

**A CLINICAL COMPARATIVE STUDY IN THE MANAGEMENT OF
PARIKARTIKA BY GRITH MANDA PICHU & MADHU SARPI PICHU****Dr. Vijay Alur***

BAMS, MS (AYU), Dept. of Shalya Tantra.

Article Received on
24 August 2024,Revised on 14 Sept. 2024,
Accepted on 04 Oct. 2024

DOI: 10.20959/wjpr202420-34177

***Corresponding Author****Dr. Vijay Alur**BAMS, MS (AYU), Dept.
of Shalya Tantra.**INTRODUCTION**

Ayurveda, the ancient science of life, prioritizes maintaining health and curing diseases. Unfortunately, modern lifestyles have led to a surge in rectal diseases. Our classical references provide a comprehensive understanding of various ano-rectal diseases like Parikartika, Bhagandara, Gudvidhradhi, and Arsha. The term "Parikartika" is derived from two Sanskrit words: "Pari," meaning circumference of the anus, and "Kartika," denoting cutting pain (Kartanavat and Chhedanavat Shoola).^[1,2]

In Bruhatrayi Parikartika^[3] is described as a symptom or complication of underlying conditions. Charaka, a renowned Ayurvedic scholar, attributed Parikartika to two primary causes. Firstly, it is considered a complication of Vataja Atisara, a type of diarrhea caused by vitiated Vata dosha. Secondly, Parikartika can arise from Basti or enema related complications. Specifically, trauma caused by the Basti netra, or enema tube, and the administration of Ruksha Basti, a dry enema containing sharp and pungent substances like Teekshna and lavana dravyas, can lead to Parikartika.^[4,5] These complications are collectively known as Basti vyapad. and other causes including diet, lifestyle and dosha imbalance.

In contemporary science, it can be correlated with fissure-in-ano. It is a condition characterized by sharp, cutting pain around the anus. This affliction affects 30-40% of the population, with anal fissures accounting for 10-15% of anorectal disorders. The symptoms of fissure-in-ano are unmistakable, including excruciating pain during and after defecation, drop-by-drop bleeding per anus, and spasm of the anal sphincter.^[6,7] The sentinel tags can be compared to Shuskarsha, as mentioned in Charaka Samhita.

An alarming rise in the incidence of the disease fissure-in-ano and no known satisfactory remedies evolved so far has given an impetus to find out a suitable solution, with altogether better effects, from amongst the treatments advocated by the classics. This is the reason that sufficient work is going on in this direction in many institutes throughout the country. The integration of Ayurvedic principles and modern medical knowledge focus on alleviating symptoms, promoting healing, and restoring balance to the body. In Ayurvedic literature, there are several methods of treatment i.e. Bhaishaja, Kshara and Śhastra Karma etc. Among them Bhaishaja Karma – medicinal treatment is the first line of treatment. Now a day, various topical remedies are available for local application for wound healing in the market including for fissure in-ano. In the present study, an effort was made to derive a standard and easily accessible treatment for fissure-in-ano from classical resources. Grith Manda Pichu & Madhu Sarpi Pichu is having ingredients with Vraṇa Śodhana and Ropaṇa properties. And it is economic by virtue of a less number of easily available ingredients and a time-tested classical formulation. Hence, it was selected for the clinical evaluation in the present study.

NEED FOR THE STUDY

Anal fissures are a medico-surgical condition that requires comprehensive management. In Ayurveda, treatment focuses on regulating Vata dosha through Vatanulomana, enhancing Agni (digestive fire) through Agnideepana, and local application of soothing oils. These holistic approaches aim to alleviate symptoms and promote healing. In medical treatment it includes analgesics like NSAIDS, bulk laxative, local application of anesthetic and soothing ointments etc. While effective, these methods may have limitations. Surgical interventions, though sometimes necessary, carry potential risks and complications.^[7] These include anal incontinence, characterized by the inability to control gas or stool, recurrent ulcer formation, and persistent mucus discharge. The stigma and potential consequences of surgery emphasize the importance of exploring non-surgical options and holistic approaches to managing anal fissures. Effective management of anal fissures requires a balanced consideration of Ayurvedic and conventional treatments, prioritizing minimal invasive and holistic methods to mitigate risks and promote overall well-being.

It is the need of time to find out some drug for local application which can help for wound healing and also reduce burning sensation so here grith manda pichu and madhu sarpi pichu^[8,9,10] are selected for local application. Hence an attempt of comparative clinical study was done to see the efficacy of both the pichu's.

