



**A CLINICAL STUDY TO EVALUATE EFFICACY OF
BHUDHATRAYADI TAILA PICHU DHARANA IN PARIKARTIKA W.S.R.
TO ACUTE FISSURE IN ANO**

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ABSTRACT

Parikartika is the most common cause of anal pain. The work was aimed to evaluate efficacy of *bhudhatrayadi taila pichu dharana* in the management of *parikartika* (fissure- in- ano). It is a single group clinical study .the age limitation 18-60years .30patients selected for study advised strict fibre rich diet ,exercise and plenty of fluids in takes with life style modifications. Treatment duration was for 7days ,study duration for 22days observation were recorded in the special case sheet proforma on 8th ,15th and 22nd day statistically analysed with anova test. Overall effect of treatment 77% getting moderate improvement 20% gets complete results cost effective, easy to prepare and without any adverse effect.

Key words: *Bhudhatrayadi Taila, Parikartika, pichu Dharana*

INTRODUCTION: To treat *Parikartika* the drugs which should have *Madura tikta and kashaya rasa and sheetaveerya*. Recent times, due to alteration in people's life style, the ano-rectal diseases are frequently seen in the society, as a prominent problem.

Pain is the chief cause of visiting a doctor in most patients. It is known as *ruja* which is one of the synonyms of disease. It disturbs physical and mental status of the patient.

Fissure-in-ano is one such pain predominant condition. On the basis of symptoms, the disease fissure-in-ano can be compared to the disease *parikartika* in *ayurveda*. *Acharya charaka* has described the term *parikartika* as a condition which is characterized by pricking and cutting pain¹ . The symptoms vary according to the different acharyas. *Sushruta* describes it as a cutting or burning pain in anus² . Whereas *charaka* describes as a pricking pain Causes of *parikartika* are found in

various texts in *vaman virechna vyapada, atisara, bastikarma vyapada³ , arsha etc*. And depending on the *doshas*, they are categorized into three types i.e *vataja, pittaja and kaphaja⁴*

In modern science fissure-in-ano is defined as a linear tear in the squamous epithelial lining of the anal canal distal to dentate line⁵ .This is commonly found in young adults and middle aged population. Anal fissures are seen equally in both males and females. The common site of fissure in ano posterior midline lower half of the anal canal. In males fissures usually occur in the midline posterior- 90% and much less commonly anterior 10%. In females more than 75% occur in posterior midline & approximately 25% of fissures are in anterior location due to anatomical position. Less than 1% of all fissures are located off to posterior midline position and these are considered as atypical fissures⁶ .

In reference to fissure-in-ano treatment modern science has conservative line of treatment such as to avoid constipation and encourage fiber rich diet, mild laxatives and not to postpone defecation, sitz bath, surface anaesthetic creams like lignocaine jelly, Surgical treatment includes lord's dilatation, fissurectomy these procedures are expensive with their limitations.

The line of treatment told by the various *acharyas* for the management of *parikatika is snehana*. In this study *bhudhatryaadi taila* is selected. It has *vranaropana* and *vranashodhana* properties apart from having *madhura and kashaya rasa and sheeta* veerya. Drugs in the taila medium give good lubricating action relieving muscular spasm. All these factors show a gravity of the disease and have compelled to go for a better remedial search from Ayurveda. Hence an attempt has been made to critically analyze the aetiopathogenesis of the disease and the efficacy of *pichu dharana* using *bhudhathryaadi taila in parikartika*.

MATERIALS AND METHODS:

The clinical study on 30 cases of *parikartika* carried out at Karnataka Ayurveda Medical College And Hospital, Manglore, based on inclusion exclusion criteria. An informed consent was obtained from the patients procedure carried out for 7days.

STUDY DESIGN: Single group randomised clinical study

INCLUSION CRITERIA:

- 1) Clinically diagnosed cases of acute Fissure in ano.
- 2) Patients between age group of 18 to 60 years.

3) Patients irrespective of sex, religion, occupation and socio-economic status.

4) Fissure in ano at midline posterior or midline anterior or both.

