

A RANDOMIZED COMPARITIVE CLINICAL STUDY TO EVALUATE THE EFFECT OF TRIPHALA GHRITA GUDA-PICHU WITH TRIPHALA KWATHA AVAGAHA SWEDA IN THE MANAGEMENT OF PARIKARTIKA W.S.R. TO FISSURE-IN-ANO

Beatrice Synnah^{1*}, Rakesh R. N.² and Aswin Haridas³

¹3rd Year P.G. Scholar, Dept. of Shalya Tantra, SDMCA UDUPI.

²Associate Professor of the Dept. of Shalya Tantra, SDMCA UDUPI.

³Assistant Professor of the Dept. of Shalya Tantra, SDMCA UDUPI.

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*Corresponding Author

Dr. Beatrice Synnah

3rd Year P.G. Scholar, Dept.
of Shalya Tantra, SDMCA
UDUPI.

ABSTRACT

Anal fissure is one of the most common anorectal problem due to increase intake of unhealthy irregular dietary habits and unhealthy lifestyles producing constipation. In this disease, a fresh cut linear fissure is developed either at anterior or posterior part of the anal canal and patients demand urgent relief from burning pain. Fissure means a crack, it is a longitudinal split in the anoderm of the distal anal canal, which extends from the anal verge proximally towards, but not beyond, the dentate line.^[1] The incidence of fissure in ano is around 1 in 350 adults, commonly seen in the age group between 15 -40 years and equally affected in both men and women while it is uncommon in

children and elderly.^[2] Several surgical techniques have been adopted for treatment of fissure in ano which is an effective and standard procedure. But these surgical procedures have some demerits with potential long-term complications. Incontinence to flatus and faecal soiling are distressing complications of sphincterotomy, some of them had delayed wound healing, infection and recurrence of disease. Hence conservative management of fissure in ano is commonly preferable. In this clinical study, 40 patients diagnosed with *Parikartika* (Fissure-in-Ano) were randomly selected and subjected for clinical trial with consent. Patients of age between 18-65 years of either sex was selected. They were divided randomly into 2 groups – A and B, with 20 patients in each group. Group A was treated with *Triphala Ghrita Guda Pichu* and Group B was treated with *Triphala Kwatha Avagaha Sweda*. Explaining and demonstrating the method of *guda pichu* and *avagaha sweda* to the patient on the day of

consultation was done. The patient was asked to do the same procedure, once daily for 7 days after the bowel has been passed. The study reveals that both *Triphala Ghrita Guda pichu* and *Triphala kwatha Avagaha Sweda* are helpful in treating *Parikartika*. It was found that *Triphala Ghrita Guda Pichu* proved effective in managing bleeding, burning sensation, pruritis, sphincter tone and tenderness. While *Triphala Kwatha Avagaha Sweda* shows more effective in treating pain, constipation and showed better results in reducing the size of fissure.

KEYWORDS: *Parikartika*, Fissure-In-Ano *Triphala Ghrita Guda pichu* and *Triphala kwatha Avagaha Sweda*.

Aim and Objective

To evaluate and compare the effect of *Triphala Ghrita Guda pichu* and *Triphala kwatha Avagaha Sweda* in the management of *Parikartika*.

INTRODUCTION

Shalya tantra is a branch of *Ayurveda* where various surgical procedures are adopted which help in diagnosing as well as treating the diseases. Although shastra karma is one of the modalities of *Shalya Tantra* in treating diseases but Acharya *Sushruta* suggested to adopt *shastra karma* as the last line of treating after medicinal and para surgical procedures fails to do so. It is also seems that the primary aim of *Ayurveda* surgery is to avoid surgery as far as possible. Hence even today there is lot of scope for medical management of surgical diseases. The one such conditions where surgery has to be avoided is *Parikartika*.

Parikartika is the disease which is having *kartanavat vedana* (Cutting pain) in the anal verge. Along with that patient also suffers from *guda daha* and *anila sanga*.^[3] In *Ayurveda*, thorough explanation of *Parikartika* has been found in scattered manner and was mentioned as a sequel of few diseases like *atisaara vyapat*,^[4] *vatika jwara*, *sahaja arsha*, *kaphaja arsha*, *arsha purvarupa*, *udavarta* and *garbhani* or as a complication of *Panchakarma* procedures like *virechana vyapat*^[5] and *basti vyapat*.^[6] *Parikartika* is so named in which sharp cutting pain is felt in the anus. It is due to alleviation of *vata* and *pitta dosha* which causes severe pain with burning sensation. *Parikartika* has striking similarities with the presentation of signs and symptoms of fissure in ano.

