A COMPARATIVE CLINICAL STUDY ON THE EFFICACY OF YASHTIMADHU GRHITA MATRA BASTI AND KASISADI GHrita MATRA BASTI IN THE MANAGEMENT OF PARIKARTIKA W.S.R TO ACUTE FISSURE-IN-ANO

Savadi B.S¹, Hiremath Sangamesh², Gonmei Kariugai³

¹H.O.D (Shalya Tantra), ²Associate Professor (Shalya Tantra), ³PG Scholar (Shalya Tantra), SJG AMC, Koppal, Karnataka, India

Email: kariugaigne@gmail.com

ABSTRACT

Parikartika is considered as one of the most painful ano-rectal conditions affecting majority of the population in modern world. It is characterized by Daha, Teevrashoola at anal region, associated with Vibhanda, Anilasanga and Nabheradhorujam. Treatment modalities mentioned in modern science include, pain killers, application of local anesthetics, sphincterotomy and fissurectomy. Parikartika is likely to be caused by vitiation of Vata and Pitta Doshas. Keeping in mind the complication and adverse outcomes of the above mentioned treatment modalities, here is an attempt made, to find an effective solution for Parikartika. Here in the study a comparison is made between Yashtimadhu Ghrita and Kasisadi Ghrita in treatment of different signs and symptoms of Parikartika. Yashtimadhu Ghrita and Kasisadi Ghrita is known for its Vata-hara, Pitta shamaka and Vranasodhaka, Ropaka properties where both, its base are Ghrita, which itself is having Samskara anuvarti and healing properties.

Keywords: Parikartika, Yashtimadhu Ghrita, Kasisadi Ghrita, Samskara anuvarti.

INTRODUCTION

The art and science of surgery protects the patients from localized diseases primarily. The best surgeon is he who can distinguish the possible from the impossible.

Current surgical parlance has made enormous progress in branches like neurosurgery and microscopic surgeries. But certain diseases seem to mock the progress achieved. They demand for innovative techniques for their management.

Fissure-in-ano is a disease which recurs or is apt to additional trouble after conventional surgery. Many techniques have been tried, each by no means better than the other. It is a small longitudinal ulcer in long axis of lower anal canal producing too much of pain when compared to its size. The common causes are constipation, spasm of internal sphincter, or secondary due to systemic conditions like ulcerative colitis, etc. and also when too much of skin is removed in hemorrhoidectomy or surgeries of fistula-in-ano¹. This condition makes it even more necessary to find out an easily accessible and result oriented remedy to improve the condition of young individuals for better outcome on their part.
Unlike older times the additional causes for fissure-in-ano formation like constipation, spasm, surgical catastrophe during operation for hemorrhoids followed by anal stenosis have increased, but also the incidence of the secondary causes for fissure in ano like ulcerative colitis and tuberculosis have increased. All these contribute to the frequency of incidence of fissure-in-ano.

Considering the treatment according to modern science, the one for acute fissure is most likely of conservative nature with oral pain killers, stool softeners, smoothening ointments or injection of long acting anaesthetizing drug. In chronic cases usually surgical management is called for. Procedures like anal dilatation, posterior or lateral sphincterotomy or fissurectomy are in vague but unyielding in terms, that the complication of these procedures like recurrence, incontinence and pruritus are even more agonizing than the actual pathology. Thus a proper line of treatment is still lacking.

Fissure-in-ano is a burning problem of the society as well as medical science. A humble effort to understand the condition in Ayurvedic aspect was done and “Parikartika” was one condition found to be similar to fissure-in-ano on basis of symptoms. Acharya Sushruta has described the term “Parikartika” as a condition of Guda in which there is cutting and burning pain\textsuperscript{2}. Similarly Dalhana, Jejjata have also clearly described Parikartika as a condition which causes cutting pain in anus\textsuperscript{3}. Acharya Charaka and Vagabhatta used two words, “Vikartika” as well as “Parikartika” for denoting the condition\textsuperscript{4}. Chakrapani also opines the same\textsuperscript{5}.

