International Journal of Applied Ayurved Research ISSN: 2347- 6362
Published online in: https://ijaar.in

TRIPHALA GHRITA IN THE MANAGEMENT OF *PARIKARTIKA* WITH SPECIAL REFERENCE TO FISSURE-IN-ANO: A SINGLE-BLIND RANDOMIZED CLINICAL STUDY

[1]Vishesh Kumar Kakar, [2]Neeru Rani
[1]HOD & Associate Professor, Department of Shalya Tantra WTM Ayurvedic Medical College & Hospital, Joya, Distt- Amroha, Uttar Pradesh, India
[2]Assistant Professor, Department of Prasuti Tantra & Stri Roga WTM Ayurvedic Medical College & Hospital, Joya, Distt- Amroha, Uttar Pradesh, India
https://doi.org/10.70057/ijaar.2026.71001

ABSTRACT

Background: In Ayurvedic literature, *Parikartika* (Fissure-in-ano) is associated with a cutting or tearing type of pain in the anal region and may be clinically considered alongside fissure-in-ano. The present study examined clinical changes recorded in patients treated with *Triphala Ghrita(Medicated Ghee)*. **Objective**: To examine the changes in clinical features following *Triphala Ghrita* administration in patients diagnosed with *Parikartika*, considered with reference to fissure-in-ano. **Methods**: Thirty-five subjects were registered for the study and 30 patients who completed the treatment course were included in the final analysis. Participants aged 20–60 years who fulfilled the clinical diagnostic criteria for *Parikartika* were included in the study. They received *Triphala Ghrita* orally at a dose of 20 mL twice daily for 15 days, followed by a further 15-day observation period. Pain, burning sensation, bleeding and constipation were assessed on a 0-3 severity scale, and lesion size was assessed as an objective parameter. Pre-treatment and post-treatment scores were compared using the paired Student's t-test

Results: The mean pain score changed from 1.90 before treatment to 0.53 afterwards (reported improvement 71.92%; t=12.17, P<0.001). Burning scores changed from 1.60 to 0.56 (64.58%; t=8.46, P<0.001, bleeding from 1.50 to 0.60 (60.00%; t=9.00, P<0.001), constipation from 1.63 to 0.60(63.26%, t=9.20, P<0.001), and lesion size score from 7.53 to 2.03 (reported improvement 73.00%; t=28.02, P<0.001). **Conclusion**: Oral *Triphala Ghrita* was associated with statistically significant within-group improvement in the assessed clinical parameters over the study period. Because comparator-group details and key methodological details of the reported randomized design are not available in the source records, the findings should be considered preliminary and interpreted as evidence of short-term within-group improvement rather than comparative efficacy.

Keywords: *Parikartika*; fissure-in-ano; constipation; anorectal condition; Ayurveda; clinical outcomes

INTRODUCTION:

In Ayurvedic texts, *Parikartika* describes cutting or tearing pain around the anal region, sometimes accompanied by burning and bleeding. These features are the traditional basis for considering its clinical relationship to fissure-in-ano. Anal fissures can present as acute or

chronic conditions and are a recognized source of anal pain and rectal bleeding. [1–3]

Usual conservative care for anal fissure focuses on regular bowel habits and softer stools. Topical medicines may also be used, while surgery can be considered for selected cases that persist despite treatment. [1–3] Passing hard stool and having constipation may injure the local mucosa and contribute to continuing symptoms. In the Ayurvedic interpretation adopted in the source study, the condition is discussed in terms of *Vata Dosha* (Principle governing movement and Physiological Regulation) and *Pitta Dosha*(Principle governing Metabolism, Digestion and Transformation) involvement and disturbed bowel function. [4–6]

The original investigators selected *Triphala Ghrita* with reference to traditionally described actions such as *vrana Shodhana(wound cleansing and purification), vrana Ropaka(wound healing) , Vedana Sthapana(Wound Restoration)* and *Vata-Pittahara(Vata and pitta Dosha pacifying property)*. [4-6] This report summarizes the clinical observations available from that work and distinguishes documented information from methodological details that could not be verified in the records.

AIM: To examine the effects of *Triphala Ghrita* in managing *Parikartika*, with particular reference to fissure-in-ano.

OBJECTIVE: To record changes in pain, burning sensation, bleeding, constipation and lesion-size score after the specified *Triphala Ghrita* course.

MATERIALS AND METHODS

Study Design and Participants: The dissertation identifies the original work as a single-blind randomized clinical study conducted at Bhagawan Mahaveer Jain Ayurvedic Medical College & Hospital, Gajendragad, Karnataka. Total 35 enrolled participants, 30 completed treatment and follow-up and were analyzed. The records available for this manuscript do not establish how the comparison group was constituted, how the random sequence was generated, how allocation was concealed, or how blinding was implemented.

