

EFFICACY OF YASTHIMADHU SIDH GHRITA WITH TRIPHALA CHURNA IN THE MANAGEMENT OF PARIKARTIKA W. S. R. TO FISSURE-IN-ANO

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ABSTRACT

The commonest ailments in ano rectal region are *Arsha* (piles), *Bhangadar* (fistula in ano), *Parikartika* (Fissure-in-no), *Gudakandu* (pruritus ani) and *Gudavidradhi* (abscess) etc. As per classics *Parikartika* is a *vyapad* (complication) due to *Basti* (medicated enema) and *Virechan* (therapeutic purgation) or due to improper food habits and lifestyles leading to vitiation of *Pitta dosha* and develops indigestion in the patient which vitiates *Apanavata* and its functions which leads to fissure causing severe pain in the anal region along with severe spasm of anal sphincter. *Acharya Sushruta*, while explaining *vamana* (therapeutic-emesis) *virechana vyapat* (complication) tells that a debilitated person with *Mridu Koshta* (mild digestive power) or *Mandagni* (poor appetite), who intakes the *Ati-Rooksha* (dry), *Ati-Teekshna* (spicy), *Ati-Ushna* (hot), *Ati-Lavana Ahara* (salty) or ingestion of *Virechana Oushadhi* causes the *Dooshana* (vitiates) of *Pitta Dosha* and *Vata Dosha* which leads to *Parikartika*. In this study, the patients were divided in two groups. One group was treated with *Yasthimadusidh ghrita* and second with *Yasthimadusidh ghrita* and *Triphala churna* in acute condition of anal fissure. The findings were noted after 1st, 2nd, 3rd and 4th week of treatment and assessment of the results were done. After completion of treatment of local application in both groups, it was observed that statistically the results in both the groups were found highly significant.

Keywords: *Basti*, Fissure-in-ano, *Parikartika*, *Yasthimadhusidh ghrita*, *Triphala*, *Virechan*

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. Whereas *Maharishi Charaka* has mentioned the features like pricking pain in groins and sacral region, scanty constipated stools and bleeding per anus². They have mentioned about this

entity *parikartika* though not as a separate disease but as a complication of various conditions viz. *Vatika Jwara*, *Vatika Atisara*, *Garbha*, unlawful administrations of purgatives or enemas³. *Acharya Kashyapa* has mentioned that the condition *parikartika* has three types according to the predominance of the *dosha* and their treatment is to be done accordingly⁴.

An anal fissure is a painful tear or split in the distal anal canal. Patients typically complain of

severe anal pain during and after defecation, lasting minutes to hours. Bleeding, in the form of bright red blood, is commonly seen either on the toilet tissue or streaking the stool surface⁵.

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 have also been held responsible for the formation of the disease fissure-in-ano.

Depending on type of disease, wide range of treatments like anal dilatation, posterior sphincterotomy and fissurectomy, lateral anal sphincterotomy, Yanoplasty in acute/chronic fissure-in-ano are mentioned. All these treatments have their own limitations and side effects⁵.

According to *Ayurvedic* literature, there are several methods of treatment i.e. *Bhaisaja* (drug administration), *Kshara* (application of alkali), *Sastra Karma* (surgical treatment), *agnikarma* (cauterization) etc. Among them *Bhaisaja Karma* is the first line of treatment. Any treatment to be advocated for the treatment of *parikartika* must have the property of *vranaropana* (wound healing), *Vedna Sthapana*, *Dahaprashamana* and *Vata Pittahara*.

For the management of *vrana*, sixty *upkramas* (methods) are explained by *Acharaya Sushruta*. Among these sixty *upakramas* *Kshaya*, *varti*, *Kalka*, *Sarpi*, *Taila* and *Rasakriya* are explained as *shodhana* and *Ropana* of *Vrana*. *Yas-*

timadhusidh ghrita is having properties like *Sodhana* (cleaning), *Vrana ropana*.⁶ It removes the accumulated secretions in the fissure bed; it promotes healing and also reduces probable secondary infections.

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. Hence the present study was carried out with an aim for evaluation of *Yashtimadhusidh ghrita* in combination with *Triphala churna* in the management of acute fissure-in-ano keeping equilibrium of various *doshas*.

AIM AND OBJECTIVE:

1. To evaluate the efficacy of *Yashtimadhusidh ghrita* in combination with *Triphala churna* in the management of acute fissure-in-ano.
2. To study the nature of disease and its changes during the course of treatment.