AIMS AND OBJECTIVES

- To evaluate the efficacy of Ghrita manda pichu in the management of Parikartika.
- To evaluate the efficacy of Madhu sarpi pichu in management of Parikartika.
- To evaluate the significance of Ghritamandapichu in the management of Parikartika by comparing its effects with madhu sarpi pichu on the same.

MATERIALS AND METHODS

Criteria For Inclusion of Patient

- Patients having classical features of Fissure-in-ano namely excruciating pain in anal region during and after defecation, bleeding per anal, constipation, burning sensation, presence of sphincter spasm and with a longitudinal ulcer in the anal region will be selected.
- Acute solitary fissures will be included.
- Patients suffering from parikartika as per Ayurvedic classics will be selected.

Criteria For Exclusion of Patient

- Patients suffering from any other ano rectal diseases.
- Patients suffering from systemic disorders like HTN, DM etc.
- Patient suffering from infectious disease like HIV, tuberculosis etc.

RESEARCH METHODOLOGY

20 cases of each group (group A and group B) either sex and age group of 20 to 60 years suffering from Parikartika are randomly selected and submitted for clinical trial.

Table No. 1: Shows the list of the groups taken for the study.

Groups	Chikitsa	Vidhi	Avadhi
A	Ghrit manda Pichu (Ofter once anal dilatation)	Twice in a Day	7 days
B	Madhu Sarpi Pichu (Ofter once anal dilatation)	Twice in a Day	7 days

Method of drug application of pichu

Initially per rectum examination was done while the patient in lithotomy position, to confirm position of fissure. The sphincter tone assessed with the digital examination. Procedure of ghrit manda and madhu sarpi Pichu application in anus was explained to the patient. Pichu was applied after warm water sitz bath for a period of 15minutes. A small sterile cotton swab

soak in 5ml of ghrit manda or madhu sarpi kept at anal verge for 3 hours. Pichu was applied two times in a day for 7 days. Follow up was taken up to 2 months on 15th, 30th, 45th and 60th.

CRITERIA FOR ASSESSMENT

Patients were assessed on following criteria's

A) Subjective parameters

Table No. 2: Shows the Subjective parameters of the study.

Sl.No	Assessment parameters	Assessment criteria	Grade
1.	Pain (Based on vas scale)	No pain	0
		Mild	1
		Moderate	2
		Severe	3
2.	Constipation	No pain	0
		Mild	1
		Moderate	2
		Severe	3
3.	Per rectal Bleeding	No pain	0
		Mild	1
		Moderate	2
		Severe	3
4.	Burning sensation	No pain	0
		Mild	1
		Moderate	2
		Severe	3

B) Objective paramters

Table No. 3: Shows the objective parameters of the study.

Sl.No	Assessment parameters	Assessment criteria	Grade
1.	Ulcer healing (Size of the ulcer is measured in mm and filled in the digits)	0-1cm	1
		1.1-2cm	2
		2.1-3cm	3
		3.1-4cm	4
2.	Sphincter spasm	Normal	0
		Spasmodic	1
3.	Proctitis	Absent	0
		Present	1

RESULT AND OBSERVATION

Data analysis was done with the help of Statistician. Data was coded and entered in MS-Excel worksheet and analysed by appropriate statistical software. Data was collected from the analytical data it was initiated that, the incidence rate of Fissure-in-ano was more in 20-30years of age group (55%), and also male were more prone to this disease (75%). In the present study, interval of every 15 days assessment was done upto 2 months to find out the

efficacy of local application of Ghrita manda Pichu and madhu sarpi pichu by relief in pain, constipation, P/R bleeding, burning sensation, ulcer healing, Sphincter Spasm and Proctitis. Statistically analysed by using unpaired 't' test.

Table No. 4: Shows the pattern of clinical recovery in various subjective and objective parameters of Parikartika in 20 patients treated with Ghrita manda Pichu.

Sl.No	Parameters	Mean		% of Change	SD (±)	SE (±)	t*	P
		BT	AT					
1.	Pain	3.00	1.75	41.66	0.44	0.09	17.61	<0.001
2.	P/R Bleeding	2.00	1.15	42.5	1.13	0.25	4.52	<0.001
3.	Constipation	3.00	1.85	38.0	0.48	0.10	16.9	<0.001
4.	Burning sensation	2.00	1.00	50	0.56	0.12	15.9	<0.001
5.	Ulcer healing	2.00	0.80	60	0.52	0.11	6.83	<0.001
6.	Sphincter spasm	1.0	0.9	10	0.30	0.06	13.0	<0.001
7.	Proctitis	1.0	0.9	10	0.30	0.06	13.0	<0.001

Highly significant results are shown on both subjective and objective parameters like pain, constipation, P/R bleeding, Burning sensation, Sphincter spasm and proctitis in Ghrita manda pichu.

