

MANAGEMENT OF FISSURE-IN-ANO (PARIKARTIKA) BY
YASHTIMADHU GHRITA AND AWAGAHA SWEDANA

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ABSTRACT :

Anal Fissure is one of the major causes for pain anal region. Fissure-in-ano is very common and painful condition to the patients hampering quality of life. On the basis of symptoms, the disease fissure-in-ano can be compared to the disease *Parikartika* according to *Ayurveda*. In this study 20 patients of age between 18-45 years were taken to evaluate the effect of *Yashtimadhu ghritta* along with *Awagaha swedana* for 15 days duration. All patients were advised to follow up *pathya-apathya* in terms of *Ahar –vihar*. Most of patients were suffered from pain during defecation followed by bleeding & itching in anal region. After completions of treatment statistically significant results were found in both of the symptoms i.e. pain in anal region & bleeding. So it can be concluded that it is very simple remedy and patients can get easily do at home. So it can be practiced easily by physician to treat fissure – in –ano without any complications & further remissions.

Key words: *Parikartika, Guda, Awagaha swedana, Koshtha, Agni*

INTRODUCTION: Anal Fissure is one of the major causes for pain anal region. On the basis of symptoms, the disease fissure-in-ano can be compared to the disease *Parikartika* according to *Ayurveda*. *Acharya Dalhana* has described the term *Parikartika* as a condition of *Guda* in which there is cutting and tearing pain.¹The causative factors of *Parikartika* as found in various texts are *Vamana-Virechana-Vyapada, Atisara, Bastikarma Vyapada, Arsha, Grahani, Udavarta* etc. Depending upon the *doshaj* types, it is described in three types viz. *Vattaja, Pittaja* and *Kaphaja*.²In *Sushruta Samhita*, the symptoms described as cutting or burning pain in anus, penis, umbilical

region and neck of urinary bladder with cessation of flatus. Whereas *Acharya Charaka* has described the features like-pricking pain in groins and sacral area, scanty constipated stools and frothy per rectum bleeding.³⁻⁴The term “fissure” generally denotes a crack or a split or a cut. The anal fissure (or fissure-in-ano) has been described as an acute superficial break in the continuity of the anal skin usually in the posterior midline of the anal margin. Fissure-in-ano is very common and painful condition hampering quality of life, it is caused due to hard stool resulted in tear at anus. Fissure occurs most commonly in the midline posteriorly. In males fissures usually occur in the midline

posterior- 90%, and much less commonly anterior 10%. In females fissures on the midline posteriorly are slightly commoner than anteriorly (60:40).⁵ It might be due to the posterior angulations of the anal canal, relative fixation of the anal canal posteriorly, divergence of the fibers of the external sphincter muscle posteriorly and the elliptical shape of the anal canal. In addition to it, the other contributory factors are persistent constipation, spasm of the internal sphincter, surgical catastrophe during operation for hemorrhoids followed by anal stenosis which may be result into anal fissure.⁵ There are some secondary causes; like crohn's disease, ulcerative colitis, syphilis, HIV, tuberculosis and sometimes in pregnancy have also been held responsible for the formation of the disease fissure-in-ano.

On the basis of the clinical symptoms & durations of the disease, fissure-in-ano is classified into two varieties; viz. acute and chronic fissure-in-ano. Either acute or chronic, pain and bleeding are the two main symptoms of this condition, pain is sometimes intolerable. In long standing cases it may be associated with hemorrhoids or a sentinel tag. Pruritis ani may be another symptom in this condition.

