



COLLATED UPSHOT OF INDIGENOUS DRUGS IN THE MANAGEMENT OF *PARIKARTIKA* W.S.R TO FISSURE-IN-ANO

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ABSTRACT

The deleterious dietetic habit and regimes leads to digestive disturbances; which further leads to disturbances in bowel habits. Among these disorders *Parikartika* is one in which patient experiences unendurable pain during and after defecation, burning sensation etc. due to agony of pain patient avoids to defecate, hence constipated. Fissure-in-ano afflicts both sexes but males suffer posteriorly while females suffer anteriorly. Until now some drugs were tried as an external application to relieve the pain and healing of the ulcer. This study was conducted to find the efficacy Ayurvedic drug over the standard modern drug. The patients attending OPD & IPD of Jammu Institute of Ayurveda and Research College and Hospital, were the source for study. 30 patients were clinically diagnosed as *Parikartika* were selected randomly and divided into two groups. **Group A:** Comprised of 15 patients and they were administered internally with *Vedanasthapana Kshaya* 1 Pala b.d, *Erandbhrshta Haritaki* at bed time, local application of *Karpoora Ghrita* 4 times a day and sitz bath with *Panchvalakala Kwatha* three times a day and before and after the defecation. **Group B:** Consisted of 15 patients and were administered internally with Ofloxacin, Ornidazole (200+500mg) combination b.d, Diclofenac sodium (50mg) b.d, Sodium picosulfate 1 tsf bedtime, sitz bath with lukewarm water. Duration of treatment was two months. The patients were followed up fortnightly for a period of two months. Both the groups had shown statistically significant changes. The therapy provided significant relief and healing of ulcer in this study. Therefore prescription from Bhaishjya Ratnawali of *Karpoora Ghrita* and *Pachvalkala Kwatha* along with Acharya Charak prescription of *Vedanasthapana Kshaya* and *Anubhutta Yoga* of *Erandbhrshta Haritaki* showed good and alternative result for the modern standard prescription.

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INTRODUCTION

Fissure-in-ano is a very common and painful condition. Fissures occur most commonly in the midline posteriorly, the least protected part of the anal canal. In males fissures usually occur in the midline posteriorly (90%) and much less commonly anteriorly (10%). In females fissures on the midline posteriorly commoner than anteriorly (60:40).¹ the numerous diseases having pain as a primary character, *Parikartika* is one among them. Pain is highlighted symptom characterised by sufferer. *Parikartika* is a longitudinal tear in the long axis of lower anal canal which can be observed anteriorly or posteriorly, very painful and difficult to heal². Our ancient epics had already mentioned the condition 3000BC back. Acharya Sushruta and Charaka had mentioned this as a complication of other diseases and Karmas^{3,4}. Later on it developed as an independent disease due to fanciful diet and unhealthy food habits

results in the vitiation of *Doshas*, which in turn cause disturbances in digestive tract further biological clock is altered leading to irregularity in the excretory functions like defecation and micturation. Because of altered food habits constipation occurs, which cause tear in the anal canal. *Parikartika* is very much similar to the fissure-in-ano as mentioned in the modern texts. The pain is an important subjective sensation experienced by the patient in various pathological manifestations. A sensation of pain, which is the result of stimulant with sufficient threshold, primarily acts as an important protective mechanism i.e. a warning signal, but later become pathological.

In this present study the patients suffering from fissure-in-ano are subjected to *Karpoora Ghrita*, *Vedanasthapana Kshaya*, *Panchvalakala Kwatha* sitz bath and *Erandbhrshta Haritaki* for assessment of their

analgesic effects and healing the wound of fissure-in-ano. The result is compared with modern established Diclofenac sodium, Ofloxacin, Ornidazole, Sodium picosulfate and warm water sitz bath. An effort has made in this study to find effective *Vedanasthapana Upaya* for patients who are suffering from fissure-in-ano.

For this present study 30 patients attending to OPD and IPD of Shalya Tantra in Jammu Institute of Ayurveda and Research College and Hospital, are selected randomly and divided in two groups and subjected to clinical trial. Group- A Is administered with *Vedanasthapana Kshaya, Karpoora Ghrita, Panchvalkala Kwath* sitz bath and *Erandbhrshtha Haritaki*. Group- B Is administered with Diclofenac Sodium, Ofloxacin Ornidazole and Sodium picosulfate and luke warm water sitz bath. The schedule for treatment is for seven days and follow up fortnightly for two month.