Table No. 5: Shows the pattern of clinical recovery in various subjective and objective parameters of Parikartika in 20 patients treated with Madhu Sarpi Pichu.

Sl.No	Parameters	Mean		% of Change	SD (±)	SE (±)	t*	P
		BT	AT					
1.	Pain	3.00	1.67	44.33	0.49	0.13	10.58	<0.001
2.	P/R Bleeding	2.00	1.40	30	0.51	0.13	4.58	<0.001
3.	Constipation	3.00	0.1	10	0.308	0.069	1.4	>0.05
4.	Burning sensation	2.00	1.40	30	0.51	0.13	4.58	<0.001
5.	Ulcer healing	2.00	0.9	43.5	0.35	0.09	6.53	<0.001
6.	Sphincter spasm	1.00	0.75	25	0.26	0.07	9.33	<0.001
7.	Proctitis	1.00	0.75	25	0.26	0.07	10.0	<0.001

In Madhu sarpi pichu results shows Highly significant in parameters like pain, P/R bleeding, Burning sensation, Sphincter spasm and proctitis. And shows non-significant result in one of the subjective parameters is constipation.

Table No. 6: Shows the Inter Group Comparison in both Subjective and objective Parameters of Parikartika.

Sl.No	Parameters	Groups	% of Change	SD (±)	SE (±)	P	Result
1.	Pain	Group A	41.66	0.44	0.09	<0.001	HS
		Group B	44.33	0.49	0.13	<0.001	HS
2.	P/R Bleeding	Group A	42.5	1.13	0.25	<0.001	HS

		Group B	30	0.51	0.13	<0.001	HS
3.	Constipation	Group A	38.0	0.48	0.10	<0.001	HS
		Group B	10	0.308	0.069	>0.05	NS
4.	Burning sensation	Group A	50	0.56	0.12	<0.001	HS
		Group B	30	0.51	0.13	<0.001	HS
5.	Ulcer healing	Group A	60	0.52	0.11	<0.001	HS
		Group B	43.5	0.35	0.09	<0.001	HS
6.	Sphincter spasm	Group A	10	0.30	0.06	<0.001	HS
		Group B	25	0.26	0.07	<0.001	HS
7.	Proctitis	Group A	10	0.30	0.06	<0.001	HS
		Group B	25	0.26	0.07	<0.001	HS

The Inter Group Comparison in both Subjective and objective Parameters of Parikartika. Shows highly significant result in pain, P/R bleeding, burning sensation, ulcer healing, sphincter spasm and proctosis in both the groups, while in group B Non-significant results were obtained in constipation. Hence when compare to Group B, the group A shows more significant result.

In this study, subjective parameters were pain, constipation, P/R bleeding and Burning sensation. Objective parameters were ulcer healing, proctitis and sphincter spasm.

In this study Average Percentage of relief Comparing the symptomatic improvement in both groups it was found that Average percentage of relief was higher in 'Group A' i.e. 63.05%, followed by 'Group B' i.e., 52.84%. It shows that effect of therapy was more in Group A in comparison to Group B.

DISCUSSION

Fissure-in-ano is the ailment that does not have any direct correlation in the Ayurvedic text. 'Parikartika' is a condition occurring due to improper administration of Virechana and Basti can be compared with fissure-in-ano, since both the conditions occur in Guda and have similar clinical manifestations. Thus fissure-in-ano can be compared with Parikartika as follows:

- Parikartika is characterized by Kartanavat and Chedanavat Shoola in Guda, Basti and Nabhi. Similarly fissure in ano is also characterized by sharp cutting pain in anal region.
- In Parikartika Guda-Kshata is result of Virechana Atiyoga uyapad Kshanana implies injured tissue. In the same way fissure in ano is evident by the
- Longitudinal tear in the anal canal.

