Role of *Yasthimadhu Sidh Ghrita* in *Parikartika* (Fissure in Ano)

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Abstract

In Ayurvedic texts, *Parikartika* is described as a complication of *Vamana* and *Virechana* as well as complication of *Atisara*. *Parikartika* is a condition where the person experiences excruciating pain which is cutting type in the guda, BastiPradesha and surrounding areas. *Parikartika* can be correlated to fissure-in-ano in modern parlance, a common disease among ano-rectal disorders. The main objective of this study was to evaluate the role of *yashtimadhusidhghrita* in acute fissure-in-ano. In this study 20 patients of age between 18-60 years were taken to evaluate the effect of Yashtimadhusidhghrittafor 30 days duration. All patients were advised to follow up pathya-apathya in terms of Ahar –vihar. The findings were noted after 1st, 2nd, 3rd and 4th week of treatment. After completions of treatment statistically significant results were found in both of the symptoms i.e. pain in anal region & bleeding. The study showed encouraging results with yashtimadhusidhghrita in *Parikartika* without untoward effect.

Keywords

*Basti, Fissure in ano, Parikartika, Yasthimadhusidhghrita, Constipation*
INTRODUCTION

Acharya Sushruta has described the term parikartika as a condition of Guda (anus) while describing the symptoms of the disease, he speaks of the features like cutting or burning pain in anus, penis, umbilical region and neck of urinary bladder with cessation of flatus\(^1\). Where as Maharishi Charaka has mentioned the features like pricking pain in groins and sacral region, scanty constipated stools and bleeding per anus\(^2\).

The factors responsible for Parikartika are found as Basti-VirechanaVyapada (complication of the Basti and Virechena procedures) BastikarmaVyapada (complication of the Basti procedures), Arsha (piles), Atisara, Grahani, Udavarta, etc., are mentioned in various texts.

In modern science fissure-in-ano has been described of two types viz. Acute & chronic. In acute condition, it may cause severe periodic pain after defecation but with chronic fissures, pain intensity is often less. In males fissures usually occur in the midline posteriorly- 90% and anteriorly 10% and in females this ratio is 60:40. Constipation, spasm of internal sphincter, when too much skin has been removed during operation for hemorrhoids followed by anal stenosis which may ultimately result into fissure-in-ano, when hard motion passes through such stricture, are primary factors. Secondary causes like ulcerative colitis, Crohn’s disease, syphilis and tuberculosis etc. have also been held responsible for the formation of the disease fissure-in-ano\(^3\).

Depending on type of disease, wide range of treatments like anal dilatation, posterior sphincterotomy and fissurectomy, lateral anal sphincterotomy V, Yanoplasty in acute/chronic fissure-in-ano are mentioned. All these treatments have their own limitations and side effects.

According to the Ayurvedic viewpoint, it can be said that in parikartika mainly two doshas viz. Vata and Pitta are predominant. Due to this doshic predominence, the two major symptoms of pain and burning sensation are present. For the relief of these symptoms a drug which is Vata and Pitta shamaka is always suitable. Yastimudhu is considered the drug of choice in all types of wounds and inflammations. Charaka has advocated the use of this drug in Vataja and Raktaja diseases at various places\(^4\). In SushrutaSamhita, it finds description at so many places as to its use in pain following operation and in various surgical and medical diseases\(^5\).
An alarming rise in the incidence of the disease fissure-in-ano and no known satisfactory remedies evolved so far, has given an impetus to find out a suitable solution, with altogether better effects. Thus, keeping in view, the Parikartika (fissure-in-ano), which is the most painful disease / condition of anal canal has been selected with following aims and objectives.

AIMS AND OBJECTIVES
1. To evaluate the role of Yashtimadusidhghrita in the management of acute fissure-in-ano.
2. To study the nature of disease and its changes during the course of treatment.

MATERIALS AND METHODS
Design of Study:
The patients of acute fissure-in-ano were registered randomly from the O.P.D. and I.P.D. of the J.I.A.R. Jammu and Govt. hospital, Kotbhalwal irrespective of their age, sex, religion, race, occupation as per ethical guidelines with informed consent for every patient randomly for the study. Detailed clinical history was taken and complete systemic lab investigation and local examination was carried out to rule out DM, ulcerative colitis, Crohn’s disease, TB and syphilis.

Research Performa:
A special performa incorporating all the signs and symptoms of Parikartika (Fissure-in-ano) was prepared. Detailed clinical history was taken and complete systemic examination was carried out on the basis of performa.

Diagnostic Criteria:
The diagnosis was made on the basis of clinical features and local inspection of anorectum, palpation i.e. PR digital examinations.
All the patients were given standard conservative routine treatment with PathyaApathya.
Sitz bath with lukewarm water twice a day.

Preparation of Drug:
The drug was prepared by Snehapaka method in Ayurvedic pharmacy of J.I.A.R.

YasthimadhuSidhGhrita
Yasthimadhu 1 Part
Ghrita 4 parts
Murchhandravya (Harada, Bheara, Amala, Haldi,Nagarmotha,BijoraNimbuswaras) 1/16th part each. Above drugs were taken and made into kalka. The kalka was soaked into bijoranimbusavras for 8 hours. After ghritamurchana, ghrita was prepared by SnehapakaVidhi (Fig.1). The prepared ghrita was stored in clean containers (Fig. 2).
Method of Administration:

*Yasthimadhusidhghrita* - 5 ml, twice daily, was applied locally in Guda with the help of rubber catheter (no. 6 - 9) and 10 cc plastic syringe.

Inclusion Criteria:
Age group - 18 to 60 years
Acute fissure-in-ano
Patients presenting with complaints of fissure-in-ano i.e. pain, bleeding per rectum, constipation irrespective of sex, religion, education & socio-economic status were included in this study.

