

**MANAGEMENT OF PARIKARTIKA (FISSURE-IN-ANO) WITH
PANCHAGUNA TAIL PICHUDHARANA.*****Dr. Nilesh V. Pagar, **Dr. Amit Shedage, ***Dr. Vijay Saini*****M.S. Shalyatantra, Loknete Rajarambapu Patil Ayurvedic College, Islampur, Sangli.******M.S. Shalya, Reader, Loknete Rajarambapu Patil Ayurvedic Medical College, Islampur, Sangli.*******M.S. Shalya, Reader, Loknete Rajarambapu Patil Ayurvedic Medical College, Islampur, Sangli.**Article Received on
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Author****Dr. Nilesh V. Pagar**M.S. Shalyatantra,
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Islampur, Sangli.**ABSTRACT**

Cases of fissure in ano showing outrageous symptoms like severe pain, constipation, stools streaked with blood is a challenge to treat due to its nature of recurrence. They demand for innovative techniques for their management. Many techniques have been tried, each by no means better than the other. Fissure in ano can be correlated with Parikartika according to ayurvedic principles. Ayurvedic treatment can show good results in such cases.

KEY WORDS: Parikartika, Fissure in ano, Panchaguna tail.**INTRODUCTION**

Ayurveda is an ancient science of indigenous medicine, which is not only a medical science but an art of living in human beings. In the era of fast food, there is change or irregularity in diet and timings and also sedentary life style. In addition to change in diet and life style, one is always under tremendous mental stress. All these causes disturb in digestive system which results in too many diseases amongst them ano-rectal disorder constitute an important group.

Parikartika means “Parikartanavat Vedana” i.e. cutting type of pain specially observed in Gudapradesha (anal region). The earliest reference about ‘Parikartika’ is available in Sushruta Samhita (1500 B.C).

The word Parikartika is mentioned in Bastikarma Vyapath and Virechana Vyapath. It is also an upadrava of Atisara according to Acharya Sushrut. Parikartika mentioned in Ayurvedic classics with features like severe pain, constipation, stools streaked with blood can be correlated to 'Fissure in ano'. They demand for innovative techniques for their management. Fissure-in-ano is a disease which reoccurs or additional trouble is seen after conventional surgery. Many techniques have been tried, each by no means better than the other. Fissure-in-ano is a small longitudinal ulcer in long axis of lower anal canal producing too much of pain when compared to its size.

Fissure-in-ano is more common in youngsters and in reproductive age of females during pregnancy no surgical intervention and very less purgatives are prescribable. This again leaves a pit hole in the management techniques of fissure-in-ano, demanding for an applicable therapy even during pregnancy.

A humble effort to understand the condition in Ayurvedic aspect was done and "Parikartika" was one condition found to be similar to fissure-in-ano on basis of symptoms. Acharya Charaka and Vagabhatta used two words, "Vikartika" as well as "Parikartika" for denoting the condition. Chakrapani also opines the same.

The factors responsible for causation of Parikartika are found in various texts as Vamana-Virechana vyapada, Basti karmavyapada, Atisara, Grahani, Arsha, Udavarta etc. Very lately in chronology Acharya Kashyapa has described it in three type's viz. Vataja, Pittaja and Kaphaja.

Acharya Sushruta while describing the symptoms of the disease he speaks of the features like cutting or burning pain in anus, penis, umbilicus and neck of bladder with cessation of flatus, where as Acharya Charaka has described the features like, pricking pain in groins and sacral region, scanty constipated stools and frothy bleeding per anus.

About 30 – 40% of the population suffers from proctologic pathologies at least once in their lives. Anal fissure comprises of 10 – 15% of Anorectal disorders.

There is always a need for the cost effective and patient friendly method of management for fissure in Ano. The Panchaguna Tail which is mentioned by Acharya Yadavji Trikamji in Siddha Yoga Sangraha was selected for the study. The ingredients have Vrana Shodhana,

Vrana Ropan, Vedna Sthapana, Rakthastambhana properties. This Clinical study has been carried under the rigid rules of clinical research methodology.

AIM AND OBJECTIVES

AIM

To study the efficacy of Panchguna Tail Pichudharan in the management of Parikartika(Fissure in Ano).

OBJECTIVES OF STUDY

1. To evaluate the efficacy of Panchguna Tail in the management of Parikartika (fissure-in-ano)
2. To evaluate the efficacy of Panchguna Tail as Vedanasthapan [pain reliever] in the management of Parikartika (fissure-in-ano)

MATERIALS AND METHODS

Materials

1. Patients

The study was carried out on the patients attending the OPD and IPD of our hospital.

Selection of patients

Total no. of patients- 30

Clinical history of patients was taken in special prepared case-sheet.

Diagnosed patients of parikartika were selected from OPD & IPD of our hospital.