Since the location, nature of pathology and the predominant clinical feature are same, it can be said that the condition Parikartika is the clinical condition known in current surgical practice as fissure in ano. In this study ghr̥it manda pichu was selected to evaluate its role in the management of Parikartika because it has Vraṇa Ropāṇa, Shothahara, Varṇa Prasadana and Shulahara properties along with Tridoṣahara, Rakta Stambhaka in actions. Madhu sarphi pichu was taken as control drug because which is also having Vrana Ropana, Vatanulomana, Shothahara, Varṇa Prasadana and Shulahara. For this purpose, 40 patients of Parikartika were divided into two groups consisting of 20 patients each.

In group A, the patients were managed with application of Ghr̥it manda Pichu twice in a day with or without bowel evacuation for 7 days.

In group B Madhu Sarpi Pichu was given twice in a day with or without bowel evacuation for 7 days.

COMPAIRITIVE DISSCUSSION OF BOTH GROUPS

Effect Guda Shoola: The comparative effect on gudashoola as in group A was 41.66% and group B was 40% improvement were observed after the treatment. Here both groups which shows statically highly significant in nature but slight variation as 1.66% is more in group A due to internal medication.

Effect Rakta Srava: The comparative effect on Rakta Srava in group A was 42.5% and group B was 30% improvement was observed after the treatment here both group which shows statically highly significant in nature but slight variation as 12.% is more in group A due to internal medication.

Effect on Vibanda: The comparative effect on vibanda in group A was 1.85% and group B was 0.1(>0.05%) improvement were observed after the treatment here group A which shows statically non-significant were as In group B there is no change in vibanda.

Effect on Gudadaha: The comparative effect on Gudadaha in group A was 50% and group B was 38% improvement were observed after the treatment. Here both groups shows statically highly significant in nature but slight variation as 12% is more in group A due to internal medication which act as pitta shamaka and vatanulomaka.

Effect on Size of ulcer: The comparative effect on Size of ulcer in group A was 60% and group B was 55% improvement were observed after the treatment. here both group which shows statically highly significant in nature but slight variation as 5% is more in group A due to internal medication which helps in vibhanda nashaka and further avoiding of laceration.

Effect on Sphincter spasm: The comparative effect on Sphincter spasm in group A was 15% and group B was 20% improvement were observed after the treatment here both group which shows statically highly significant in nature but slight variation as 5% is more in group B due to madhu sarpi which helps in vata shamana so act as sphincter relaxant.

Effect on proctitis: The compairitive effect on proctitis in group A was 10% and group B was 5% improvements were observed after the treatment. here both groups show statistically highly significant in nature but slight variation as 5% is more in group A due to ghrita manda which act as vatanulomaka, vibhanda nashaka and pittashamak.

Over all Effects of Therapies

In test group A, 95% patients got complete remission, 05% patients had marked improvement. On the other hand in madhu sarpi control group B 93% patients got complete remission and 5% patients had marked improvement and 2% patients had moderate improvement, in constipation there is no improvement. It is obvious from the above results group A Ghrita manda Pichu providing the overall relief to the patients of fissure in ano after looking all the observational study and statistical analysis it can be come to the conclusion that both group have the good response in treating fissure in ano expect the vibanda lakshana in control group. Comparison of the Effects of group A and group B (Ghritamanda Pichu& Madhu Sarpi Pichu) Comparison the effect obtained in both the groups showed that local application of Pichu provided significantly better relief in Guda Shoola, Bleeding per rectum, healing the ulcer, sphincter spasm and proctitis. but it's not help for the constipation comparison to control group.

Probable Mode of Action

As mentioned earlier the healing of fissure is different from the healing of any other ulcer because in the former there is constant contamination of the wound by faeces and its frequent friction with the mucosa while there is continuous spasm of the sphincteric muscle. They are the important factors which keep a fissure away from normal healing. In such situation a drug which produces a soothing effect, Vata-Pittahara, Vedna Sthapana, Vrana Ropana and

influences reduction of inflammation will be more suitable than drug which may act as the best healer of ulcer on other parts of the body. Ghrit manda probably has these properties. But as far as main symptoms are concerned pain (Burning and Cutting) may be relieved due to the action of Vedana Sthapana, Dahaprashamana and Vata Pittahara. It's well-known fact that the Vata and Pitta Doshas are predominant in pain as well as in fissure.

