

STUDY ON EFFECTIVENESS OF SAPTANG GUGGULU AND MADHUYASHTI GHRIT IN THE MANAGEMENT OF PARIKARTIKA W.S.R TO FISSURE IN ANO

Dr. Sameeksha Pal*¹ and Dr. Deepali Sundari Verma²

¹PG Scholar (Department of Shalya Tantra)

²M.D(Ay.) Shalya Tantra, Ph.D(NIA),

PGDYS, Head and Professor, Dept. of Shalya Tantra, Govt. Ayurvedic College and
Hospital, Patna.

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***Corresponding Author**

Dr. Sameeksha Pal

PG Scholar (Department of
Shalya Tantra), PGDYS,
Head and Professor, Dept.
of Shalya Tantra, Govt.
Ayurvedic College and
Hospital, Patna.

sameeksha.pal1995@gmail.com

ABSTRACT

The illness Parikartika is classified as gudaja vikara in Ayurvedic literature. Guda experiences a cutting kind of pain in Parikartika. Several authors attribute parikartika to a number of factors, including vamana-virechan vyapad, basti vyapad, atisar, arsha, grahani, udavarta, and others. In various ayurvedic books, parikartika is mentioned in passing rather than as a distinct illness entity. A person's lifestyle, environment, and diet all affect his or her health. Nowadays, a lot of people worldwide suffer from lifestyle disorders like obesity, hypothyroidism, diabetes mellitus, and hypertension. Anorectal disorders, such as haemorrhoids and anorectal fissures, may be attributed to poor dietary choices and an unsuitable lifestyle. One prevalent anorectal condition is parikartika. Parikartika is generally compared to the ano fissure. It is a really painful ailment. Parikartika is not listed in the Ayurvedic Samhita as a distinct disease entity, but rather as a side effect of several Panchkarma treatments like vaman, virechana, and basti, as well as a side effect of some illnesses like Arsh

Atisar and Grahani. According to contemporary science, parikartika and fissure-in ano, in which a patient experiences tearing or cutting pain in the anus, may be connected. A linear ulcer in the anal canal, primarily located in the midline posteriorly, is referred to as a fissure-in-ano. When the anal edges are separated, the bottom end of the fissure is visible.¹ Fissure-in-ano is linked to burning during or after defecation, per-rectal haemorrhage, constipation, and

pain that lasts for hours.

KEYWORDS: *Parikartika, Fiure-in-ANO, Guda, Anal Fissure.*

INTRODUCTION

The science of Ayurveda focuses on life's health. Ayurveda's primary goal is to keep people healthy, and its secondary goal is to treat illnesses. Due to the fast-paced lifestyle of today, there are a lot of people who suffer from constipation or irregular bowel habits along with rectal diseases. Ano fissure is caused by a longitudinal tear in the lower end of the anal canal. The anal area is affected by this extremely painful ailment. Anal difficulties affect between 30 and 40 percent of people. Anal fissures, which make up 10 to 15 percent of anorectal disorders, are characterized by intense pain during and after bowel movements, drop-by-drop bleeding per anus, and anal sphincter spasm. Kartanwat and chhedandvat shool are Guda's defining characteristics of Parikartika; however, Parikartika does not reference sentinel tag-like traits. According to Charak Samhita, sentinel tags are comparable to shuskarsh. A longitudinal split in the anoderm of the distal anal canal that stretches from the anal verge proximally towards, but not past, the dentate line is known as an anal fissure (synonym: fissure-in-ano).^[2]

MATERIALS AND METHODS

Following a methodical investigation of modern science and ayurvedic literature to learn more about the Parikartika and its manifestation. The search encompasses both modern and ancient texts. Panchanidan of Parikartika with the current disease form are included in the search.

Definition

The word "Parikartika" comes from the root "Parikṛt," which means "to cut around." (Kartanam = cutting, Pari = all around)^[3] It is not an illness, rather a symptom. There are numerous differing viewpoints. Dalhan reports a tearing and cutting pain all over^[4], while Asjejjat^[5] and Vijayaraksita^[6] also report a cutting sensation that is particularly localized in Guda. Parikartika is essentially a sharp, shooting pain, particularly in the rectum.^[7] On the other hand, an anal fissure is a lengthy ulcer in the anal canal's long axis.^[8]

Aetiology

The correct classification of Nidaana, Rupa, Sampraapti, and other Parikartikas is not found in any one location in Ayurvedic scriptures. However, Acharyas describe numerous Nidaana

that could either directly or indirectly result in Parikartika, and these are strewn throughout the book. Vata is the predominant Dosha in Parikartika. According to Aacharya Sushruta, the etiological elements of Parikartika can be classified into three categories:

1. Nija Hetu (Endogenous factors)
2. Aagantuja Hetu (Exogenous factors)
3. Nidaanarthakaaree Roga (Complications of other diseases)

1. *Nija Hetu (Endogenous factors)*

Endogenous factors, or Nija Hetu The primary sign of Parikartika is chhedandvat shool, or cutting pain, which is brought on by vitiation of the Vata Dosha. Therefore, Nidana of Parikartika can be used to consider all Aharaj-Viharaj Factors that cause the vitiation of Vata Dosha things that cause Vata to become vitiated in the classics.^[9]