The factors responsible for causation of parikartika are found in various texts as Vamana-Virechanavayapada, Bastikarmavayapada, Atisara, Grahani, Arsha, Udavarta etc\textsuperscript{6}. Very lately in chronology Acharya Kashyapa has described it in three types viz. Vataja, Pittaja and Kaphaja\textsuperscript{7}. Acharya Sushruta while describing the symptoms of the disease he speaks of the features like cutting or burning pain in anus, penis, umbilicus and neck of bladder with cessation of flatus\textsuperscript{8}, whereas Charaka has described the features like, pricking pain in groins and sacral region, scanty constipated stools and frothy bleeding per anus\textsuperscript{9}.

Hence, from the repeated advocacy of Sushruta and other ancient Acharyas, it has been decided that “Parikartika” should be treated like Sadhyavrana by administration of Yashtimadhu Ghrita basti or Kasisadi Ghrita basti.

The new modality of Ghrita basti was tried here especially for the treatment of Acute fissure-in-ano, instead of surgical procedures. This method of comparative treatment is being tried for the first time, and was selected on the basis of the fact is that Ghrita so prepared has very good Vrana Sodhana and Vrana Ropana property.

The assessment of clinical study was done on subjective parameter like, Pain, Burning sensation, Constipation and Pruritis-ani, before treatment, after treatment and after 1\textsuperscript{st}, 2\textsuperscript{nd}, and 3\textsuperscript{rd} follow-up, in both the groups. The findings were compared and subjected statistical analysis to draw the conclusions.

This clinical study has been carried under the rigid rules of clinical research methodology.

**Aim and Objectives:**
- Detailed literary review on Parikartika and Acute fissure-in-ano.
- Evaluation on the effect of Kasisadi Ghrita matra basti in the management of Acute fissure-in-ano.
- Compare and ascertain the effect of matrabasti of Yashtimadhu Ghrita and Kasisadi Ghrita in Acute fissure-in-ano.

**MATERIALS AND METHODS:**

**Source of Data:**
- a) Clinical Source: Patients of either sex was randomly taken from OPD & IPD of S.J.G.A.M.C & Hospital, P.G Studies and Research Centre, Koppal.
- b) Literary Source: Literary aspect of study was collected from Classical Ayurvedic text, modern texts, recent journals and e-medical journals.
- c) Drug Source: The drugs were collected from market and the medicine was prepared in the Pharmacy.
section of S.J.G.A.M.C & Hospital, P.G Studies and Research Centre, Koppal.

METHOD OF PREPARATION

Yastimadhu Ghrita\textsuperscript{10}: Yastimadhu Ghrita was prepared by Snehapak vidhi according to Sushruta Samhita Chikitsa Sthana, Chapter 31, Snehopayogika Chikitsa Adhyaya. Proportion used was \(1:4:16\)
The medicines such as Yashtimadhu, Tagar, Devadaru, Haridra, Nirgundi and Udumbara- 1 part is made into small pieces. And 16 part of water was added and Kwatha is prepared as per Kwatha Vidhi, until it reduced to Chaturamsha i.e. \(\frac{1}{4}\) of the quantity and is subjected to filtration.
To this 4 part of Goghrita was added and cooked over mandagni till only Ghrita part remains. Then obtained Yashtimadhu Ghrita was filled into a container and was labeled.

Kasisadi Ghrita\textsuperscript{11}: Each 1 part of Suddha Kasisa, Katuki, Jati and Haridra each were made into small pieces. And 16 part of water was added and Kwatha is prepared as per Kwatha Vidhi, until it reduced to Chaturamsha i.e. \(\frac{1}{4}\) of the quantity and is subjected to filtration.
To this 4 part of Goghrita was added and cooked over mandagni till only Ghrita part remains.

INSTRUCTION FOR ADMINISTRATION:

Yastimadhu Ghrita: Yastimadhuadi Ghrita is infiltrated using small rubber tubes and syringe, for infusion 30ml of Ghrita is used, once daily for 8 days.

Kasisadi Ghrita: 30 ml of Kasisadi Ghrita is infiltrated in Guda with the help of rubber catheter (no. 6 - 9) and 30 cc plastic syringes, once a day for 8 days.

