

**“CLINICAL EVALUATION OF SAPTANG GUGGULU AND
MADHUYASHTI GHRIT IN THE MANAGEMENT OF PARIKARTIKA
W.S.R. TO FISSURE - IN-ANO**

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ABSTRACT

The most prevalent anal pathology has been and continues to be fissure in the ano. It has been suggested that the illness is widespread in modern times as well. Like the common cold (coryza), it has so spread widely and now affects a significant portion of the population at least once or more during their lifetime. The signs and symptoms of Parikartika sickness in Ayurveda are very similar to those of Fissure in ano in modern medicine. Patients with an acute fissure in ano underwent a clinical investigation. Patient were chosen at random, regardless of their sex, color, religion, or occupation. They were administered Saptang guggulu orally and Madhuyasti ghrith local application on fissure and monitored patient regularly during study period for a period of 60 days. Fissure in ano symptoms, including as pain, bleeding, and burning, were noticed during the course of the treatment. Improvement in Parikartika (Acute Fissure in Ano) was

indicated by the results analysis. Finally study concluded that Saptang guggulu and Mdhuyasti Ghrith is effective for Parikartika.

KEYWORDS: Parikartika, Sptang guggulu, Madhuyasti Ghrith, Fissure-in-Ano, Guda Roga.

INTRODUCTION

The field of Ayurvedic medicine has been a cornerstone of traditional healing systems, offering time-tested remedies for a myriad of health conditions. Among these, anorectal disorders such as Parikartika, clinically correlated with fissure-in-ano, present significant

challenges due to their prevalence, painful symptomatology, and impact on quality of life. Characterized by a linear tear or ulceration in the anal mucosa, fissure-in-ano is often accompanied by pain, bleeding, and a significant degree of discomfort during defecation. These symptoms can severely impair daily activities and mental well-being, underscoring the necessity for effective therapeutic interventions.^[1]

Modern medical approaches to fissure-in-ano primarily focus on symptomatic relief, incorporating pharmacological treatments, topical applications, and surgical procedures. However, these methods often come with limitations, including side effects, recurrence rates, and affordability, especially in resource-constrained settings.^[2] This scenario highlights the importance of exploring alternative and complementary medical systems like Ayurveda, which emphasize holistic management and long-term relief.^[3] Saptang Guggulu and Madhuyashti Ghrit, two renowned formulations within the Ayurvedic pharmacopeia, have shown promising potential in the management of anorectal disorders. Saptang Guggulu, with its potent anti-inflammatory, analgesic, and wound-healing properties, has been traditionally used for managing conditions involving tissue degeneration and inflammation.^[4] Madhuyashti Ghrit, a medicated ghee enriched with the therapeutic essence of Licorice (*Glycyrrhiza glabra*), is celebrated for its soothing, healing, and lubricating effects, making it a suitable candidate for rectal disorders involving mucosal damage.^[5]

This thesis aims to clinically evaluate the efficacy of Saptang Guggulu and Madhuyashti Ghrit in the management of Parikartika (fissure-in-ano) and to provide evidence-based insights into their therapeutic roles. Through a meticulous exploration of classical Ayurvedic texts and modern clinical methodologies, this study seeks to bridge traditional wisdom and contemporary science. Furthermore, it endeavors to offer a cost-effective, safe, and sustainable therapeutic alternative for individuals suffering from this debilitating condition.^[6] By integrating Ayurvedic principles with clinical research, this work aspires to contribute to the growing body of knowledge in evidence-based Ayurveda and to enhance the understanding of natural remedies in the management of fissure-in-ano. The findings of this research have the potential to not only validate traditional practices but also to broaden the horizons of integrative medicine in treating anorectal disorders effectively.^[7]

MATERIALS AND METHODS

After complete diagnosis of case, patient were advised for proper cleaning of anal canal followed by hot sitz bath. After that, apply sufficient amount of Madhuyashti Ghrit and

consume one tablet of Saptang guggulu (before meal) for two times a day. All 30 patients were gathered in single group and evaluated the effectiveness of Madhuyasthi ghrith along with Saptang guggulu after aforesaid period of time.

Design of the study: Selection of patient.

