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Review Article

A brief review of lifestyle modification strategies for the management of anal fissure

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ABSTRACT

Lifestyle includes an individual's daily habits, behaviors, and routines, including dietary choices, physical activity, work schedules, and sleep patterns. Anal fissures are small, superficial tears in the lining of the anal canal, causing significant pain and discomfort, often affecting patients' quality of life. Classified as either acute or chronic, anal fissures commonly result from lifestyle factors such as diets high in spicy, junk, or fast foods, irregular sleep patterns, sedentary behavior, night shifts, alcohol consumption, and smoking. These factors contribute to the onset and persistence of fissures by promoting constipation and increasing sphincter spasm. Traditional management options for anal fissures include stool softeners, topical anesthetics, and surgical interventions like lateral anal sphincterotomy, which, despite their efficacy, carry risks such as incontinence, fistula formation, and other complications. While numerous reviews have addressed the surgical and conservative treatment approaches, the role of lifestyle modification as a complementary strategy has not been extensively studied. This applied review aims to evaluate the impact of lifestyle interventions, such as dietary adjustments, increased fiber and fluid intake, regular sitz baths, pelvic floor physical therapy (PFPT), yoga, and self-massage, in the management of anal fissures. These non-invasive strategies can significantly reduce sphincter spasm, alleviate symptoms, and promote healing, offering a patient-centered approach that minimizes reliance on pharmacological or surgical interventions. The review discusses the potential benefits of integrating lifestyle modification as both primary and adjunctive therapy for anal fissures, providing evidence that supports improved patient outcomes and reduced recurrence rates. Emphasizing lifestyle changes can empower patients with self-management tools that enhance the overall effectiveness of treatment and improve quality of life.

Keywords: Acute fissure, Anal fissure, Diet therapy, Fissure in ano, Lifestyle modification

INTRODUCTION

Lifestyle modification is defined as maintaining the new behavior for a long time and altering longstanding habits that typically include eating or physical activity. Due to the modern busy lifestyle, many people lack access to good food, exercise, and proper rest or sleep. As a result, such people are more likely to engage in unhealthy lifestyle choices and get exposed to lifestyle diseases.[1] An anal fissure is one such anorectal disease. The complaint presenting in the patient is an ulcer in the longitudinal axis of the terminal end of the anal canal.[2] It is a superficial, small, and distressing lesion. It is a very painful and common condition affecting the anal region.[3] It is mainly of two types: acute and chronic. Acute fissure is a superficial tear in the anal canal with severe sphincter spasm associated with severe pain and constipation.[4] Inflamed, indurated margin with scar tissue developed into an ulcer in a chronic fissure associated with a skin tag called a sentinel pile. It may cause complications like

abscess and fistula formation.[5] 18% is the prevalence rate of fissures in patients complaining proctological symptoms.[6]

Treatment consists primarily of stool softeners like lactulose, bulk-forming agents like isubgol husk, local anesthetic cream like Lidocaine (2% w/v), Diltiazem (2% w/w) cream and a hot water sitz bath.[7] Lord's anal dilatation and lateral anal sphincterotomy are surgical treatments.[8] However, these treatments have limitations. Prolonged use of laxatives like lactulose can lead to persistent diarrhea, potentially causing electrolyte imbalances, wherein levels of substances such as sodium, potassium, and magnesium in the body become imbalanced.[9] Disturbances of continence, fistula development, infections, and bleeding are the post-operative complications involved in fissure management. There is an immediate risk of minor soiling or incontinence to flatulence after surgery.[10] In contemporary times, there is a growing interest in complementary systems of medicine, such as Ayurveda, which seek alternative solutions to such diseases.[11] Anal fissure can be correlated with Parikartika (anal fissure) in Ayurveda. It is treated with a combination of healthy dietary measures, sneha basti (herbal oil enema), topical herbal ghrita (ghee) and gudavarti (herbal suppository), aiming to alleviate the condition effectively.[12] Lifestyle intervention sometimes termed as nonpharmacologic therapy emerges as a promising approach in managing anorectal disorders. Sneha basti (herbal oil enema), topical herbal herbal ghrita (ghee), and gudavarti (herbal suppository) consist of herbal medicines and therefore cannot be classified as non-pharmacological agents.