Yastimadhu Ghrita: This combination contains drugs which are having Vrana Sodhana and Ropana properties. The drugs possessed Vata-Pitta Samana property. The disease is Vata- Pitta predominant. Ghrita is the medium of combination. It possessed Vrana Sodhana and Ropana properties and is Vata-Pitta Samana. Therefore, the action of the drug is enhanced by Ghrita. It also reduced the Rukshata of Vayu and maintain the normal tone of muscles.

Kasisadi Ghrita: Kasisadi Ghrita is having properties like Sodhana, Vrana Ropana, Sothahara, Varna Prasadana, Sulahara especially Tridosahara. Thus it removes the accumulated secretions in the fissure bed, it promotes healing and also reduces probable secondary infection.

<table>
<thead>
<tr>
<th>Table 1: Yastimadhu Ghrita</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drugs</strong></td>
</tr>
<tr>
<td>Tagar</td>
</tr>
<tr>
<td>Nirgundi</td>
</tr>
<tr>
<td>Devadaru</td>
</tr>
<tr>
<td>Udumbara</td>
</tr>
<tr>
<td>Haridra</td>
</tr>
<tr>
<td>Yastimadhu</td>
</tr>
<tr>
<td>Ghrita</td>
</tr>
</tbody>
</table>
Method of Collection of Data:

a) Study Design: A single open randomized comparative clinical trial.

b) Sample Size: 30 patients of either sex were randomly selected for the clinical trial and were equally distributed in two groups as mentioned below.

Group A: 15 Patients was administered with Yashtimadhu Ghrita matra Basti.

Group B: 15 Patients was administered with Kasisadi Ghrita matra Basti.

Criteria for Selection

Inclusion Criteria:
1. Patients with clinical features of Acute Fissure-in-ano.
2. Patients of either sex with age group between 20 – 40yrs.
3. Patients fit for Basti karma.

Exclusion Criteria:
1. Patients having Chronic Fissure-in-Ano (Parikartika) secondary to Ulcerative colitis, Crohn’s disease, Malignancy, etc.
3. Systemic disorders like DM, HTN, TB, etc.
4. HIV & HBsAg Positive.
5. Pregnancy.

Criteria for Diagnosis:

Posology: Matra Basti will be administered in the dose of 30 ml/day for 8 days, according to classic reference.

Study Duration: 24 days (Treatment schedule of 8 days, course of Matra Basti for the both groups).

Follow up: on 9th day, 16th and 24th day, of the treatment.

Assessment of result:
Subjective parameters before and after the treatment was compared and statistically analyzed.

Subjective Parameters:

Gudagata Shula (Pain)
0 = No pain; 1 = mild; 2 = moderate; 3 = severe

Gudagatatadaha (burning sensation)
0 = Absent; 1 = mild; 2 = moderate; 3 = severe

Vibandha (Constipation)
0 = No constipation; 1 = Hard stool once in 4 days; 2 = Hard stool once in three days; 3 = Hard stool once in two days; 4 = Hard stool daily

Kandu
0 = No Kandu /Itching; 1 = mild; 2 = moderate; 3 = severe

Assessment of response:
Assessment of condition has been done based on detailed Performa, adopting standard scoring methods of subjective parameters and analyzed using paired ‘t’ test and unpaired ‘t’ test along with other suitable statistical method whenever necessary.
Out of 30, all the patients of either group were having the complaint of Gudaghata Shula and Gudaghata Daha.
In Group A, 13 patients, i.e. 86.6% and in Group B, 11 patients, i.e. 76.6%, were having Vibhanda.
In Group A, 14 patients, i.e. 93.3% and in Group B, 14 patients, i.e. 93.3%, were having Kandu.

**Result interpretation:**
In Group A, patients were given Matrabasti with Yashtimadhu Ghrita, whereas in Group B, patients were treated with Kasisadi Ghrita.
Data was collected at different stages- on 9 days, 16 days and 24 days.