The modern medicine trend in the management of fissure-in-ano depends on the type of the disease; e.g. in cases of acute variety with short history of the problem can be treated on the conservative lines, which include oral pain killing medication, antibiotics to be taken before anticipated bowel movement. Stool softener may be used to make the stool soft enough, weak bulk laxative are the best. Soothing ointment, self dilatation etc. are considered to be of sufficient usefulness. Whereas in chronic ulcer Anal dilatation,

posterior sphincterotomy and fissurectomy and excision of the anal ulcer along with skin graft has not been successful.⁶

MATERIALS & METHODS: In this study 20 cases were included from the period Jan to June 2015 to evaluate the result of local application of *Yashtimadhu Ghritta* and *Awagaha Swedana* (Sit'z bath). Patients suffered from the fissure-in-ano were selected from *Shalyatantra* OPD of K.R. Pandav Ayurveda College and Hospital, Nagpur in this prospective clinical study. All the clinical details were recorded in case report form (CRF).

Inform consent: A well written informed consent was obtained from all the participants explaining the details about the treatments given to them.

Study Design: It was open non comparative prospective clinical study.

INCLUSION CRITERIA:

1. Patients who were aged between 18 to 45 years.
2. Suffering from anal fissure within 2 months.
3. Physical examination revealed fissure in ano.

EXCLUSION CRITERIA:

1. Any chronic illness like TB, HIV/AIDS, mental patients.
2. Pregnant women.
3. Patients suffering from hemorrhoids, anal fistula, peri anal abscess, known case of any carcinoma, ulcerative colitis, chrons diseases.
4. Non cooperative patients & who were not given informed consent.

Managements of patients: All the patients treated from the outpatients department of *Shalya* OPD of Hospital. They all were clinically examined well and all data recorded in case record form (CRF). All routine investigation like CBC, Blood sugar and urine for routine examination

were done. They were subjected to local application of *Yashtimadhu Ghritta* in the anus by a simple rubber catheter or manually by cotton swab particularly at the fissure twice a day for 15 days after hot sitz bath daily two times.

All the patients were well instructed to apply the *Yashtimadhu Ghritta* up to 1 cm in the anus with the help of rubber catheter. Before it, every patient was instructed to take hot water sitz bath for 15 minutes, after that *Yashtimadhu Ghritta* was given for local application in anal region.

Ahar vihar (Do's & Don'ts): Keeping in mind that *Ahar Vihar* has a definite role in cure of this disease, patients were advised to maintain bowel habit in a way to avoid constipation and straining during defecation. Following *Ahar Vihar* also enhance *Agnibal* of the patients and *mruduvirechan* so that it will help in smooth healing of fissure.

Ahar: During this management all the patients were advised to take green vegetables, fiber rich diet, butter milk & *Ghee* in the diet as well as plenty of water. Also advised not to take *ruksha*, *vidahi*, *katu*, *sheet annapan*, non veg diet & alcohol, advised to restrict frequent tea & coffee intake for the period of 1 month.

Vihar: Patients are advised to take soft pillow for sitting purpose also advised not to sit on hard places. Patients were also asked to avoid *diwaswapa* & *ratrijagaran*. *Shatpawali* (Walking after dinner for a while) is advised after dinner to enhance digestion.

FOLLOW UP & ASSESSMENTS: All patients were strictly advised to follow up for that purpose initially counseling was done to adhere management by the patients. Follow up was taken for 15 days interval up to one month.

ASSESSMENT CRITERIA:

To assess the result following criteria was adopted:

- Healing of fissure
- Pain in anus
- Control on Bleeding
- Control of discharge
- Control on itching

a) Assessment of pain on VAS (Visual Analogue Scale) scale:⁷

- Pain at rest, while no pain on walking or sleeping 0
- No pain at rest, no disturbance during sleep, mild tolerable pain while walking 1
- No disturbance of sleep, mild pain at rest, moderate tolerable pain at walking 2

- Disturbances of sleep due to pain, moderate pain at rest, severe and intolerable pain while walking 3
- Severe pain at rest, patients needs medicine for relief 4

b) Bleeding per rectum

- | | |
|---------|---|
| Present | 1 |
| Absent | 0 |

c) Itching in anus

- | | |
|---------|---|
| Present | 1 |
| Absent | 0 |

d) Discharge

- | | |
|---------|---|
| Present | 1 |
| Absent | 0 |

Healing of fissure: Healing was assessed by physical examination of signs and symptoms like pain, bleeding, discharge presence of granulation tissue.

