



Research Article

A COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFICACY OF TOPICAL APPLICATION OF PANCHAVALKALA CREAM VERSUS POVIDONE IODINE OINTMENT IN THE MANAGEMENT OF POSTOPERATIVE WOUND OF PARIKARTIKA (CHRONIC FISSURE-IN-ANO)

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ABSTRACT

Parikartika, a significant *Guda-Gata Vikara* in *Ayurveda*, is marked by severe *Kartanavat* and *Chhedanavat Shoola* in the *Guda Pradesha*. Hence, in the present study application of *Panchavalkala* cream in Group A and povidone iodine ointment in Group B were used to evaluate their efficacy in the management of *Parikartika* w.s.r. to chronic fissure in ano. **Aims and Objectives:** 1. To explore and understand the clinical features, etiology, and management approaches of *Parikartika* and fissure-in-ano. 2. To evaluate the therapeutic effect of *Panchavalkala* cream in the treatment of post-operative wound in cases of *Parikartika* (chronic fissure-in-ano). 3. To assess the efficacy of povidone iodine ointment in the management of post-operative wound of *Parikartika* (chronic fissure-in-ano). 4. To compare the effectiveness of topical *Panchavalkala* cream versus povidone iodine ointment in healing post-operative wound in *Parikartika*. **Methods:** This study is a randomized comparative clinical trial. A total of 60 patients diagnosed with *Parikartika* and meeting the inclusion criteria were selected, regardless of their sex, religion, occupation, or economic status. These patients were then randomly allocated into two groups, each consisting of 30 participants. viz Group A & Group B. **Intervention: Group A:** Patients underwent fissurectomy followed by the topical application of *Panchavalkala* cream twice daily for 21 days. **Group B:** Patients underwent fissurectomy followed by the topical application of povidone iodine ointment twice daily for 21 days. **Conclusion:** The study concludes that in the management of *Parikartika*, fissurectomy followed by the application of either *Panchavalkala* cream and povidone iodine ointment is effective and plays a significant role in healing *Parikartika Vyadhi*.

INTRODUCTION

Parikartika^[1] is extensively described across classical *Ayurvedic* texts, with its earliest reference found in the *Sushruta Samhita* (circa 1000 B.C.). Although not classified as an independent disease entity, it is frequently mentioned as a complication arising from procedures such as *Basti*, *Vamana*, and *Virechana*^[2], and in association with

conditions like *Vataja Jwara*^[3], *Atisara*^[4], *Sahaja*^[5] and *Kaphaja Arsha*^[6], *Arsha poorvaroopa*^[7], *Garbhini*^[8] and gastrointestinal disorders. Characterized by intense *Kartanavat* (cutting) and *Chhedanavat Shoola* (tearing pain) in the *Guda Pradesha*^[9], the condition aligns closely with the modern clinical entity fissure-in-ano^[10], described as a longitudinal tear in the anal canal producing severe pain and bleeding during defecation. Epidemiologically, anal fissure accounts for 10–15% of anorectal disorders^[11], significantly impacting quality of life. *Ayurveda* attributes its etiopathogenesis primarily to vitiated *Apana Vayu*, aggravated further by factors such as constipation, improper dietary habits, suppression of natural urges, excessive use of cleansing therapies, and poor

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local hygiene. The involvement of *Vata-Pitta doshas* highlights the need for therapeutic interventions that provide *Vata-Pitta Shamana* and *Vrana Ropana* effects, especially through localized applications.