MATERIALS AND METHODS

Source of data: Inpatients and Outpatients with complaint of *Parikartika* from J.I.A.R Hospital Jammu, Nardni.

Method of collection of data: 30 randomly selected Patients with complaints of *Parikartika*. Patients will be grouped into two groups of 15 patients each and the results will be assessed on comparative studies of features of BT and AT proforma, designed especially for this study.

In the group A: It consists of 15 patients. Internal medication with *Vedanasthapana Kshaya* 1 pala b.d and *Erandbhrshtha Haritaki* 1tsf at bed time, locally *Karpoora Ghrita* in form of *Pichu* after anal dilatation, sitz bath with *Panchvalkala Kwatha* 8 hourly and before and after defecation.

In group B: Internal medication with Ofloxacin and ornidazole (200+500mg) 1 tab b.d and diclofenac sodium (50mg) 1 tab b.d and sodium picosulfate syp 5ml bed time and sitz bath with lukewarm water.

Selected patients were asked to visit on 7th day, 22th day, 37th day, 52th day, and 60th day and were examined for the findings and assessed according to the assessment criteria mentioned in the proforma and data were collected.

Intervention: Patient will be admitted in the hospital after explaining the treatment procedure. The patient will be kept NBM night before the treatment and enema will be given before the procedure. After making lithotomy position, the *Ghrita* is applied locally in patients of Group A. But no medicine is applied locally in Group B. After the procedure, medicines of Group A and Group B will be given orally separately.

Duration of treatment – 2 months

a) Observation period: The patients are observed up to 2 months. Assessment criteria will be recorded at intervals of seven and fifteen days during observation period.

b) Inclusion criteria

Patient willing to undergo trial

Patients who are clinically diagnosed as *Parikartika*

Patients of both sexes

Age between 20 years-60 years.

c) Exclusion criteria

Patients who are not willing to undergo the trial

Patients having any anorectal disease other than Fissure

Patients with uncontrolled systemic disease like D.M., Hepatitis, T.B., HIV

Pregnant women

Assessment criteria: The patient’s response is assessed on the basis of subjective and objective criteria.

Subjective criteria- Nature of pain:

As the sufferer himself expressed the pain in his own terms, so this was graded, starting from mild to unbearable. The grading given is

1. Grading for Nature of Pain

Symptom		Grading
Absent	-	0
Mild	-	1
Moderate	-	2
Severe	-	3
Unbearable	-	4

2. Grading for Pain Duration

Symptom		Grading
No Pain	-	0
30min	-	1
60min	-	2
12hours	-	3
24hours	-	4
>24hours	-	5

3. Grading for constipation

Symptom		Grading
Absent	-	0
Mild	-	1
Moderate	-	2
Severe	-	3

4. Grading for Bleeding

Symptom		Grading
Absent	-	0
In streak	-	1
In drops	-	2
Profuse	-	3

5. Grading for Passing flatus

Symptom		Grading
Without effort	-	0
With effort	-	1

6. Grading for Diarrhea

Symptom		Grading
Absent	-	0
Present	-	1

7. Grading for itching

Symptom		Grading
Absent	-	0
Complain when asked	-	1
Relieved with sitz bath	-	2
Often and discomfort	-	3
Severe and constant all day	-	4

8. Grading for discharge

Symptom	Grading
Absent	0
Occasional	1
Often feeling wetness	2
Wetness but no soiling of clothes	3
Soiling of clothes	4

Objective criteria**1. Grading for size of ulcer**

Symptom	Grading
Absent	0
1-5mm	1
6-10mm	2
>10mm	3

2. Grading for Location of Ulcer

Symptom	Grading
Absent	0
Anterior	1
Posterior	2

3. Grading for sphincter tone**Symptom**

Normal	-	0
Spasmodic	-	1

4. Grading for proctitis

Symptom	Grading
Absent	0
Present	1

5. Grading for Local Tenderness

Symptom	Grading
Absent	0
Pain on palpation	1
Tenderness on light pressure	2
Pain on touch	3
Does not allow to touch	4

RESULTS

Statistical analysis: This was conducted on SPSS software, paired sample t-test were used to find out the significant level of these drugs. By comparing before and after statistics at 95% confidence level it showed that almost all pairs were statistical significant.