OVERALL ASSESSMENT:

- A. **Completely Improved:** Who had no sign and symptoms or improvement in symptoms more than 75%.
- B. **Marked improvement:** More than 50% less than 75% improvement in clinical features.

C. **Mild Improved** Relief of symptoms clinical feature and other complications
more than 25% & less than 50% not arises.

D. **Unchanged:** No improvement in

OBSERVATIONS & RESULTS:

Table No.1: Sex distribution in studied cases (n=20)

Male	Female	Total
15 (75%)	05 (25%)	20 (100%)

In this study total 20 subjects were recruited out of them 15 (75%) were male while 05 (25%) were female which shows male are more sufferer but it may be due less sample size.

Table No.2: Age distribution in studied cases (n=20)

Age	Male	Female	Total
18-25 yrs	02	01	03
26-35 yrs	08	03	11
36-45 yrs	05	01	06

Table No.3: Distribution of 20 Patients of Fissure-in ano (Parikartika) according to Kshudha, Koshtha, Agni & Pipasa

	<i>Alpa</i>	<i>Madhyam</i>	<i>Pravara</i>
<i>Kshudha</i>			
No. of Patients	08	09	03
Percentage %	40	45	15
<i>Pipasa</i>			
No. of Patients	06	14	03
Percentage %	30	55	15
<i>Agni</i>			
No. of Patients	04	14	02
Percentage %	20	70	10
<i>Koshtha</i>			
No. of Patients	02	06	12
Percentage %	10	30	60

In above table no.3 overall it can be concluded that most of patients were having *madhyam* type of *kshudha*, *pipasa*, *agni* (45, 55 & 70% respectively) while 60% were having *krura* type *koshtha*.

Table No 4: Distribution of 20 Patients of Fissure-in ano (Parikartika) according to food habits.

S. No.	Food habits	No. Of Patients	Percentage
1	Vegetarian	03	15
2	Mixed	17	85

This table shows that mixed diet are more affected than having Vegetarian food habits.

Table No.5: Duration wise studied cases of Fissure-in ano.

Duration	Male	Female	Total	Percentage
<15 days	01	03	04	20
16-30 days	06	01	07	35

>30 days	08	01	09	45
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Table No. 6 : Position of Fissure-in-ano in studied cases (n=20)

Post. mid line %	Ant. Midline %	Both %
17(85%)	01(5%)	02(10%)

In all recruited patient of fissure –in –ano, it was seen that there is more incidence in posterior midline fissure (85%) compare to anterior one. As fissure occurs most commonly in the midline posteriorly.

Table No. 7: Showing Percentage of Relief in Each Symptom of 20 Patients of Fissure-in ano (Parikartika)

Sr. No.	Symptoms	Study Group			
		BT	AT	Diff	% of Relief
1	Pain in anal region	31	05	26	83.88
2	Bleeding per rectum	14	03	11	78.58
3	Itching in anus	07	03	04	57.14
4	Mucus discharge	02	00	02	100

Table No.8 Showing Wilcoxon Signed Rank Test of Symptom score of 20 Patients of Fissure-in ano (Parikartika)

No	Symptoms	Mean		Mean ± SD		±S Ed		P Value
		BT	AT	BT	AT	BT	AT	
1.	Pain in anal region	1.55	0.25	1.55 ± 0.68	0.25 ± 0.44	0.15	0.09	<0.0001
2.	Bleeding per rectum	0.70	0.15	0.70±0.47	0.15± 0.36	0.10	0.08	<0.0005
3.	Itching in anus	0.35	0.15	0.35±0.48	0.15± 0.36	0.10	0.08	>0.05

Statistical Analysis for Subjective Criteria: In the study group, regarding Symptoms Pain in anal region the Mean ± SD value obtained Before Treatment was 1.55 ± 0.68 and After Treatment it was changed 0.25 ± 0.44 which was statistically extremely significant (P<0.0001).