Exclusion Criteria:
Age - below 18 and above 60 years
Patients suffering from fissure-in-ano due to any secondary cause.
Malignancy
Sentinal tag
Patients having *Parikartika* secondary to ulcerative colitis, crohn’s disease,
Syphilis, Patients with HIV, Hepatitis
Patients not willing for local application of *yastimadhusidhghrita*

Investigations:
In all the patients general, systemic and local examination along with laboratory investigations like urine analysis, VDRL were carried out before treatment to rule out DM, ulcerative colitis, Crohn’s disease, TB and syphilis.

Follow up and Assessment:

Assessment criteria:
The results of therapy were assessed on the basis of subjective and objective criteria as given in Table 1 and Table 2.

Table 1 Subjective Criteria

Table 2 Objective Criteria
<table>
<thead>
<tr>
<th>S.No.</th>
<th>Gradation</th>
<th>Burning</th>
<th>Pain</th>
<th>Itching</th>
<th>Discharge</th>
<th>Constipation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>No Burning</td>
<td>No Pain</td>
<td>No Itching</td>
<td>No Discharge</td>
<td>No Constipation</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>Mild burning during defecation</td>
<td>Mild pain after defecation</td>
<td>Mild itching after defecation</td>
<td>Mild discharge</td>
<td>Mild constipation</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>Moderate burning after defecation</td>
<td>Pain for 1 hour after defecation</td>
<td>Itching for 1 hour after defecation</td>
<td>Moderate discharge</td>
<td>Moderate constipation</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>Severe burning after defecation for some hours</td>
<td>Pain after defecation for 3-4 hours</td>
<td>Itching after defecation for 3-4 hours</td>
<td>Profuse discharge</td>
<td>Severe constipation</td>
</tr>
</tbody>
</table>

Table 2 Objective Criteria

<table>
<thead>
<tr>
<th>S.No</th>
<th>Gradation</th>
<th>Bleeding</th>
<th>Tenderness</th>
<th>Sphincteric Spasm</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>Bleeding during defecation</td>
<td>Pain on deep palpation</td>
<td>Spasm revealed on examination</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>0-10 drops during and after defecation</td>
<td>Pain on light palpation</td>
<td>Severe spasm</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>10-20 drops during and after defecation</td>
<td>Pain on touch</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>Profuse bleeding</td>
<td>Patient does not allow palpation due to pain</td>
<td></td>
</tr>
</tbody>
</table>

RESULTS AND DISCUSSION

After the entire period of treatment collected data of observation of sign and symptoms were summarized and analyzed statistically as follows.

Table 3 Result of the treatment

<table>
<thead>
<tr>
<th>S.No</th>
<th>Symptoms</th>
<th>Mean</th>
<th>SD</th>
<th>Paired ‘t’</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Burning</td>
<td>2.3</td>
<td>0.5</td>
<td>0.2416</td>
<td>13.50</td>
</tr>
<tr>
<td>2</td>
<td>Pain</td>
<td>2.2</td>
<td>0.7</td>
<td>0.5270</td>
<td>9.000</td>
</tr>
<tr>
<td>3</td>
<td>Bleeding</td>
<td>1.8</td>
<td>0.6</td>
<td>0.4216</td>
<td>9.000</td>
</tr>
<tr>
<td>4</td>
<td>Constipation</td>
<td>2.1</td>
<td>0.7</td>
<td>0.5164</td>
<td>8.573</td>
</tr>
<tr>
<td>5</td>
<td>Tenderness</td>
<td>2.0</td>
<td>0.7</td>
<td>0.4830</td>
<td>8.510</td>
</tr>
<tr>
<td>6</td>
<td>Sphincter Spasm</td>
<td>1.8</td>
<td>0.7</td>
<td>0.3162</td>
<td>11.00</td>
</tr>
</tbody>
</table>

Fig. 3 Symptom wise relief

DISCUSSION
In this study it was found that maximum number of patients i.e., 45% belonged to age group of 21 – 30 years. It is evident that in these age groups, the victims were most actively engaged in building their carrier giving less attention to their food and other habits. During this time, they leded irregular lives and ate whatever was available without much difference. These factors gave rise to hard faecal matter, which on passing through the anal canal made to fissure. Constipation is a chief co-existing factor in the disease followed by irregular bowel habits, nature of work (particularly seating & night jobs) and dietary habits are a major causative factor for the disease. It is the amount of inflammation and spasm which is responsible for producing the agonizing pain in cases of fissure-in-ano. Yastimadhusidhghrita probably is able to counteract these two factors more efficiently than the other drugs. The relief of severe pain within 24 hours is something remarkable about this drug although the ulcer takes as many as three to four weeks for complete healing. The statistical assessment showed that the effectiveness of the Yastimadhusidhghritis coming out to be highly significant.

CONCLUSION

Thus finally it can be concluded that Yasthimadhusidhghrita is quite effective in the management of Parikartika as a local application and from socio economic point of view, the Yasthimadhusidhghrita application is technically safe with minimal expenditure suitable for all categories of people. Yasthimadhusidhghrita is having properties like Sodhana, Vranaropana. Sixty upkramas has been explained by Acharaya Sushruta for the management of vrana. Among these sixty upakramas Kshaya, varti, Kalka, Sarpi, Taila and Rasakriya are explained as shodhana and Ropana of Vrana. It removes the accumulated secretions in the fissure bed; it promotes healing and also reduces probable secondary infections. In a developing country like India, where not many people can afford surgery it can prove to be a comparative effective treatment in relieving the symptoms of Parikartika.

REFERENCES
1. Sushruta, SushrutaSamhita, Varanasi, Chaukhambha Sanskrit Sansthan, 2008, Su.Ci. 34/16