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 *yashtimadhusidh ghrita*

MATERIALS AND METHODS

Design of Study:

The patients attending the O.P.D. and I.P.D. of the J.I.A.R. Jammu and Govt. hospital, Kot Bhalwal were selected 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. 20 patients with complaints of *parikartika* were randomly selected. Patients were randomly divided into two groups viz. –

Group A (Treated with *Yasthimadhusidh Ghrita*):

In this group, the patients were given *Yasthimadhusidh ghrita* in the dose of 5 ml intrarectally twice a day for 30 days.

Group B (*Yasthimadhusidh ghrita* with *Triphala churana*):

In this group, the patients were given *Yasthimadhusidh ghrita* 5ml bd & *triphala churana* 3gm at bed time.

All the patients were given standard conservative routine treatment with *Pathya Apathya*.

Sitz bath with luke warm water twice a day.

Assessment criteria:-

After local application of *Yasthimadhusidh ghrita* and *Yasthimadhusidh ghrita* with *Triphala churana* orally for one month, improvement of the clinical symptoms noted and the results were assessed on the basis of subjective and objective criteria.

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
5	4	Severe burning after defecation throughout the day				

Table 2: Objective Criteria:

S.No.	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 OBSERVATIONS:

S. No.	Symptoms	Group	Mean		SD	Paired 't'	P value
			BT	AT			
1	Burning	Group A	2.3	0.5	0.2416	13.50	<0.001
		Group B	2.3	0.2	0.3162	21.00	<0.001
2	Pain	Group A	2.2	0.7	0.5270	9.000	<0.001
		Group B	2.1	0.3	0.4216	13.50	<0.001
3	Bleeding	Group A	1.8	0.6	0.4216	9.000	<0.001
		Group B	1.4	0.3	0.3162	11.00	<0.001
4	Constipation	Group A	2.1	0.7	0.5164	8.573	<0.001
		Group B	2.1	0.3	0.6325	9.000	<0.001
5	Tenderness	Group A	2.0	0.7	0.4830	8.510	<0.001
		Group B	2.1	0.3	0.6325	9.000	<0.001
6	Sphincter Spasm	Group A	1.8	0.7	0.3162	11.00	<0.001
		Group B	1.7	0.3	0.5164	8.573	<0.001

DISCUSSION AND CONCLUSIONS

The healing of fissure-in-ano is different from the healing of any other ulcer because there is constant contamination of the wound by feces and its frequent friction with the mucosa while there is continuous spasm of the sphincteric muscle. These are the important factors which keep a fissure away from normal healing. In such situation a drug which produces a soothing effect, *Vata-Pitta hara*, *Vedna Sthapana*, *Vrana Sodhana*, *Vrana Ropana* and influences reduction of inflammation will be more suitable. *Yasthimadhusidh ghrita* probably has these

properties. But as far as main symptoms are concerned pain (burning and cutting) may be relieved due to the property of *Vedna Sthapana*, *Dahaprashamana* and *Vata Pitta hara* as treatment is aimed to pacify *Vata* and *Pitta dosas*.

According to modern pharmacological action consult, this drug has anti-inflammatory, antimicrobial, smooth muscle depressant, hepatoprotective, spasmolytic, anti-diuretic, anti-ulcer, anti-pyretic, anti-oxidant, expectorant and steroidal activity⁵.

Triphala is considered as a *tri doshic rasayan* having balancing and rejuvenating effects

on the three constitutional elements that govern human life: *vata*, *pita* and *kapha* and has an action of acting as a mild laxative. *Triphala* cleanses *ama* i.e. the toxin that somehow gets accumulated in the body due to the routine body activity. It is just not the laxative but is helpful in cleaning and detoxification of all the vital body tissues. Due to its anti-microbial action it does not let any kind of infection to creep into our body and therefore is helpful in making our body clean⁷.

It is the amount of inflammation and spasm which is responsible for producing the agonizing pain in cases of fissure-in-ano. *Yasthimadhusidh ghrita* 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. It is this soothing effect of *Yasthimadhusidh ghrita* in combination with *triphala churna* which makes this combination an ideal drug group for the treatment of fissure-in-ano.

Thus finally it can be concluded

1. That *Yasthimadhusidh ghrita* is quite effective in the management of *parikartika* as a local application.
2. From socio economic point of view, the *Yasthimadhusidh ghrita* application is technically safe with minimal expenditure suitable for all categories of people.
3. *Yasthimadhusidh ghrita* is having properties like *Sodhana*, *Vrana ropana*. Sixty *upkramas* has been explained by *Acharaya Sushruta* for the management of *vrana*. Among these sixty *upkramas* *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 pro-

motes healing and also reduces probable secondary infections.

4. 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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