1. Total 30 patients of fissure in ano will be selected randomly from OPD Department of Shalya tantra of government Ayurvedic College & Hospital, Patna.
2. Duration of trial-60 days.
3. Follow up-After every 15 days

ETHICAL CLEARANCE

Research study was started after obtaining ethical clearance from institutional Ethics Committee of Govt. Ayurvedic College-Hospital, Patna. Ref no./ Memo No. 351 , Date: 20/2/2023., CTRI number: CTRI/2024/05/067315.

Criteria for selection of patients

Diagnostic Criteria: The patients were diagnosed on the basis of history, signs & symptoms and local examination of Parikartika (fissure in ano). The diagnosis was made after following examination.

Inspection: The perianal skin color was inspected for any discoloration and presence of scratches over there which suggestive for Pruritis ani.

- The presence and position of fissure, external opening of fistula in perianal area and external sentinel tag were noted.
- Presence of external piles was inspected to diagnose as associate disease.
- Palpation: □ On acute pain-in-ano; only through retracting buttocks
- Digital per rectal examination was carried out with 2% Xylocaine jelly to assess the sphincter tone after assessing the tolerance of pain and permission received by the patient.
- Proctoscopy Examination: Done after giving suitable anaesthesia to exclude other anorectal pathologies like Piles, Polyp, Growth, etc.

Inclusion Criteria

- Patient s clinically diagnosed/ confirmed by inspection as Parikartika (Fissure in ano)
- Patients age d between 20 60years of age.
- Willing and able to participate in the study

Exclusion Criteria

- Patients aged below 20 or above 60 years of age.
- Patients positive for HIV, VDRL, Hepatitis B.
- Uncontrolled cases of Diabetes & Hypertension.
- Chronic fissure associated with Piles & Fistula- in- ano.
- Chronic fissure with tag.
- Chronic patient with 4th grade anal spasm.

Fissure associated with any other systemic disorder

- Ulcerative colitis
- Crohns disease
- Tuberculosis
- Carcinoma of Rectum & Anal canal
- Patients not willing to be part of study

ASSESSMENT CRITERIA

Assessment of the therapy was done according to the relief observed in the signs and symptoms, with the help of scoring pattern that is on the basis of subjective and objective parameters before – after treatment.

Pain

SR. NO.	GRADE	EXPLANATION
1.	Grade 0	No pain
2.	Grade I	Negligible or tolerable pain. No need of any medicine.
3.	Grade II	Localized tolerable pain completely relieved by hot sitz bath.
4.	Grade III	Need oral analgesics SOS.
5.	Grade IV	Need oral analgesics regularly.

Bleeding

SR. NO.	GRADE	EXPLANATION
1.	Grade 0	Bleeding-negligible
2.	Grade I	Bleeding along with defecation streak wise only over the stool /Noticed on fissure rarely
3.	Grade II	Bleeding-Drop wise bleeding during and after defecation 0-10 drops occasionally
4.	Grade III	Bleeding- Drop wise bleeding during and after defecation 10-20 drops stopped.
5.	Grade IV	Bleeding drops wise or stream wise amounting more than 20 drops in each defecation

Itching

SR. NO.	GRADE	EXPLANATION
1.	Absent [Grade 0]	No itching.
2.	Mild [Grade I]	Occasional itching.
3.	Moderate[Grade II]	Frequent itching.
4.	Severe [Grade III]	Continuous itching.

Burning

SR. NO.	GRADE	EXPLANATION
1.	Absent [Grade 0]	No complain of burning
2.	Mild [Grade I]	Patients complains of burning only during interrogation.
3.	Moderate[Grade II]	Patients complains of burning during and after defaecation which is relieved after some time without medicine.
4.	Severe [Grade III]	Patient complains of burning that is sour all through the day hampering his normal routine work.