While acute *Parikartika* responds well to conservative measures, chronic or non-healing cases often require surgical intervention, with fissurectomy being a widely practiced and effective modality. Postoperative care is crucial due to the wound's vulnerability to irritation, inflammation, and infection. In modern practice, povidone iodine ointment is commonly used for its broad-spectrum antimicrobial activity and established role in wound care. Ayurveda, on the other hand, advocates formulations like *Panchavalkala* cream, prepared from the barks of five *Ficus* species, known for their *Shodhana* (cleansing), *Ropana* (healing), antimicrobial, and astringent properties attributable to their predominant *Kashaya Rasa*. Considering these therapeutic strengths, the present study aims to comparatively evaluate the efficacy of *Panchavalkala* cream and povidone iodine ointment in postoperative fissurectomy wound of chronic *Parikartika*, focusing on wound healing, pain relief, and infection control, thereby exploring the scope for integrating Ayurvedic formulations with modern surgical care for improved clinical outcomes.

Methodology

The clinical study evaluates the therapeutic efficacy of two interventions in the post-operative management of *Parikartika* (chronic fissure-in-ano). *Panchavalkala* Cream^[12], a classical Ayurvedic formulation, is compared with povidone-iodine ointment^[13], a widely used modern antiseptic. The study aims to assess their wound-healing outcomes under defined conditions and generate evidence that aligns traditional Ayurvedic principles with contemporary surgical practice.

Hypothesis

Null Hypothesis

H₀ - There is no significant difference in the efficacy of topical application of *Panchavalkala* cream and povidone-iodine ointment in the management of post-operative wound of *Parikartika* (chronic fissure-in-ano).

Alternate Hypothesis

H₁ - Topical application of *Panchavalkala* cream has a significant therapeutic effect in the management of post-operative wound of *Parikartika* (chronic fissure-in-ano).

H₂ - Topical application of povidone-iodine ointment has a significant therapeutic effect in the

management of post-operative wound of *Parikartika* (chronic fissure-in-ano).

H₃ - Both *Panchavalkala* cream and povidone-iodine ointment have equal significant therapeutic effects in the management of post-operative wound of *Parikartika* (chronic fissure-in-ano).

Source of Data

1. **Literary source:** Relevant information for the present clinical study was obtained from Ayurvedic classical texts, standard modern medical textbooks, peer-reviewed journals, e-resources, previous research works, and other reference materials available in the institutional and departmental libraries.

These sources were critically reviewed and documented to establish a scientific foundation for the study, covering the disease, procedures, and selected formulations.

2. **Sample source:** A total of 60 patients, fulfilling the inclusion criteria and presenting with clinical features of *Parikartika* (chronic fissure-in-ano), were selected from the Out-Patient Department (OPD) and In-Patient Department (IPD) of the Department of Shalya Tantra, Shri Shivayogeeshwar Rural Ayurvedic Medical College and Hospital, Inchal.

3. **Drug source:** The identified dry and wet drugs required for the preparation of *Panchavalkala* cream were purchased from approved vendors and post purchase medicines were prepared in *Rasa Shala*-Pharmacy of our college-Shri Shivayogeeshwar Rural Ayurvedic Medical College & Hospital, Inchal, and Povidone-iodine ointment was procured from a GMP-certified pharmaceutical company.

4. **I.E.C.:** The study was initiated after obtaining prior approval from the Institutional Ethics Committee (IEC Ref. No: SSRAMC/IECC/2023/).

5. **C.T.R.I.:** The clinical trial was prospectively registered with the Clinical Trial Registry of India (CTRI Registration No: CTRI/2025/08/092974).

Study design

- Study Type: Interventional
- Allocation: Randomized
- Endpoint classification: Efficacy study
- Intervention model: Double group assignment
- Primary purpose: Treatment.
- Masking: Open label.
- Treatment duration: 21 days
- Follow up period: 7 days
- Total duration of study: 28 days

Diagnostic criteria

- The patients presenting with *Lakshanas of Parikartika*.
- The patients with following sign and symptoms will be selected for the study -
 - *Kartanavat Shoola* (cutting type of pain),
 - *Daha* (burning sensation),
 - *Kandu* (itching),
 - *Shonita Srava* (bleeding).

Criteria for Selection of Patients

Patients will be considered for the present study based on the following criteria:

- Patients clinically diagnosed with fissure-in-ano.
- Patients presenting with associated symptoms such as:
 - Sentinel tags
 - Pain
 - Bleeding per rectum
- Patients who have recently undergone fissurectomy procedure.
- Patients will be selected irrespective of age, sex, caste, or religion.