Anal fissure is a common problem that causes substantial morbidity in who are otherwise healthy. Fissure means a crack, it is a longitudinal split in the anoderm of the distal anal canal, which extends from the anal verge proximally towards, but not beyond, the dentate line. The most frequent site for anal fissure is midline posteriorly followed by midline anteriorly. Anterior fissures are more common in women than in men and are often observed in the post parturition period. The relative frequency of the anterior fissures in the females may be explained by the trauma caused by the foetal head on the anterior wall of the anal canal during the delivery. The location in the posterior midline perhaps relates to the exaggerated shearing forces acting on that site of defecation, combined with a less elastic anoderm with increased density of longitudinal muscle extensions in that region of anal circumference. The incidence of fissure in ano is around 1 in 350 adults, commonly seen in the age group between 15 -40 years and equally affected in both men and women while it is uncommon in children and elderly.

Although it is not a fatal condition, but can significantly influence the quality of life of the affected person due to its troubling symptoms such as severe pain, bleeding per rectum that stains the tissue or streaks the stools and spasm of the internal sphincter. The pain is so severe that the patient is scared of defecation and therefore he makes an effort to delay the defecation. If acute they are painful after defecation, but with chronic fissures, pain intensity often reduces. Untreated fissures develop a hood-like skin tag called as sentinel tag which covers the fissure and cause discomfort and pain. Despite extensive researches and advancements made in the field of medicine and surgery, exact aetiology and pathogenesis of anal fissure is still debatable but most are associated with a high resting anal pressure and reduced perfusion at the fissure site due to persistent hypertonia and spasm of the internal anal sphincter. Trauma due to passage of hard stool is taken to be an important initiating factor for the fissure; or less commonly prolonged and repeated passage of diarrhoea. Low fibre diet is also one of the causes of formation of anal fissure.

In the modern science, several surgical techniques have been adopted like anal dilatation, posterior or lateral sphincterotomy, fissurectomy etc for treatment of fissure in ano which is an effective and standard procedure that results in healing in 90-95% of the cases.^[7] A number of pharmacological sphincter relaxants have been introduced and claimed to show good results but surgical treatment is frequently needed. But these surgical procedures have some demerits with potential long-term complications. Incontinence to flatus and faecal

soiling are distressing complications of sphincterotomy, some of them had delayed wound healing, infection and recurrence of disease.

Considering this, an attempt was made to treat fissure in ano with medicated formulation i.e., two treatment modalities have been taken up in this study for comparison i.e. *guda-pichu*^[8] and *avagaha sweda* where the drug is taken in common as *Triphala*, which is *tridosahara* and *vraṇa shodhaka* and *ropaka*.^[9] Use of *Sarpi*^[10] and *Avagaha sweda*^[11] has also been mentioned in *Vraṇa Chikitsa*. Hence, in this study an attempt will be made to treat *Parikartika* using *Guda-Pichu* with *Triphala Ghrita* and *Avagaha sweda* with *Triphala Kwatha*.

MATERIALS AND METHODS

This clinical study aims to evaluate the comparative efficacy of *Triphala Ghrita Guda Pichu* and *Triphala Kwatha Avagaha Sweda* in the management of *Parikartika*. For this study 40 patient which was suffering from *Parikartika* were randomly selected. A careful detailed history of the patient is noted and the observation is recorded duly as per the criteria mentioned in the proforma designed specifically for this study. The procedure of intervention was explained and demonstrated to the patient detailly and to be done once in a day every morning after defecation for 7 days, observation will be done after a week and follow up of the patient will be done once week till the 21st day.

Study design

An open labeled randomized comparative clinical study with pre-test and post-test design.

Source of data

Source of drug

Triphala Ghrita and *Triphala Kwatha Churna* were purchased from the S.D.M Ayurveda Pharmacy, Udupi.

Literary source

S.D.M Ayurveda College Library and Internet source.

