

STUDY THE ROLE OF SHATDHAUT GHRITA IN PARIKARTIKA (FISSURE IN ANO)

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ABSTRACT

Fissure means a crack. It is a longitudinal crack in the long axis of the lower anal canal, but in reality it is a true ulcer of the skin of the wall of the anal canal. Anal fissure may be acute or chronic. *Agnimandya* is the root cause of all the diseases. Among that *parikartika* is one of them. Various life style disorders like *parikartika* is due to sedentary life style, stress, improper dietary and sleep habits. *Agnimandya* causes *malawstambha* (constipation). Ultimately improper bowel habit and constipation leads to the passage of hard stool. Finally it causes erosion and ulceration over anal mucosa which named as *parikartika* (fissure in ano). In this study total 15 patients having signs and symptoms of *parikartika* were selected from OPD and *Shatdhaut Ghrita* was applied locally in each patient for 7 days daily. Patients were assessed on following parameters such as pain, per rectal bleeding, itching, and burning sensation. The significant improvement was observed in sign and symptom after treatment.

Keywords: *Parikartika*, *Shatdhaut Ghrita*, Fissure in ano

INTRODUCTION

In this present era, due to changing life style such as sedentary life style, increased stress, improper dietary and sleep habits various life style disorders are increasing continuously. This leads to *agnimandya* which is the root cause of all the diseases out of which *parikartika* is the commonest one.

The remarkable feature of fissure in ano is that it has a constant position which is nearly always in the mid line of the posterior wall of the anal canal, occasionally it occurs in the middle of the anterior anal wall, and exceptionally it is found elsewhere on the circumference of the anus. It is mostly single but rarely two or more fissures co-exist. The anal fissure is elongated, with its long axis parallel to the long axis of the anal canal. The proximal bor-

der- the upper internal and begin a short distance to the dentate line. The distal border- the lower end lies just proximal to the anal verge. Acute anal fissure is a deep tear, which extends into the anal canal through the anal margin skin. The edges are edematous. Chronic fissure in ano is characterized by indurate and inflamed margins with a scar tissue at its base involving of the internal sphincter muscle. The shape of the ulcer is cone shaped, and it is frequently accompanied by a loose tag of skin, usually edematous, such a tag is known as `Sentinel pile`. Sentinel means, an umbrella or a guard.⁽¹⁾

The wide description of *parikartika* including its treatment is available in the classics^(2, 3). This disease occurs in *gudapradesh* (anal region), the seat of

sadyapranahar marma which requires delicate treatment. Disease having *kartanvat vedana* (cutting pain) over anal region is called as *parikartika*, the signs and symptoms of which resembles as fissure in ano in modern text.

In modern science for treatment several surgical management techniques have been adopted like anal dilatation, posterior or lateral sphincterotomy, fissurectomy, excision of anal ulcer, anal advancement flap etc. But these surgical procedures have some demerits like anal incontinence, delay in wound healing, infection etc^(4,5).

ShatdhautGrita was chosen for the following reasons-

1. *Guna-Laghu, sheet, snigdha, madhur, ropana, dahashamak, vata, pittashamak, jeewanurakshak.*
2. Easy availability.
3. Cost effective.
4. Devoid of complications.

Vata shaman action of *ShatdhautGhrita* resulting in smooth muscle relaxant property leading to decreased pain during defecation and *pittashaman* property of it helps in reducing *gudadaha* (burning sensation). This ultimately results in symptomatic as well as clinical relief in complaints of *parikartika*.

Considering above points this study has been selected.

AIM AND OBJECTIVE: To study the efficacy of *ShatdhautGhrita* in the management of *parikartika*.

METHOD AND MATERIALS:

Total 15 patients of fissure in ano were selected from OPD and IPD of *Kalpataru* Ayurved hospital with informed consent of each and every patient. All general examinations and routine laboratory investigations were done of all patients. All the patients had completed the course of treatment with local application of *Shatdhaut Ghrita* in fissure in ano for 7

days daily. All the symptoms like P/R bleeding, *vedana*(pain), *guda kandu*(itching) and *guda daha*(burning sensation) were recorded daily. Specially prepared proforma was used to evaluate the patients during the study and follow up.

S.O.P.: *Goghrita* was taken from authentic source. *Shatdhaut Ghrita* was prepared as mentioned in Ayurveda text^(6,7).

Position of the patient-Patient was lying in lithotomic position. Anal region was cleaned first with distilled water then cleaned with betadine. All the dressing material used was autoclave. *Shatdhaut Ghrita pichu* was placed on fissure in ano properly. Same procedure was done daily for 7 days.

Advice: Roughage diet, intake plenty of fluids, avoiding spicy, oil food.