EXCLUSION CRITERIA:

- 1) Chronic Fissure-in-ano.
- 2) Multiple fissures at perianal region
- 3) Fissure-in-ano secondary to Ulcerative colitis, Crohn's disease, Syphilis, TB.
- 4) Fissure-in-ano associated with haemorrhoids, Fistula-in-ano, Perianal abscess.
- 5) Patients with systemic diseases such as hypertension and diabetes mellitus etc.
- 6) Patients with infectious diseases such as HIV And HbsAg.

PROCEDURE

Bhudhathryaadi taila⁷ pichu dharna in guda pradesha.

Treatment Duration: once in a day for 7 days.

Application of the *Pichu*- A sterile gauze is soaked in *Bhudhathryaadi taila* and is placed at the anus or anal canal. Initially per rectal (Digital) examination is done while the patient is in Lithotomy position, to confirm the number and position of the fissure. After giving warm water sitz bath for a period of 20 minutes, a *Bhudhathryaadi taila pichu* is kept and advised the patient to keep the *Pichu* for 2-3 hours. A 'T' bandage will be applied so that the *Pichu* will be retained in situ till the desired duration i.e for 2-3 hours.

Follow up: 8th day, 15th day and 22nd day

GRADING FOR THE ASSESSMENT CRITERIA:

SUBJECTIVE PARAMETERS:

Table .1 Pain

SYMPTOMS	GRADING
Pain	
No pain	0
Mild(15min)	1
Moderate(15min-30min)	2
Severe(30min-1hr)	3
More than 1hr	4

Table.2 Itching

Itching					
No	0				
Patients complain only once or twice in a day.	1				
Patients complain itching more then 3 – 4 times intermittently.	2				

Table 3. Burning sensation

Burning sensation					
No	0				
Patients complain of <i>daha</i> 5 – 10 minutes after defecation	1				
Patients complain of <i>daha</i> during 10 - 30 minutes after Defecation.	2				
Patient complains of <i>daha</i> during and after defecation for Some hours and relieved only with some medicine.	3				
Patient complains of <i>daha</i> that is present all through the day Hampering his normal routine work	4				

Table4. Bleeding

Bleeding					
No	0				
Mild (streaks on stool)	1				

Moderate(10-15drops)	2				
Severe(>15drops)	3				

OBJECTIVE CRITERIA

Table .5 Sphincterspasm

Symptoms	Grading
Sphincterspasm	
Normal	0
Spasmodic	1
Tightly contracted	2

Table .6 Ulcer

Ulcer	
Absent	0
Present	1

OBSERVATION AND RESULTS

Table No.07: Distribution of 30 patients of Parikartika according to Sex.

Sex	Total No-30	Percentage of total patients
MALE	14	46.66%
FEMALE	16	53.33%

Table No.08: Distribution of 30 patients of Parikartika according to Age

Age Group (Yrs)	Total No-30	Percentage of total patients
21-30	12	40.00%
31-40	10	33.33%
41-50	8	26.66%

Table No.09: Distribution of 30 patients of Parikartika according to Religion

Religion	Total No-30	Percentage of total patients
Hindu	21	70.00%
Christian	5	16.66%
Muslim	4	13.33%

Table No.10: Distribution of 30 patients of Parikartika according to Socio Economic Status

Socio Economic Status	Total No-30	Percentage of total patients
Lower	12	40.00%
Middle	8	26.66%
Higher	4	13.33%

Table No.11: Distribution of 30 patients of Parikartika according to Occupation

Occupation	Total No-30	Percentage of total patients
Driver(auto/bus)	8	26.66%
Bank Employee	1	0.03%
Cashier	1	0.03%
House wife	4	0.13%
Conductor	1	0.03%

Software	5	3.33%
Tailor	5	10.00%
Student	4	3.33%
Labour	1	0.03%

Table No.12: Distribution of 30 patients of parikartika according to Diet

Diet	Total No-30	Percentage of Total Patients
Veg	8	26.6%
Mixed	22	73.33%

Table No.13: Distribution of 30 patients of Parikartika according to Addictions

Occupation	Total No-30	Percentage of total patients
Alcohol	5	16.66%
No addictions	7	23.66%
Smoking	10	33.33%
Tobacco	8	26.33%

Table No.14: Distribution of 30 patients of Parikartika according to Prakriti

Prakriti	Total No-30	Percentage of total patients
Vatakapha	11	36.66%
Vatapitta	19	63.33%

