

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 *Yashtimadhusidhghrita* for 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



Greentree Group

Received 20/04/16 Accepted 27/05/16 Published 10/07/16

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 flatus¹. Where as *Maharishi Charaka* has mentioned the features like pricking pain in groins and sacral region, scanty constipated stools and bleeding per anus². The factors responsible for *Parikartika* are found as *Basti-Virechana Vyapada* (complication of the *Basti* and *Virechana* procedures) *Bastikarma Vyapada* (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-ano³.

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 predominance, 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 places⁴. In *Sushruta Samhita*, it finds description at so many places as to its use in pain following operation and in various surgical and medical diseases⁵.

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 *Yasthimadusidhghritain* 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

Murchhandravayas (Harada, Bheara, Amala, Haldi, Nagarmotha, Bijora, Nimbuswaras)

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 *Snehapaka Vidhi* (Fig.1). The prepared *ghrita* was stored in clean containers (Fig. 2).



Fig. 1 Yashtimadhusidhghrita



Fig.2 Storage of Ghrita

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 Table1 and Table 2.

Table 1 Subjective Criteria

S.No.	Gradation	Burning	Pain	Itching	Discharge	Constipation
1	0	No Burning	No Pain	No Itching	No Discharge	No Constipation
2	1	Mild burning during defecation	Mild pain after defecation	Mild itching after defecation	Mild discharge	Mild constipation
3	2	Moderate burning after defecation	Pain for 1 hour after defecation	Itching for 1 hour after defecation	Moderate discharge	Moderate constipation
4	3	Severe burning after defecation for some hours	Pain after defecation for 3-4 hours	Itching after defecation for 3-4 hours	Profuse discharge	Severe constipation

Table 2 Objective Criteria

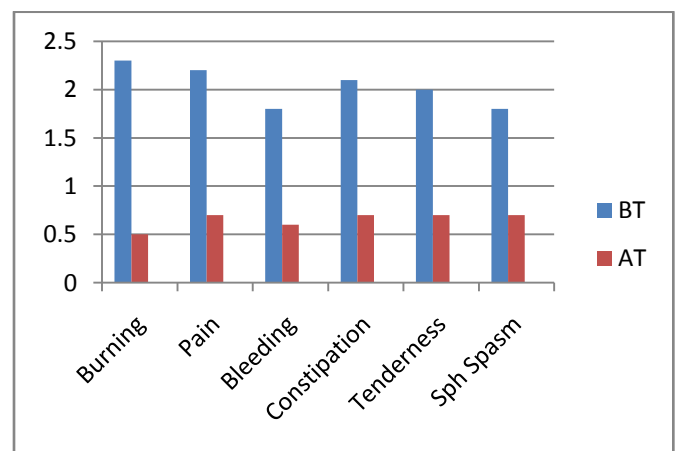
S.N o.	Gradation	Bleeding	Tenderness	Sphincteric Spasm
1	0	No Bleeding	No Tenderness	No Spasm
2	1	Bleeding during defecation streak wise	Pain on deep palpation	Spasm revealed on examination
3	2	0-10 drops during and after defecation	Pain on light palpation	Severe spasm
4	3	10-20 drops during and after defecation	Pain on touch	
5	4	Profuse bleeding	Patient does not allow palpation due to pain	

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

S. No.	Symptoms	Mean		SD	Paired 't'	P value
		BT	AT			
1	Burning	2.3	0.5	0.2416	13.50	<0.001
2	Pain	2.2	0.7	0.5270	9.000	<0.001
3	Bleeding	1.8	0.6	0.4216	9.000	<0.001
4	Constipation	2.1	0.7	0.5164	8.573	<0.001
5	Tenderness	2.0	0.7	0.4830	8.510	<0.001
6	Sphincter Spasm	1.8	0.7	0.3162	11.00	<0.001

**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 career giving less attention to their food and other habits. During this time, they led 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. *Yasthimadhusidhghrita* 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 *Yasthimadhusidhghrita* is 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*.

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