

CONSERVATIVE MANAGEMENT OF FISSURE IN ANO WITH KSHEERADI YAPAN BASTI

¹Datye Arati,

²Joglekar Nikhil

³katariya Paresh

⁴Ghore Jaya

⁵Bawane Vishnu

¹Assistant professor , Department Of Kayachikitsa, Government Ayurved college & Hospital, Usmanabad.

²Assistant professor, Department of kayachikitsa, D.Y.Patil University School of Ayurveda & Hospital, nerul, navi Mumbai.

³Assistant professor, Department of Panchakarma, D.Y.Patil university School of Ayurveda & Hospital, nerul, navi Mumbai.

⁴Associate Professor, Department of Panchakarma, D.Y.Patil university School of Ayurveda & Hospital, nerul, navi Mumbai.

⁵Associate Professor, Department of Stree roga & prasuti tantra, D.Y.Patil University School of Ayurveda & Hospital, nerul, navi Mumbai.

ABSTRACT :

Fissure in ano is a troubling and painful condition that affects a great majority of the population world over. The nature and anatomy of fissure in ano is quite clear, and much is known about the various predisposing and contributing factors that lead to initiation and progression of the disease. Anal fissure is the most common cause of severe anal pain. It may be so severe that patients may avoid defecation for days together until it becomes inevitable. This leads to hardening of the stools, which further tear the anoderm during defecation, setting a vicious cycle.

Aim : To Assess the effect of a *Ksheeradi yapan basti* in patients suffering from fissure in ano (both acute and chronic)

Setting- Outpatient clinic at Government Ayurvedic college & Hospital usmanabad and at D.Y. Patil Ayurvedic hospital, Nerul , Navi Mumbai

Participants- Patients with symptoms of fissure in ano for 3 days or more and aged over 18 years. Total 10 patients were selected for the study.

Intervention- *Ksheeraadi yaapan basti* is given to the selected patients for total 8 days. Patient is asked to take sits bath in warm water. A mild laxative *Triphala churna* 3 gm at bed time is given to patient for same period.

Key words: Fissure in ano , *Parikartika*, *Ksheeraadi yaapan basti* , conservative management

INTRODUCTION: Anal fissure is a common medico surgical problem & is one of the major causes of severe anal pain. It has been proved that constipation is the primary and sole cause of initiation of a fissure¹. Passage of hard stool, irregularity of diet, consumption of spicy and pungent food, faulty bowel habits, and lack of local hygiene can contribute for initiation of the pathology. In females, the

ailment is usually triggered during pregnancy and following childbirth. It occurs as a superficial split in the anoderm that may heal by itself or may progress to a chronic fissure. In some patient's diarrhea, anal instrumentation may be the initial cause of anal fissures. Other uncommon etiologies can include crohn's disease, sexually transmitted diseases, and HIV

Fissure in ano is defined as longitudinal tear in distal anal canal. In acute condition it generally involves epithelium but if it becomes chronic it can invade anal mucosa. In ancient ayurvedic texts similar condition is described as *Parikartika*. *Parikartika* literally means cutting through. The word itself denotes the actual pathology of the disease. In samhitaas *parikartika* is not described as a whole disease but is mentioned as a symptom of various conditions or complications.

Common symptoms of fissure in ano are:

1. Pain in anal region at time of defecation which may persist for minutes to hours after defecation. Pain repeats during every bowel movement.
2. Pain may be excruciating, cutting and burning in nature.
3. Bleeding is usually associated with this condition which comes along with stool as bright red streaks of blood.
4. On per rectal examination the most common site of fissure is 6 o'clock or 12 o'clock.

Generally patients with severe acute fissure do not allow PR examination as it is extremely painful to them and anal spasm is present.

5. Chronic fissure may present as chronic tear wound with sentinel tag at mucocutaneous junction.

The treatment plan for fissure includes conservative management in acute condition in form of topical application and anti inflammatory medication. While chronic fissure may need surgical anal dilatation or spinchtereotomy. Spinchtereotomy is effective but has potential risk of developing minor or permanent incontinence. Topical application like nitroglycerin or calcium channel blockers do help to relieve spinchture spasm but do not help in

healing of tear. Ayurvedic treatment modalities help to relive spasm as well as help in healing ulcer. Panchakarma like sneha basti helps to soften stool and aids its easy passage. Many herbo-mineral preparations are available in market. They are not cost effective. Hence a simple remedy with easily available and cheaper ingredients like milk honey and *ghee* is used in the form of *Ksheeraadi yapan basti* is used to treat *parikartika*.¹

MATERIALS AND METHODS :

Patients were selected from outpatient clinic at D.Y. Patil Ayurvedic hospital, Nerul, Navi Mumbai and at government Ayurvedic college & hospital usmanabad. Those patients having signs and symptoms of fissure were included in the study. Inclusion criteria was decided as age above 18. Both male and female patients were recruited. Patients with sexually transmitted disease and AIDS were excluded from study.