Source of subjects

40 patients diagnosed as a case of *Parikartika* (fissure-in-ano) in the age group of 18-65 years of either sex full filling the inclusion criteria were selected from Outpatient and Inpatient Department of Sri Dharmasthala Manjunatheshwara Ayurveda Hospital, Kuthpady, Udupi.

Methods of collection of data

40 patients diagnosed with *Parikartika* (Fissure-in-Ano) will be selected and subjected for clinical trials with consent. Patient of age between 18-65 years of either sex will be selected. They will be divided into 2 groups – A and B, with 20 patients in each group. Group A will be treated with *Triphala Ghrita Guda Pichu* and Group B will be treated with *Triphala Kwatha Avagaha Sweda*

A research case proforma that was specially designed for this study was used to note and all the data were collected regarding history, clinical findings and other relevant information, Intervention which was given for a period of 7 days and the patient was observed and data was recorded on 7th day, followed by 14th and 21th day. Data obtained from these interventions were recorded and statistically analyzed.

MATERIALS AND METHOD

Following materials were required for this study.

- i. *Triphala Ghrita*.
- ii. *Triphala Kwatha*.

Method of preparation of *triphala grhita***Ingredients**

- 1 part of *Triphala kalka*
- 4 parts of *Go ghrita*
- 16 parts of *Triphala Kwatha*

Method of preparation

- *Kalka* is prepared by triturated fine *triphala churna* with water. Process of *Ghrita moorcchana* is carried out. *Moorcchita ghrita* has to be collected and melted in the stainless-steel vessels with gentle heat.
- Then the *triphala kalka* is to be added carefully to the *ghrita* followed by *triphala kalka*.
- The whole content is to be boiled together with frequent stirring till *sneha siddha lakshanas* was attained, the *ghrita* is filtered, allowed to cool down and later packed and preserved.

Method of *triphala kwatha* preparation**Ingredients**

- 1 part drug
- 16-part water

Method of preparation

In a coarse powder form, one part of *triphala* is taken in a clean stainless steel decoction vessel along with 16 part of water and then boiled it on a mild fire until it gets reduce to 1/8th of its original quantity. Then it is removed from the fire and filtered and will be used for the study.

Intervention**1. Method of placing *guda-pichu***

- A gauze piece is dipped in the *triphala ghruta* and is to be place in the anus gently.
- Explaining and demonstrating the method of *Guda Pichu* to the patient on the day of consultation is to be done.
- The patient will be asked to do the same procedure, once daily in the morning for 7 days after the bowel has been passed.

Duration of treatment

Placing of *Guda Pichu* will be done once daily for 15 minutes, after emptying the bowel and this is to be follow for a period of 7 days.

2. Method of *avagaha sweda*

- Ask the patient to sit in the tub containing luke warm *kwatha* in such a way that the anal verge is fully immersed about 3-4 inches.
- The temperature of the *kwatha* should be between 38 – 42 degrees Celsius and is to be maintain by replacing the cold *kwatha* with warm one frequently.
- The patient will be asked to do the same procedure, once daily, for 7 days after the bowel has been passed for 15 minutes.

Duration of treatment

- *Avagaha sweda* will be done once daily, after emptying the bowel for 15 minutes for a period of 7 days.

Observation period

- The patients will be observed before the treatment and after the treatment on the 7th day.
- Follow up observation at an interval of 7 days after the completion of intervention of treatment was done i.e on the 14th day and on the 21st day.



Figure no. 1: Triphala kwatha choorna.



Figure no. 2: Triphala ghrita.

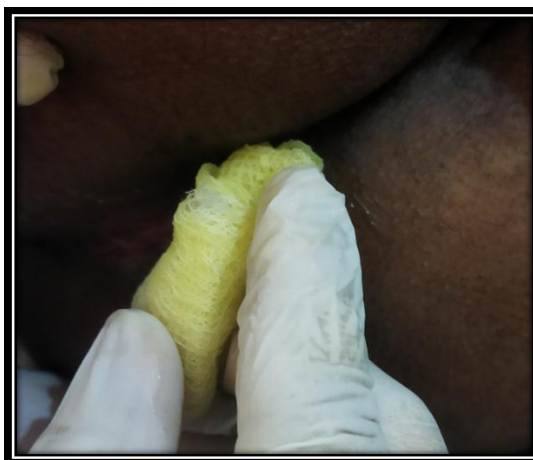


Figure no 3: Insertion of guda pichu with triphala ghrita.

