

THERAPEUTIC EVALUATION OF TILA TAILA POORANA AND YASHTIMADHU TAILA POORANA IN PARIKARTIKA: AN AYURVEDIC CLINICAL STUDY

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ABSTRACT

Introduction: Parikartika, a complication of improper Virechana and Basti characterised by Kartanavat Shoola, Gudadaha and Anilasanga, correlates closely with Acute Fissure-in-Ano. Surgical management carries risks of hematoma and anal incontinence, besides cost and hospitalisation, so a safe outpatient alternative is needed. This study compared Tila Taila Poorana and Yashtimadhu Taila Poorana in Parikartika. **Methods:** 40 diagnosed cases of Parikartika were selected from the OPD and IPD of N.K. Jabshetty Ayurvedic Medical College and P.G. Centre, Bidar, and randomly allocated into two groups of 20 in an open-label randomised study. Group A received per-rectal Tila Taila Poorana and Group B Yashtimadhu Taila Poorana, 10 ml once daily for 7 days. Pain, constipation, pruritus, bleeding, tenderness, sphincter spasm and ulcer length were graded before treatment and on Days 1, 3, 5 and 7. Paired and unpaired 't' tests were applied. **Results:** Both groups improved

significantly by Day 7. Group A achieved 74.07% relief in pain, 76.92% in bleeding, 78.84% in constipation and 64.70% in ulcer length, with 25% cured and 35% maximally improved. Group B achieved 94.33% in pain, 96.15% in bleeding, 94.23% in constipation and 93.33%

in ulcer length respectively, with 60% cured and 40% maximally improved. Group B was superior from Day 3 onwards in most parameters ($p < 0.05$ to $p < 0.01$). **Discussion:** Tila Taila, with Madhura-Kashaya Rasa, Ushna Veerya and Snigdha Guna, acts as Vatashamaka, Shoolaghna, Vranaropana and Raktasthambhaka; given per rectum, it lubricates the anal canal, relaxes sphincter spasm and promotes healing. Yashtimadhu Taila, combining Yashtimadhu, Amalaki and Go dugda, has Madhura Rasa, Sheeta Veerya and Vatapittashamaka action. Its Mruduvirechana and Vatanulomana actions relieve constipation, Dahashamaka and Vranaropana actions relieve burning and heal the fissure, and Amalaki supports haemostasis. Action on both Vata and Pitta probably explains its faster, more complete relief. **Conclusion:** Both formulations are safe and effective, but Yashtimadhu Taila Poorana is superior and may be recommended as a conservative, non-surgical management of Parikartika.

KEYWORDS: Parikartika, Acute Fissure-in-Ano, Tila Taila, Yashtimadhu Taila, Taila Poorana.

INTRODUCTION

Fissure-in-ano is a common, painful anorectal condition, accounting for 30-40% of anorectal disorders. It is a longitudinal split in the anoderm of the distal anal canal^[1] that tends to reopen with each bowel movement, delaying healing. It is classically caused by passage of hard stools,^[2] aggravated by irregular diet, faulty bowel habits and poor hygiene, and is more common in females.^[3]

In Ayurveda, Parikartika (cutting pain all around the anus) is described as a complication of improperly administered Vamana, Virechana and Basti,^[4] with Vata-Pitta predominance, Kartanavat Shoola, Gudadaha and Anilasanga. Intake of Kashaya, Tikta, Katu and Ruksha food and suppression of natural urges vitiate Apana Vata, producing Vibanda and Parikartika.^[5] Its close resemblance to fissure-in-ano and classical management with Yashtimadhu- and Tila-based Basti, Pichu and Parisheka.^[6] form the basis of this study.

Modern management ranges from conservative measures to operative procedures such as fissurectomy and sphincterotomy, which carry risk of hematoma and incontinence and often need hospitalisation.^[7] A safe outpatient alternative is therefore needed. Taila Poorana (per-rectal oil infiltration) can be given without hospitalisation; Tila Taila and Yashtimadhu Taila are both classically indicated in Vrana and Parikartika. This study reports a comparative

clinical evaluation of Tila taila and Yashtimadhu taila, as Taila Poorana, in Parikartika (Acute Fissure-in-Ano).