Inclusion criteria

- Patients of either sex, irrespective of religion, occupation, or socio-economic status.
- Patients clinically diagnosed as cases of *Parikartika* (chronic fissure-in-ano) and who have recently undergone fissurectomy.
- Patients preferably in the age group of 18–60 years.
- Patients who are willing to provide written informed consent and agree to comply with the study protocol.

Exclusion criteria

- Patients suffering from systemic illnesses such as uncontrolled diabetes mellitus, hypertension, or tuberculosis.
- Patients testing positive for HBsAG or HIV.
- Patients with fissure-in-ano associated with other anorectal disorders such as hemorrhoids, fistula-in-ano, carcinoma rectum, or systemic gastrointestinal conditions like ulcerative colitis and Crohn's disease.

Withdrawal Criteria

- Patients developing any serious condition, complication, or aggravation of symptoms requiring urgent medical intervention will be withdrawn from the study and treated appropriately.
- Patients who voluntarily wish to discontinue participation at any stage of the trial will be allowed to withdraw.

Investigations

The following baseline and routine investigations will be carried out for all participants:

- Hemoglobin percentage (Hb%)
- Total Count (TC) & Differential Count (DC)
- Erythrocyte Sedimentation Rate (ESR)
- Routine urine and stool examination
- Random Blood Sugar (RBS)
- HBsAg & HIV (1 & 2) screening
- Clotting Time (CT) and Bleeding Time (BT)

Interventions

60 patients who fulfilled the inclusion criteria were selected and randomly assigned into 2 groups as Group-A and Group-B comprising of 30 patients each.

- **Group-A:** Patients underwent fissurectomy followed by topical application of *Panchavalkala* cream, administered twice daily for 21 days.
- **Group-B:** Patients underwent fissurectomy followed by topical application of Povidone-iodine ointment, administered twice daily for 21 days.

Fissurectomy: for both Group A and Group B

A. *Poorva karma*

- Instruments: Sterilized surgical instruments arranged.
- Medicines: freshly prepared *Panchavalkala* cream kept ready and Povidone-iodine.
- Patient Preparation: Consent taken; light meal and bowel/bladder emptying advised.
- Local Preparation: Sitz bath given; perianal area cleaned with antiseptic.

B. *Pradhana Karma*

i. Method of Fissurectomy

- Patient positioned in lithotomy posture under aseptic precautions with local anaesthesia.
- Anal dilatation performed (four-finger technique, 4 minutes).
- Fissure excised; wound curetted to healthy margins reaching the internal sphincter.
- Sentinel tag/pile removed if present; Hemostasis achieved and anal pack placed.
- Oral liquids started after 4 hours; IV antibiotics and analgesics given.
- Discharge on postoperative day 3 with instructions for:
 - Group A: *Panchavalkala* cream twice daily × 21 days.
 - Group B: Povidone-iodine ointment twice daily × 21 days.

ii. Method of Application of Cream/Ointment

- First application done aseptically by surgeon; patient educated for home use.

- Sitz bath advised before each application; wound gently cleaned.
- Prescribed formulation applied on sterile gauze and placed over fissure bed.
- Patients instructed to apply twice daily for 21 days as demonstrated.

iii. *Nirikshana*

- Patient kept in supine position briefly after application for proper retention and absorption.

C. *Pashchat Karma*

- Patients advised on hygiene, light diet, constipation prevention, and regular sitz baths.

