-thermal cauterization) is done [6,14].

### Concept of anal fissure according to Siddha

Siddha system is named after the founders of this system called 'Siddhars'. They are the ancient seers with profound intellect. The term 'Siddha' itself is derived from the root word 'Citti'/'Cittu' which means 'complete knowledge' or accomplishment. The Siddha system is comprised essentially of philosophical concepts and also the following four components: 1. Chemistry/Iatrochemistry/Alchemy (Vitam/Iracavitam) 2. Treatment (Vaittiyam) 3. Yogic Practices 4. Wisdom [25].

Dietary and lifestyle reasons may initially lead to derangement of Vatha or Pitha causing ingestion, bloated abdomen, gassiness etc. This vitiated Vatham or Pitham may later derange Kapham leading to failure or difficulty in the evacuation of stools.

In Siddha Medicine, Fissures and Fistula in ano are collectively called (Anus mouth) (Explosion) [Aasanavaavedippu], [Pouthiram] etc. comes under the topic of Moolanoigal (Hemorrhoids). Moolam (source) means rectal area. In Siddha Medicine, Anal Fissure can be closely related to clinical features of the Pus source and holds good as the best preventive method for piles. Fissure is referred to as Aasanavaavedippu, Pouthiram, etc. in Siddha medicine and fall under the category of Moolanoigal. The term "rectal area" is moolam.

### Management of fissure in ano according to siddha

The siddha medicine for anorectal diseases and its treatments are myriad, which ranges from prevention to curing the current one. Mostly noninvasive treatments are followed in Siddha System in curing anorectal disorders like fistula, anal fissures, etc. without the need for corrective surgery. Even though there are surgical solutions in the Siddha system, it is considered an inferior way of treating as it can only give symptomatic relief for now and doesn't eliminate the underlying root causes [26]. As per saint Yugi Moolam is classified as 21 types based on clinical symptoms and size, shape, colour of the pile mass which includes some of the ano-rectal diseases. The diet and deeds which influences the vital humors Vatham (Intestinal peristaltic movement) and Pitham (metabolism and absorption) of food stuffs are said to be major causative factors of this disease. As

per Yugi's version the following ano rectal diseases under Moolam noi have been categorized as, Neermoolam (Inflammatory bowel disease), Aazhimoolam (strangulated hemorrhoids), Sittrumoolam (adenomatous colorectal polyps), Varalmoolam (colorectal nonneoplastic polyps), Seezhmoolam (Kaposi's sarcoma), Silaethumamoolam (anal warts condyloma), Thondhamoolam (rectal cancer), Vinaimoolam (irritable bowel syndrome), Powthiramoolam (anal fistula), Kuthamoolam (rectal prolapse), Rathamoolam (internal hemorrhoids 1st degree - bleeding piles), Mega moolam (gonococcal proctitis), Vaathamoolam (interno-external hemorrhoids), Pithamoolam (prolapsed hemorrhoids), Surukkumoolam (anal stenosis), Mulaimoolam (sentinel pile), Savvumoolam (perianal tuberculosis). This focuses the scientific basis of etiology and classification of Moolam by saint Yugi [26-28].

Describes the etiology of Moolam, these are

- Exposure to excessive heat and excessive cold
- Anger and frustration
- Anxiety and depression increased sexual desire
- Heavy intake of salt and pungent food

These are all Vitiates Abanavayu (Vatha humor) describes the etiology of Moolam, these are

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These are all Vitiates Abanavayu (Vatha humor).

### Concept and management of fissure in ano according to unani system of medicine

Homeopathic medicines are sourced from plants, fruits, vegetables, or natural minerals. Homeopathy aims at curing anal fissures in this holistic manner. It improves the digestive system along with curing the immediate symptoms of anal fissures. The selection of remedy in Homeopathy is based upon the theory of individualization and symptoms similarity by using holistic approach. As far as therapeutic medication is concerned, several remedies are available to treat anal fissures that can be selected on the basis of cause, sensations and modalities of the complaints.



Clinical features according to Homeopathic medicine: Constipation is prominent symptom of this homeopathic medicine for anal fissures. The stool may be hard, large, knotty, and joined by mucous threads. There may be other skin symptoms like eczema which is characterized by the oozing of thick sticky fluid. The patient is usually chilly and cannot tolerate cold air or cold weather. It is also indicated when anal fissures occur in women around or just after menopause [29]. Anal fissures which have recently occurred; caused by large fecal masses; irritability; frequent desire for passing stool is not often associated with anal fissures; soreness and smarting in the anus; aggravation of complaints from sitting and night; severe constipation with smarting of parts and fissure of the anus; the anus is very sore associated with knotty stool covered with mucus.