According to modern pharmacological action of drugs has anti-inflammatory and steroidal activity. Other drugs also have been reported to have a similar type of property but our clinical experience suggests that its activity is less as compared to that of Ghritamanda Pichu & Madhu Sarpi Pichu. The amount of inflammation and spasm which is responsible for producing the agonizing pain in cases of fissure-in-ano. Group A Ghrita manda Pichu probably is able to counteract these two factors more efficiently than the other drugs. The relief of severe pain within 24 hours is something remarkable about this drug although the ulcer took within a week for complete healing. After the completion of treatment, group A shows overall result of highly significant where as in group B shows overall result of statistically significant. It shows Group A is highly significant And Group B Also have same result expect constipation.

CONCLUSION

The clinical study was carried out to evaluate the efficacy in between two group in which one group selected as control group here advised gritha manda pichu and second group is advised with madu sarpi picchu in the management of Guda Parikartika, On the basis of Ayurvedic texts, views of ancient scholars, facts and observations done in the present clinical research work some points can be concluded like, the site of Parikartika is Guda, which is similar to the site of fissure-in-ano. Vata and Pitta Doṣha have dominancy in the development of the disease Parikartika, but Vata is predominant. Sedentary life style and hard work and stressful life like businessmen, in the modern era, is having a key role in occurrence of the disease Parikartika (fissure in-ano). Fissure-in-ano was present commonly at 6 o'clock position and most of the time it is a single fissure only. However, the fissure at 12 o'clock or at other site may also be found either alone or in combination.

Excessive consumption of Lavaṇa, Katu, Tikta, Rukṣha, Uṣhṇa, laghu Ahara and irregular diet and diet timings are the main precipitating factors of this condition. Hence for the management of fissure in ano gritha manda picchu and madu sarpi picchu were selected. The most evident symptom presents i.e. pain and spasm of anal sphincter can be relieved much

earlier in both the groups shows similar result so that only picchu can helps to control the pain and sphincter spasm.

In the cases of Rakta Srava, (bleeding) in fissure-in-ano even though both the group shows good control also control group shows slightly better than the trail drug. In the cases of ulcer size in fissure-in-ano in the both the groups showed effective results in healing and good control after 7 days. In the cases of sphincter spasm, during therapy at the end of 7th day patients got Complete relieved in both group where it provides same relief. In the follow up study, it was observed that the results achieved in both the groups are effective and stable and was showed constant relief on pain, burning sensation, bleeding, and ulcer, spasm of sphincter, constipation and proctitis but in group B upon constipation where there is no result was observed. Expect the constipation in the present study it can be concluded that both the group was same effect and observed after treatment. As well as after treatment and after fallow up in group B Pichu never shows the result upon the constipation and constipation is the main cause to trigger back once again to the fissure-in ano (Parikartika). Gritha manda picchu and madu sarpi picchu was found more effective in relieving the feature of disease Parikartika (fissure-in-ano). Gritha manda picchu more significant then madu sarpi picchu and it can be easily applicable, cost effective and its can helps to avoid surgical interventions.

REFERENCES

1. Sushruta, Sushruta Samhita with Nibandha Sangraha Commentary Choukhamba Sanskrit series 2002 Chikitsa Sthana 34/16.
2. Agnivesa, Charaka Samhita with Ayurveda Dipika Commentary, Choukhamba Sanskrit series. Varanasi. 1994. Chikitsa Sthana 3/156.
3. Vagbhata, Astanga Hridaya with Sarvanga Sundara Commentary, Krishnadas academy, Varanasi 1995. Nidana Sthana 1/16-18.
4. Vagbhata, Astanga Hridaya with Sarvanga Sundara Commentary, Krishnadas academy, Varanasi 1995. Nidana Sthana 1/16.
5. Vagbhata, Astanga Hridaya with Sarvanga Sundara Commentary, Krishnadas academy, Varanasi 1995. Nidana Sthana 1/18.
6. Gray's Anatomy: Edited by Williams P.L. ELBS, 38th edition, 1995; 195.
7. Bailey and Love's short practice of surgery, London by R.C.G. Russell, Norman. S. Williams and Christopher J.K Bulstrode, 24th edition, 2004, 1252- 1253, 1522.
8. Bhaisajya Ratnavali- Varna Shotha Chikitsa Adhyaya- by Ambikadutt Shashtri edited by

Rajeshwardutt Shastri printed by Chaukhamba Sanskrit Samsathana, 14th edition 2001, 47/80.

9. Sushruta, Sushruta Samhita with Nibandha Sangraha Commentary Choukhamba Sanskrit series 2002. sutrasthana Sthana 45/26.
10. Vagbhata; Astanga Hridaya with Sarvanga Sundara Commentary, Krishnadas academy, Varanasi 1995. Sutrasthana 5/4-5.