Diagnostic criteria

- Constipation.
- Pain.
- Burning sensation.
- Bleeding.
- Pruritis

Inclusion criteria

- Patients with clinical signs and symptoms of *Parikartika* (Fissure in Ano) as explained in Ayurvedic Classics.
- Subjects fulfilling diagnostic criteria who are willing to give their written informed consent and follow up the protocol of study will be selected.
- The selection of patient will be done in the age group between 18-65 years.

Exclusion criteria

- Patients suffering from systemic diseases like uncontrolled diabetes mellitus, tuberculosis, HIV, hepatitis.
- Patients with associated anorectal diseases like complicated haemorrhoids, polyp, fistula in ano, Crohn's disease, ulcerative colitis and malignancy

Assessment criteria

For easy assessment of the condition of fissure-in-ano, the findings were thoroughly noted before treatment and after treatment. Combination of signs and symptoms of anal fissure in modern view and *Parikartika* in *Ayurvedic* view was put forth. Grading was done after assessing the complaints and the findings of subjective and objectives.

Subjective parameters**1. Pain**

Pain was assessed with the help of Visual Analogue Scale in which the patient himself expressed and grade the pain he experiences in his own terms. The grading given as –



Figure no. 4: Visual analogue scale.

2. Constipation

The grading of constipation was done depending on the severity and frequency of bowel movement.

Table no. 1: Grading for constipation.

Constipation grading	Score
Absent	0
Mild	1
Moderate	2
Severe	3

3. Burning sensation

The grading of burning sensation was done depending upon the severity and lasting of burning sensation after defecation.

Table no 2: Grading for burning sensation.

Burning senstion grading	Score
Absent	0
Mild	1
Moderate	2
Severe	3

4. Pruritis

The degree of itching was totally dependent on the words of the patient.

Table no. 3: Grading for pruritus.

Pruritus Grading	Score
No Pruritus	0
Mild Pruritus	1
Moderate Pruritus	2
Severe Pruritus	3

5. Bleeding

Depending upon the presence or absence of streak of blood over the surface of the stool the bleeding is being graded as it is the most appreciated symptoms of bleeding in a case of fissure in ano.

Table no. 4: Grading for bleeding.

Absent	0
Present	1

Objective criteria

1. Tenderness

The grading of tenderness was done depending on the pain experience by the patient on per rectal examination.

Table no. 5: Grading for tenderness.

Absent	0
Present	1

2. Sphincter tone

The grading of sphincter tone was done depending on the tonicity of the anal sphincter on digital examination.

Table no. 6: Grading for sphincter tone.

Sphincter tone grading	Score
Normal	0
Hypertonic	1
Hypotonic	2

3. Size of the fissure

The size of the fissure was measured with the help of a specially designed measuring probe made out of copper in mm.

Investigations

- Hb%
- TC, DC
- RBS, FBS
- HbsAg (if required).
- Only those patients with normal reading were selected for the study.

DISCUSSION

In this present study *Triphala* was selected as the drugs of choice in comprehensive management of *parikartika* in the form of *ghrita* for *guda pichu* and *avagaha sweda* using *triphala Kashaya*.

The discussion of this present clinical case study is done under the following headings;

- 1) *Parikartika* and Fissure-in-ano.
- 2) Probable mode of action.
- 3) Observations regarding the vital data of 40 patients.
- 4) Discussion related to the disease
- 5) BT, AT and follow up observations and results.

1) *Parikartika* and Fissure-In-Ano

Parikartika is the disease which is having *kartanavat vedana* (Cutting pain) in the anal verge. Along with that patient also suffers from burning sensation in *guda* and *anila sangha*. *Parikartika* is mentioned as a sequel of few diseases or as a complication of *panchakarma* procedures that is *atisaara vyapat*, *virechana vyapat* and *basti vyapat*. The description of *parikartika* has not been found in any *Ayurvedic* text as an independent disease. *Acharya Sushruta* opines that *Parikartika* is a complication developed due to administration of *Ruksha-Shushka*, *Teekshna*, *Lavana Rasa dravyas Basti* in heavy dose as the major cause. *Acharya Charaka* and *Vagbhata Acharya* also opine that *Parikartika* is seen as a *Lakshana* of *Vataja Atisara* cause due to injury produce by hard stool. *Parikartika* has a striking similarity with those of fissure in ano as describe in modern literatures.

