Study of Cause and Position of Fissure in Ano in Post Partum Females

Satyam S Supare¹, Monika Meshram¹, Nayan A Deshmukh²

¹Department of Shalyatantra, Mahatma Gandhi Ayurved College Hospital and Research Centre, Salod(H), Wardha, Maharashtra, India
²Department of Kayachikitsa, Mahatma Gandhi Ayurved College Hospital and Research Centre, Salod(H), Wardha, Maharashtra, India

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INTRODUCTION

An anal fissure is a longitudinal split in the anoderm of the distal anal canal, which extends from the anal verge proximally towards, but not beyond, the dentate line (Williams et al., 2008). Spasm of the anal sphincter has been noted in association with anal fissure. It causes severe pain and bleeding with bowel movements, and is associated with spasm of the internal anal sphincter, which may lead to a reduction of blood flow and delayed healing. In modern science, fissure-in ano has been classified into two groups viz. acute and chronic, most anal fissure is minor and thought to heal spontaneously. However, those that are still symptomatic...
after 4 to 6 weeks are often referred to as chronic fissure (Mapel et al., 2014).

Fissure-in-ano was first recognised as a disease in 1934; it is a common condition affecting a sizeable majority of the population, including all age groups but is mainly seen in young and healthy adults (Sharma and Sharma, 2015). It is observed that anal fissure is commonly seen in today’s era. The incidence of the anal fissure is 10% of total cases attending proctology clinics (Rehman et al., 2009). According to Ayurveda, it is termed as parikartika and caused by apathy improper diet and dilatory habits (Garde and Vagbhata, 2018). Lifestyle has an important impact on anorectal diseases, along with improper dietary habits. So, to see whether there is any relation between pregnancy and fissure-in-ano or not, the present study has been taken.

Aim

“Study of cause and position of a fissure in ano in Postpartum females.”

Objectives

1. To assess the different surgical and Nonsurgical problems in Pregnant Female.
2. To analyse the Cause of Fissure in ano in pregnant Female who doesn’t having complaints before.
3. To study the efficacy of daily regimens of Garbhini (pregnant Female) with ayurvedic medicines.

MATERIALS AND METHODS

The study was conducted at Mahatma Gandhi Ayurved College, Hospital and Research Centre, Salod (Hirapur) and Acharya Vinoba Bhave Rural Hospital and Research Centre, Sawangi (Meghe) under Datta Meghe Institute of Medical Sciences. One hundred subjects who were having fissure in ano since minimal six months were approached.

A structured and validated questionnaire on the incidence of fissure-in-ano among night duty workers was distributed and filled by the participants. Permission of the hospital’s authorities in university was obtained from where the participants were recruited. Based on the questionnaire, clinical assessment and statistical analysis were done.

Inclusion criteria

Female patients with an age group of 18 to 50 years, having complaints of a fissure in ano.

Exclusion criteria

Female patients presenting with features of other anorectal disorders are excluded.

RESULTS

Total 100 subjects where enrolled for the study, 80 subjects are having fissure in ano after delivery and 76 subjects having the fissure in ano in position of 6 o’clock were diagnosed. The majority of subjects were having the age of 41-50yrs in group A (58%)and group B(58%) are having fissure in ano. The subjects were having the maximum no. of the para 3 having group A(32%) and group B(32%). According the position of fissure in ano at 6 o’clock are having The maximum no. of subjects in the group A (74%) and group B (78%).

According to occupation the maximum number of subjects are found to be housewife group A (56%) and group B (58%). The maximum number of subjects are having disturbed sleep group A (42%) and group B (70%).

The participants are showing the mixed diet as group A (46%) and group B (58%). The subjects were complaining about the fissure in ano after the delivery which shows about group A (78%) and group B (82%).

DISCUSSION

In the present study, total hundred subjects having problems of a fissure in ano for more than six months, irrespective of religion were approached. They were distributed with the questionnaire.

80 subjects were found to have some of the complaints listed in questionnaire among these 80 subjects are having fissure in ano after delivery and 76 subjects having the fissure in ano in position of 6 o’clock. were diagnosed.

Age

The subjects were having the age of 41-50yrs in group A (58%) and group B(58%) are having fissure in ano

Pariety

The subjects were having the maximum no. of the para 3 having group A(32%) and group B(32%) having the maximum no. of pariety due to recurrent pressure on the posterior wall of the anus during the delivery causes fissure in ano.

Position

The maximum no. of subjects are having the position of a fissure in ano at six o’clock in the group A (74%), and group B (78%) during delivery the
weight of the baby puts pressure on the posterior wall of the rectum which causes the longitudinal tear on the posterior wall results in the fissure in ano.

**Occupation**

The maximum number of subjects are found to be housewife group A (56%) and group B (58%) the irregular dietary habits leads to the improper digestion which leads to constipation and causes fissure in ano.

**Sleep**

The maximum number of subjects are having disturbed sleep group A (42%) and group B (70%) the irregular sleep or late night sleeping causes the disturbances in abdomen leads to the improper digestion which leads to constipation and causes fissure in ano.

**Diet**

The participants are showing the mixed diet as group A (46%) and group B (58%) the intake the nonveg food which requires a lot of time for proper digestion and improper timing of the eating habits leads to constipation and hard stools leads to the fissure in ano.

**H/o of fissure in ano**

The subjects were complaining about the fissure in ano after the delivery, which shows about group A (78%) and group B (82%).

**Limitation**

The author also acknowledges the following limitations of the study. This study was conducted at a single site, and the findings may not be generalised. This study aimed to study the prevalence of anal fissure and did not collect information on other anorectal disorders.

**CONCLUSIONS**

The study reveals that the women had improper dietary habits during their antenatal period of 9 months irrespective of age, religion, is responsible for causing a fissure in ano after delivery. During the duration of their antenatal care, the women should take care of their dietary habits and lifestyle, and improper dietary habits cause abdominal disturbances which lead to constipation. Sometimes due to heavy weight of the baby exerts pressure on the posterior wall of the anus that leads to the fissure in ano in postpartum women, the maximum women experience vacuum delivery due to bigger head the pressure exerts on the posterior wall of the anus. Looking at the significant incidence revealed from this study, the fissure, which is a cause in the postpartum period is called as *postpartum fissure*, the most common position seen is at six o’clock. So the dietary habits of the women during the pregnancy should be maintained. If the Garbhini perikarya are followed as per Samhita, then postpartum fissure can be prevented. Many pregnant women are worried about their symptoms like constipation which can be aggravated at any time. Abdominal pressure due to fetus cannot be minimised, but we can practice some small exercises lifestyle modifications to avoid anorectal diseases. Bowel and diet habits play a crucial role in consideration of fissure in ano. Precautions should be taken from the first day of pregnancy; even a lady should start Ayurveda regimens from the day of conceiving. This small study has paved a big avenue in the postpartum fissure in ano.

**Conflict of interest**

The authors declare that they have no conflict of interest for this study.

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