



A CLINICAL STUDY TO ASSESS THE EFFICACY OF PANCHATIKTA GHRUTA IN TREATMENT OF PARIKARTIKA WITH SPECIAL REFERENCE TO FISSURE IN ANO.

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ABSTRACT

Approximately 30-40% of the society suffer from proctologic diseases at least once in their lifespan. Fissure -in-ano comprises of 10-15% of anorectal diseases and is distinguished by pricking pain and burning sensation during and after defecation, bleeding per rectal with spasm of sphincter muscles at anal verge. The health of a person solely depends on their nutritious diet and pattern of living. In *Parikartika* diet has a crucial role. The foremost reference of '*Parikartika*' is accessible from Sushruta Samhita (1500 B.C). *Parikartika* is referred in *Ayurvedic texts* not as an independent disease but as a complication to *bastivyapad* in *Charak samhita*, by *vagbhat* in *vataj atisara*, in *kashyap samhita* in *garbhini vyapad*. *Parikartika* is very common disease of ano-rectal disorders. *Parikartika* resembles with 'fissure in ano' having pricking pain and burning sensation in *guda* (anus). It is most agonising state affecting the anal area. In this disorder the localised remedies such as *lepa*, *Ghruta*, *Taila* and dilatation also known. In the present clinical case study the *panchatikta ghrta matrabasti* is taken as a treatment.

KEYWORDS: *Parikartika*; Ano-rectal diseases; Fissure in ano; *kartanvat vedana*, *Malavashtambha*, *Panchatikta ghrta matra*.

INTRODUCTION

One of the most primitive sensations of human is pain. In fact, due to pain human beings are most of the times apathetic. out of all Pain the one emerging from 'Anus' is most exasperating and it happens due to 'Fissure-in-ano'. up to a great extent the so called modern lifestyle and independency has increased the incidence. for the disease there are available various treatment modalities, but an imperishable result is needed on both cause and effect of *parikartika*.

An anal fissure or rectal fissure, commonly known as *Parikartika* in Ayurveda, is a split in the mucosa and skin of the anal canal due to hard stools there is over expanding of the anal mucosa beyond its capability.

"*Parisarvato bhavena krintateeva chhinatteeva bastyadeeni iti Parikartika*" among all ano rectal disorders Acute fissure-in-ano is the most commonly seen and most distressing. In *Ayurvedic texts Parikartika* has been stated as one of atiyog of curative enema (*Bastivyapad*) in *Charak samhita*, in pregnancy (*Garbhini vyapad*) in *Kashyap samhita* and also feature

of diarrhoea (*Vataja atisara*) in *Vagbhat*. It is elongated ulcer present in the lower part of the anal canal. with or without bleeding during defecation, pricking and cutting Pain, burning sensation are main Sign and Symptoms of fissure-in-ano.

Applying of local anaesthetics, and procedures like anal dilation, fissurectomy and sphincterectomy are mostly in practice, laxatives are advised to ensure that the stool formation is soft. However, there are limitations of their own to these procedures and also have post-operative complication like anal stenosis, incontinence etc. consequently, this present study is taken for finding more effective treatment of acute fissure- in-ano than existing line of management in present era.

AIMS AND OBJECTIVES

To assess the efficacy of *Panchatikta ghruta matrabasti* in the management of acute fissure-in-ano.

1) To know the effectiveness of *matrabasti* in surgical ailments.

2) To check whether surgical procedure can be avoided with *panchatikta ghruta matrabasti* in acute fissure-in-ano.

MATERIALS AND METHODS

Panchatikta ghruta was prepared as stated in bhaishajya ratnavali kushtaadhikara 114-116 in Department of Rasashastra, shree saptashrungi ayurveda mahavidyalaya.

A total of 20 patients were selected for the study, out of which 5 patients did not complete the treatment. Hence, the findings of 15 patients were studied. All the patients in the study received 3gm of triphala churna at bed time with luke warm water and 250 mg twice a day of *Arogyavardhini vati*.

Panchatikta ghruta matrabasti was administered on 1st, 3rd, 5th, 7th, 9th, 12th and 15th day using a 20cc syringe and feeding tube no.11. The dose administered was 30 ml and length of catheter inserted inside the anal canal and rectum was upto 10 cm. *Basti* was administered after food and the patient was kept in the prone position for 10-15 minutes after *basti*. Every patient received 7 *basti* in total as explained above. All the participants were examined every third day with following parameters.