Conservative and surgical management of anal fissures have been extensively discussed in many previous review articles, while emphasis on lifestyle modification interventions has not been given or extensively studied. These interventions may play a key role in treatment, as lifestyle factors are more commonly associated with the cause of anal fissures. The objective of this review is to investigate and list the lifestyle modification interventions for the management of anal fissures.

LITERATURE SEARCH

To explore lifestyle modification interventions in the management of anal fissure, a comprehensive literature review was conducted using a systematic search strategy. Key databases, including PubMed, Medline, Scopus, and Google Scholar, were utilized to gather relevant scientific literature. The search terms employed included: "anal fissure and lifestyle modification", "anal fissure and dietary interventions", "anal fissure and sitz bath", "anal fissure and pelvic floor physical therapy (PFPT)", "anal fissure and yoga", "anal fissure and anal self-massage", "anal fissure and medicated ghrita" and "anal fissure and basti." The review focused on identifying recent studies that evaluated the impact of lifestyle changes- such as diet, hydration, sitz baths, PFPT, yoga, and self-massage-on the management and healing of anal fissures. Additionally, systematic reviews, clinical guidelines, and case studies were considered to provide a well-rounded analysis. The inclusion criteria were studies in English, focusing on adult populations, and reporting clinical outcomes related to the implementation of lifestyle modification interventions. Articles focused exclusively on pharmacological treatments without considering lifestyles factors were excluded. The selected literature was critically analyzed for relevance to current clinical practices and potential for guiding future management strategies for anal fissures.

DEFINITION AND EPIDEMIOLOGY OF ANAL FISSURE

Distal to the dentate line, a linear ulcer in the midline of the anoderm is called an anal fissure. The majority of anal fissures in males, about 95%, occur posteriorly, while the remaining 5% manifest anteriorly. In females, roughly 80% of anal fissures occur posteriorly, with the remaining 20% found anteriorly.[13]

CAUSES AND PATHOPHYSIOLOGY

Anal fissure is initiated by hard stool causing an ulcer in anal canal (Figure 1). The curvature of the sacrum and rectum causes the passage of hard feces, facilitates a tear in the anoderm, leading to a posterior anal fissure. As a result of this, defecation results in pain and constipation. Fissure is more common in midline posteriorly; because of relative ischemia.[14] Due to a lack of support for the pelvic floor, anterior fissures are common in females. Anterior fissures occur in elderly women secondary to repeated pregnancies. Anal fissures are caused by hard stool, diarrhea, increased sphincter tone, local ischemia, trauma, tuberculosis, ulcerative colitis, Crohn's disease, and sexually transmitted diseases (STDs).[15]

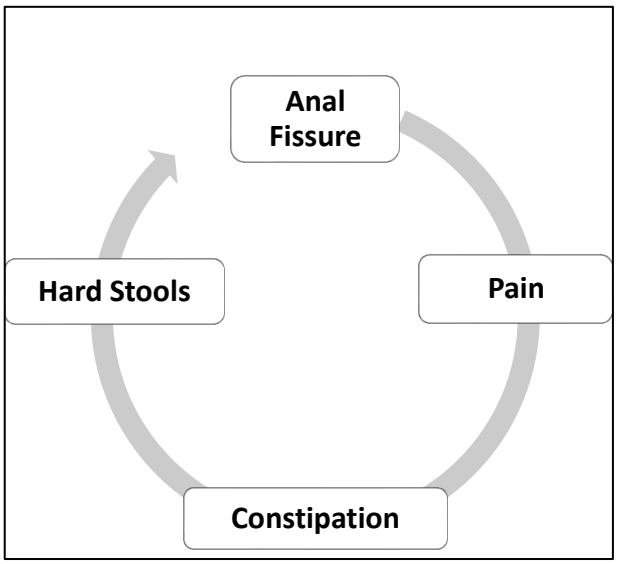


Figure 1: Pathophysiology of anal fissure.