Objective parameters**Parikartika Healing**

SR. NO.	GRADE	EXPLANATION
1.	Grade 0	Complete healed wound with healthy scar
2.	Grade I	Cleaned wound without slough/discharge
3.	Grade II	Partially healed wound with healthy granulation tissue
4.	Grade III	Wound with discharge

Tenderness (Soft tissue tenderness scale)

SR. NO.	GRADE	EXPLANATION
1.	Grade 0	No tenderness
2.	Grade I	Tenderness to palpation without grimace or flinch
3.	Grade II	Tenderness with grimace and/or flinch to palpate
4.	Grade III	Tenderness with withdrawal (+ “jump sign”)

Diagnostic investigations

- Hb %
- HCV
- RBS
- HIV
- HbSAg

Posology

Sthanik Chikitsa	Samanya Chikitsa (oral medication)
Madhuyashti ghrut for 2 months	Saptang guggulu 1gm bd for 2 months
Hot sitz bath with luke warm water	
Pathya: rich fiber diet Less spicy and heavy meal	

Criteria for overall effect of therapy

Cured	100% relief in sign & symptoms
Maximum improvement	76 – 99% relief in sign & symptoms
Moderate improvement	51 – 75% relief in sign & symptoms
Mild improvement	26 – 50% relief in sign & symptoms
Unsatisfactory	Up to 25 % relief in sign & symptoms

RESULTS AND DISCUSSION**Average Percentage Change With Respect To Sign & Symptoms**

Sign & Symptoms	AT1	AT2	AT3	AT4
PAIN	53 %	83.33%	93.33%	100%
BLEEDING	60%	86.66%	93.33 %	100 %
ITCHING	56.66%	83.33%	96.66%	100 %
BURNING	60%	80%	96.66%	100 %
WOUND HEALING	43.33%	70%	90%	100 %
TENDERNESS	60%	83.33%	93.33 %	100 %

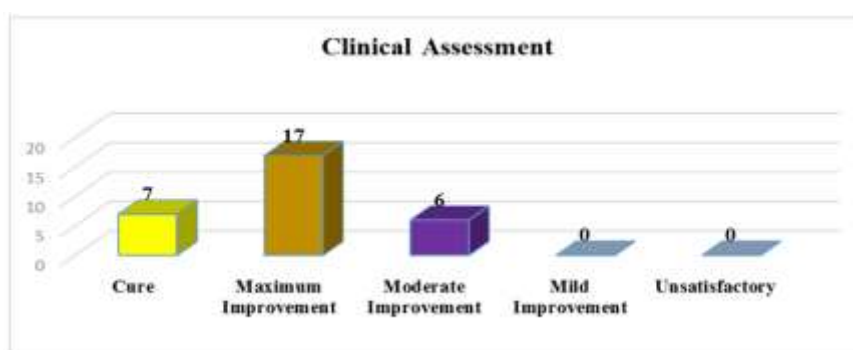
**Average Percentage Change (Improvement) With Respect To Sign & Symptoms**

Sign & Symptoms	AT1	AT2	AT3	AT4
PAIN	16.16 %	38.38%	59.59%	86.86%
BLEEDING	18.55%	39.17%	62.88%	84.53%
ITCHING	22.07%	35.06%	63.63%	90.9%
BURNING	23.07%	34.61%	56.41%	85.89%
WOUND HEALING	16%	34%	52%	81.33%
TENDERNESS	23.37%	41.55%	61.03%	88.31%



Clinical assessment of Result

Clinical Assessment	(N= 30)	
	f	%
Cure	07	23.33
Maximum Improvement	17	56.66
Moderate Improvement	06	20
Mild Improvement	00	00
Unsatisfactory	00	00



DISCUSSION ON RESULTS

The treatment was successful. The tabulation above explains how the treatment affected both subjective and objective indicators in Parikartika (Fissure in Ano). Above analysis has been made from all the sign, symptoms & size of the assessment scale. From the above table, after end of treatment it was observed that out of 30 patients 07(23.33%) number of patients got complete cured, 17 (56.66%) number patients got maximum improvement, 06(20%) number of patients got moderate improvement & there were not a single unsatisfactory case found.

Probable Mode of Action of Drug

Mode of Action of Madhuyasti Ghrita: There is cutting and burning pain in ano predominantly present in a pattern in Parikartika as the disease is Vata- Pitta predominant. Yastimadhu being Vata- Pitta Shamaka helped to relieve both these symptoms. In the patients Yastimadhu also has Vrana Shodhana (wound cleansing) and Vrana Ropana (wound healing) properties that helped for healing of fissure wound. Go Ghrita (clarified butter) similarly has a soothing property. It form a thin film layer on the fissure bed and that allows early epithelization of wound. It also protects wound from invasion of any microbes. Ghrita also reduce the Rukshata of Vayu and maintain the normal tone of smooth internal sphincters which result into good blood circulations & helped in healing process. Madhuyasti Ghrita healing power in mucosal inflammation and ulcers heals the ulcer at the mucocutaneous

junction in fissure in ano. According to one study, Madhuyasti Ghrita decreased post-radiation mucosal problems.

