International Journal of Pharmaceutical Research and Applications
Volume 11, Issue 1 Jan - Feb 2026, pp: 22-25 www.ijprajournal.com ISSN: 2456-4494

A Comparative Study between Sandhan Karma and Chedan Karma in the Management of Chronic Fissure in Ano

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Date of Submission: 01-01-2026 Date of Acceptance: 08-01-2026

ABSTRACT
INTRODUCTION: Chronic fissure-in-ano is a common anorectal disorder characterized by cutting type of pain, bleeding, and spasm of the internal sphincter. In Ayurveda, the condition may be correlated with vatajaarsha. Among the available therapeutic modalities,conservative management as well as surgical modalities such as Sandhan Karma (suturing/approximating techniques) and Chedan Karma (excision techniques) are described.**Objective**: To evaluate and compare the role of Sandhan Karma and Chedan Karma in the management of chronic fissure-in-ano.**Methodology**: 10 numbers of diagnosed cases of chronic fissure-in-ano were selected for the study . The cases were managed in two stages: initially by performing Chedan Karma (surgical excision of the fibrosed edges and sentinel tag), followed by Sandhan Karma (suturing of the wound edges for primary closure). Clinical assessment was carried out based on pain relief, wound healing time, bleeding episodes, and recurrence during follow-up.**Results:** The combined approach demonstrated faster wound healing, early pain relief, and improved sphincter relaxation compared to the expected outcomes from Chedan Karma alone. Sandhan Karma after excision facilitated primary tissue approximation, reduced the raw surface area, and minimized postoperative discomfort. No recurrence was observed during the 3-month follow-up period.**SUMMARY AND CONCLUSION**: The cases suggested that a combined approach of Chedan Karma with subsequent Sandhan Karma may offer superior outcomes in chronic fissure-in-ano compared to the independent application of either procedure. These studies highlights the need for further clinical trials with larger sample sizes to validate the comparative efficacy of these Ayurvedic surgical methods.

Keywords: Chronic fissure-in-ano, Vatajaarsha, Sandhan Karma, Chedan Karma.

I. INTRODUCTION

Chronic fissure-in-ano is a most common anorectal disorder characterized by cutting type of pain, bleeding and spasm of the sphincter complex with or without tag. In Ayurveda, the condition may be identical with Vatajaarsha and parikartika. Among the available therapeutic modalities, conservative as well as surgical options are there for these group of patient. Different modalities of Shastra Karma such as Chedan Karma (excision techniques) described for VatajaArsha and VranaSandhan Karma (suturing/approximating techniques) after Shastrakarma are described in Sushruta Samhita in context of ShastiUpakrama .

Aim and Objective:
To evaluate and compare the role of Sandhan Karma and Chedan Karma in the management of chronic fissure-in-ano

Material and methods
This study incorporated 10 diagnosed cases of chronic fissurein ano associated with skin tag of five numbers anterior and five numbers posterior skin tag

Clinical Presentation-
1. Cutting type of pain with burning sensation during and after defecation.
2. On and off bleeding related to defecation.
3. Protrusion of elongated mass from anal verge.

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Assessment Criteria

Subjective parameters	Objective parameters
PAIN(V.A.S) No pain 0 Mild bearable pain , doesn't require Oral analgesic 1 Moderate pain Which continues and require oral Analgesic 2 Severe unbearable and continuous pain Which requires injectable analgesic 3	**Measurement of dilation with standard anal dilator** Size 4 (5.25inch length) 0 Size 3 (5 inch length). 1 Size 2 (4.5 inch length) 2 Size 1 (4 inch length). 3
DISCHARGE No discharge 0 Scanty little discharge 1 Seropurulent discharge 2 Profus purulent discharge with slough 3	**Size of the skin tag** <5mm. 0 5-10 mm 1 10-15 mm. 2 >15 mm. 3
OOZING No oozing 0 Few oozing of blood spotted on gauze 1 Half wet gauze 2 Total gauze wet 3	**Epithelization** Completely epithelized (100%) 0 Moderate (>50%). 1 Partial (25-50%) 2 No epithelisation 3

Exclusion criteria:

Patients with Diabetes, Inflammatory bowel disease, viral marker positive and extreme of ages were excluded from this study.

10 numbers of diagnosed cases of chronic fissure with tag were selected for this study.The cases were randomly divided into two group of equal size of five. Group A patient were treated with Chedan karma(fissurectomy) and in Group B, Chedan withsandhana karma (rotation flap).Group B patients were managed in two stages-

1) Initially separating the skin from fissure bed by surgical dissection and then ligation with 2-0 polglycatin 910 suture

2) Sandhan Karma (suturing the rotated skin flap for primary closure) of the skin flap on to the apex. Four consecutive follow up done after 15 days.

Check list

Following **Routine investigation** were done in all the patients and patient were included for study if **values are within normal limit** .