DIAGNOSIS

Per rectal exam is carried out with lignocaine 2% jelly to diagnose anal fissure and assess anal sphincter spasm. Buttocks spread apart to visualize anal verge longitudinal tear is seen in acute fissure and hypertrophied, thickened skin may be seen near lower end of fissure, called skin tag/sentinel pile. Proctoscopy should be contraindicated in severe anal spasm and tenderness.[16]

CLINICAL FEATURES

Clinical features include severe burning pain during and after defecation, hard stool, and severe constipation. Stools are hard, pallet-like, and there is blood per annum, presenting as a streak of fresh blood. Pain may last for about more than half an hour, because of which defecation may be postponed.[17]

LIFESTYLE MODIFICATION INTERVENTIONS

Most cases of anal fissure may resolve with conservative treatment.[18] Lifestyle modification interventions can be as useful as conservative treatment.[19] The objective of fissure treatment is to lower anal sphincter hypertonia and relieve constipation. Softer stool helps to disrupt the sequence of irregular bowel movements related to pain.[20]

DO'S AND DON'TS

As a consequence of the industrial revolution, diets are now often lacking in sufficient fiber. Many people are unaware of how much fiber they consume or the recommended intake.

Therefore, it is advisable to follow the following guidelines of Do's and Don'ts (Table 1).[10,21,22]

Table 1: Do's and Don'ts.

Factors	Do's	Don'ts
Diet	A fiber-rich diet includes raw fruits, green vegetables, whole-grain bread, brown rice. The requirement for daily fiber intake is 25-40 grams.	Low fiber diet, spicy, junk, and fast foods, fermented food, fried dishes, and packaged foods.
Lifestyle	Exercise and walking.	Irregular sleep patterns, night shifts, sedentary habits, stress, alcohol consumption, smoking, tobacco.
Hydration	Adequate oral fluid intake, 2 to 4 liters of water daily, Fruit juices.	Avoid caffeinated beverages, Coffee.

SITZ BATH

Sitz baths provide significant symptomatic relief. It is useful in reliving some of the internal sphincter spasms and pain. Sitting in the hot water tub for 10 to 15 minutes after each bowel movement is advisable for anal fissures. It helps in maintaining the local hygiene of ulcer and the perianal region. It provides a soothing effect on the anal canal and minimizes pain.[23]

ANAL SELF-MASSAGE

The anal self-massage involves the patient inserting their own index finger into the anal canal (using lubricant cream) for 10 minutes twice a day during the initial 2 days of treatment. Subsequently, the patient is directed to perform circular motions with the finger for 10 minutes twice a day for an additional 5 days, which has been found to be beneficial in promoting fissure healing.[24]

PELVIC FLOOR PHYSICAL THERAPY

Pelvic floor hypertonicity (PFH) frequently correlates with urological, sexual, and gastrointestinal issues. PFPT has demonstrated sustained enhancements in pelvic floor muscle tone, decreased pain and enhanced quality of life. Recent findings indicate that PFPT offers beneficial effects in anal fissure management.[25]

PRACTICE OF YOGA

Yoga, which originated in ancient India, harnesses the psychophysiological benefits, providing therapeutic applications. It encompasses a range of breathing techniques (Pranayama), physical postures (Asanas) and meditation practices aimed at fostering cognizance and eventually deeper status of consciousness.[26] Yoga therapy has proven effective in managing constipation, which is a common cause of anal fissure. Therefore, it can also be beneficial in treating anal fissures.[27]

HERBAL GHRITA (GHEE)

Topical application of Ayurvedic formulations such as Yashtimadhu ghrita, Kasisadi ghrita, Jatyadi ghrita, and Shatdhaut ghrita shows effective results by it forms a protecting layer over fissure ulcer, reduces contamination and promotes ulcer healing.[28-30] According to Ayurveda, anal fissures are caused by vitiation of Vata (dosha responsible for movement and cognition) and Pitta (dosha responsible for regulating body temperature and metabolic activities) dosha that are treated with internal use of ghrita.[31]

PER RECTAL INFILTRATION (BASTI)

Patoladi taila matra basti, Talisadi taila matra basti, Jatyadi taila matra basti, and Yastimadhu siddha taila matra basti has soothing effect which relives burning pain.[32-35] The herbal drugs present in these herbal enema oil possess wound-healing properties.