Eligibility Criteria: Patients of either sex, aged 20–60 years, with classical clinical features of *Parikartika* were considered eligible.

The listed exclusions included major systemic illness, other anorectal disorders specified in the dissertation, pregnancy, HIV infection and age outside the stated range. [8]

Intervention: Participants received oral *Triphala Ghrita*, 20 mL twice daily for 15 days, and were followed for another 15 days. The records do not specify the timing of administration (*Bheshaja Sevana Kala),* the vehicle or adjuvant (*Anupana*), or the basis for selecting this dose, so these details have not been assumed. The source also mentions routine oral medication, but does not describe it sufficiently for replication.

Outcome Assessment: Pain, burning, bleeding and constipation were scored as absent (0), mild (1), moderate (2) or severe (3). Lesion size was recorded as an objective measure using the approach noted in the original study. Assessments were made before treatment and after the 15-day course, followed by 15 days of observation.

Sample Size: Thirty-five participants entered the study and 30 were included in the analysis after completing the study course. The source material does not describe a prospective sample-size calculation or its assumptions; no such calculation can therefore be reconstructed from the information available.

Randomization and Blinding: Although the dissertation labels the study randomized and single-blind, it does not identify the sequence-generation method, allocation ratio, concealment process, implementation steps, who was blinded, or how blinding was maintained.

Statistical analysis: As recorded in the source study, pre-treatment and post-treatment scores were compared with the paired Student's t-test. The reported P value for each outcome was below 0.001. No subgroup analyses or sensitivity analyses are described.

Ethics and consent: Ethical approval for the study was obtained from the Institutional Ethics Committee prior to its commencement. Written informed consent was obtained from all participants before enrolment in the study. The study was conducted in accordance with the ethical principles governing research involving human participants.

Trial registration and protocol: The materials available for review contain no information regarding a CTRI registration identifier, a publicly accessible study protocol, or a prespecified statistical analysis plan.

Data availability: The underlying observations remain in the original study records and may be requested from the corresponding author, subject to institutional requirements.

RESULTS

Out of the 35 subjects registered, 30 completed the treatment course and follow-up and were analyzed. The analyzed cohort comprised 24 males (80%) and 6 females (20%). The largest age group was 31-40 years (14/30;47 %).

Table 1. Demographic and clinical Characteristics of the study Participants (n=30)

Characteristics	n	%
20-30 years	7	23
31-40 years	14	47
41-50 years	18	27
51-60 years	1	3
Male	24	80
Female	6	20
Regular Bowel Diet	22	73
Irregular Bowel Diet	8	27
Hard Stool	15	50
Posterior Lesion	18	60

Table 2. Pre-treatment and post-treatment clinical outcome scores (n=30)

Parameter	BT Mean	AT Mean	Improvement(%)	T	p
Pain	1.90	0.53	71.92	12.17	<0.001
Burning Sensation	1.60	0.56	64.58	8.46	<0.001
Bleeding	1.50	0.60	60.00	9.00	<0.001
Constipation	1.63	0.60	63.26	9.20	<0.001
Lesion Size	7.53	2.03	73.99	28.02	<0.001

BT: Before Treatment; AT: After Treatment . Improvement Percentages and t values are reproduced from the original study data available for this manuscript.

All five assessed parameters showed statistically significant within-group improvement after treatment. The greatest reported improvement was in lesion-size score (73.00%), followed by pain (71.92%), burning sensation (64.58%), constipation (63.26%) and bleeding (60.00%).

Adverse Events: Adverse events or unintended effects were not reported in the available source. The absence of reported harms should therefore not be interpreted as evidence that no adverse events occurred.

DISCUSSION

The present study demonstrated statistically significant within-group improvement in pain, burning sensation, bleeding, constipation and lesion-size score after 15 days of oral *Triphala Ghrita*. The observed improvement ranged from 60.00% to 73.00%. These findings indicate a favorable short-term clinical response within the analyzed cohort.

The findings are clinically relevant because pain and bleeding are prominent manifestations of anal fissure, while bowel habits and stool consistency are important components of conservative management. [1-3] The Ayurvedic rationale for *Triphala Ghrita* in the original work relates to the proposed involvement of Vata and Pitta, constipation or hard stool, and the traditionally described properties of the formulation. [4-6] However, the available study design does not permit attribution of the observed changes to a specific mechanism.

Interpretation is limited by the small sample, single institutional setting, absence of documented comparator-group details, incomplete reporting of randomization and blinding procedures, absence of a documented a priori sample-size calculation, lack of a reported primary outcome, incomplete documentation of concomitant medication, limited follow-up and absence of systematic adverse-event reporting. Five of the 35 registered subjects were not included in the final analysis, but the reasons are not documented.