#### Management of fissure in ano according to Homeopathic medicine

There are following remedies which are helpful in the treatment of anal fissure like, Graphites is uses When there is burning pain, It is used in a very diluted form. Graphites positively influence the skin, nutrition, circulation, gastrointestinal organs, reproductive system, glandular tissues, mind, etc. It is one of the commonly indicated remedies for fissures, eczema, callosities, ulcerations, dyspepsia, chronic constipation, obesity, menstrual complaints, etc., Nitric Acid for anal fissures with bleeding after stool and For rectal pain. It is indicated when there is sharp, splinter, or cutting pain in the rectum, Ratanhia is for anal fissures with pain that lasts for hours after passing stool, Paeonia (*Paenoia officinalis*) for anal fissures with constant moist and offensive oozing, Phosphorus is well-indicated medicine for cases having rectal bleeding and rectal pain, Aesculus hip is useful when anus, dry, aching; rawness and soreness is marked; burning sensation; itching and fullness, Causticum when anal fissure which tends to dry up, has dark-brown or purple edges; bleeding from anus after walking, and for involuntary passage of stool (faecal incontinence) Berberis when violent burning pain in the anus during stool; as if surrounding parts were sore, constant, and frequent desire for stool, Lachesis when Constriction in the anus with constipation. The sensation of little hammers pecking in the fissure, Sulphur – Another medicine for involuntary stool, Hydrastis canadensis– when anal fissure with burning and smarting pain in the anus and rectum after each stool, Sedum acre – when anal fissures associated with hemorrhoids, Platinum met – when anal fissures with crawling and itching in the anus, Petroleum – when anal fissures with diarrhea; herpes

and small boils around the verge of the anus, Ignatia amara- when Itching and stitching pain in the anus with painful constriction after stools, Silicea is used when Anal fissures caused due to constipation; stool is very hard, and has to remove mechanically, Calcareafluorica one of the commonly used biochemical medicine, which is used to treat anal fissures, Natrummuriaticum is an in example of homeopathic medicine prepared from a common food substance, the common salt, sodium chloride through a special procedure called potentization, whereby its inner healing power is activated to make it available for healing. It is use when tearing or burning pain in the rectum and anus, lasting long after the stools and Itching of the anus with oozing of moisture, NuxVomica is to manage cases of solitary rectal ulcer syndrome. The main indication to use it is constipation with frequent, ineffectual urging for stool, Alumina is a leading medicine to manage cases where constipation is present and stool is passed with great straining efforts, Bryonia – For constipation with very dry, hard stool, Alumen – For hard stool followed by long-lasting pains in the rectum, Hamamelis – To manage rectal bleeding, Aloe – When mucus passes from the rectum, Merc Cor – For mucus passage and bleeding from the rectum, Ruta – For prolapse of rectum, Sepia officinalis- When Sensation of the ball in the rectum with constipation and Stools dark brown, round balls glued together with mucous, Thuja occidentalis- When Anal fissures with edges trimmed with polypoid excrescences or true rectal polypus.

Supportive management of Fissure-in-ano (diet, lifestyle, and home remedies) The key to treating Fissure-in-ano is- do not to strain at stool. Visit the toilet only when you have the urge. Be physically active and follow a healthy lifestyle to avoid constipation [29].

#### Concept and management of fissure in ano according to unani system of medicine

Unani system of medicine with more than 4000 years of history, has been widely used in ancient middle east. 15 Fissure in Ano finds mention in almost every book of Unani medicine.

The literature regarding fissure in ano in various Unani classical books is presented as follows:

- Abu Bakr Muhammad ibn Zakariya Al-Razi [30] (born 854 CE — died 925/935 CE) wrote in most renowned manuscript of Razi, Kitab al-hawi (Liber Continens or The Comprehensive Book) that diseases of anal region are difficult to heal for two