Table 1: Showing effect of therapy on different signs & symptoms before and after treatment

S.No	Symptoms	Group	Mean		S.D		S.E		Paired t-test		
			BT	AT	B.T	A.T	B.T	A.T	df	t-value	p-value
1.	Pain	A	2.86	0.20	0.64	0.458	0.165	0.118	14	19.86	0.00
		B	3.06	0.4	0.704	0.507	0.182	0.131	14	16.73	0.00
2.	Duration of pain	A	3.13	0.26	0.743	0.488	0.192	0.118	14	17.35	0.00
		B	3.06	0.4	0.799	0.507	0.206	0.131	14	11.48	0.00
3.	Constipation	A	1.53	0.006	0.990	0.258	0.256	0.067	14	6.20	0.00
		B	1.67	0.2	1.11	0.414	0.29	0.108	14	5.505	0.00
4.	Bleeding	A	1.20	0	0.77	0	0.2	0	14	6.00	0.00
		B	1.80	0	0.67	0	0.175	0	14	10.31	0.00
5.	Flatus passes	A	0.4	0	0.50	0	0.131	0	14	3.06	0.009
		B	0.33	0	0.48	0	0.126	0	14	2.65	0.019
6.	Diarrhea	A	0	0	0	0	0	0	0	0	0
		B	0	0	0	0	0	0	0	0	0
7.	Itching	A	0.33	0	0.488	0	0.126	0	14	2.65	0.019
		B	0.33	0	0.488	0	0.126	0	14	2.65	0.019
8.	Discharge	A	3.53	0.33	0.516	0.488	0.133	0.126	14	14.38	0.00
		B	3.6	0.40	0.507	0.507	0.131	0.131	14	18.33	0.00

INVESTIGATIONS

The routine blood tests were advised to exclude the systemic diseases. In blood tests recommended tests are; Hb%, TLC, DLC, ESR and RBS. The normal urine routine test is sugar, albumin and microscopy⁵.

DISCUSSION**Probable Mode of Action of all the Indigenous Drugs**

On the basis of above description & clinical findings probable mode of action of drugs of Group A on *Parikartika* can be hypothetically postulated. Due to *Kashaya Rasa*⁶, the excessive reactionary inflammation is being checked in earlier phase (*Pitta Kaphashamak*), squeezes out toxins and necrotic tissue (*Pidana*) and thus checks excessive exudation and connective tissue response (*Kleda Puya Sleshama Shoshana*) and thus facilitate wound healing (*Ropana*). The drugs are having Guru⁷, Rooksha⁸ and SheetaGuna⁹ which also scrapes away the unhealthy tissues, dry up the discharge and ultimately helps in promotion of healing by nourishing

the tissues.

*Katu Rasa*¹⁰ reduces the local discharge (*Kleda Upshoshana*), irritation (*Kandu Prashamana*), act as antimicrobial (*Krimighana*) and discourages excessive granulation tissue formation (*Vranan Avasadhyati*). Further all these actions are enhanced by *Tikta Rasa*. Due to *Srotoshodhana* property of *Katu Rasa* and *Tikta Rasa* channels get clear away (*Srotamsi Vivrunoti*), *Ushna Virya*¹¹, *Laghu*¹², *Teekshana*¹³ *Sukshma*¹⁴ *Guna* it penetrates in deep tissues and debride the wound.

*Madhura Vipaka*¹⁵ and *Snigdha Guna*¹⁶ further facilitate *Vrana Shodhana*, *Ropana karma*, which further helped in removal of any debris left (*Madhur Srishthvinmutro*)¹⁷, helps in growth of destroyed *Vrana Adhithana* (*Tatra Madhur Rasa Sarva Dhatu Vardhanam*)¹⁸ promotes biosynthesis of mucopolysaccharides and collagen due to its (*Jeevaniya*, *Bruhmaniya*, *Preernam*)¹⁹ property and thus facilitate

Ropana by regeneration and organization of various tissue (*Ksheenakshata Sandhankaro*)²⁰. Also *Suksham* and *Guru Guna* and *Madhur Rasa* promote the release of constipation, as it helps in deportation of constipation (*Vidbandhbragnshothaa*²¹ and *Anulomana, Vibandha*²²). *Madhur Vipaka, Guru Guna* and *Snigdha Guna* reduces the pain and did not alleviate it any more. The combination of drugs did not alleviates the *Pitta* and *Kapha* with provoking *Vata*.