Inclusion criteria

1. Patients were selected irrespective of sex, Age from 18 year to 60 year of different socio-economic group fit for adoptive treatment.
2. Patients presenting with clinical features of PARIKARTIKA (ANAL FISSURE)-Pain, Itching, Burning sensation ,Bleeding in anal region
3. Subjects with chronicity of disease not more than 6 months.

Exclusion Criteria

1. Patients with uncontrolled metabolic disorders and other systemic Disorders.
2. Patients with autoimmune diseases.
3. Patients with infection and communicable diseases

4. Congenital anomalies of anus and rectal canal.
5. Subject with malignancy disorder.
6. Patients suffering with diarrhoea.
7. Patients undergoing treatment of virechana, basti.

STUDY DESIGN

Clinical Study: 30 patients of parikartika were taken for clinical study. All the relevant data regarding the clinical study were collected and analysed for the efficacy of the therapy and presented in tabular form. The observations and results obtained, from the clinical study was analyzed statistically to evaluate the significance of result.

2. Drug

a) Panchguna Tail

DRUG: - Panchguna Tail

DOSE: - As per requirement Panchguna tail soaked pichu (3-5ml)

b) Erandbhrushta Haritaki

DRUG- Tablet Earandbhrushta Haritaki

DOSE-One tablet 250mg (H.S)

Anupan- Warm water (Koshna Jal)

GMP certified market sample of Panchguna Tail (Siddha Yoga Sangarha) and Tablet Earandbhrushta Haritaki selected.

APPLICATION OF TAIL

Procedure

Patients were given Panchguna Tail soaked Pichu (cotton gauze) in Gudapradesha (anal region) twice a day, morning & evening for 7 days. After giving Avagah sweda (sitz bath) Panchguna Tail Pichu was kept in Guda Pradesha (anal region).

Internally: One tab. (250mg) Erandbhrusta Haritaki with one glass warm water at bed time as per requirement.

Investigations

The selected patients were registered for detailed investigations if necessary Hb, TLC, DLC, ESR, CT, BT, HIV, HbsAg.

Period of Study: - 21 days

Follow Up –

Patient were advised for the follow up on every 7th day -

1st follow up - 7th day

2nd follow up –14th day

3rd follow up – 21st day

In cases where total relief was obtained, a period of 28 days was fixed to study the possibilities of recurrence and the same was recorded in Proforma of case sheet.

During the treatment suitable Pathya and Apathya were advised to the patients.

ASSESSMENT CRITERIA

Subjective

1. Shool(Pain)
2. Daha(Burning sensation)
3. Rakatstrava (Bleeding)
4. Vibandha (Constipation)
5. Kandu (Itching)

SUBJECTIVE

| Parameter | Nil-0 | Mild-1 | Moderate-2 | Severe-3 |
|--|---------------------------------|--|---|---|
| Pain (shool) | No pain | Pain during bowel movements | Pain during and after defecation | Continuous pain |
| Burning sensation (Daha) | No burning sensation | Burning sensation during bowel movements | Burning sensation during and after defecation | Continuous Burning sensation |
| Itching around the anus (kandu) | No Itching | Itching during bowel movements | Itching during and after defecation | Continuous itching sensation |
| Constipation (Vibhandh) | Regular bowels with soft stools | Regular bowels with hard stools | Irregular bowels with hard stools | Irregular bowels & very hard stools |
| Bleeding (Rakta strav) | No bleeding | Bleeding after defecation | Bleeding during & after defecation | Bleeding during, after defecation with blood stained stools |

NON PARAMETRIC

| Position Of Fissure- In- Ano | Anterior Side | Posterior Side | Other side |
|------------------------------|---------------|----------------|------------|
| | | | |

OBJECTIVE PARAMETER: - (Perianal)

Number of Fissure

FOLLOW UP

| Symptoms | 1 st day | 7 th day | 14 th day | 21 st day |
|--------------------------|---------------------|---------------------|----------------------|----------------------|
| SHOOLA (Pain) | | | | |
| DAHA (Burning sensation) | | | | |
| KANDU (Itching) | | | | |
| VIBANDHA (Constipation) | | | | |
| RAKTA STRAVA (Bleeding) | | | | |

ASSESSMENT OF CLINICAL RESULTS:- Result in %

| | |
|----------------------|---|
| Marked improvement | >76% relief in signs and symptoms. |
| Moderate improvement | >51% and <75% relief in sign and symptoms |
| Mild improvement | >26% and <50% relief in sign and symptoms |
| Unchanged | <25% relief in signs and symptoms |

OBSERVATIONS AND RESULTS

30 patients of Parikartika were selected for this clinical study. The assignment showed the following statistics were presented in tables and graphs with brief description –

1. Age wise distribution of patients

It was found that maximum number of patient's i.e 50% of the patients were of the age group 18-30 years and 20% were of age group 31-40 years and in 41-50 years age group, 23.3% were found whereas in age group of 51-60 years, 6.6% were seen.

2. Diet wise distribution of patients

In this study 60% of patients were having mixed (veg+non-veg) diet, while 40 % had vegetarian diet.