Madhura Rasa, SheetaVirya, and Madhura Vipaka are found in Yashtimadhu. It is Shamaka of Vata-Pitta. Furthermore, research using contemporary scientific criteria has demonstrated Yashtimadhu's ability to heal, reduce inflammation, treat ulcers, and promote skin regeneration. Sodium glycyrrhizate stimulated skin regeneration and had anti-ulcer properties.

Mode of Action of Saptang guggulu: The majority of saptanga guggulu's ingredients are mostly Katu, Tikta, and Kashaya Rasa. While two ingredients have Sheeta and Anushna Sheeta properties, the remaining ingredients are Ushna (Guggulu, Maricha, Sunthi, Haritaki, and Vibhitaki). The majority of ingredients have Katu Vipaka. This Guggulu Kalpa has Tikta, Katu, Kashaya Rasa, Ushna Veerya, and Katu Vipaka over all of its attributes.

The main Vata kapha Shamaka property shown by Saptanga Guggulu. It also demonstrates the therapeutic effects of Amapachaka, Medohara, and Kledahara. Infections typically arise and healing is slowed down when morbid kapha or kleda (excessive moisture in and around the tissues) are present. Both guggulu alone and Saptanga Guggulu combined are very successful in eliminating the morbid kapha, ama (metabolites or tissue poisons), and kleda, which prevents the growth of an environment that is conducive to infection. The activity of Saptanga Guggulu aids in the appropriate healing of fissure, hemorrhoids, and other disorders. Saptanga Guggulu is a useful Ayurveda herbal remedy which undoubtedly cures difficult and chronic conditions like Sinus, Fistula, Fistula-in-ano, complicated ulcers and Haemorrhoids. It also quickly heals chronic ulcers, sinus and wounds.



Fig. 1: Drug prepared in Rash shala of gov. ayurvedic college Patna, Bihar.

CONCLUSION

After a vivid discussion, the study concluded that the group of patients experienced significant relief from pain in ano. Ulcers in ano healed faster in patients treated with both Saptang Guggulu and Madhuyasti Ghrit application. Complete remission of Parikartika symptoms was also more prominent in this group. However, since Parikartika is recurrent, all patients experienced a recurrence of symptoms during the follow-up period, indicating a transient effect of both formulations on acute fissure-in-ano. Importantly, no complications or side effects were observed during the study, demonstrating the safety and efficacy of both drugs, which are also readily available in the market. The study yielded significant results, though it is suggested that further research be conducted on a larger scale using modern scientific parameters to explore the findings more comprehensively.



Fig. 2: Before Treatment



Fig. 3: After Treatment

REFERENCES

1. Gupta V, Tiwari R. "Anorectal Disorders: Clinical Perspectives in Ayurveda." Journal of Ayurveda and Integrative Medicine, 2020.
2. Singh R, Sharma V. "Modern Approaches to Fissure-in-Ano: A Comparative Study." Surgical Insights, 2019.
3. Joshi A. "Complementary Medicine in Anorectal Diseases: An Ayurvedic Perspective." Complementary Therapies in Medicine, 2021.
4. Kulkarni P, Patwardhan K. "Therapeutic Applications of Saptang Guggulu in Anorectal Disorders." International Journal of Ayurvedic Research, 2018.
5. Sharma S, Bhatnagar T. "Madhuyashti Ghrit: A Classical Ayurvedic Remedy for Mucosal Healing." Ayurveda Today, 2017.
6. Verma P. "Bridging Ayurveda and Modern Medicine: Case Studies in Anorectal Disorders." Journal of Integrative Medicine, 2022.
7. Patel N, Rao S. "Evidence-Based Ayurveda: A Clinical Evaluation of Natural Remedies for Fissure-in-Ano." Clinical Ayurveda Journal, 2023.