AIMS AND OBJECTIVES

1. To evaluate the efficacy of Tila Taila Poorana in the management of Parikartika (Acute Fissure-in-Ano).
2. To compare the relative efficacy of Tila Taila Poorana and Yashtimadhu Taila Poorana in the management of Parikartika (Acute Fissure-in-Ano).

MATERIALS AND METHODS

Source of Data

40 diagnosed cases of Parikartika fulfilling the inclusion criteria were selected from the OPD and IPD of Sri Siddharoodha Charitable Hospital and Research Center of N.K. Jabshetty Ayurvedic Medical College and P.G. Centre, Bidar, irrespective of religion, caste, race or socio-economic status.

DIAGNOSTIC CRITERIA

Subjects presenting with the classical symptoms of Parikartika - Gudadaha, Kartanavat Peeda and Anilasanga - were selected for the study.

INCLUSION CRITERIA

1. Subjects diagnosed on the basis of clinical features of Parikartika (Acute Fissure-in-Ano).
2. Age between 20 and 60 years.

EXCLUSION CRITERIA

1. Subjects with clinical features of Chronic Fissure-in-Ano.
2. Subjects with systemic disease (e.g., tuberculosis, ulcerative colitis, carcinoma of rectum, diabetes) interfering with treatment.
3. Subjects with other anorectal disorders such as haemorrhoids, fistula-in-ano or carcinoma of rectum.

Study Design and Grouping

This was an open-label, simple randomised controlled clinical study.

40 subjects were randomly allocated into two groups of 20 each: Group A (Trial) and Group B (Control).

Intervention

Group A: Per-rectal administration of Tila Taila, 10 ml once daily for 7 days.

Group B: Per-rectal administration of Yashtimadhu Taila, 10 ml once daily for 7 days.

Subjects in both groups were advised fibre-rich, non-spicy food, adequate oral fluids and warm-water Sitz baths.

DRUG REVIEW

Tila Taila^[8] (Group A) is a single-ingredient formulation of Tila and was administered as Taila Poorana. Yashtimadhu Taila^[9] (Group B) comprises Yashtimadhu, Amalaki and Go Dugda. The Rasa Panchaka and Karma of the ingredients are summarised in Table 1.

Table 1: Botanical source and pharmacodynamic profile (Rasa Panchaka) of the ingredients.

Drug	Botanical source; part used	Rasa	Guna	Virya	Vipaka	Karma
Tila ^[10]	Sesamum indicum Linn. (Pedaliaceae); seed	Madhura, Kashaya, Katu	Guru, Snigdha	Ushna	Katu	Vatashamaka, Snehana, Shulaprashamana, Vranahara, Balya, Grahi, Dipana
Yashti-madhu ^[11]	Glycyrrhiza glabra Linn. (Fabaceae); root	Madhura	Guru, Snigdha	Sheeta	Madhura	Vatapittashamaka, Shonitasthapana, Vatanulomana, Mruduvirechana, Dahashamaka, Vedanasthapaka, Vranaropana
Amalaki ^[12]	Emblica officinalis (Euphorbiaceae); fruit	Amla, with all Rasas except Lavana	Laghu, Ruksha	Sheeta	Madhura	Tridosahara, Rasayana
Go-Dugda ^[13]	Cow's milk	Madhura	Guru, Snigdha, Mridu, Sheeta	Sheeta	Madhura	Vatapittahara, Balya, Rasayana, Jivaniya

Tila is indicated in Vatavyadhi, Shoola and Vrana (Sadyovrana, Kshata, Vranashotha). Yashtimadhu is indicated in Vranashotha, Daha, Raktapitta and Vrana, including fissures. Go Dugda serves as the Sneha and Balya base of the formulation and enhances the bioavailability of its active constituents.

Preparation of Tila Taila

Mature Tila seeds were collected, cleaned to remove dust, stones and other impurities, and dried. The seeds were mildly roasted to remove moisture and then crushed and pressed mechanically in an oil mill to yield crude Tila Taila, which was filtered through a muslin cloth to remove suspended particles and stored in a clean container.