Duration of the study

Table 1: Duration of the study for both Group A and Group B

Group	No. of Pt.	Procedure	Trial Duration	Follow up	Study Duration
Group A	30	Fissurectomy followed by <i>Panchavalkala</i> cream application	21 days	After 7 days- on 28 th day	28 days
Group B	30	Fissurectomy followed by povidone-iodine ointment application.	21 days	After 7 days- on 28 th day	28 days

No. = Number, Pt. = Patients

Chart for grading of Subjective Criteria

Table 2: Gradings of Subjective and Objective Criteria for Group A and Group B

S.No.	Criteria	Grade	Assessment Grading
Subjective Criteria			
1.	Pain – VAS scale	0	0 = No Pain
		1	1 – 3 = Pain at the time defecation and subside within 30 minutes.
		2	4 – 6 = Pain at the time defecation and subside more than 30 minutes to 1 hour
		3	7 – 10 = Continuous unbearable pain which persist for more than 1 hour
2.	Oozing of Blood – VIBe Scale	0	No bleeding = No visible bleeding
		1	Mild = Intermittent bleeding or minimal ooze
		2	Moderate = Continuous bleeding flow
		3	Severe = Controllable spurting or overwhelming flow
3.	Discharge	0	No discharge = Perianal area remains dry. No staining
		1	Mild discharge = Occasional moisture/spotting. No gauze needed
		2	Moderate discharge = requiring one gauze change per day. Perianal skin may be moist
		3	Severe discharge = requiring multiple gauze changes per day. Risk of perianal skin maceration
Objective Criteria			
4.	Ulcer in Ano	0	No Ulcer = Complete healing
		1	Superficial ulcer = Presence of ulcer
		2	Partial re-epithelialisation = Presence of ulcer with indurated margins
		3	Deep ulcer = Presence of ulcer with indurated margins & slough