2. *Aagantuja Hetu (Exogenous factors)*

Parikartika was caused by the trauma at Guda. Parikartika is one of the iatrogenic problems that might arise during the Basti or Virechana surgery. It might occur as a result of thick and tough Basti Netra.^[10]

3. *Nidaanarthakaaree Roga (Complications of other diseases)*

Because of a flawed process when patients with Mridu Koshta and Mandaagni are treated with Teekshna, Ushna, and Pittaprapakopa, Pitta and Vata Prakopa result in Parikartika and Atiyoga of Virechana.^[11,12]

Types and Signs of Parakartika

The sensation of being sliced about with a pair of scissors has been defined as the primary characteristic of parikartika.^[13] Dalhana has described the discomfort as tearing or cutting.^[14] Furthermore, as a sign of parikartika brought on by excessive purgation, Sushruta has described burning sensations in the anal, perineal, and umbilical regions together with blockage of flatus.^[15] Once more, Sushruta has brought up the symptom of bleeding before and after defecation in patients with parikartika in relation to the treatment of diarrhea (atisara).^[16]

Samprapti

Vata is the most common vitiated dosa in the disorder under consideration. Particularly in Guda Pradesa, Dusya are Twak, Rakta, and Mamsa, which progressively worsen in

accordance with the course of illness. When the Apanavayu pathway is blocked by the VyanaVayu, Parikartika associate with Udavarta is formed.^[17,18]

Pathophysiology

The pathophysiology behind anal fissures is complicated. Fissure-in-ano is a condition when the movement of hard, scybalous feces causes stress to the lower anal canal. The pain will be so intense that the patient may refrain from bowel movements for days at a time until it is unavoidable. A vicious cycle is created when this causes the stools to harden, which further tears the anoderm during defecation. The same somatic nerves that feed the sphincter muscles also supply the lower anal canal. Therefore, these sphincters will spasm in response to any stimulation to the lower portion of the anal canal. Anal fissures are a constant indication that excessive contraction of these muscles results in unusually high pressure in the canal. Additionally, contractions during defecation force the fissure's edges apart, preventing the split from healing. Additionally, the anal canal's blood vessels will be compressed by the increased pressure and contraction, resulting in decreased blood flow. This relative ischaemia also plays a role in postponing ulcer healing. Fissure-in-ano is therefore a complex condition that includes anodermal ischaemia, infection, persistent constipation, and the hypertonicity and increased pressure of the smooth muscle of the internal anal sphincter. A rip or acute fissure-in-ano is a trauma to the muco-cutaneous junction of the anal canal caused by constipation, changed bowel habits, or frequent bowel movements. This can either heal or develop into a chronic fissure-in-ano, which can then result in fecal matter stasis or an infectious agent in a chronic wound that infects the anal canal's crypt. The infection then spreads through the anal gland to the perianal region, where it causes an abscess to form, which then bursts out and forms a fistula-in-ano.

Management

Allopathic medicine offers a wide range of topical applications, including topical anesthetics, steroids, nitrate preparations, topical calcium channel blockers, injections of botulinum toxin, and sclerotherapy using sodium tetradecyl sulphate preparations. However, each of these has its own set of drawbacks. To treat chronic fissures and sentinel tags at different stages, a variety of surgical techniques are employed, including anal dilatation, fissurectomy, fissurectomy with skin grafting, open sphincterotomy, closed lateral subcutaneous sphincterotomy, sphincterotomy with cryotherapy, and sphincterotomy with radiofrequency surgery. However, the most common complications with these surgical procedures are wound

healing, bleeding, fistula or abscess formation, and impairment of continence. Therefore, Ayurvedic medications can be utilized to prevent these issues.

The therapy of parikartika has also been discussed in relation to the corresponding disorders or their complications, since parikartika has been defined as a symptom or complication of other diseases. Various literature in Ayurveda have suggested both systemic (to rectify the digestive functions and the underlying ailment) and local (to reduce pain and encourage ulcer healing) management in various settings. These can be broadly categorized as follows:

Laxative Use: In cases of malavritta vata, vyanavritta apana vayu, or udavarta, where constipation is the primary cause, laxatives (such as castor oil) have been recommended in conjunction with a diet high in fat to make the feces soft and easy to pass without further causing frictional trauma to the ulcer, which then heals gradually.^[19,20]

Use of Vasti therapy: It has been suggested to use pichchha vasti, a medicated enema with astringent properties made from honey, ghee, black sesame, and madhuyashti (*Glycyrrhiza glabra*), as well as anuvasana vasti, an oil-based medicated enema made from madhuyashti, etc., in cases of parikartika brought on by excessive purgation therapy. In cases of parikartika brought on by excessive vasti therapy, both of these kinds of vasti preparations are likewise recommended. These preparations aid in the management of diarrhea and lubricate the anorectal area, which promotes ulcer healing.^[21,22]