3. Consistency of stool wise distribution of patients

Amongst 30 patient's maximum no. of patients, 50% patients reported to have blood streak stool, followed by 40% who had hard stools, 10% had soft stool and no blood stain.

4. Koshta wise distribution of patients

Koshta wise distribution indicated that most of the patients i.e. 50. % of patients had krura koshta, 30% patients were having madhyama koshta and 20% had mrudu koshtas.

5. Site of lesion wise distribution of patients

| Site of lesion | No. of Patients | Total |
|----------------|-----------------|-------|
| Anterior | 6 | 20 |
| Posterior | 16 | 53.33 |
| Both | 5 | 16.67 |
| Other | 3 | 10 |

EFFECT OF THERAPY ON CLINICAL FEATURE

| CLINICAL FEATURE | BT SCORE | AT SCORE | DIFFERENCE IN BT AND AT | % OF RELIEF |
|--------------------------|----------|----------|-------------------------|-------------|
| SHOOL (Pain) | 76 | 17 | 59 | 78 |
| DAHA (Burning sensation) | 72 | 18 | 54 | 75 |
| KAND (Itching) | 67 | 15 | 52 | 78 |
| VIBHAND (Constipation) | 59 | 13 | 45 | 78 |
| RAKTASTRAY (Bleeding) | 58 | 11 | 46 | 81 |

In all criteria the drug shows the result above the 75% I-e marked improvement.

Over all result on symptoms

| CLINICAL FEATURE | Result |
|-------------------------|--------------------|
| SHOOL(Pain) | Marked improvement |
| DAHA(Burning sensation) | Marked improvement |
| KAND(Itching) | Marked improvement |
| VIBHAND(Constipation) | Marked improvement |
| RAKTASTRAY(Bleeding) | Marked improvement |

In all criteria the Panchguna tail Pichudharan showed marked improvement.



Puckered Ring Appearance (spasm) of anus and fissure at 12 O'clock Before Treatment



Ropan Effect of Panchguna Tail After Treatment

DISCUSSION

In a course of present clinical study observed as below

- The observation on incidence of age revealed that the incidence of Parikartika was commonly seen within the age group of 18 to 30 years. The reason for such an observation may probably be attributed to the fact that it is the active period of life when a person is exposed to various kinds of aetiological factors and fast food habits and alter life style is, more prone to suffer from the disease.
- In relation to diet 70% patients have mixed diet, which is one of the causative factors. As it was found that the persons who consumed non-vegetarian and spicy diet regularly more suffered from Fissure-In-Ano.
- People who consume fast food n low fibre diet having porn to fissure in ano.
- In the present study maximum patients were presented with history of constipation with hard stool and some with irregular bowel habit.
- It is a disease of gradual onset, more seen in constipated persons. Because of constipated bowel injury to rectal mucosa which may leads to Fissure.

• PROBABLE MODE OF ACTION

- As mentioned in classic most of drugs of Panchguna tail have properties like anti-inflammatory, analgesic, antiseptic effect.
- The Panchguna tail contains Tila tail and kejobuti oil, Eucalyptus oil having vrana ropak properties which heals parikartika.

- The Panchguna tail contain the turpentine oil it act as good pain reliever and proven many times. The wax which is present in the oil forms a protecting sheath on fissure and form normal skin, its natural tendency it allows faster recovery of fissure.
- In Panchguna tail contains triphala, guggulu which acts as antimicrobial property which are already proven. In Panchguna tail also contain Nimb patra, Karpura having antiseptic property which helps to recover the fissure wound.
- Shilaras, Ral, Gandhviroja having property of vran ropaka and vedanashamk, raktasthambhak which helps into controlling bleeding, itching and burning sensation in parikartika .
- All the contents in the Panchguna tail are good pain reliever so maybe they acts anal sphincter dilatation which relieves the spasm of sphincter.
- The contents like Nimba and Triphala acts as good antiseptic.
- The Earandbhrushta Haritaki as mentioned in classics acts as Anulomak virechan because of Earand and Haritaki. Erand oil having property of samdosha agniverdhak. In Errand oil Racilonic acid which increase the parastaltic movement.
- Hartki have anuloman guna which improve agni and aamdosha pachak acts as purish virechak.
- The Panchguna tail is vrana ropak, vrana shodhak, vednana shamak effect so it is a helpful in wound healing of parikartika .

CONCLUSION

From this clinical study we reach up to the following conclusions:

- It was observed in the study that Mandagni and life style was the prime cause in the manifestation of the disease parikartika.
- The medicine, Panchguna tail used for the study shows significant result in parikartika and helped in reducing the symptoms like a Raktasrava (Bleeding) and Arivat vedana (Cutting pain). It was noticed that it helped in regression of the cracked skin of fissure.
- After the present study, it can be concluded that Panchguna tail has shown highly significant result.
- From the study, it can be concluded that Pichudharan of Panchguna tail is an effective treatment modality for Parikartika (fissure-in-ano) which overcomes the surgical intervention.

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