Table No. 15: Distribution of 30 patients of Parikartika according to Sthana

Sthana	Total No-30	Percentage of total patients
Posterior	19	63.33%
Anterior	11	36.66%

Table 16 Overall Effect on 8th Day

Overall Result	8th Day	
PARAMETERS	Mean	±SD
PAIN	1.73	0.640
ITCHING	0.53	0.507
BLEEDING	1.07	0.521
BURNING SENSATION	1.70	0.466
SPHINCTER SPASM	0.87	0.434
ULCER	0.53	0.507

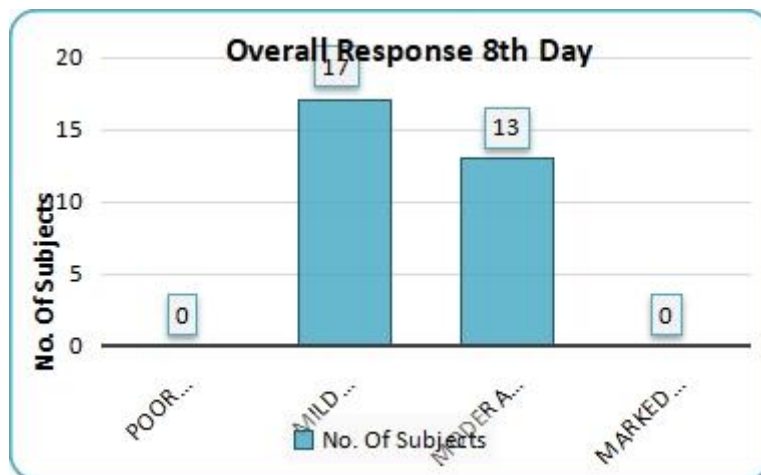
Graph 1.Overall Result on 8th day



Table 17 Overall Response 8th Day

Overall Response 8th Day			
%	Response	No. Of Subjects	%
(0%-25%)	Poor Response	0	0%
(25%-50%)	Mild Response	17	57%
(50%-75%)	Moderate Response	13	43%
(75%-100%)	Marked Response	0	0%
Total		30	100%

Graph .2 Overall Response 8th Day



Initial mean score on 8th day pain 1.73,itching 0.53, bleeding 1.07,burning sensation1.70 sphincter spasm 0.87 ulcer

0.53. according to stastical analysis,effect is highly significant (p<0.001)

Table 18.Effect on22nd day

Overall Result 22nd Day		
PARAMETERS	Mean	±SD
PAIN	0.97	0.414
ITCHING	0.40	0.498
BLEEDING	0.70	0.535
BURNING SENSATION	0.93	0.254
SPHINCTER SPASM	0.63	0.490
ULCER	0.40	0.498

Graph.3 Overall Result 22nd day



Table 19. Overall Response 22nd Day

Overall Response 22nd Day			
%	Response	No. Of Subjects	%
(0%-25%)	Poor Response	0	0%
(25%-50%)	Mild Response	1	3%
(50%-75%)	Moderate Response	23	77%
(75%-100%)	Marked Response	6	20%
Total		30	100%

Graph.4 Overall Response 22nd day



Initial mean score on 22nd day pain 0.97,itching 0.40 ,bleeding 0.70, burning sensation 0.93 sphincter spasm 0.63 ulcer 0.40. according to statistical analysis ,effect is quietly effective is highly significant ($p < 0.001$).

DISCUSSION:

Effect on Pain : Statistical analysis showed that the mean score which was 2.90 in before treatment, was reduced to 1.73 the after treatment and reduced to 0.97 in after follow up with 88.41% improvement, and there is a statistically significant change. ($P < 0.05$).

Effect on Itching: Statistical analysis showed that the mean score which was 1.43 in before treatment, was reduced to 0.53 the after treatment and reduced to 0.40 in after follow up with 100% improvement, and there is a statistically significant change. ($P < 0.05$).

Effect on bleeding: Statistical analysis showed that the mean score which was 1.80 in before treatment, was reduced to 0.90 the after treatment and reduced to 0.70 in after follow up with 100% improvement, and there is a statistically significant change. ($P < 0.05$).

Effect on burning sensation_: Statistical analysis showed that the mean score which was 2.90 in before treatment, was reduced to 1.23 the after treatment and reduced to 0.93 in after follow up with 100% improvement, and there is a statistically significant change. ($P < 0.05$).