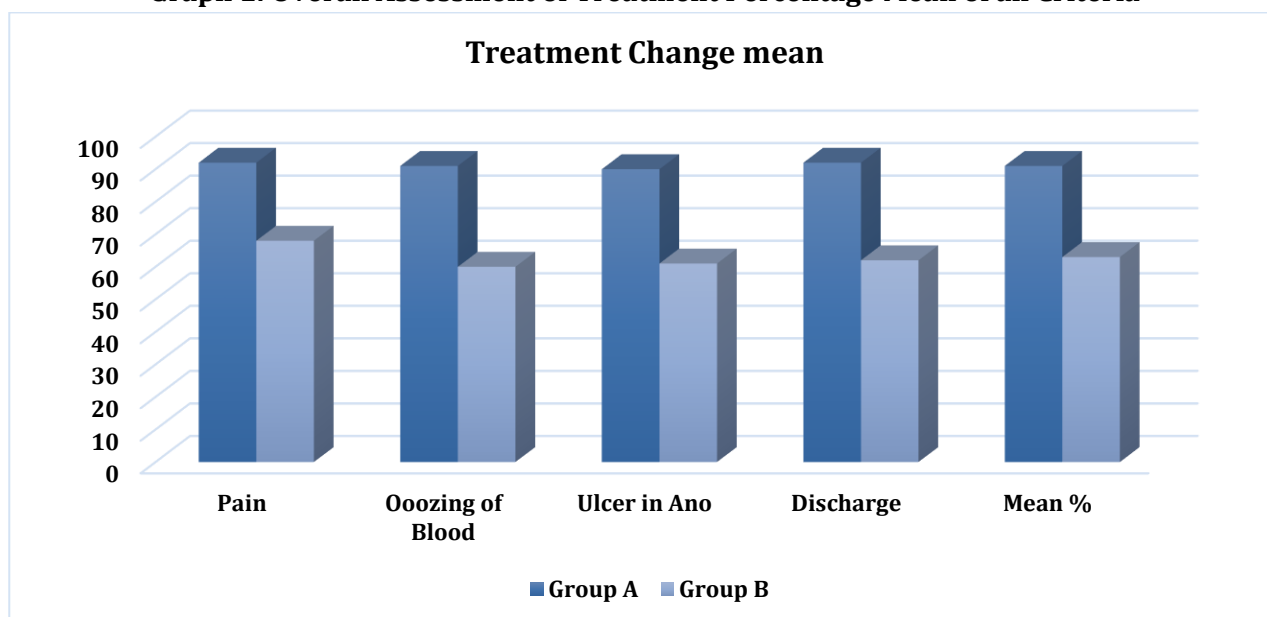
Overall Assessment

Table 3: Overall Assessment of Treatment Percentage Mean of all Criteria

S.No.	Parameters	Mean Change Treatment %			
		Group A		Group B	
		AT	AF	AT	AF
Subjective Parameters					
1.	Pain	48.58%	91.9%	34.15%	68.31 %
2.	Oozing of blood	50%	90.9 %	23.67%	59.51 %
3.	Discharge	54.54%	92.27 %	29.95%	62.34 %
Objective Parameters					
4.	Ulcer in ano	48.63%	89.54 %	25.91%	60.72 %
Total Mean %		50.43%	91.15 %	28.42%	62.72%

AT = After Treatment, AF = After Follow-up

Graph 1: Overall Assessment of Treatment Percentage Mean of all Criteria

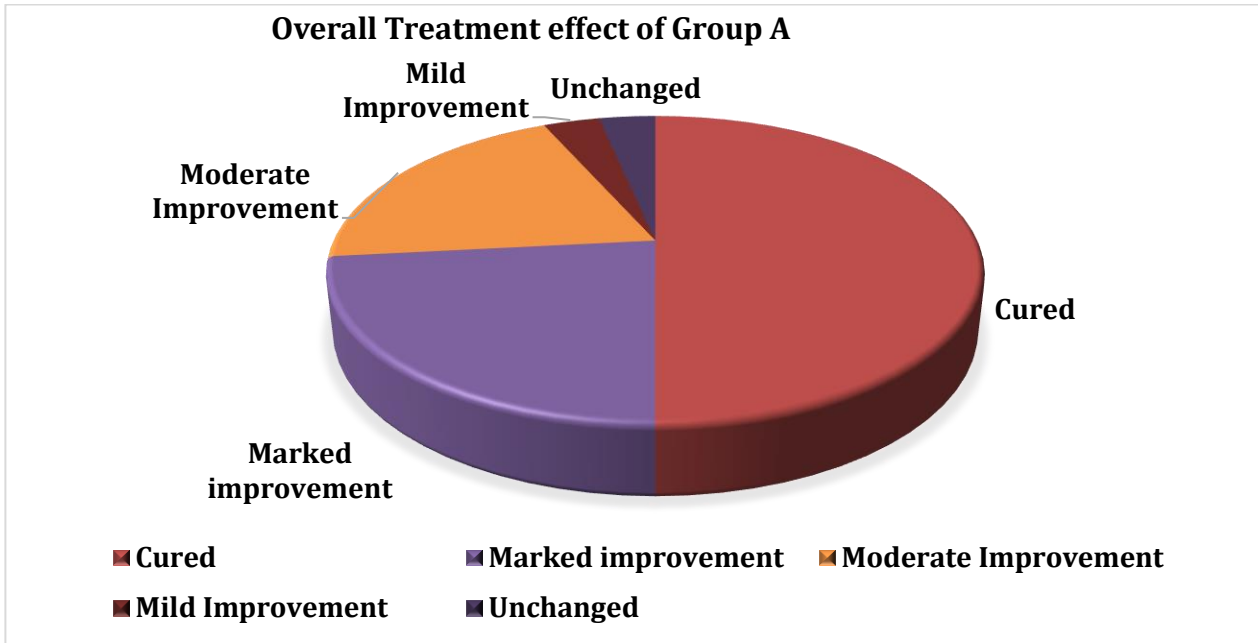


Overall Treatment Result of Group A

Table 4: Overall Assessment of Post Treatment Effect in Group A

S.No.	Criteria	% Gradings	No. of Pt. in Group A	% of Results
1.	Cured	91% - 100%	15	50%
2.	Marked improvement	71% - 90%	7	23.33%
3.	Moderate improvement	51% - 70%	6	20%
4.	Mild improvement	31% - 50%	1	3.33%
5.	Unchanged	0% - 30%	1	3.33%
Total			30	100%