CONCLUSION

Observation, analysis and results of the present study entitled-“ Collated Upshot of Indigenous Drugs in the Management of *Parikartika* w.s.r to Fissure-in-ano” can be concluded as follows:

Parikartika is very much similar to Fissure-in-ano. Pain experienced by the patient is unbearable, cutting and burning in nature that can cause discomfort to the patient throughout the day. A suitable drug should be preferred which rather promotes healing of ulcer and relief from pain in very short time without producing side effects and improves general health of patients.

Karpooa Ghrita mentioned in *Bhaishjya Ratnawali* in the context of *Sadhyovrana* chapter is found efficacious in wound healing. The topical application of drug not only reduces pain, burning sensation and itching but also acts as debriding agent and paves way for smooth and uninterrupted healing of the ulcer. Oral intake of *Vedanasthapana Kshaya* also acts as sedative, analgesics and anti-inflammatory, which give relief from agonizing pain. The sitz bath of *Panchvalkala Kwatha* impoverished the bleeding, pain and edema which helps in gradual improvement in granulation tissue and enhances epithelization as it is having astringent property.

Besides the laxative property of *Erandbhrshtha Haritaki*, it also acts as analgesic, anti-inflammatory, antifungal, antihemorrhagic and antiulcerative. This drug recede the ulcer by gradual improvement in granulation tissue.

Although ofloxacin + ornidazole has good effect over the infection in Fissure-in-ano by subsiding the growth of microbes but has many side effects like peripheral neuropathy, tendon damage, pseudo-membranous colitis, rhabdomyolysis, Stevens-Johnson syndrome, hepatic failure, toxic epidermal necrolysis and clostridium difficile associated diarrhea, somnolence, headache, nausea, vomiting, dizziness, tremor, rigidity, poor coordination, seizures, vertigo, signs of sensory or mixed peripheral neuropathy, taste disturbances, abnormal LFTs, skin reactions.

Diclofenac sodium is good analgesic and anti inflammatory agent but frequent use of the drug for the reduction of unbearable cutting and agonizing pain of fissure can cause epigastric pain, nausea, rashes, gastric ulceration, increase risk of myocardial infarction, hepatotoxicity, rarely renal damage, bone marrow depression and risk of stroke. Sodium picosulfate is osmotic purgative but not as effective as *Erandbhrshtha Haritaki*.

Sitz bath with lukewarm water only soothes from pain but did not promote healing, as the *Panchvakala Kwatha* did. Hence from the present clinical study, it can be speculated that Indigenous Drugs used in the management of *Parikartika* possess sufficient efficacy in *Vedanasthapana, Vrana Shodana & Vrana Ropana* without producing any adverse effects in the management of *Parikartika*.