Effect on sphincter spasm__: Statistical analysis showed that the mean score which was 1.53 in before treatment, was reduced to 0.87 the after treatment and reduced to 0.63 in after follow up with 100% improvement, and there is a statistically significant change. ($P < 0.05$).

Effect on ulcer: Statistical analysis showed that the mean score which was 1.00 in before treatment, was reduced to 0.47. 12 patient (40%) has got ulcer re occur the after treatment and reduced to 0.40 in after follow up with 100% improvement, and there is a statistically significant change. ($P < 0.05$).

-In Overall effect of treatment in parikartika, on 8th day out of 30 patients in this study, 23 patients (77%) were getting Moderate and Marked improvement and 6 patients (20%) were getting Complete Remission. Initial mean score on 8th day pain 1.73,itching 0.53, bleeding 1.07, burning sensation 1.70 sphincter spasm 0.87 ulcer 0.53. according to statistical analysis, effect is highly significant ($p < 0.001$)

In Overall effect of treatment in parikartika, out of 30 patients in this study, 23 patients (77%) were getting Moderate and Marked improvement and 6 patients (20%) were getting Complete Remission. Overall effect of the treatment is 77%. Statistical analysis showed that the mean score which was 1.08 in before treatment was reduced to 0.20 in follow up, and there is a statistically significant change. ($P < 0.05$).

Probable Mode Of Action Of Bhudhatrayadi Taila

In the Ano rectal region, arteries and veins form a dense network which provides a rich blood supply and consequently the Ano Rectal region is well suited for the rapid and steady uptake of drugs. Hence, presence of dense network of blood vessels has made the Ano Rectum an excellent route of drug administration. hence, Pichu helps the medicine to remain at the site for a longer period for better action Pichu with taila which will be absorbed through the

rectal route and thus helps in relieving pain, burning sensation, bleeding, sphincteric spasm, tenderness and ultimately in wound healing.

Bhudhatri has tikta Kashaya madura rasa ,sheetha virya, kapha pitta shamaka ,vrana ropaka .Tila taila has Madhura kashayarasa tikta anu rasa guru snigda guna ushna virya madura vipaka vata kaphahara vrana shodhana ropana vedanasthapana properties.

Gosheera has *Madhura sita veerya ,Madhura vipaka, vatapitta shamaka property. Majority of the drugs of bhudhatryadi taila possess Kashaya, Tikta rasa Ushna veerya and possess the action of Vrana shodhana and Ropana Twakdoshahara and Sthambhana properties.*

Tikta rasa has Pitta Kapha shamaka property. Kashaya rasa has Pitta Kapha shamaka,Sthambhana, Vrana ropana and Shoshana property. All the rasas are Kapha-pitta shamaka and helps in reducing discharge from the wound and reduce the inflammation at the wound site.

Laghu guna has Lekhana, Ropana and Sheeghrapaki properties. Snigdha guna has Mardavakara, Varnakara. Ruksha guna has Sthambhana and Shoshana.Ushna veerya has pachana property according to Acharya Sushruta and in Dalhana commentary it is mentioned as- Pachanam Vranadinam.The drugs by the virtue of their properties do Vrana shodhana and Ropana and helps in healing of the wound. properties .

In over all taila posses trodosha hara property ,as tila taila acts as snehana does vata anulomana there by relives constipation up to some extent Goksheera and Bhudhatri is pitta hara hence it relive the bleeding and burning sensation

Ksheera jeevaniya dhatu poshana guna helps to heal the ulcer.

The drug should possess *Daha hara, vatahara,vrana ropana and shodhana as Bhudhatri taila* posses all the above properties will easily help to relieve the symptoms and more effective.

CONCLUSION

From overall observation in the study it can be emphasized that there is major role of *vataprakopa in samprapti*. The drug should possess *Daha hara, vatahara,vrana ropana and shodhana as Bhudhatri taila* posses all the above properties will easily help to relieve the symptoms.

The effect of the treatment 30 patients has shown statistically highly significant results (p value <0.001) in subjective parameters like pain, itching , burning sensation, bleeding per rectum and also in objective criteria like sphincter spasm and ulcer. Hence *Bhudhatryadi taila pichu dharana* is effective in *parikartika*.

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