Fissure means a crack, it is a longitudinal split in the anoderm of the distal anal canal, which extends from the anal verge proximally towards, but not beyond, the dentate line. Fissure in ano produce intense anal pain during and after defecation, often associated with a small amount of bright red bleeding presented as a streak over the surface of stool or staining on the toilet paper. According to modern sciences the major contributing factor for fissure in ano to occur is constipation followed by spasm of the anal sphincters. It is exacerbated by a recent episode of constipation and straining or as a complication of a severe diarrhoea.

After thorough review of all the available reference of *Parikartika* w.s.r to fissure in ano we can conclude that *Parikartika* is nothing but fissure in ano having similar presentation with causative factor being trauma or injury to the anoderm either due to hard stool, loose stool or

improper instrumentation. Similar presenting symptoms of sharp cutting pain and bleeding from an ulcer. Although in ancient days the main cause is more of an iatrogenicity in which administration of enema nozzle is done improperly while in today's constipation contribute the major cause. Therefore, these similar observations are very much justified.

2) Probable mode of action

- *Triphala* constitute three drugs which is *tridoshaghna* as *prabhaava*, having *laghu*, *rooksha*, *teekshna* and *kashaya -tikta rasa* which help in healing the fissure thereby reducing discharge and bleeding.
- *Triphala* has *sravahara*, *lekhana* and *shodana* properties which help in cleaning and mild debriement of any unhealthy tissue in the fissure and reduce the indurations.
- *Roopana* and *rasayana* property of *triphala* help in the development of healthy granulation tissue and there by healing the wound
- *Triphala* is *teekshna*, *ushna* and *rooksha* in nature helping in controlling *kandu* produced due to discharge from the fissure
- Sugar, vitamin C and calcium are the three important chemical ingredients of *Amalaki*. Vitamin C is the prime factor for maturation of collagen tissue, calcium is important for the development of healthy granulation tissue and sugar helps in binding and activation of the fibroblast growth thereby helping the fissure to heal.
- *Vedana shamaka* is another property of *triphala* which help in reducing pain which is the cardinal symptoms of fissure.
- *Triphala* also has anti-inflammatory properties reducing inflammation in acute cases along with analgesic, antipyretics and antibacterial activities.

a) *Triphala kwatha avagaha sweda*

- Warm *avagaha sweda* with *triphala kwatha* help in reducing the hypertonicity of anal sphincter and thus relaxing the sphincter and reducing pain.
- The wound would also be cleansed and the chances of healing is enhanced.
- The warm *avagaha sweda* increased blood flow, in turn improved the venous return and helped in stimulating the neural receptors.
- Thus, *triphala* with its various properties and using it in the form of *kwatha* for *avagaha sweda* in the management of fissure in ano is proved to be very effective.

b) *Triphala ghrta guda pichu*

- When used in form of *pichu*, *triphala ghrta* helps to alleviate *vata* and *pitta dosha* which is the predominant dosha in *parikartika* and extents its acts on *Shoola*.
- *Go ghrta* is *vrana ropana* and *vrana shodhana* and *triphala* is also having the same properties together with *sravaahara*, *vedana shamana* and *rasayana*, thus the combined effect of all the ingredients makes it effective in treating *parikartika*.
- Gauze dipped and soaked in *triphala ghrta* was placed in the anus, this will lead to early relief of pain and burning sensation leading to early sphincter relaxation due to increased availability of medicine to fissure bed, thus promoting early healing of the fissure.

3) Discussion related to the disease

- **According to onset of complaints**

Out of 40 patients, 36 patients (90%) were having gradual onset. This explains that most of the patient in this study was having chronic fissure in ano in which they neglect it in the first few weeks or months of occurrence.

- **According to the duration of onset**

Out of 40 patients, 20 patients had onset above 3months duration (50%). This explains the recurrence nature of the anal fissure.

- **According to position of anal fissure**

Out of 40 patients, 19 patients were having presence of anal fissure in 6 O clock position (47.5%), 11 patients were having at 12 O clock position (27.5%) whereas 10 patients were having fissure in both 6 O clock and 12 O clock positions (25%). The finding is in parlance with modern reference which states that posterior fissures are more common than anterior fissures.