<table>
<thead>
<tr>
<th>Response</th>
<th>GROUP A (YASHTIMADHU GHIRITA)</th>
<th>GROUP B (KASISADI GHIRITA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unchanged</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mild Response</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Moderate Response</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Marked Response</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Complete Response</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

The overall response of Yashtimadhu Ghrita was 100% with marked response of 40% whereas Kasisadi Ghrita also showed 100% response, but with moderate response of 53%.

**DISCUSSION**
Relief in the cardinal symptoms:
**Guda Daha:** 56% of relief is seen in Group A and 27% relief is seen in Group B.
**Cutting Pain:** 69% of relief is seen in Group A and 39% relief is seen in Group B.

**Aniyata Vibhandha:** 46% of relief is seen in Group A and 31% relief is seen in Group B
**Kundu:** 60% of relief is seen in Group A and 37% relief is seen in Group B.
Relief in the disease:
When percentage of relief in the disease is concerned, ‘A’ group was having marked response of 40%, Moderate response of 60% and unchanged rate of 0%. In ‘B’ group, it was having moderate response of 53%, mild response of 47%
From these findings it is clear that ‘A’ group was having better effect over the curing of the disease than ‘B’ group.
Altogether results of the study of 30 patients on Parikartika clearly showed that 40% patients were cured and 60 % of the patients were of improved rate.

PROBABLE MODE OF ACTION OF YASTIMADHU GHrita:
A drug which produces a soothing effect, Madhura Rasa, Sheeta Virya, MadhuraVipaka, Vata-Pittahara, Vedna Sthapanan, Vrana Sodhanan, Vrana Ropana and influences reduction of inflammation will be more suitable than drug which may act as the best healer of ulcer on other parts of the body. Yastimadhu Ghrita probably has these properties.
According to modern pharmacological action consult, this drug has a patent anti-inflammatory and steroidal activity. It is the amount of inflammation and spasm which is responsible for producing the agonizing pain in cases of fissure-in-ano. Yastimadhu Ghrita probably is able to counteract these two factors more efficiently than other drugs.

PROBABLE MODE OF ACTION OF KASISADI GHrita:
A drug which produces a soothing effect; Vrana Sodhana, Vrana Ropana, Vedana Sthapanan and Vata-pittahara action, is more suitable. Vata-pittahara property may be due to its Ghrita base and it probably removes the accumulated secretions in the fissure bed, promotes healing and reduces secondary infection too. This soothing effect of Kasisa and in combination with other mentioned drugs which makes this combination an ideal drug group for the treatment of acute fissure-in-ano.

CONCLUSION
On the basis of Ayurvedic texts, views of ancient scholars, facts and observations done in the present clinical research work some points can be concluded like –
- The site of Parikartika is Guda, which is similar to the site of fissure-in-ano.
- Vata and Pitta Dosa have dominancy in the development of the disease Parikartika, but Vata is more predominant.
- Excessive consumption of Lavana, Katu, Tikta, Ruksa, Usna Ahaara and irregular diet and diet timings are the main precipitating factors of this condition.
- The most evident symptom present i.e. pain and spasm of anal sphincters in Acute fissure-in-ano, can be relieved much earlier by the application of Yastimadhu Ghrita and Kasisadi Ghrita as matrabasti.
- The use of Yastimadhu Ghrita and Kasisadi Ghrita has a definite role in the treatment of acute fissure-in-ano, in terms of earlier relief in cardinal and general symptoms and quick healing of ulcer too, when combined with good dietary habits and healthy lifestyle of patients.
- In the present study it can be concluded that application of Yastimadhu Ghrita is slightly superior in comparison to Kasisadi Ghrita in the management of acute fissure-in-ano (Parikartika).

REFERENCES
1. John Goligher et al. Surgery of the anus, rectum and colon. 5th edition, Delhi; New Age International

6. Agnivesa- Charaka Samhita, revised by Charaka and Dridabala with Ayurveda Dipika commentary by Chakrapanidatta, edited by Vaidya Jadavji Trikamji Acharya, published by Chaukhamba, Varanasi. (Ch Si. 7/10).


Source of Support: Nil
Conflict Of Interest: None Declared