Selection of patients:

A] Inclusion criteria:

- 1] Patients of acute fissure in ano presenting with complaints of bleeding per rectum, pain, and pruritus were selected.
- 2] Patients with age between 18-60 years old.
- 3] Patients were selected irrespective of sex, religion, education and socioeconomic status.

B] Exclusion criteria:

- 1] Patients having fissure in ano secondary to tuberculosis, crohn`s disease, Ulcerative colitis, CA of rectum and anal canal were excluded from study.
- 2] Patients suffering from diabetes mellitus, Leprosy.
- 3] Patients with chronic sentinel pile and associated with condition like hemorrhoids, Fistula in ano.
- 4] Patients with infectious diseases like HIV and Hbsag.

Relief criteria:

- 1] Bleeding per rectum was decreased.
- 2] Burning sensation was decreased.

3] Pain was decreased.

4] Itching was decreased.

Assessment Criteria: All the patients registered for the current study were assessed on following parameters during the course of treatment.

Bleeding per rectum:

- 0 Bleeding
- 1 Mild bleeding during defecation
- 2 Moderate bleeding
- 3 Profuse bleeding

Burning sensation:

- 0 No burning sensation
- 1 Mild degree of burning sensation after defecation
- 2 Moderate degree of burning sensation after defecation

3 Unbearable burning sensation after and before defecation

Guda kandu(Itching):

- 0 No itching
- 1 Itching for 1 hour after defecation
- 2 Itching for 4-5 hours after defecation
- 3 Persistent itching for whole day

Vedana(pain):

- 0 No pain
- 1 Pain for 1 hour after defecation
- 2 Pain for 4-5 hours after defecation
- 3 Persistent pain for whole day.

RESULTS AND OBSERVATIONS:

In the clinical study 15 patients were taken. The data collected observed, summarized and statistically presented as follows-

Table No.1: Symptoms and relief percentage

Serial No.	Symptoms	Total Score			Relief Percentage.
		B. T.	A. T.	Difference	
1	Pain	25	07	18	72%
2	Bleeding P/R	16	02	14	87.5%
3	Burning Sensation	30	06	24	80%
4	Itching	28	04	24	85.71%

RESULTS:

- 1. 72% relief was observed from Pain.
- 2. 87.5% relief was observed from Bleeding P/R.
- 3. 80% relief was observed from Burning Sensation.
- 4. 85.71% relief was observed from Itching.

Statistical Analysis:

Statistical analysis was found to be significant for the symptoms by Wilcoxon signed Rank test (p<0.05).

Assessment criteria for total effect of therapy-

The relief of treatment was evaluated under four categories.

Completely relieved: 75% to 100% relief in signs and symptoms

Markedly relieved: 50% to 75% relief in signs and symptoms

Improved: 25% to 50% relief in signs and symptoms

Unchanged: Less than 25% relief in signs and symptoms

DISCUSSION

The detail description about *nidana* (causes), *samprapti* (etiology), *laxana* (symptoms), and *chikitsa* (treatment) is mentioned in SushrutSamhita, CharakSamhita, Chakradatta etc. There is detail description about conservative and surgical treatment with their complications in modern treatment of fissure in ano.

To avoid complications this study was selected. *Shatdhaut Ghrita* after preparation becomes very *sheet* (cold), so used in *osh*, *chosh*, *daha* ⁽⁸⁾. It has properties as *sukshma*, *madhur rasa*, *sheet veerya*, *madhur vipaka*, *dahashamak*. It acts as *vranaropak* (wound healing), *jeevanu-*

rakshak (disinfectant). All the above *pittashamak* properties are present in *shatdhaut ghrita*. So it is effectively relieves the signs and symptoms of fissure in ano. Additionally, *ghrita* is a known immune booster and it is this property of *shatdhaut ghrita* that leads to increase in local cell immunity. This is the causative factor that prevents recurrence of symptoms in patients treated with *Shatdhaut-Ghrita*.

Ghrita contains vit. A, D, E, K. Vitamin A and E are antioxidant and are helpful in preventing oxidative injury to the body. Vitamin A keeps epithelial tissue of the body intact. It also contains 4-5% linolenic acid as essential fatty acid, which promotes proper growth of human body. Lipophilic action of *ghrita* facilitates transportation to a target organ and finally delivery inside the cell because cell membrane also contains lipid. This lipophilic nature of *ghrita* facilitates entry of the formulation into the cell and its delivery to the mitochondria, microsome and nuclear membrane⁽⁹⁾.

CONCLUSION

ShatdhautGhrita because of its cooling, antiseptic, astringent and other *pittashamak* properties is highly effective in the management of fissure in ano. By increasing local cell immunity it prevents recurrent symptoms in patients treated with *ShatdhautGhrita*. But time demands to work on more patients and detail research on fissure in ano.

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