- reasons. First, the feces passing from the canal, and second the anal canal being very sensitive. Another issue in treatment is the difficulty in applying medication locally at the anal lesion. He mentioned that astringent drugs are needed, but they cause constipation which is not desired in Shuqaq-ul-Maqad (anal fissure) rather will aggravate it. In the area pain is severe due to more sensitivity hence mineral origin drugs (that are of B'ridYabisMizaj) are beneficial in this disease. Razi mentioned two ointments for Shuqaq-ul-maqad. One as Asfedāj (Zinc Oxide), Mardārsang (Litharge), each 5g, Shabb-i-Yamānī (Alum), kūdūr (*Boswellia Serrata*) each 3g, Zāfrān (Saffron) 2.25g, Rose oil (*Rosa Damenscena* Oil) and alcohol as per need mix and make ointment. And the other as Duck fat, Hen fat, Deer bone fat, Tutiya (Copper sulfate), Detoxified white tin, burnt Abarq (Silicon), Afīm (opium), zufaratab (*Hyssopus officinalis*), extract of Kāsni (*Cichorium incubus*) and Mākaw (*Solanum nigrum*), Rose oil (*Rosa Damenscena* Oil). He recommended Opium with milk and egg yolk as oil for massage. He stated that Olive oil, fat and sesame oil mixture have exceptional results in this case [31].
- Ibn Sina [31] is better known as Avicenna in the west (born 980 CE, near Bukhara, Persia, died 1037 CE, Hamadan, Iran). Al-qanoon fi al-tibb (The Canon of Medicine) is the prominent work of Ibn Sina. He mentions that shuqaq-ul-maqad (fissure in ano) is a crack in anal canal due to Yabūsāt (dryness) and Harārāt (heat) in anus and when dry feces pass from there, it develops the fissure. Sometimes, the cause might be hot inflammation (WaramHār), at times it is due to more morbid and dry waste material coming towards the anus. It can also be due to blood engorgement in the anal canal vessels causing fissure in ano. Ibn Sina mentioned the properties of drugs used in the fissure having wound healing property, some medicines are laxative and stool softener, some drugs are resolvent, and some drugs effect empirically (BilKhassa). Marham Asfidāj (Zinc Oxide) is very famous for it. Make powder of Asfidaj (Zinc Oxide), Rose oil (*Rosa Damenscena* Oil), egg white (egg Albumin) and Rose seeds and mix it to form ointment and apply it locally. Alternately, he mentioned One part Hīnā (Henna), 1/3 part white wax dissolve with low flame in Rose oil (*Rosa Damenscena* oil) and add Henna, make ointment and apply locally. Sitz bath by Luke warm water of Makaw (*Solanum nigrum*), Masūr (*Eryum lens*), Red Rose petals and barely are helpful in fissure in ano [31].
  - Muhaddhib al-DīnAbū'l-Hasan 'Alī ibn Ahmad Ibn Hubal known as Ibn Hubal (CE 1122 - 1213) [32] Regarding Shuqāq-ul-Maqad (fissure in ano) he mentioned in his medical compendium titled Kitab al-Mukhtarat fi al-tibb "The Book of Selections in Medicine". Regarding Shuqāq-ul-Maqad (fissure in ano) he mentioned in his book that sometimes anal canal will tear at one place and sometimes at multiple places and it is due to the corrosive material or after passing hard stool. Sometime due to severe diarrhea or passing of corrosive humor will cause fissure and sometime during hemorrhoid pain. It could be due to Yabūsāt (dryness) and hotness. Ibn Hubal mentioned the treatment as follows. If Shuqāq (fissure) is with Yabūsāt (dryness) and Hara'rat (heat) then alter the Mizaj (temperament). Administer mucilage of Aspgol and Bihi (*Cydonia Oblonga*), Sharbat Banafsha (*Viola Odorata*), Sharbat Nilofar (*Nymphaea alba*), with sugar water and almond oil orally. Also, apply wax oil made by Banafsha (*Viola Odorata*) oil, cow bone, yellow fat, Muqil (*Boswellia Sereta*) and wax locally. If shuqaq-ul-maqad (fissure in ano) is chronic then rub it vigorously until bleeding start then apply Marham Basliqun. Grind Katīra in Duck and Hen fat (Tragacanth Gum) and apply locally. He states another category of fissure called Wufi i.e., one fissure in anus with pus. Treatment mentioned is to give less diet to patient and excrete humor slowly, give light soft diet and apply Marham Shadanj [32].
  - Hakim Mohammad Akbar Arzani [33] (AD-1722) wrote medical books like "TibbeAkbari" in which he mentioned that anal fissure is consequence of dryness in anus similar as dryness in extremities cause cracked skin. He mentioned types of anal fissure as: a) Dryness and anal heat will cause fissure which shows dominant sign of Sū-i-MīzājHārYābīs. It is treated by application of Marham Abyaz which prepared with Rose oil, Safedakhāshghari (Zinc Oxide), Mardārsang (Litharge), Aqlīmīā Nīqrah (silver powder), Katīrā (Tragacath gum) resin, duck fat and White wax; b) Anal fissure is acute inflammation with sign and symptom of swelling, raised edges of fissure and severe anal pain. It is treated by venesection of basilic vein and saphenous vein and lower back Cupping is beneficial in this condition; c) Passing of dry morbid waste through defecation causes anal fissure; d) Hemorrhoid are also cause of anal fissure which show the sign of hemorrhoid;