Phytochemical Analysis of Tila Taila

The Tila Taila used in the study was subjected to organoleptic evaluation, solubility testing, acid value determination and qualitative phytochemical tests (Tables 2 and 3). It was light yellow in colour with a characteristic, somewhat pleasant odour and an aromatic taste, insoluble in water and soluble in alcohol and ether, with an acid value of 1.194. Qualitative tests showed the presence of proteins, fats/fixed oils and saponin glycosides; carbohydrates, alkaloids, tannins, volatile oils, cardiac glycosides and steroids were absent.

Table 2: Organoleptic and physicochemical evaluation of Tila Taila.

Parameter	Observation
Colour	Light yellow
Odour	Characteristic and somewhat pleasant
Taste	Aromatic and somewhat pleasant
Solubility in water	Insoluble
Solubility in alcohol	Soluble
Solubility in ether	Soluble
Acid value	1.194

Table 3: Qualitative phytochemical evaluation of Tila Taila.

Phytoconstituent	Observation
Carbohydrates	Absent
Proteins	Present
Fats / fixed oils	Present
Alkaloids	Absent
Saponin glycosides	Present
Tannins	Absent
Volatile oils	Absent
Cardiac glycosides	Absent
Steroids	Absent

Rationale of Drug Selection

Parikartika involves Vata and Pitta vitiation, producing pain (Shoola), a tearing sensation and inflammation. Tila Taila, with Ushna Veerya and Vatashamaka properties, counteracts Vata-predominant features such as pain and constipation, whereas Yashtimadhu Taila, with Sheeta

Veerya and Dahashamaka action, addresses Pitta vitiation, reducing burning sensation and bleeding. Both formulations possess Vranaropana and Snehana properties relevant to fissure management, and the local route (Taila Poorana) ensures direct delivery to the affected anorectal mucosa.

PROCEDURE

Poorvakarma: The procedure was explained and consent obtained. The subject was positioned in the left lateral position with the left leg extended and the right leg flexed at the hip and knee. The perianal region was cleansed with a warm-water swab and dried with a sterile gauze. 10 ml of the respective warm Taila (Tila Taila for Group A, Yashtimadhu Taila for Group B) was loaded into a disposable syringe.

Pradhanakarma: A sterile rubber catheter was fixed to the syringe nozzle, air bubbles were evacuated and the lubricated catheter tip was gently inserted 4-6 cm into the anal canal. The Taila was slowly instilled and the catheter gently withdrawn, with a sterile gauze placed over the anal opening.

Paschatkarma: The subject rested in the supine position after administration. The procedure was repeated daily for 7 days in both groups.

Assessment Criteria

Subjective and objective parameters were recorded before treatment and on Days 1, 3, 5 and 7.

Subjective parameters

Pain (graded by Visual Analogue Scale, G0-G3), constipation (graded by Bristol Stool Form Scale, G0-G3) and pruritus (G0-G3).

Objective parameters

Bleeding per anum (G0-G3),
tenderness (G0-G4),
sphincter spasm (G0-G3) and
length of ulcer measured in millimetres with a glass probe (G0-G3).

A follow-up period of 30 days, at two 15-day intervals, to inspect the recurrence.

Overall Assessment of Result

No improvement: <25%

Mild improvement: 26-50%

Moderate improvement: 51-75%

Maximum improvement: 76-99%

Cured: 100%

Statistical Analysis

Data from all 40 subjects were analysed using the paired 't' test for intragroup comparison and the unpaired 't' test for intergroup comparison. A p-value was considered:

>0.05 non-significant (NS),

<0.05 significant (S) and

<0.01, <0.001 highly significant (HS).

OBSERVATIONS AND RESULTS

Data were analysed on the basis of demographic findings, clinical findings and statistical analysis of subjective and objective parameters (N=40).

Table 4: Demographic Distribution of subjects.

Parameter	Most Prevalant Category	N=40	%
Age	21-30yrs	19	47.5%
Gender	Male	24	60.00%
Religion	Hindu	33	82.5%
Marital Status	Married	31	77.5%
Occupation	Housewife	14	35.00%
Socioeconomic Status	Middle Class	27	67.5%
Dietary Habits	Mixed	25	62.5%

The disease predominantly affected the 21-30-year age group (47.5%) and males (60%). All subjects presented with pain, bleeding and constipation; 90% passed hard stools, 87.5% had irregular bowel habits, 72.5% had a posterior fissure, and all had sphincter spasm at baseline.

