

EFFICACY OF JATYADI TAILA MATRABASTI IN THE MANAGEMENT OF ACUTE FISSURE-IN-ANO W.S.R. TO PARIKARTIKA- A CASE STUDY

Sujata Chavhan^{1*} and Rajendra Amilkanthwar²

¹MS Scholar, Department of Shalyatantra, Government Ayurved College, Nanded.

²Associate Professor, Department of Shalyatantra, Government Ayurved College, Nanded.

Article Received on
08 September 2024,

Revised on 28 Sept. 2024,
Accepted on 18 October 2024

DOI: 10.20959/wjpr202421-34321



*Corresponding Author

Dr. Sujata Chavhan

MS Scholar, Department of
Shalyatantra, Government
Ayurved College, Nanded.

ABSTRACT

Fissure in-Ano is one of the most painful condition among the anorectal diseases. It is a longitudinal tear in the anal mucosa extending from the anal verge towards dentate line. Altered life style and daily consumption of fast food increases incidence of constipation in population which causes many anorectal diseases like fissure in-ano, fistula in ano, haemorrhoids. Anal pain, burning sensation during defaecation, constipation, stool streaked with blood are the symptoms of fissure in-ano. In ayurveda fissure in ano is correlated with *Parikartika*. *Parikartika* means '*Parikruntavat vedana*' that is cutting type of pain specially in *Gudapradesha*. We get discription about *Parikartika* in *Brihatrayees* and later period authors of *Ayurveda*. *Parikartika* is not mentioned as an independent disease but *acharya Kashyap* described *Parikartika* as a complication of *Vamana Virechana Vyapada*,

Bastikarma Vyapada, *Garbhini Vyapada*. In *Parikartika* due to *nidanas* agrivated *Apanvata* attains upward movements and repelled by *Udanavata* reaches *Guda* and obstruct the passage of faeces producing severe *Ruja*, *Gudadaha*, *Malavashtambha* and *Sarakta malapravrutti*. This case study is to prevent surgical intervention and to avoid it's complications. In this case study patient with acute fissure in ano is treated after all routine investigations with *Jatyadi Taila Matrabasti* for seven days. Patient got relief regarding anal pain, burning sensation during defaecation, anal ulcer heals and anal spasm get released.

KEYWORDS: *Parikartika*, *parikruntavata vedana*, *guda*, *gudapradesha*, *brahatrayees*, *vaman virechana vyapada*, *garbhini vyapada*, *nidanas*, *apana vata*, *udana vata*, *ruja*,

gudadaha, malavashtambha, sarakta malapravrutti, matrabasti.

INTRODUCTION

Dietary habits and lifestyle of human being are changing in an undesired pattern. Altered life style and food habits causes *Agnimandya* and leading to increase in Incidence of constipation in population which cause too many anorectal diseases most commonly being haemorrhoid, fistula in-Ano & fissure in-ano.

Fissure in-ano is the break in the mucosal lining of anal canal. Commonly occurs in the midline posteriorly. It is superficial, small but distressing lesion. Fissure ends above the dentate line. It is one of the most painful condition among the anorectal disorders.

Parikartika means "*Parikruntavat Vedanta*" i.e. cutting type of pain specially observed in *Gudpradesh* (anal region) We get description about *parikartika* in *Brihatrayees* & later period authors of aurveda, But not as an independent disease but as a complication of *Vaman Virechana Vyapada, Basti Karma Vyapad, Garbhini Vyapad.*

In *Parikartika* due to *nidanas* aggravated *Apanvata* attains upward movement & repelled by *Udan vata* reaches *guda* & obstructs the passage of faeces producing severe *Ruja, Gudadaha, Malavasthamba & Saraktamala Pravrutti* which is very much suggestive of clinical feature of fissure in-ano.

As per modern science commonly encountered symptoms are anal pain, burning sensation, constipation & stool streaked with blood.

Contributing factors according to modern are constipation, spasm of internal sphincter, surgical castrophe during operation of haemorrhoid followed by anal stenosis, ulcerative colitis, syphilis, chrohn's disease.

For *Parikartika*, Acharya have described treatments, both local as well as systemic but not given a description of surgical management. It seems in this regards that they didn't consider it to be a disease complication of any significant which requires surgical intervention.

So there is need of inventing a conservative treatment which yields instant relief from pain and which is able to heal ulcer of fissure.

On the basis of clinical features, fissure in-ano has been classified into 2 types

1. Acute fissure
2. Chronic fissure

Hypothesis

- There is significant effect of *Jatyadi Tail Matrabasti* in the treatment of *Parikartika*.

Aims

- To Study the efficacy of *Jatyadi Taila Matrabasti* in the management of *Parikartika* (Acute Fissure-in-Ano).

Objectives

- To evaluate the effect of *Jatyadi Taila Matrabasti* in the treatment of *Parikartika* (Acute fissure-in-ano).
- To find an alternative, cost effective and safe management for acute fissure in ano.

METHODOLOGY

Proper case history was taken and thorough examination of patient was done.

Present Illness

A 42 years old male patient presented with complaints of pain and burning during defecation since 8 days. Hence he came to Shalyatantra OPD of Government Ayurved College and Hospital, Nanded.

General examination

- General condition: Fair, Afebrile.
- Blood Pressure: 120/80mmHg.
- Pulse Rate: 74/min.

Systemic examination

- RS – AEBE Clear, No crepts, no wheezing.
- CVS - S1S2 Normal, No murmur.
- CNS – Concious and oriented to time place and person.

Local examination

- Perianal region-NAD
- Anal verge- Longitudinal tear present at 12O'clock

- P/R Digital- Spasm Present.