Graph 2: Overall Assessment of Post Treatment Effect in Group A

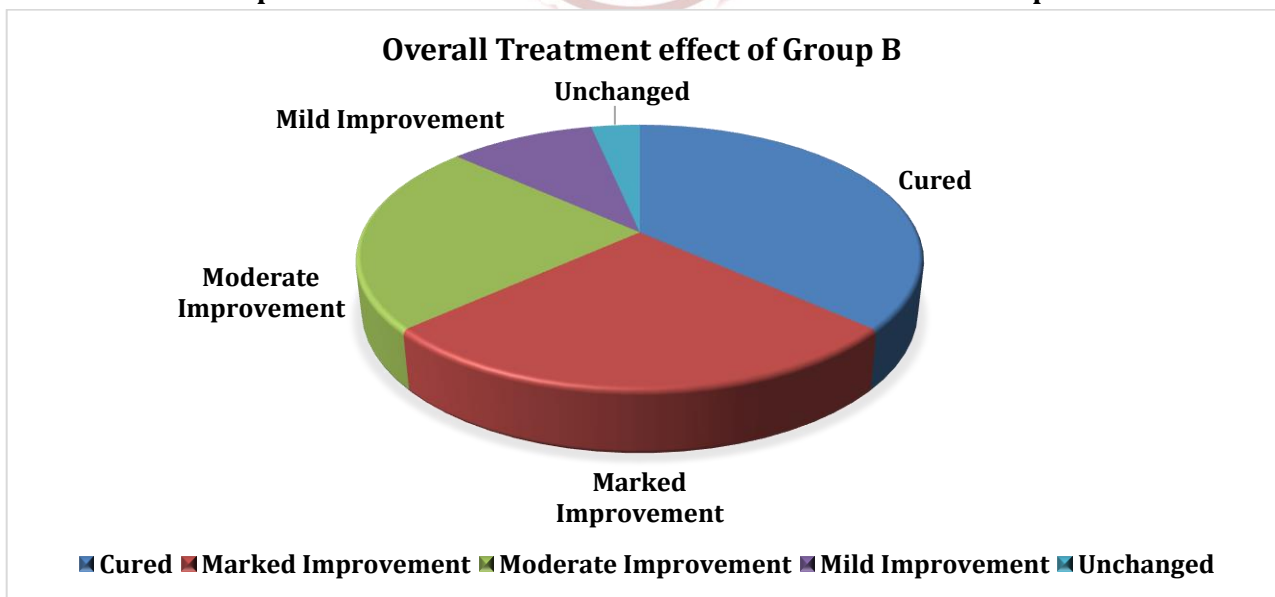


Overall Treatment Result of Group B

Table 7: Overall Assessment of Post Treatment Effect in Group B

S.No.	Criteria	% Gradings	No. of Pt. in Group B	% of Results
1.	Cured	91% - 100%	11	36.66%
2.	Marked improvement	71% - 90%	8	26.66%
3.	Moderate improvement	51% - 70%	7	23.33%
4.	Mild improvement	31% - 50%	3	10%
5.	Unchanged	0% - 30%	1	3.33%
Total			30	100%

Graph 3: Overall Assessment of Post Treatment Effect in Group B



Probable Mode of Action of Panchavalkala Cream

Panchavalkala Cream is formulated using Nyagrodha, Udumbara, Ashwatha, Plaksha, Parisha, and Sarjarasa, which collectively exhibit Kashaya, Tikta,

and Madhura Rasa; Laghu, Ruksha, and Guru Guna; Sheeta Veerya; and Katu Vipaka. These properties contribute synergistically to its wound-healing potential.