- **According to sentinel tag**

Out of 40 patients, Sentinel Tag were absent in 19 patients (47.5%), and in 21 patients sentinel tag were present (52.5%). Here the presence of sentinel tag is seen in 52.5% of patients. This explains that most of the patients in this study had chronic fissure in ano. The sentinel tag is hypertrophied papilla which guards the fissure and presence of sentinel tag suggests the chronicity of the anal fissures. It is observed that there will be slight inflammation of the sentinel tag while the fissure pain gets aggravated.

4) Bt, At and Follow-up Observations and Results

In this clinical study of 40 patients, the effect of *Triphala Kwatha Avagaha Sweda* and *Triphala Ghrita Guda Guda Pichu* was observed and the comparison was made before treatment and after treatment. For easy assessment the observation was divided into subjective criteria and objective criteria.

The objective criteria were pain, constipation, burning sensation, pruritis and bleeding and the objective criteria were tenderness, sphincter tone and size of the fissure.

Subjective criteria

Pain

Pain is the prime contribution factor on to which patient came to the hospital for consultation. In this study it was observed that in *Triphala Ghrita Guda Pichu* group all the 20 patients suffered from pain before the treatment. The mean score was 3 before treatment and it reduced to 0.5 after treatment of 7days and further reducing till the 2nd follow-up of mean score 0.000, which shows that *Triphala Ghrita Guda Pichu* is effective in managing the pain in anal fissures.

In *Triphala Kwatha Avagaha Sweda* group, all the 20 patients suffered from pain before the treatment. The mean score was 3.65 before treatment and it reduced to 1 after treatment of 7 days. and further reducing till the 2nd follow-up of mean score 0.000 with no reoccurrence, which shows that *Triphala Kwatha Avagaha Sweda* is effective in managing the pain in anal fissures.

Constipation

In *Triphala Ghrita Guda Pichu* group, 11 patients suffered from constipation before the treatment. The mean score was 0.90 before treatment and it reduced to 0.20 after treatment of 7 days and further reducing till the 2nd follow-up of mean score 0.000 with no reoccurrence, which shows that *Triphala Ghrita Guda Pichu* is effective in managing the constipation in anal fissures.

In *Triphala Kwatha Avagaha Sweda* group, 9 patients suffered from constipation before the treatment. The mean score was 1 before treatment and it reduced to 0.45 after treatment of 7 days and further reducing till the 2nd follow-up of mean score 0.000 with no reoccurrence,

which shows that *Triphala Kwatha Avagaha Sweda* is effective in managing the constipation in anal fissures.

Burning sensation

In *Triphala Ghrita Guda Pichu* group, 16 patients suffered from burning sensation before the treatment. The mean score was 1.25 before treatment and it reduced to 0.20 after treatment of 7 days and further reducing till the 2nd follow-up of mean score 0.000 with no reoccurrence, which shows that *Triphala Ghrita Guda Pichu* is effective in managing the constipation in anal fissures.

In *Triphala Kwatha Avagaha Sweda* group, 10 patients suffered from burning sensation before the treatment. The mean score was 0.95 before treatment and it reduced to 0.02 after treatment of 7 days and further reducing till the 2nd follow-up of mean score 0.000 with no reoccurrence, which shows that *Triphala Kwatha Avagaha Sweda* is effective in managing the constipation in anal fissures.

Pruritus

In *Triphala Ghrita Guda Pichu* group, 2 patients suffered from pruritus before the treatment. The mean score was 0.1 before treatment and it reduced to 0.000 after treatment of 7 days. There was no recurrence of pruritus neither in 1st follow-up nor 2nd follow-up, which shows that *Triphala Ghrita Guda Pichu* is effective in managing the pruritus in anal fissures.

In *Triphala Kwatha Avagaha Sweda* group, there is no patients suffered from pruritus before the treatment. Hence the observation cannot be carried out.

Bleeding

In *Triphala Ghrita Guda Pichu* group, 9 patients suffered from bleeding before the treatment. The mean score was 0.45 before treatment and it reduced to 0.00 after treatment of 7 days. There was no recurrence of bleeding neither in 1st follow-up nor 2nd follow-up, which shows that *Triphala Ghrita Guda Pichu* is effective in managing the bleeding in anal fissures.