GUDAVARTI (HERBAL SUPPOSITORY)

In the management of anal fissures, several Gudavarti (herbal suppository) are employed due to their therapeutic properties. Yashtimadhu Gudavarti, made from *Glycyrrhiza glabra*, is known for its anti-inflammatory, soothing, and wound-healing effects, helping alleviate the symptoms of fissure.[36] Another commonly used herbal suppository is Kasisadi Gudavarti, which contains Kasisa (Ferrous sulphate) along with other Ayurvedic herbs. This formulation aids in reducing inflammation and promotes healing of fissure ulcers.[37] Jatyadi Gudavarti, made from Jatiphala *(Myristica fragrans),* Nimba *(Azadirachta indica)*, and additional herbs, assists in wound healing while providing pain relief to patients suffering from fissure.[38] Lastly, Shatadhaut ghrita gudavarti is prepared using herbal ghee (clarified butter) that has been washed 100 times to enhance its absorption and cooling properties. This suppository forms protective barrier, reduces contamination, and accelerates healing process.[39] These herbal suppositories provide an effective Ayurvedic approach for the treatment of anal fissures, leveraging natural ingredients to promote healing and pain relief.

Table 2: Lifestyle modification intervention and their benefits.

Interventions	Benefits
Sitz bath	Relieves internal sphincter spasms, maintains local hygiene, as well as the minimizes pain.
Anal self-massage	Promotes fissure healing by enhancing local circulation and relaxation.
PFPT	Improves pelvic floor muscle tone, reduces pain, and enhances quality of life.
Practice of yoga	Helps manage constipation, which is beneficial for anal fissure treatment.
Herbal Ghrita (Ghee)	Forms a protective layer, reduces contamination, and promotes ulcer healing.
Per rectal infiltration (Basti)	Soothes burning pain and provides wound-healing effects.
Gudavarti (Herbal Suppository)	Provides anti-inflammatory, soothing, wound-healing, and protective effects.

DISCUSSION

Aasole et al conducted a study where they administered diet modification, laxatives, and sitz baths to 107 patients with anal fissure. Remarkably, all patients showed improvement without encountering any side effects, thereby emphasizing the role of diet modification as an adjunct therapy.[40] In another investigation by Wilson et al nonoperative management of chronic anal fissures and hemorrhoid disease was associated with significant enhancements in patient-reported outcome scores across various domains. This suggests that dietary counseling and medical therapy should be prioritized as first-line outpatient interventions for these conditions.[41] Furthermore, Shaffaf et al revealed that patients with anal fissures who refrain from consuming fruits or salads regularly face an increased risk of aggravating bleeding episodes and experiencing painful defecation episodes.[42]Additionally, Kizhakke Meladam et al demonstrated the efficacy of conservative treatment measures, including anal infiltration with herbal oil *(*Murivenna*)*, internal administration of Triphala choorna, sitz baths, and a fiber-rich diet. These interventions effectively alleviated symptoms and facilitated the healing of anal fissures.[43] Notably, an oligo-antigenic diet combined with medical treatment was shown to improve the healing rate of chronic anal fissures, as evidenced by a study conducted by Carroccio et al.[44] The studies conducted by van Reijn-Baggen et al consistently demonstrated the effectiveness of PFPT as an adjuvant treatment for chronic anal fissure (CAF) and pelvic floor dysfunction. They revealed significant improvements in muscle tone, healing, pain reduction, satisfaction, and overall quality of life for patients with chronic anal fissure following PFPT intervention.[25] In a study conducted by Gaj et al it was observed that anal self-massage with a finger led to a more effective resolution of acute anal fissure when compared to the use of anal dilators, achieving this outcome in a shorter duration.[24] Shirah et al concluded that incorporating sitz baths into a conservative management protocol for anal fissure yielded promising results.[23] The study by Gupta et al indicates that while sitz baths may enhance patient satisfaction, they are not effective in alleviating pain and promoting healing associated with fissures, and may also have adverse effects.[37] Collectively, the lifestyle modification interventions discussed in this review can be effective in relieving anal sphincter spasm, constipation, and hard stool, which eventually aid in healing fissure ulcers. Understanding lifestyle factors affecting anal fissure is also useful in aspects such as the prevention of anal fissure.

CONCLUSION

The contemporary management approach to anal fissure involves the risk of complications. Lifestyle modification interventions can be highly beneficial in disrupting the pathophysiology of anal fissure. Implementing lifestyle

modification interventions is beneficial for both acute and chronic fissures. A considerable amount of evidence strongly suggests that lifestyle modification interventions can yield significant effects in the treatment of anal fissures as both primary and adjunct therapy.

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