

EVALUATION OF YASHTIMADHU TAIL MATRABASTI EFFICACY IN THE TREATMENT OF ACUTE FISSURE IN ANO

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ABSTRACT

Background: Fissure in ano is one of the commonest ano-rectal disorders, notorious for the pain it causes. Currently many treatment modalities are available but not all of them are effective. The study conducted was aimed at evaluating the efficacy of *Yashtimadhu Tail matrabasti* in the treatment of acute fissure in ano. A single blind clinical study was conducted on 35 patients of acute fissure in ano and analysis revealed significant relief in symptoms of fissure in ano. *Yashtimadhu Tail* was prepared according to *Sharangdhar madhyamkhand*. It was administered in a dose of 30 ml as *basti* on day 1,3,5,7,9,12 and 15. The result was assessed before and after treatment and it was found that all the patients experienced relief from pain, pruritus, discharge, tenderness, condition of ulcer and constipation at the end of 18 days. *Yashtimadhu Tail Matrabasti* is economical and effective treatment for acute fissure in ano.

KEYWORDS: *Yashtimadhu*, Fissure in ano, *Matrabasti*.

INTRODUCTION

Pain is one of the most primitive human sensations. In fact, human beings are most of the times demotivated by pain. Pain originating from 'Anus' is most frustrating of these and it occurs due to 'Fissure in ano'.

The so called modern and independent lifestyle has increased the incidence to a great extent. Although, there are many treatment modalities available for the disease, we need something that has a sustainable effect on both cause and effect of acute fissure in ano.

Acute fissure in ano is the most painful and most common among all anorectal diseases. In *Ayurvedic* literature *Parikartika* has been mentioned as one of complication of therapeutic enema (*Bastivyapad*) in *Charak samhita*, in pregnancy (*Garbhini vyapad*) in *Kashyap samhita* and also feature of diarrhoea (*Vataja atisara*) in *Vagbhat*. It is longitudinal ulcer in the lower part of the anal canal. Pain, burning sensation, with or without bleeding during defecation are Sign and Symptoms of fissure in ano.

Application of local anaesthetics, anal dilation, fissurectomy and sphincterotomy are generally in practice, laxative is prescribed to ensure that the motion is soft. However, these treatment procedures have their own limitation and also have complication like post-operative anal stenosis, incontinence etc. Hence, i have decided to take present study for more effective management of acute fissure in ano than existing line of treatment in present era.

AIMS AND OBJECTIVES

To assess the efficacy of *Yashtimadhu Tail matrabasti* in the treatment of acute fissure in ano.

- 1) To study the effectiveness of medical treatment in surgical ailments
- 2) To study the whether surgery can be avoided with *Yashtimadhu Tail matrabasti* in acute fissure in ano.

MATERIALS AND METHODS

Yashtimadhu tail was prepared as stated in Sharangadhar samhita madhyamkhand 9/1 in Department of Rasshatra, R.A.Podar Medical College (Ayu), Worli, Mumbai.

A total of 35 patients were selected for the study, out of which five patients did not complete the treatment. Hence, the findings of 30 patients were studied. All the patients in the study received 250 mg of *Arogyavardhini vati* twice a day. A few of them received *Haritaki* when required. *Yashtimadhu tail matrabasti* was administered on 1st, 3rd, 5th, 7th, 9th, 12th and 15th day using a syringe and simple rubber catheter no.14. The dose administered was 30 ml and length of catheter inserted inside the anal canal and rectum was upto 10 cm. *Basti* was administered after food and the patient was kept in the similar position for 10-15 minutes after *basti*. Every patient received 7 *basti* in total as described above. All the participants were examined every third day with following parameters.

Table no.: 1, Parameters

1	Pain
2	Pruritus
3	Discharge
4	Tenderness
5	Constipation
6	Condition of Ulcer

RESULTS AND DISCUSSION

Thirty five patients were selected for the study, of which 5 patients could not complete the treatment. Following guidelines were followed to assess the outcomes.

1) Complete cured, relieved and improved.

A) Completely cured: All the signs and symptoms completely relieved after 18 days treatment.

B) Relieved: After end of 18 days, the fissure bed is healthy but not completely healed. All the other complaints have disappeared.

C) Improved: Fissure bed is healthy, pain for less than half an hour after defecation other symptoms relieved.