In *Triphala Kwatha Avagaha Sweda* group, 5 patients suffered from bleeding before the treatment. The mean score was 0.25 before treatment and it reduced to 0.00 after treatment of 7 days. There was no recurrence of bleeding in neither 1st follow-up nor 2nd follow-up, which shows that *Triphala Kwatha Avagaha Sweda* is effective in managing the bleeding in anal fissures.

Objective criteria**Tenderness**

In *Triphala Ghrita Guda Pichu* group, the mean score was 0.31 before treatment and it reduced to 0.1 after treatment of 7 days and further reducing till the 2nd follow-up of mean score 0.000 with no reoccurrence, which shows that *Triphala Ghrita Guda Pichu* is effective in managing the tenderness in anal fissures.

In *Triphala Kwatha Avagaha Sweda* group, the mean score was 0.25 before treatment and it reduced to 0.05 after treatment of 7 days and further reducing till the 2nd follow-up of mean score 0.000 with no reoccurrence, which shows that *Triphala Kwatha Avagaha Sweda* is effective in managing the tenderness in anal fissures.

Sphincter tone

In *Triphala Ghrita Guda Pichu* group, the mean score was 0.5 before treatment and it reduced to 0.1 after treatment of 7 days and further reducing till the 2nd follow-up of mean score 0.000 with no reoccurrence, which shows that *Triphala Ghrita Guda Pichu* is effective in managing the sphincter tone in anal fissures.

In *Triphala Kwatha Avagaha Sweda* group, the mean score was 0.3 before treatment and it reduced to 0.15 after treatment of 7 days and further reducing till the 2nd follow-up of mean score 0.000 with no reoccurrence, which shows that *Triphala Kwatha Avagaha Sweda* is effective in managing the sphincter tone in anal fissures.

Size of the fissure

In this clinical study it is observed that the size of the fissure ranges from 0.25 mm to 5mm before treatment.

In *Triphala Ghrita Guda Pichu* group, it is observed that the size of the fissure is completely healed in all the 20 patients with the mean score of 1.02 before treatment and reduced to 0.32 after treatment of 7 days and further reducing till the 2nd follow-up of mean score 0.000 with no reoccurrence which is highly significant. Thus, shows that *Triphala Ghrita Guda Pichu* is effective in healing anal fissures.

In *Triphala Kwatha Avagaha Sweda* group, it is observed that the size of the fissure is completely healed in all the 19 patients whereas the size was seen reducing in the remaining one patient. The mean score was 2.09 before treatment and it reduced to 0.58 after treatment

of 7 days and further reducing till the 2nd follow-up of mean score 0.05, which shows that *Triphala Kwatha Avagaha Sweda* is effective in healing anal fissures.

CONCLUSION

After thorough study and discussion on various observations done on *Parikartika* in this comparative clinical study, the following conclusion was drawn.

- *Parikartika* is an ano-rectal disorder whose symptoms is very much similar to that of fissure in ano.
- No description was found in the *Ayurvedic* classics stating that *parikartika* is an independent disease.
- The pain after and during defecation with spasm of anal sphincter is the major contributing factor in fissure in ano.
- Fissure in ano have high incidence rate in the middle age group, female, middle class, had mixed diet and individuals indulging themselves in sedentary type of occupation.
- Majority of the patients had a posterior midline fissure
- Majority of the patient had small fissure wound.
- The warm *Triphala Kwatha Avagaha Sweda* play a major role in relaxing the anal sphincter helping in reducing the hypertonicity there by reducing pain.
- Increased availability of medicine to fissure bed by the *triphala ghritha* soaked gauze, thus promoting early healing of the fissure.
- Patient didn't have any complaints regarding discomfort either in insertion of the *triphala ghritha* soaked gauze nor during *Triphala Kwatha Avagaha Sweda*.
- In the present study after analysing statistically between the group it was found that *Triphala Ghritha Guda Pichu* proved effective in managing bleeding, burning sensation, pruritis, sphincter tone and tenderness. While *Triphala Kwatha Avagaha Sweda* shows more effective in treating pain, constipation and showed better results in reducing the size of the fissure.
- Thus both *Triphala Ghritha Guda Pichu* and *Triphala Kwatha Avagaha Sweda* were found helpful in managing pain, constipation, burning sensation, pruritus, bleeding, bringing the anal sphincter tone to normalcy and healing the fissure.

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