- e) Anal fissure could be due to engorgement of anal vessels which show the sign of congestion with history of blood loss. The last three types are treated by rectifying the underlined cause then applying Marham (Ointment) formulated with Rose oil, Safedakhāshghari (zinc oxide), Mardārsang (litharge), cow bone fat. Dietary recommendations include avoiding cold and sour items, avoid Constipation, and taking Sharbat Banafsha with mucilage of Behdāna and also have high fibrous diet in the morning daily [33].
- Ali ibn al-'Abbas al-Majusi [34] (died between CE 982 and CE 994), also known as Majousi, or Latinized as Haly Abbas, is famous for KitābKāmilāṣ-Ṣinā'aat-Ṭibbiyya (Kitab al-Maliki) translated as Complete Book of the Medical Art. He has mentioned the treatment of anal fissure as following. Mix Safeda (Zinc Oxide), Mardārsang (Litharge), each four parts, lūbān, alum, each three part, sibr (aloe vera), zāfrān (saffron), each one part, wax as required and Rose oil (Rosa Damenscena Oil) and make ointment for local use. In addition, Cow bone marrow, SafidāhKashgari, Marham Safida and Marham bāsaliqūn mix it all well and apply. If Shuqaq is due to Hara'rat (heat) then cow bone marrow 20g, ziftrūmi 9g, safidāh, Mardārsang each 15g, clean wax 80g, 29g Rose oil (Rosa Damenscena Oil). Melt wax, yellow fat, zift (Pitch), in Rose oil (Rosa Damenscena Oil) then add Safidāh and Mardārsang mix grind it well and apply. If fissure is with inflammation and Hara'rat (heat) then apply safidāh ointment prepared with egg white (Egg Albumin) and kāfūr (Camphor). Cow bone marrow and reindeer bone marrow each 35 g, Mumyāiy (Loptisteeta) 10.5g, wax 10.5g dissolve in Banafshā (Viola odorata) oil and make ointment then use it.
  - Amīn-ad-Daula Abu-'l-Farağ ibn Ya'qūb ibn Ishāq Ibn al-Quff al-Karaki [35] (AD 1233–1286) was an Arab physician and surgeon and author of the earliest and largest medieval Arabic treatise intended solely for surgeons "KitabulUmdah Fil Jarahat" in which he mentioned treatment of shuqaq-ul-maqad. First treat with laxative fat like Duck fat, Hen fat, Sheep fat and fresh butter add Banafsha (Viola odorata) oil and small quantity of white wax and use it. Use laxative multiple times, stay in Hamām (Turkish bath), do not do excessive work, avoid excessive sweating. Avoid more fasting. All these thing causes Qabz (constipation) in Tabīyyat (temperament) which aggravates the disease. If it won't heal with above Tadbīr, then rub vigorously around the anus till bleeding start, also give laxative to patients, and avoid constipation causing foods.
  - Zayn al-Din Sayyed Isma'il ibn Husayn Gorgani [36] (CE 1040–1136), also spelled al-Jurjani, wrote compendium "Zakhirah-iKhvarazm' Shahi". He stated that tearing around the anal verge is called Shuqāq-ul-maqād (fissure in ano) and is often caused by dry temperament or dry feces and sometimes occurs when anal vessels are tortuous and rupture due to engorgement of blood. Treatment mentioned includes venesection of Basilic vein and more beneficial is to open saphenous vein, Cupping in between the buttocks are also useful. Apply locally Marham Kafūrī, Marham Asfidāj, or Marham Mūqil.
  - Najib al-Din Abū Hamid Muhammad ibn Ali **ibn** Umar Samarqandi [37] author of "The Book of Causes and Symptoms", exegesis of the book was written by Allāmā Nafis Karmāni and translated in Urdu by AllāmāHakīm Kabīruddīn, mentioned that anal tear is due to heat ad dryness like after passing of dry feces caused Anal fissure (Shūqaqal Maqād). Treatment includes applying Marham Safedh or Suppository made with Rose oil, Mardārsang, dust of silver, fats, Resins and Carbohydrates and husk of wheat. If there is bleeding from fissure then advise for Sitz Bath with decoction of Māzū (Quercus infectoria), Gūlnār (wild Pomegranate), Pomegranate rind, Rose petals and sprinkle the drugs over the wound which stop the bleeding like burnt shell (Koḏhisukhtā), dust of flour mill.
  - Hakim Mohammed Azam Khan (India, 1813 AD) [38] writer of "Aksee-re-Azam (Al Akseer)", he mentioned the description, diagnosis, and treatment on account of the predecessors like AbūMansūr, Gilani, Shaikh al-Rāis, ĪsābīnYahā, etc. Thus, summarized the same as follows. When there is Yabūsāt (dryness) and Hara'rat (heat) in anal region then passing of dry feces or any other minor reason can cause fissure, consuming non fibrous foods or sitting for long time on wooden board and saddle causes more dryness and roughness of stools and passing of these stools can tear the anus. Sometimes hemorrhoids or fistula or congestion of anal vessels and back pressure of blood can cause the anal fissure. Sometime Ḥār (warm), Sodawi or Reehi warm can cause anal tear. It may be due to diarrhea, corrosive humor or sometime holding feces for a long time, external injury, and external coldness can cause anal fissure. Azam Khan also mentions Method to Diagnose