STUDY DESIGN :

Patients were given *Ksheeraadi yapan basti* for consecutive 8 days.

Patient was prescribed to have warm water Sits bath daily

A mild laxative –*Triphala choorna* 3 gm at bed time was given to the patients

Dosage : each sitting of basti karma included

Ksheer 30 ml+ *goghrita* 30 ml+ *honey* 10 ml

For preparation of basti drawya *honey* and *Goghrita* was mixed first thoroughly and then leukwarm milk was added to the mixture and was blended properly to form a homogenous mixture.

Quantity of *basti drawya* was kept small so that it should not irritate or overstretch anal mucosa

For administration of basti to the patient a glycerin syringe is used. And infant

feeding tube is attached to it in place of *basti netra*.

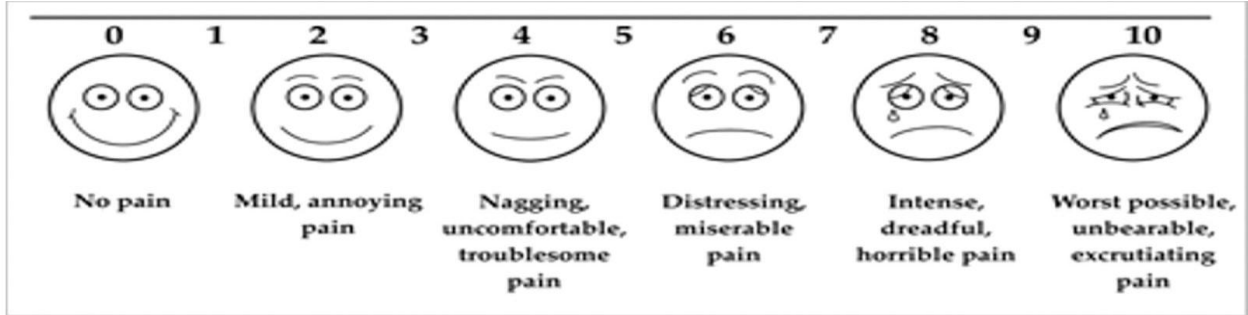
The aim of using infant feeding tube is that, because of its thinner circumference it can be easily passed through spastic anus

and would not cause trauma to inflamed anal region.

Patients were assessed clinically and symptoms were graded as follow:

Pain:

Pain was assessed on Visual analogue scale ranging from 0 to 10



Burning in perianal region:

Burning in perianal region was graded as

Grade 0 : no burning at all

Grade 1: burning lasting for upto 15 minutes after defecation

Grade 2: burning lasting for 15 minutes to 30 minutes after defecation.

Bleeding:

Bleeding is graded as :

Grade 0 : no bleeding

Grade 1 : bleeding present as streak

Observation :

With the above said treatment in 10 patients following results were seen

Patient	Perianal pain		Perianal burning		Bleeding Per rectum	
	BT	AT	BT	AT	BT	AT
A	6	2	3	0	0	0
B	7	4	2	0	1	0
C	8	3	2	1	1	1
D	6	1	2	0	1	0
E	8	2	3	1	1	0
F	6	2	2	1	1	0
G	5	0	3	0	0	0
H	6	2	2	1	1	0
I	5	1	1	1	0	0
J	6	2	2	1	1	0

Statistical analysis :Patients were assessed and disease specific symptoms were graded as said, for purpose of assessing data statistically. As this is non parametric data, the data is evaluated by Wilcoxon matched-pair signed-ranks test.

The following analysis is obtained for perianal pain, perianal burning and bleeding per rectum .Form the test it is observed that this *ksheeraadi yapaan basti* proved statistically significant treatment in relieving symptoms of fissure in ano.