In ,Bleeding per rectum the Mean ± SD value Before Treatment was 0.70±0.47 , after treatment it was 0.15± 0.36 which was statistically extremely significant (P<0.0005).

In symptom of Itching in anus the Mean ± SD value Before Treatment was 0.35±0.48 and after treatment it was 0.15± 0.36 which was statistically not significant (P>0.05) as the number of sample size is less and it is not possible to obtain the significant p value. (Table No. 8) while mucous was present in only 2

cases and relived completely so statistically it was not possible to calculate p value.

MODE OF ACTION:

Yashtimadhu Ghrita:^{8,9} In the treatment of all types of wounds and inflammations *Yashtimadhu* is considered the drug of choice. In inflammatory conditions of the eye and various types of *Vrana*, *Chakradutta* has advocated the use of this drug. *Acharya Charaka* has advocated the use of this drug in *Vataja* and *Raktaja* diseases at various places. In *Sushruta Samhita* also described its use in pain in various surgical and medical diseases.

The properties of ingredients present in the drug compound are as follows: *Yashtimadhu*, *Devadaru*, *Haridra*, *Tagar*, *Nirgundi*, *Udumbara*, *Ghrita* along with laxative and local soothers and anti-inflammatory effects. These drugs are

having *Vrana Shodhana* and *Ropana* (wound healing) properties. The drug possesses *Vata- Pitta Shamana* property. The disease is *Vata- Pitta* predominant. *Ghritta* is the medium of combination. It possesses *Vrana Shodhana* and *Ropana* properties and is *Vata-Pitta Shamak*. Therefore, the action of the drug is enhanced by *Ghritta*. It also reduces the *Rukshata* of *Vayu* and maintains the normal tone of muscles which result into good blood circulations & help in healing process.

Awagaha Swedana:¹⁰ It is described in *Charak samhita, sutrasthan 14/44*, that to pour the body part into a tub containing medicated *dravya* is called as *Awagaha* a type of *Swedana*. As it is *vatanashak, vedanahar* (reduces the pain). So warm water sitz bath is helpful in reducing pain in anal region and well as it maintain muscle tone and antiseptic condition which help in healing of fissure –in – ano. So both local mode of treatment work wonderful in healing the fissure –in –ano which improve the quality of life of patient.

Discussion & Conclusion: In this trail, 20 cases of non complicated fissure in ano were taken to evaluate the effect of *Yashtimadhu ghritta & Awagaha Swedana* form the OPD of Hospital. Most of patients described the cause of disease is hard stool & constipation. Constipation is a chief co-existing factor in the disease followed by irregular bowel habits, nature of work (particularly seating & night jobs) and dietary habits are a major causative factor for the disease. Analytical study suggests that intake of low fiber diet, spicy foods; non veg. foods are responsible for the diseases. In this study total 15 were male & 5 patients were female. Posterior mid line at 6 o'clock position (At anus)

is the common site for the development of Anal Fissure and found in 17 patients in this study. However anal fissure can occur in both anterior mid line and in posterior mid line. Most of patients were having pain in anal region during and after defecation and constipation are common.

The treatment given in this trial is having minimum complication and easy applicability. After this management it was statistically found that, 83.88% % 78.58% relief was found in pain in anal region during defecation and bleeding per rectum respectively in both of these symptoms. Overall 14(70%) patients were completely removed, 01 (5%) was markedly improved while 03(15%) were improved & only 2 (10%) patient were unchanged due to treatment as per assessment criteria.

Observation in present study proves that if different therapeutic measure, local application of *Yashtimadhu Ghritta* along with *deepan* and *anuloman dravya* if given, treatment of fissure in ano will be better.

So it can be concluded that it is very simple & wonderful remedy and patients can get easily do at home. So it can be practiced easily by physician to treat fissure –in –ano without any complications & further remissions.

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