Table no. 1: Parameters.

1.	Pricking Pain
2.	Burning sensation
3	Pruritis
4.	Incomplete evacuation
5.	Tenderness
6.	Condition of ulcer

RESULTS AND DISCUSSION

20 patients different age group and sex were selected for the study, of which 5 patients could not complete the course. Following parameters were followed to assess the outcomes.

- 1) Complete cured, relieved and improved
 - Completely cured: All the signs and symptoms completely relieved after 15 days treatment.

- Relieved: After end of 15 days, the fissure bed is healthy but not completely healed. All the other complaints have disappeared.
- Improved: Fissure bed is healthy, pain for less than half an hour after defecation other symptoms relieved.

2) Severe, Moderate and Mild pain

- Severe pain: Pain lasting for up to one hour after defecation
- Moderate pain: Pain lasting for up to half an hour after defecation
- Mild pain: Pain lasting for less than half an hour after defecation

3) Severe, Moderate and Mild pruritus

- Severe pruritus: Itching all the day with short or no intervals
- Moderate pruritus: Itching in morning and evening
- Mild pruritus: Occasional itching

4) Severe, Moderate and Mild tenderness

- severe tenderness : Up to one hour after defecation
- Moderate tenderness: up to half an hour after defecation
- Mild tenderness: Less than half an hour after defecation

After completion of 15 days of treatment, following observations were noted.

1. Pain and burning sensation was relieved in all 15 patients.
2. 6 patients out of 15 were having itching before treatment. All of them experienced relief in pruritis.
4. Tenderness – 15 patients were having tenderness, all of them were completely relieved from it.
5. Incomplete evacuation – All 15 patients experienced relief from constipation after treatment.

Fissure wound

All the 15 patients had fissure, out of which 14 patients healed and remaining 1 were healing and healthy.

Table no. 2: Percentage of clinical feature before and after treatment.

s.no.	Clinical features	No. of patients before treatment	Percentage% (Suffered)	No. of patients after treatment	Percentage% (Relieved)
1.	Pricking Pain	15	100%	15	100%
2.	Burning sensation	15	100%	15	100%
3	Pruritis	6	60%	6	100%
4.	Incomplete evacuation	15	100%	15	100%
5.	Tenderness	15	100%	15	100%
6.	Condition of ulcer	15	100%	14	90%
7.	Ulcer in healing stage	-	-	1	10%

In Ayurveda, *parikartika* is the term coined for fissure in ano in atiyog of *bastikarma* (*panchakarma*), *virechan*, *Jwar*, *Atisaar* and pregnancy. *Acharya Kashyap* has described *Parikartika* is with cutting and tearing pain in *Guda pradasha*.^[1] *Sushruta* has mentioned *Parikartika* as a *Basti vyapad* which is due to the administration of *Ruksha Basti* containing of *Teekshna* and *Lavana dravyas* in heavy doses.^[2] According to him, it is due to *Basti netra vyapad* which is due to inappropriate administration of defective *Basti netra* resulting in to cutting type of pain.^[3] *Panchatikta ghrta* is one of the best medicines for *Pitta dosha*. It is *Vranropak* and *pittashamak*. *ghruta plays role as yogvahi and increases the efficiency of the constituents of the ghrta*. This study observed that 90% of the patients included in the study were between the age group 31 to 50 years. All the patients had pain as a main symptom. 83.33% patients had fissure at 6 O'clock and remaining at 12 O'clock position. 80% patients in the study were married.

No patient required surgery after treatment.

In this study *Arogyavardhini vati* was included as it is *Agnideepan*, because *agnidushti* is seen mainly as a reason of *Parikartika*.

CONCLUSION

Matrabasti with *panchatikta ghruta* is cost effective and potent management for fissure-in-ano. Average period of time for relief in sign and symptoms of Fissure-in-ano was 8 days, which is less than the period required for any surgical procedure and post-operative care.

The *matrabasti* can be taken by the patient himself at home by relatives, thus reducing the time, cost and enhancing acceptance of the treatment further.

The surgery can be avoided with *panchatikta ghruta matrabasti* in acute fissure in ano.

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