Parameters	W / t+	T-	P- value	Significance
Ruja (Perianal pain)	55	0	0.0020	Significant
Daha (perianal burning)	45	0	0.0039	Significant
Bleeding per rectum	21	05	0.0313	Significant

DISCUSSION: The main content of *ksheeradi yaapan basti* is milk, *ghee*, & *madhu*. Main action of *madhu* is *vranaropan*. In fissure in ano there is development of anal scar that is the development of *vrana*. & because of which all symptoms in *parikartika*/ fissure in ano develop. So we should use medicine which can heal *vrana*. Sushrut acharya has explained *shashthi (60) upakram*. In this text he explained *madhu* as drug of choice in *ropan upakram*. According to Sushrutachaarya *madhu* is *kashaaya madhur* in taste and having *ruksha* and *kledahar* property. By this virtue it is explained that *madhu* is best *vranashodhan* as well as *vrana ropan drawya*. Sushrutacharya also mentioned that the combination of *ghrita* and *madhu* has synergistic effect in healing the wound. *Ghrita* is *pitta anilahara* i.e. it reduces the vitiation of *vaat* & *pitta dosha*. *ghrita* is having good *raktaprasadan* activity. *Pradhan dosha dushti* in *parikartika* is because of vitiation of *vaat* & *pitta dosha*. Vitiating *vaat dosha* i.e. *apaan vayu* changes the consistency of stool, makes it hard. That causes excess pressure over anal wall. Because of which it causes longitudinal tear. & vitiated *pitta dosha* causes burning sensation at anal region. So *ghrita* helps in *sampraptibhang* of *parikartika*. Also *ghrita* is having *Nirvaapan guna* i.e. it reduces the burning

sensation. *Ghrita* is having *mrudukar* property i.e. it heals & softens the anal canal & causes the *sampraptibhang*.

Milk is main content of the *kshiraadi yaapan basti*. Milk provides vehicle for the *maddhu* & *ghrita* to reach upto proper site. Also milk is having *Anulomak guna* that softens the stool & prevents further progress of the disease. Milk is also having *vaat* & *pittashaman guna*. Thereby it causes the *sampraptibhang* of the *vyaadhi*.

So the *baste* containing all this three drugs has proved effective in reducing symptoms of anal fissure. Also this *basti* promotes healing of fissure scar.

Along with *ksheeradi yapan basti* patients are advised to take regularly sits bath with warm water. Main purpose of the sits bath is that it reduces anal spasm.

RESULT: At the end of 8 days of treatment with *Ksheeraadi yaapan basti*, patients showed marked improvement in symptoms. the alarming symptoms of fissure i.e. perianal pain, perianal burning and bleeding reduce markedly. All these parameters also show significant values on statistical analysis by Wilcoxon matched-pair signed-ranks test.

CONCLUSION : All the 10 patients treated with *Ksheeraadi yaapan Basti* got significant relief in the symptoms of fissure in ano. During treatment of these 10 patients with *ksheeradi yapan basti*, no other pain killer or local medication

required for relieving symptom. Both acute and chronic fissure in ano can be treated with this *basti*. It is very cost effective and easy treatment modality of fissure in ano. Though this treatment was carried out only on 10 patients, large number of sample size is necessary which is a scope of study.

REFERENCES:

- 1) Dr Brahmanand Tripathi, Charak samhita purvaardha, Sutrasthaan Adyaay 13/14 page no.264 chaukhamba prakashan, varanasi 2012
- 2) Dr Brahmanand Tripathi, Charak samhita purvaardha, Sutrasthaan Adyaay 27/ 217-218 page no.526, chaukhamba prakashan varanasi 2012
- 3) Dr Brahmanand Tripathi, Charak samhita purvaardha, Sutrasthaan Adyaay 27/245 page no.530 chaukhamba prakashan , Varanasi 2012
- 4) Dr.Y.G. Joshi , Charak samhita siddhisthaan adhyaay 12/18-24 pg.no. 538, Vaidyamitra prakashan

- 5) Dr. Soman Das ,A concise text book of surgery, pg no. 1084-86, 4 edition,calcutta, 2006
- 6) Surendra kumar Sharma, Shalya Vidnyaniyam, part II, pg.no. 289-291Nath pustak Bhandar, Rohtak 2009
- 7) Kaviraj Ambikadatta shastri, Ayurved Tattwa Sandipika, Sushrut chikitsa sthaan 1, pg. no 1-18, chaukhamba prakashan, Varanasi 2012.

Corresponding Author: Dr.Arati Datye
Assistant professor, Department Of
Kayachikitsa, Government Ayurved
college & Hospital, Usmanabad.
Email-aratidatye@gmail.com

Source of support: Nil
Conflict of interest:None
Declared