Investigations

- Hb-13.8gm%
- WBC-6710mg/dl
- PLT-207k/mm³
- BSL-108mg/dl
- BT-2.15/min
- CT-3.46/min
- HIV-Negative
- HBsAg-Negative

Criteria for assesment**A] Per anal pain**

- 0 Absent (No pain)
- 1 Mild (Pain remains upto 15 min. after defecation.)
- 2 Moderate (Pain remains upto half hour after defecation)
- 3 Severe (Pain remains more than half hour after defecation and patient gets hesitate)

B] P/R Bleeding

- 0 No P/R bleeding
- 1 Mild (Streak of blood along with stool)
- 2 Moderate (Drop by drop upto 1 ml)
- 3 Severe (More than 1 ml)

C] Anal spasm

- 0 Anal Spasm Absent
- 1 Anal Spasm Present

Treatment given

Instruments-

- 1. 100ml syringe
- 2. Feeding tube No.8
- 3. Dry cotton gauze
- 4. Surgical gloves

5. Jatyadi Taila

Procedure

- The procedure was explained to the patient and consent was taken.
- In Left Lateral position 60 ml *Jatyadi tail Matrabasti* was given with the help of 100 ml syringe and feeding tube No. 8.
- Same procedure performed daily for 7 days along with luke warm water sitz bath and laxative- *Gandharva Haritaki Churna*.



RESULT



Before Treatment-Spasm+++



After Treatment-Spasm released

Sign & Symptoms	0 th Day	8 th Day	15 th Day	22 nd Day
Per Anal Pain	2	1	0	0
Anal Spasm	1	0	0	0
P/R Bleeding	1	0	0	0
Size of fissure	5mm	4mm	-	-

DISCUSSION

In this modern era due to lack of attention towards health, mental stress, altered meal timings, daily consumption of fast food digestive problems are increasing, due to this anorectal diseases are very common. Among the anorectal diseases fissure-in-ano is very common and painful condition. It is mostly seen in younger age group.

Though there are many oral analgesic, stool softeners and local soothing ointments available. It has limitations to use and prolonged use of oral analgesics can cause gastric irritations. Ayurvedic formulations like *Basti*, *Pichu dharan* are available for treating fissure in-ano.

In surgical treatment complication being haematoma, abscess formation, recurrent ulcer formation and persistent mucous discharge. Most of the methods of treatment are expensive and requires long stay in the hospital. Lord dilatation which is associated with the risk of transient faecal incontinence after lay opening of the patient has to bear server excruciating pain, despite of taking analgesics for 5-6 days.

To overcome all these problems and to prevent surgical intervention in the present study, there is use of *Jatyadi tail matrabasti* indicated for fissure-in-ano'

CONCLUSION

From the result of present case study we can conclude that the *Jatyadi Tail Matrabasti* is effective in Acute fissure in-ano.

REFERENCE

1. Dalhana. Nibandha samgraha commentary on Susruta, Samhita chikitsasthana edited by Vaidya Jadavji Trikamji acharya, "Edition, Chaukhambha Sanskrita Pratisthana, 2007; 9, 524: 34-6.
2. Sushruta, Sushruta Samhita Hindi translation by Dr. Anant Ram Shastri, Chaukhamba Surbharti Prakashan, Varanasi, Chikitsa, 34, 3.
3. Agnivesa, Caraka Samhita Cikitsa sthana sloka Hindi commentery caraka candrika Dr. Brahmananda Tripathi, Chaukhambha Surbharati Prakashan. Varanasi, 2002; 2, 864: 26-7.
4. Vaghhata, Astanga Hrdaya, Nidanasthana sloka Hindi commentary-Nirmala by Dr. Brahmananda Tripathi, Chaukhambha Sanskrita Pratisthana. Delhi, 2003; 541: 16-41.

5. Vrrdha Jivaka Kasypa Samhita Khila sthana edited by P.V.Tewari, Chaukhambha Viswabharti Varanasi, 2008; 5656, 4: 102.2-106.1.
6. Sharangadharacharya, Sharangadhara Samhita with Adhamalla's "Dipika und Kasirama's Gudarthha Dipika commentaries, Orientalia, Varanasi, Chakradutta, Chakrapanidutta," chapter shloka, 2002; 44: 73-79.
7. Dr. Indradeva Tripathi: Varanasi: Chaukhambha Sanskrit Sansthan; edition, 1997; 3: 264.
8. Yogratnakara, Yogratnakara Uttarardh, chapter, Shloka, By Brahmashankar Shastri, Sanskrit sansthan, Varanasi, 1997; 6, 183: 15, 1-5.
9. Bhaishyajyaratnavali, chapter no, Shloka. By Shri. Rajeshwar Dutta Shastri. Chaukhambha Sanskrit sansthan, Varanasi, 1997; 13, 597: 47, 64-68.
10. Ram Dayal Joshi, Ram Narayan Vaidya, Ayurveda Saar Sangraha Sri Vaidya Nath Ayurved Bhavan Sanskaran Churna Prakar, 2011; 577.
11. Sharangdhara Samhita Madhyama Khanda Nadivrana chikitsa, 9: 168- 171.5.
12. Baswa M. Rath CC, Dash SK, Mishra RK. Antibacterial activity of Karanj (*Pongamia pinnata*) and Neem (*Azadirachta indica*) seed oil a preliminary report. Microbios, 2001; 105(412): 183-89.
13. Bhatta, Sidhabhaishaja Manimala, Shri Krishnadas Chturtha guchha, Udavarta Chikitsa sloka "edition Varanasi: Krishnadas Academy, 1999; 257: 7-2.