2) Severe, Moderate and Mild pain:

A) Severe pain: Pain lasting for up to one hour after defecation

B) Moderate pain : Pain lasting for up to half an hour after defecation

C) Mild pain: Pain lasting for less than half an hour after defecation

3) Severe, Moderate and Mild pruritus:

A) Severe pruritus: Itching all the day with short or no intervals

B) Moderate pruritus: Itching in morning and evening

C) Mild pruritus: Occasional itching

4) Severe, Moderate and Mild tenderness:

A) severe tenderness : Up to one hour after defecation

B) Moderate tenderness: up to half an hour after defecation

C) Mild tenderness : Less than half an hour after defecation

After completion of 18 days of treatment, following observations were noted.

1. Pain was relieved in all 30 patients.

2. 19 patients out of 30 were having pruritus before treatment. All of them experienced relief in pruritus.

3. Discharge – out of 30 patients only 6 patients having discharge before treatment. All of them were completely relieved from the symptoms.

4. Tenderness – 29 patients were having tenderness, all of them were completely relieved from it.

5. Constipation – All 24 patients experienced relief from constipation after treatment.

Status of Fissure bed:

All the 30 patients had fissure, out of which 22 patients healed and remaining 8 were healing and healthy.

Table no. : 2, Percentage of Clinical feature before treatment

Sr.No.	Clinical feature	No. of Patients	Percentage
1	Pain	30	100 %
2	Pruritus	19	63.33 %
3	Discharge	06	20 %
4	Tenderness	29	96.67 %
5	Constipation	24	80 %
6	Ulcer	30	100 %

Table no.: 3, Percentage of Relieved Clinical feature after treatment

Sr.No.	Clinical feature	No. of Patients	Percentage
1	Pain	30	100 %
2	Pruritus	19	100 %
3	Discharge	06	100 %
4	Tenderness	29	100 %
5	Constipation	24	100 %
6	Ulcer healed	22	73.33 %
7	Ulcer in healing stage	08	26.67 %

Ayurvedic literature describes Fissure in ano as *parikartika* in complications of *basti*, *virechan*, *Jwar*, *Atisaar* and pregnancy. *Acharya Kashyap* has classified it according to *Doshas*.

Acharya Sushrut has described *parikartika* as *Vata-Pitta* dominant disease. *Yashtimadhu* is one of the best medicines for *Pitta*. It is *Vranropak* and *Anuloman*. *Tiltila* is best medicine for *vata*. This study observed that 80% of the patients included in the study were between the age group 21 to 40 years. All the patients had pain as a prime symptom. 83.33 % patients had fissure at 6⁰ clock and remaining at 12⁰ clock position. 80% patients in the study were married.

No patient required surgery after treatment.

In this study *Arogyavardhini* was included as it is *Agnideepan*, because *agnidushti* is the prime reason of *Parikartika*.

CONCLUSION

Matrabasti with *Yashtimadhu tail* is cost effective and potent treatment for fissure in ano. Average period for relief in symptoms of Fissure in ano was 12 days, which is less than the period required for surgery and post-operative care.

The *matrabasti* can be administered at home by relatives, thus reducing the time, cost and enhancing acceptance of the treatment further.

The surgery can be avoided with *Yashtimadhu tail matrabasti* in acute fissure in ano.

REFERENCES

1. Sushrut samhita with nibandhasangraha commentary by Yadavji Trikamji Acharya, Chaukhamba series Varanasi Sutrasthan 5/42
2. Sharangdhar samhita of Pandit Sharangdharacharya, Dipikahindi commentary by Dr. Bramhanand Tripathi Chuakhamba surbharti prakashana Varanasi, Madhyamkhand 9/1
3. Kashyapa samhita Nepal, by Pandit Hemraj Sharma 1938, Khilsthana 10/101-105
4. Vagbhat Ashtanghridaya with sarvangsundar commentary Krishnadas, by Yadavji Trikamji Acharya Varanasi Nidansthan 8/5-7
5. Charak samhita with Ayurved Dipika commentary Chaukhamba Sanskrit series, Varanasi By Yadavji Trikamji Acharya Varanasi Siddhisthan 6/62
6. Bailey & Love short practice of surgery, London by RCG Rusell 24 th edition. Page no.1252-1253 & 1557
7. Ayurvediya panchakarma vigyan by Vd. Haridas Kasture
8. Surgery of anus, rectum & colon by Goligher J.C.1976
9. Dr. S.K. Dwivedi-Role of vatahar tail in the management of fissure in ano
10. Dr. Dilip Farande- Role of Yashtimadhu in the management of parikartika
11. Dr. G.Mamtani-Role of nirgundyadi malhar in the management of parikartika
12. Dr. G. Reddy- Effect of Hingul Ghritam and swadista virechana churna in parikartika