RESULTS

Efficacy - Group A (Tila Taila)

Table 5: Group A – Before Treatment versus Day 7 (paired 't' test).

Parameter	Before treatment (Mean±SD)	Day7 (Mean±SD)	% relief (Day 7)	Remark
Pain	2.70±0.470	0.700±0.732	74.07	HS
Bleeding	1.30±0.470	0.300±0.470	76.92	HS

Constipation	2.60±0.502	0.550±0.759	78.84	HS
Length of ulcer	1.700±0.656	0.600±0.680	64.70	HS
Pruritus	0.600±0.680	0.150±0.366	75.00	HS
Tenderness	2.700±0.470	0.600±0.753	77.77	HS
Sphincter Spasm	2.80±0.410	0.650±0.745	76.78	HS

Efficacy - Group B (Yashtimadhu Taila)

Table 6: Group B - Before Treatment versus Day 7 (paired 't' test).

Parameter	Before treatment (Mean±SD)	Day7 (Mean±SD)	% relief (Day 7)	Remark
Pain	2.65±0.587	0.15±0.366	94.33	HS
Bleeding	1.30±0.470	0.050±0.223	96.15	HS
Constipation	2.600±0.502	0.150±0.489	94.23	HS
Length of ulcer	1.50±0.512	0.100±0.307	93.33	HS
Pruritus	0.600±0.680	0.050±0.223	91.66	HS
Tenderness	2.700±0.470	0.100±0.307	96.29	HS
Sphincter Spasm	2.80±0.410	0.100±0.307	96.42	HS

Comparison (Group A vs Group B, Day 7)

Table 7: Comparison Group A vs Group B, on Day 7 (unpaired 't' test).

Parameter	GroupA (Mean±SD)	GroupB (Mean±SD)	t-value	p-value	Remark
Pain	0.700±0.732	0.15±0.366	3.003	0.005	HS
Bleeding	0.300±0.470	0.050±0.223	2.147	0.041	S
Constipation	0.550±0.759	0.150±0.489	1.981	0.055	NS
Length of ulcer	0.600±0.680	0.100±0.307	2.994	0.005	HS
Pruritus	0.150±0.366	0.050±0.223	1.042	0.304	NS
Tenderness	0.600±0.753	0.100±0.307	2.746	0.009	HS
Sphincter Spasm	0.650±0.745	0.100±0.307	3.051	0.004	HS

Overall Clinical Assessment

Table 8: Overall effect of therapy in Group A and Group B.

Grading	Group A - patients (%)	Group B - patients (%)
Cured (100%)	5 (25%)	12 (60%)
Maximum improved (75-99%)	7 (35%)	8 (40%)
Moderate improved (50-75%)	6 (30%)	0 (0%)
Mild improved (25-50%)	2 (10%)	0 (0%)
Not improved (<25%)	0 (0%)	0 (0%)

Group B achieved a 100% positive response (60% cured, 40% maximum improved), against complete cure in 25%, maximum improvement in 35%, moderate improvement in 30% and mild improvement in 10% in Group A.

Representative clinical photographs before and after treatment are shown in Figures 1 and 2.



Case 1 - before treatment



Case 1 - after treatment



Case 2 - before treatment.

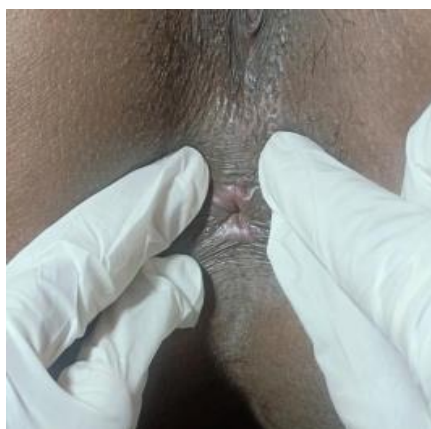


Case 2 - after treatment.