Accordingly, the statistically significant P values demonstrate pre- to post-treatment change within the analyzed participants but do not establish causal efficacy or comparative effectiveness. Future controlled randomized studies should

prospectively define sample size and outcomes, document allocation concealment and blinding, standardize concomitant care, report adverse events systematically, register the trial prospectively and use longer follow-up.

CONCLUSION

Oral *Triphala Ghrita* at 20 mL twice daily for 15 days was associated with statistically significant improvement in pain, burning sensation, bleeding, constipation and lesion-size score among the 30 analyzed participants with *Parikartika*/fissure-in-ano. The findings provide preliminary evidence warranting further controlled evaluation, but they should not be interpreted as proof of comparative efficacy because the available records do not document a comparator group or the key methodological details required for a fully reported randomized trial.

ACKNOWLEDGEMENT

The author acknowledges the institutional faculty, clinical staff and study participants who contributed to the original clinical work.

DECLARATIONS

Data availability: The data underlying the reported results are contained in the original study records and may be made available by the corresponding author subject to institutional requirements.

Trial registration: No CTRI registration number is documented in the available source records. Protocol and statistical analysis plan: No public protocol or statistical analysis plan is identified in the available source.

Patient/public involvement: No patient or public involvement in study design, conduct or reporting is described in the available source.

Use of artificial intelligence: Artificial intelligence tools were used to assist with language editing, restructuring and formatting of the manuscript. The study data, clinical observations and scientific content were derived from the original study records. The author(s) remain responsible for the accuracy, integrity and final approval of the manuscript.

REFERENCES

1. Lyle V, Young Cj. Anal fissures: An update on treatment options. Aust J Gen Pract.2024;53(1-2):33-35.doi:10.31128/AJGP/05-23-6843.

2. Davids JS, Hawkins AT, Bhama AR, Feinberg AE, Grieco MJ, Lightner AL, et al. The American Society of Colon and Rectal Surgeons clinical practice guidelines for the management of anal fissures. Dis Colon Rectum. 2023;66(2):190-199. doi:10.1097/DCR.0000000000002664.

3. Cross K-L, Brown SR, Kleijnen J, Bunce J, Paul M, Pilkington S, et al. The Association of Coloproctology of Great Britain and Ireland guideline on the management of anal fissure. Colorectal Dis. 2023;25(12):2423-2457. doi:10.1111/codi.16762.

4. Sushruta. Sushruta Samhita with Nibandha Sangraha commentary of Dalhana. Edited by Vaidya Yadavji Trikamji Acharya. Varanasi: Chaukhambha Surbharati Prakashan; Reprint edition, 2018. Chikitsa Sthana 36/36–37.

5. Agnivesha. Charaka Samhita, revised by Charaka and Dridhabala, with Ayurveda Dipika commentary of Chakrapani Datta. Edited by Vaidya Yadavji Trikamji Acharya. Varanasi: Chaukhambha Sanskrit

Sansthan; Reprint edition, 2015. Sutra Sthana 13/14, p. 82.

6. Vagbhata. Ashtanga Hridaya with Sarvangasundara commentary of Arunadatta and Ayurveda Rasayana commentary of Hemadri. Edited by Hari Sadasiva Shastri Paradakara. Varanasi:Chaukhambha Surbharati Prakashan; 2020. Sutra Sthana 5/37–40, p. 73.

7. Hopewell S, Chan AW, Collins GS, Hrébjartsson A, Moher D, Schulz KF, et al. CONSORT,2025 statement: updated guideline for reporting randomised trials. BMJ. 2025;389:e081123. doi:10.1136/bmj-2024-081123.

8. Kakar VK. A clinical study to evaluate the efficacy of Triphala Ghrita in the management of Parikartika W.S.R. fissure in ano. Postgraduate dissertation. Rajiv Gandhi University of Health Sciences, Karnataka; 2016-2017.

Corresponding Author: Dr. Vishesh Kumar Kakar, HOD & Associate Professor, Department of Shalya Tantra WTM Ayurvedic Medical College & Hospital, Joya, Distt- Amroha, Uttar Pradesh,India
Email:dr.visheshkakar@gmail.com

Source of Support: Nil
Conflict of interest: None Declared

Cite this Article as: *[Triphala Ghrita in the Management of Parikartikawith Special Reference to Fissure-in-Ano: Asingle-Blind Randomized Clinical Study] www.ijaar.in: IJAAR VOL 7 ISSUE 10 SEP- OCT 2026 Page No: 519-524*