C.B.C, E.S.R, F.B.S ,PPBS, VIRAL PROFILE (HIV, Anti HCV, HBsAG), TSH , BT-CT, Sr Creatinine , Blood urea ,Sr. Bilirubin ,ABORH, E.C.G, CXRPA

Selection criteria for skin tag

Patients no	Measurement of dilation with standard anal dilator	Size of the skin tag
Case 1	0	2
Case 2	1	3
Case 3	1	1
Case 4	0	1
Case 5	1	1
Case 6	0	3
Case 7	1	2
Case 8	0	3
Case 9	1	3
Case 10	0	3

Steps of sandhan karma

V shaped incision given over the two margin of tag in the inside surface. Dissection done to separate the fissure bed from the skin. Separated skin from the fissure bed selected for rotation flap. 3 mm distal to the apex of fissure bed , the stump

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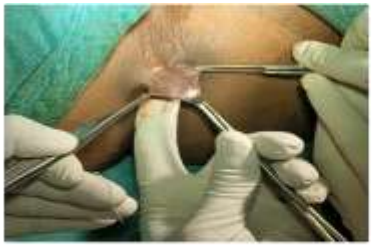
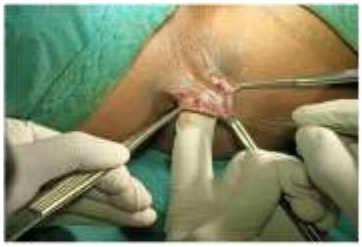
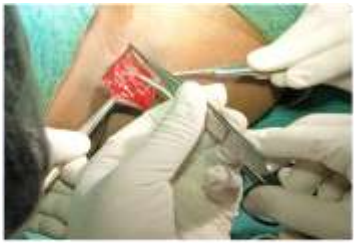
ligated with 2-0 polyglactin 910 suture and divided .On the apex of the fissure bed suturing done with 2-0 polyglactin 910 And dissected. Another suture bite taken 3 mm above the previous suture. The long end with needle then anchored with the apex of the skin flap and fixed inside. The two edges of both side fixed with two site of the same suturing materials. After primary repair the wounds packed with panchavalkalpatch. First day nil orally ,second day only with liquid diet and third day normal diet. Dressing done only using normal saline not to disturb the flap. Follow up done every 15 days



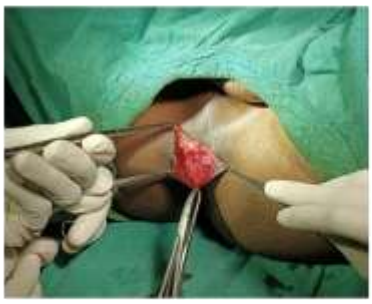
Assessment of the tag



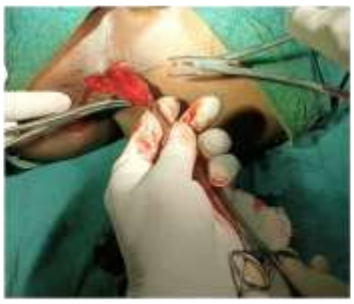
V shaped incision



Fine dissection

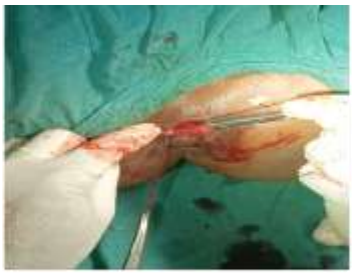


Separation of skin from fissure bed



Ligation to the pedicle

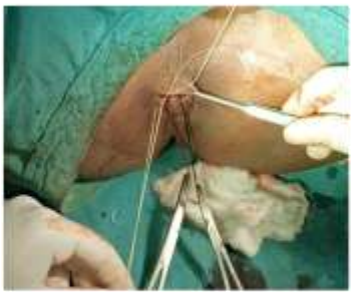
Excision of the pedicle



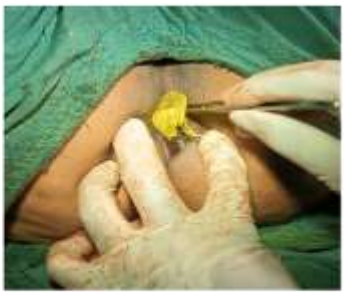
After excision of pedicle

2nd Transfixation stitch

Suturing the apex of the flap to apex of fissure bed



Suturing the edges of the flap



Packing with panchabalkal patch

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Observation

Patients no.	Pain		Discharge		Oozing		Epithelialization	
	BT	AT	BT	AT	BT	AT	BT	AT
Case1	3	1	0	0	0	0	3	0
Case2	2	1	1	0	1	0	2	0
Case3	2	1	2	1	1	0	2	1
Case4	3	2	1	0	0	0	2	0
Case5	1	0	0	0	0	0	1	0
Case6	3	0	1	0	1	0	3	0
Case7	3	0	0	0	0	0	3	0
Case8	2	0	2	0	1	0	2	0
Case9	3	1	1	0	0	0	3	0
Case10	2	1	1	0	1	0	2	0

II. SUMMARY AND CONCLUSION

Fissurectomy and modified fissurectomy with anterior or posterior rotation of flap, both are having different outcomes, observed in this study.Fissurectomy (Chedan karma) planned to achieve secondary non complicated healing required more time for painless evacuation.Fissurectomy with anterior or posterior rotation of flap healed the wound in primary intention with early non eventful defecation.

Both the techniques have different value in different group of patients.The results of Group B is better than Group A , based on the comparison of subjective and objective parameters.The principles of sandhan karma described in Sushruth Samhita are very useful for management of chronic fissure in anowith sentinel tag.

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