anal fissure by history taking from patient regarding presence of Hemorrhoid, fistula or inflammation, if present then it is the cause of anal fissure. In inflammatory condition, wound will heave up and severe pain are cardinal signs and symptoms of fissure. Feeling more thirst indicates that cause is dryness and heat. Fissure with bleeding indicated the engorgement of anal vessels. Passing of dry feces, diarrhea before fissure, injury, history of localize coldness indicated the cause accordingly [36].

While discussing the treatment he mentions to treat the under lying cause. As an example; If cause of anal fissure is heat and dryness then need to neutralize the temperament, if cause is hemorrhoid or fistula or any trauma or diarrhea then treat it first, In fullness of anal vessels give drugs which reduce the blood flow, In dryness of stool neutralize the temperament with fluids, In dryness and inflammatory condition Marham SafedābKāfūri, fat and cold drug extract suppositories to keep, If waste is bile or burned blood then clean it with decoction of Halīlā and khayārshamber then give Sharbat Banafsha, sharbat Nilofer with Isabgol (Psyllium Husk) and milk of khūrfā, In Inflammatory and traumatic fissure venesection of Basilic and Saphenous vein, leech therapy also good for it, In bleeding fissure give astringent drug for engorgement of bleeding with Sitz Bath and sprinkle hemostyptic drug like burnt shell (sadafsokhta), Kūndūr (*Boswellia serrata* Roxb), Sūrma (Antimony) in very fine powder form. He summarizes the above discussion as follows: Rowgane Gul, Mom safed, Mardārsang (litharge) Safedahkāshghari (Zinc Oxide), Silver, Cow bone fat, Zift are used as suppository. Marham Shādanj, Marham Mūqīl also good in chronic fissure. If site of fissure is felt hot apply Marham Safedab or Marham Shadanj. Some drugs used in fissure are wound healer, Repellent, Astringent, drying and Laxatives in nature. If Yellow bile is cause of fissure, then use cold ointment and mucilage, also give decoction of Ṭamarhindi (*Tamarindus Indica*), Alū Bukhara (Plum), and Unnāb (*Zyzyphus jujube*) each 5 in number with 10.5g of Banafsha, after that for neutralizing the temperament Sharbat Banafsha, Sharbat Nilofar, or Honey water is used. If Diarrhea is the cause, then first treat it, in hemorrhoidal fissure apply Marham Safedab. If it is due to cold treat similar as lip crack or any other tissue cracks.

## Discussion

Anal fissure management remains a clinical challenge, especially in chronic cases. While acute fissures often respond well to conservative treatments such as dietary fiber, sitz baths, and topical agents, chronic fissures frequently require more advanced intervention. Topical nitrates and calcium channel blockers are effective but limited by side effects and variable compliance. Surgical options like lateral internal sphincterotomy offer high success rates but carry risks such as incontinence. The recurrence of fissures underscores the importance of addressing underlying causes like sphincter hypertonicity. Future research should focus on safer, non-invasive alternatives that promote healing while minimizing complications and improving patient adherence.

## Summary

Anal fissure is a prevalent and painful condition, significantly impacting patient well-being and quality of life. This research emphasizes that while conservative treatments are often effective for acute cases, chronic fissures require more robust intervention. The study supports the clinical utility of topical agents and surgical treatment for persistent cases, while also acknowledging their limitations. There is a clear need for continued exploration of safer, more effective, and patient-friendly therapies. Ultimately, a holistic treatment strategy combining dietary management, pharmacological support, and surgical options where necessary offers the best outcomes for patients suffering from this common anorectal disorder.

## Conclusion

There is no difference about the management of fissure in ano in ayurveda, Unani, Sidhdha and homeopathy system of medicine.

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