Use of Vranaropaka (wound healing) agents: Although treating systemic causes usually aids in ulcer healing, in situations where anal trauma from factors such as improper instrumentation has resulted in anal canal ulceration, the ulcer should be treated according to wound management guidelines. The use of medicinal oils or ghee made from medications such as sesame, neem, or jasmine aids in ulcer healing.^[23]

Matra Vasti

Parikartika is a Vata-dominant Vyadhi, Matra basti (a form of Anuvasana basti) functions as a retention enema and facilitates easy bowel movements, which leads to Vatanulomana and the treatment of ailments brought on by aggravated Vata. In addition to relieving local Snehana, Matrabasti also relieves spasms, which lessens discomfort. It facilitates an easier evacuation, lubricates the anal canal, and softens the stools.^[24]

Some Other Effective Medication; Saptang Guggulu

In Ayurveda there are lots of pharmaceutical preparations are mentioned for treatment of wound. Saptanga Guggulu is one of the important Guggulu Kalpa used in the post- operative conditions of piles, fissure and fistulae. It promotes quick healing and prevents from the operated diseases from hiring infections. Guggulu is the chief ingredient of all Guggulu Kalpas. Some known Guggulu Kalpas are Yograj Guggulu, Lakshadi Guggulu, Kaishor Guggulu etc. Guggulu is an exudate obtained in form of oleoresin gum from plant stem of Commiphora mukul (Hook ex. Stocks). Engl. belonging to family Burseraceae. It is known to have analgesic, anti-inflammatory, platelet aggregation, fibrinolytic activity, Anti-oxidant activity, ant atherosclerotic activity and antimicrobial activity. As per Chakradutta, Saptanga Guggulu holds its specialization in curing the diseases occurring in the anal region especially fistula, haemorrhoids (piles) and fissures. It also quickly heals chronic ulcers, sinus and wounds.

MADHUYASHTI GHRITA

Due to this Doshic predominance the two major symptoms of pain and burning sensation are present. For the relief of these symptoms a drug which is having Vata and Pitta Shamaka properties. In the treatment of all types of wounds and Inflammations Yastimudhu is considered as the drug of choice. In inflammatory conditions of the eye and various types of Vrana, Chakradutta has advocated the use of this drug. Charaka has advocated the use of this drug in Vataja and Raktaja disorders at various places. In Sushruta Samhita its description is found at many places especially post-operative pain following operation and in various surgical and medical diseases. In Kshara Paka Vidhi and in Agni karma its use has been advocated and Ghrita processed with Yastimadhu is indicated for healing of burns. Among the medical diseases it has been mainly advised in diseases and symptoms of Pittaja origin such as thirst, burning sensation etc. Among the surgical diseases its use has been advocated in traumatic wounds, Pittaja- burns, and fractures, Bhagandara, Parikartika, Visarpa and Ulcers. Vagbhatta has referred to the use of Madhuyasti in almost all the diseases mentioned by Charaka and Sushruta. Yastimadhu preparation both for local and general application in Parikartika. In the selection of the drug the following factors and properties were considered as useful.

- 1) It has Vata- hara, Pitta shamak and Vrana Sodhana, Ropana properties.
- 2) It has been advocated by various ancient authors in the treatment of ulcers, surgical wounds and inflammatory conditions.

Diet

In Saama condition, Langhana- Deepana and Ruksha – Ushna - Laghu diet

1. Madhura and Brihaniya diet, advised in thin & lean patient.
2. In severe Vata Prakopa Avastha, Ghrit with Daadimarasa should be given.
3. Devdaaru and Tila Kalka with Ushnodaka
4. Ashvattha, Udumbaar, Plaksha and Kadamba Siddha milk.

DISCUSSION

Pitta and vata are the causes of the disease parikartika. In the Guda region, vitiated doshas build as a result of several etiological variables. In the middle age range, the condition is most prevalent. Parikartika primarily involves the vata and pitta doshas. The primary cause of tears in the lower portion of the anal canal is the passage of hard stool. Charak mentions that if someone with snigdha guru kostha and aama dosha takes a radical purgative medicine, or if someone with mridu kostha and alpa bala takes it, it would expel impurity together with aama as soon as it reaches the anal area. This will then induce severe colic, cutting pain, and slimy discharge with blood. Therefore, it is crucial to take care of Saama Nirama's kostha and roughness of body before providing medication for Sanshodhan or to treat constipation, as the medication may create Parikartika. Langhan pahchan ruksha, or hot and light food, is advocated in the therapy of Parikartika if the patient has aama. If the patient is weak and his body is ruksha, then sweet and bringhaniya food should be suggested.

CONCLUSION

It has been determined that a stressful lifestyle and an improper diet have contributed to the high incidence seen today. The primary cause of the lower anal canal tear that causes severe pain during and after defecation the hallmark of fissure in ano is the passage of firm, constipated stools. The goals of treatment for acute fissures in ano should be ulcer healing, discomfort and burning feeling decrease, and constipation correction. The aforementioned treatment principles must be met by the internal and exterior remedies developed in this instance. Jatyadi Ghritha Pichu and a sitz bath with lukewarm water aid in wound cleaning and healing. They also encourage the creation of granulation tissue and the healing of ulcers.

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