REFERENCES

1. S. Das, Short Concise Book Text Book of Surgery with orthopaedics, by S.Das, published by Dr. S. Das, edition 4th, 2006, chap- 54, p-1084.
2. SRB'S Manual of Surgery, by Sriram Bhatt, Jaypee Brothers Medical Publishers(P)Ltd, Edition 2013, chap-25, p-1046-1049.
3. Sushruta, Sushruta Samhita, Ayurveda Tattva Sandipika, Hindi Commentary, by Ambika Dutta Shastri, Chaukhambha Sanskrit Sansthana, Varanasi, Edition 2007, Garbhvyakarana Adhaya, 4/26, p-32.
4. Charak, Charak Samhita, Savimarsh Vidyotani, Hindi Commentary by Kashinath Pandey and Dr. Gorakhnath Chaturvedi, Chaukhambha Bharati Academy, Varanasi, Edition 2005, Shareer Sankhya Adhaya, 7/7, 10, p912, 913.
5. Hamilton Baily, Baily & Love's Short practice of surgery 21st edition revised by Charles v.mann, R.C.C.Russell, London, Chapman & Hall, 1991, pp-1519, p-1252.
6. Sushruta, Sushruta Samhita, Ayurveda Tattva Sandipika, Hindi Commentary, by Ambika Dutta Shastri, Chaukhambha Sanskrit Sansthana, Varanasi, Edition 2007, Samshodhan Sanshamniya Adhaya, 40/39 p-149.
7. Charak, Charak Samhita, Savimarsh Vidyotani, Hindi Commentary by Kashinath Pandey & Gorakhnath Chaturvedi, Chaukhambha Bharati Academy, Varanasi, Edition 2005, Aatryabadrakapya, 26/43, p-507.
8. Dravyaguna Vijnana Vol. 1, by Prof. P.V. Sharma, Chaukhambha Bharati Academy, edition 2005, Guna, Dwitya Khand, chap 2, p-137.
9. Dravyaguna Vijnana Vol. 1, by Prof. P.V. Sharma, Chaukhambha Bharati Academy, edition 2005, Guna, Dwitya Khand, chap 2, p-140.
10. Dravyaguna Vijnana Vol. 1, by Prof. P.V. Sharma, Chaukhambha Bharati Academy, edition 2005, Guna, Dwitya Khand, chap 2, p-139.
11. Charak, Charak Samhita, Savimarsh Vidyotani, Hindi Commentary by Kashinath Pandey & Gorakhnath Chaturvedi, Chaukhambha Bharati Academy, Varanasi, Edition 2005, Aatryabadrakapya, 26/43.4, p-506.
12. Dravyaguna Vijnana Vol. 1, by Prof. P.V. Sharma, Chaukhambha Bharati Academy, edition 2005, Virya, Dwitya Khand, chap 7, p-228.
13. Dravyaguna Vijnana Vol. 1, by Prof. P.V. Sharma, Chaukhambha Bharati Academy, edition 2005, Guna, Dwitya Khand, chap 2, p-138.

14. Dravyaguna Vijnana Vol. 1, by Prof. P.V. Sharma, Chaukhambha Bharati Academy, edition 2005, Guna, Dwitya Khand, chap 2, p-142.
15. Dravyaguna Vijnana Vol. 1, by Prof. P.V. Sharma, Chaukhambha Bharati Academy, edition 2005, Guna, Dwitya Khand, chap2, p-146.
16. Charak, Charak Samhita, Savimarsh Vidyotani, Hindi Commentary by Kashinath Pandey and Gorakhnath Chaturvedi, Chaukhambha Bharati Academy, Varanasi, Edition 2005, Aatryabadrakapya 26/61, p-512.
17. Dravyaguna Vijnana Vol. 1, by Prof. P.V. Sharma, Chaukhambha Bharati Academy, edition 2005, Guna, Dwitya Khand, chap2, p-139.
18. Vagbhata, Ashtang Sangraha Sootrasthana, by Ravidutt Tripathi, Chaukhamba Sanskrit Sansthan, Varanasi, 1996, So.18/6, 683 pp, p- 344.
19. Vagbhata, Ashtang Sangraha Sootrasthana, by Ravidutt Tripathi, Chaukhamba Sanskrit Sansthan, Varanasi, 1996, So.18/6, 683 pp, p- 344.
20. Charak, Charak Samhita, Savimarsh Vidyotani, Hindi Commentary by Kashinath Pandey and Gorakhnath Chaturvedi, Chaukhambha Bharati Academy, Varanasi, Edition 2005, Aatryabadrakapya Adhaya, 26/41, p-504.
21. Bhavmishra, Bhavprakash Nighantu, Hindi commentary, Commentor Dr. Krishanachandra, Edition 2004, Chaukhambha Bharati Academy, Varanasi, Tailavrga, ErandTaila, 19/25, p-781.
22. Bhavmishra, Bhavprakash Nighantu, Hindi commentary, Commentor Dr. Krishanachandra, Edition 2004, Chaukhambha Bharati Academy, Varanasi, Haritkyadi Vrga, Haritaki, 1/31, 32, 33, p-6.

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