Figure 1: Clinical photographs of Parikartika before and after treatment in Group A (Tila Taila Poorana).



Case 1 - before treatment



Case 1 - after treatment

*Case 2 - before treatment**Case 2 - after treatment*

Figure 2: Clinical photographs of Parikartika before and after treatment in Group B (Yashtimadhu Taila Poorana).

DISCUSSION

Disease and Treatment Rationale

Parikartika appears as a complication of improper Virechana and Basti, with Vata-Pitta predominance: pain from aggravated Vata, burning from Pitta vitiation. Dry diet and suppression of natural urges vitiate Apana Vata, producing hard stools that traumatise the anal canal - a mechanism that parallels the modern view of fissure chronicity from repeated trauma and posterior commissure ischaemia. Classical management is accordingly Vata-Pitta Shamaka: Snehana, Taila Poorana and Basti with Taila or Ghrita. Tila Taila (Group A) was chosen for its Ushna Veerya and Vatashamaka action on pain, constipation and spasm; Yashtimadhu Taila (Group B) for its Sheeta Veerya and Vatapittashamaka action, addressing both burning/bleeding and Vata features together.

On Observations

The disease predominantly affected the 21-30-year age group (47.5%) and males (60%), consistent with irregular dietary and bowel habits in this group. Hard stools (90%) and irregular bowel habits (87.5%) were near-universal, and all subjects had constipation and sphincter spasm at baseline, reflecting the pain-spasm-ischaemia cycle central to this condition. The posterior predominance of the fissure (72.5%) matches the known anatomical vulnerability of the posterior anal wall.

On Clinical Outcomes

By Day 7, Group B showed greater relief than Group A in pain (94.33% vs 74.07%, $p=0.005$), bleeding (96.15% vs 76.92%, $p=0.041$), ulcer length (93.33% vs 64.70%, $p=0.005$), tenderness (96.29% vs 77.77%, $p=0.009$) and sphincter Spasm (96.42% vs 76.78%, $p=0.004$), constipation (94.23% vs 78.84%) and pruritus (91.66% vs 75%). Group B also reached high significance earlier - from Day 1 in most parameters, against Day 3 in Group A.

Tila Taila's Ushna Veerya and Snigdha-Guru Guna pacify Vata, relieve spasm and control bleeding (Raktasthambaka), aided by the fixed oils and saponin glycosides found on phytochemical analysis. Yashtimadhu Taila's broader Vatapittashamaka action explains its edge: Mruduvirechana and Vatanulomana relieve constipation, Dahashamaka and Shonitasthapana control burning and bleeding, and Vranaropana together with Amalaki's tannins and vitamin C promote faster wound healing and haemostasis. Go Dugda, as the Sneha base, further improves local lubrication and bioavailability. By addressing both Vata and Pitta pathology together, Yashtimadhu Taila produced faster and more complete relief across nearly all parameters.

Overall, Group B achieved a 100% positive response (60% cured, 40% maximum improved) against 60% positive response in Group A that plateaued at moderate/mild levels in some subjects. This confirms Yashtimadhu Taila Poorana as the more effective of the two in Acute Fissure-in-Ano.

CONCLUSION

In this study of 40 subjects with Parikartika (Acute Fissure-in-Ano), both Tila Taila Poorana and Yashtimadhu Taila Poorana produced statistically significant improvement in all cardinal symptoms - pain, bleeding, constipation, ulcer healing, pruritus, tenderness and sphincter tone - confirming the efficacy of Taila Poorana as a route of administration in this condition.

Yashtimadhu Taila Poorana was statistically superior to Tila Taila Poorana in most parameters from Day 3 onward ($p<0.05$ to $p<0.01$), with faster onset and more complete resolution; only pruritus and constipation did not differ significantly. Overall, Group B achieved a 100% positive response (60% cured, 40% maximum improved) against a 60% positive response in Group A. Both formulations were safe and well tolerated, with no adverse effects.

Yashtimadhu Taila Poorana is therefore a highly efficacious, safe Ayurvedic intervention for Parikartika, and may be recommended as a non-surgical, conservative line of management.

Conflict of Interest

None declared.

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