The formulation promotes wound healing through *Shodhana* (cleansing), *Krimighna* (antimicrobial), and *Sroto-Vishodhana* (channel-cleansing) actions. *Kashaya* and *Tikta Rasa*, along with *Sarjarasa*, help reduce microbial load, control excessive exudation, and prevent secondary infection, thereby maintaining a clean wound environment conducive to tissue repair. *Rakta Shodhaka* action further supports detoxification and healthy tissue regeneration.

Anti-inflammatory and analgesic effects are mediated by *Sheeta Veerya*, *Laghu* and *Ruksha Guna*, which exhibit *Shothahara* and *Vedana Sthapaka* actions, reducing pain, swelling, and burning sensation (*Daha*). *Madhura Rasa* and *Guru Guna* enhance *Vrana Ropana* and *Sandhaniya* effects by promoting granulation tissue formation, collagen synthesis, and epithelialization, supporting scar-minimal healing.

Panchavalkala Cream also balances aggravated *Pitta* and *Kapha* doshas commonly associated with inflamed, moist, or infected wound. Its *Stambhana* and *Rakta-Pittahara* properties help control minor bleeding and prevent chronicity, making it effective in the management of *Parikartika* and similar wound conditions.

Clinically, the cream begins to show improvement within 2-3 days of regular application, with reduction in pain, inflammation, and discharge. Visible wound healing-such as cleaner margins and granulation, typically occurs within 5-7 days, depending on wound characteristics. Overall, the formulation supports natural wound healing by reducing inflammation and infection while promoting healthy tissue regeneration.

Probable Mode of Action of Povidone-Iodine Ointment:

Povidone-iodine ointment is a widely used topical antiseptic in modern wound care. It consists of elemental iodine complexed with povidone, which enables the slow and sustained release of iodine, providing broad-spectrum antimicrobial activity against bacteria, fungi, viruses, and protozoa. This makes it particularly suitable for wound in areas with a high risk of contamination, such as the anal region.

In the management of fissure-in-ano, povidone-iodine helps maintain local asepsis and prevents secondary infection. It promotes wound healing by supporting granulation tissue formation, epithelialization, and improved local blood circulation. The reduction in microbial load also contributes to anti-inflammatory and analgesic effects, thereby reducing pain, swelling, and bleeding.

When applied as an ointment or through povidone-iodine-soaked gauze, it allows prolonged

contact with the lesion, enhancing tissue penetration and therapeutic efficacy. Its moisture-retentive formulation maintains an optimal wound environment and prevents desiccation, facilitating faster healing.

Discussion on Procedure: Fissurectomy

Fissurectomy involves excision of the chronic anal fissure up to healthy tissue following controlled anal dilatation, allowing healing by secondary intention. Anal dilatation reduces internal sphincter tone and improves surgical exposure. Removal of fibrotic and ischemic tissue, including sentinel pile and skin tags, creates a fresh vascular wound bed that promotes granulation and epithelialization.

Adequate Hemostasis and short-term anal packing minimize postoperative bleeding. Early oral intake, antibiotics, and analgesics support recovery, while sitz baths improve hygiene and comfort. Fissurectomy is effective in chronic fissures refractory to conservative treatment and avoids sphincter division, thereby reducing the risk of postoperative incontinence. Although healing may be slower than lateral internal sphincterotomy, it remains a safe and reliable surgical option.

Comparison of study

The effect of treatment has showed statistically highly significant results in both the groups with p value <0.001 in almost all the parameters. On comparison between the groups, Group A has an edge over Group B based on the mean rank value, which can be concluded that, *Panchavalkala* Cream has shown better effect in reducing the symptoms of *Parikartika*.

The effect of treatment was statistically non-significant between the groups - Group A and Group B with respect to all 4 assessment parameters. However, statistically when mean rank and mean were compared between groups. Group A was comparatively better than Group B in 4 parameters like subjective criteria- pain, oozing of blood, discharge and objective parameter - ulcer in ano.

Overall Treatment Assessment After Treatment (BT-AT)

- BT-AT within Group A is 50.43%.
- BT-AT within Group B is 28.42%.
- BT-AT between Group A is 63.95% & Group B is 36.04%.

Overall Treatment Assessment After Follow up (BT-AF)

- BT-AF within Group A is 91.15%.
- BT-AF within Group B is 62.72%
- BT-AF between Group A is 59.23% and Group B is 40.76%.

CONCLUSION

Parikartika, as described in Ayurvedic classics, is a distressing and painful anorectal disorder characterized by *Kartanavat Vedana* (tearing pain), bleeding, and discharge. Due to its chronicity and recurrent ulceration, it can be clinically correlated with chronic fissure-in-ano in modern medicine. The condition necessitates effective therapeutic measures aimed at *Vrana Ropana* (wound healing). The present study is a comparative clinical study conducted on 60 patients diagnosed with postoperative *Parikartika*, who fulfilled the inclusion criteria and were randomly divided into two groups of 30 patients each. Group A was treated with *Panchavalkala* Cream, while Group B received Povidone Iodine Ointment, both administered locally for a duration of 21 days.

In the present study, the majority of patients were males (66%), belonging to the age group of 31–40 years (38%), predominantly married (85%), from rural backgrounds (87%), and belonging to the Hindu community (95%). Most patients were from the middle socioeconomic class (42%), engaged in heavy manual labor (65%), with farmers constituting a significant proportion (48%). The chronicity of the disease was commonly 7–9 months (33%). *Vata-Pitta Prakruti* (62%), *Madhyama Koshta* (45%), and *Mandagni* (63%) were predominant among the patients. Anatomically, posterior fissure and posterior sentinel tag were most commonly observed. No adverse or allergic reactions were reported in either group during the course of the study, indicating that both treatment modalities are safe and well tolerated.

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Drug Preparation



Figure 1: Ingredients of *Panchavalkala* Cream



Figure 2: Preparing *Panchavalkala* Cream under the Supervision of RSBK Hod Sir



Figure 3: *Panchavalkala* Cream



Figure 4: Povidone-Iodine Ointment



Figure 5: Instruments Required for the Procedure

Group - A Patient: Before and After Treatment



Figure 6: Group A - Patient No. A1 - Before Treatment - BT

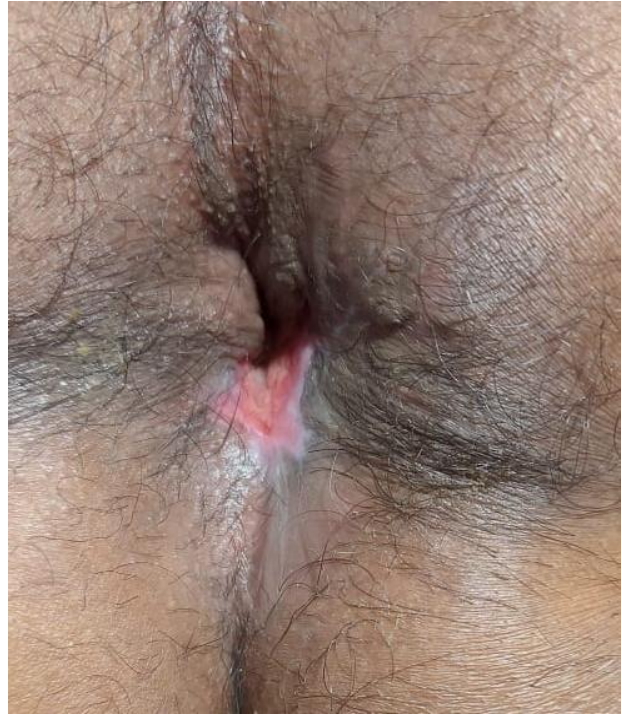


Figure 7: Group A Patient No. A1 - After Treatment - AT

Group - B Patient: Before and After Treatment



Figure 8: Group B Patient No. B1- Before Treatment - BT



Figure 9: Group B Patient - No. B1 - After Treatment - AT