

A CASE STUDY ON MANAGEMENT OF ACUTE FISSURE IN ANO WITH INTRAANAL ADMINISTRATION OF SHATAVARI GHRITA AND INTERNAL MEDICATIONS

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ABSTRACT

Fissure in ano is the commonest anorectal disease encountered in the surgical practice. Acute fissure in ano is a midline longitudinal tear in the anoderm distal to the dentate line. The disease is correlated with *Parikartika*. Majority of them are superficial and heal within a week, some resist healing and cause severe discomfort. Although current system of medication has multimodal approach towards treating this disease, none of them is free of adverse effects and achieved patient satisfaction. Hence the disease necessitates novel approach to the management that is patient friendly too. *Shatavari Ghrita* which is mentioned in *Bhaishajya Ratnavali* has been found to be effective in treating acute fissure in ano along with oral medications. Because of its cost effectiveness and easy availability it was selected for the study.

KEYWORDS: *Shatavari Ghrita*, *Parikartika*, Fissure in ano.

INTRODUCTION

Parikartika is a condition where patient complains of *Guda Kartanavat Vedana* (Cutting pain), *Daha* (Burning sensation), *Mala Avastambha* (Constipation) and *Sarakta Mala Pravrutti* (Bleeding during defaecation). *Charaka* described it in *Vamana Virechana Vyapad*,^[1] *Bastinetra Vyapad*^[2] and *Basti Vyapad*.^[3] *Sushruta* documented it in *Virechana Vyapad*^[4] and *Basti Vyapad*.^[5] *Vagbhata* as *Lakshana* of *Kaphaja Arsha*^[6] and *Kashyapa* explained it in *Garbhini*.^[7]

An anal fissure is a superficial tear in the skin distal to the dentate line. It might be acute (less than 6 weeks) or chronic (more than 6 weeks). About 30-40% of the population suffer from proctologic pathologies at least once in their lives. Fissure comprises of 10-15% of anorectal disorders. The most common place of occurrence is the posterior midline. In males the incidence is usually posteriorly 95%, anteriorly 5% and in females posteriorly 80%, anteriorly 20%.^[8] As *Shatavari* is *Vata*, *Pitta*, *Asruk* and *Shothahara*,^[9] it can be employed in fissure for its healing, thus preventing it complicating into *Arshas* which can arise as a consequence of *Parikartika*. *Bhaishajya Ratnawali* recommends the use of *Shatavri Ghrita* in diseases caused due to *Vata-Pitta*.^[10]

CASE REPORT

A 39 year old female patient visited *Shalyatantra* OPD of SDM Ayurveda hospital Udupi presented with complaints of painful defecation with passing of hard stools and streak of blood since 15 days. Pain was severe causing defecation phobia and persist for 1-2 hours after defecation.

The patient had recurrent history of constipation. History is not significant for any medical illness and surgery.

Her general and systemic examination was unremarkable with Pulse rate 74/min, Blood pressure 120/80 mmHg and Temperature 99°F. Routine laboratory investigations were within normal limits.

Local examination

Inspection revealed a puckered anus with a longitudinal fissure extending from a small sentinel tag at the anal verge proximally towards the dentate line for 8mm in the posterior midline. Digital rectal examination was deferred due to pain and anal spasm.

Treatment advised

Local treatment

- *Shatavari Ghrita* intra anal administration for 7 days through a 7 no. red rubber catheter. (Patient's relative was trained to administer *Shatavari Ghrita* intra anally at home)
- *Avagaha Sweda* (sitz bath) with lukewarm water.

Internal medications

- 1) Tab *Sarivadi Vati* (250mg) 1 TID

- 2) Tab *Gandhaka Rasayana* (250mg) 1TID
- 3) *Swadhishta Virechana Churna* 50 gm + *Pravala Bhasma* 4gm + *Swarna Makshika* 1gm given as ½ teaspoon with milk in the bed time- prescribed for 2 weeks.

OBSERVATION AND RESULTS

Assessment criteria

S. No	Subjective parameter	Day 0	Day 7	Day 15
1.	Pain(0-4)	3	1	0
2.	Bleeding(0-1)	1	0	0
3.	Itching(0-3)	2	1	0

Anal sphincter tone	Grade	D ₀	D ₇	D ₁₅
DRE without tenderness	0			+
DRE with tenderness	1			
DRE allowing passage of only little finger	2		+	
DRE is not possible	3	+		



Before treatment



After treatment

DISCUSSION

In a patient with fissure-in-ano movement of firm, scybalous faeces causes stress to the lower anal canal. Until it becomes unavoidable, patient often postpones defecation for days due to the excruciating pain. As a result, stools get harder which causes the anoderm to tear even more on defecating. Pain in the anoderm reflexly causes involuntary spasm of the internal sphincter muscle increasing the intraanal pressure creating a vicious cycle. Hence treatment should be directed towards breaking the vicious cycle of hard stools, spincter spasm and worsening of the wound. *Shatavari Ghruta* prescribed for the local management helps in this regard by lubricating the anal canal, reducing the stool transit time and facilitating early wound healing, thus reducing the symptoms. It acts as a *Shoolaprashamaka*, *Vranaropaka*, *Dahanashana*, pacifying *Vata* and *Pitta Doshas*, acting as a cytoprotective agent.^[11]

Sarivadi Vati^[12] is a formulation indicated in *Arsha* helps in reducing inflammatory process involved with acute fissure.

Gandhaka Rasayana is a popular medication indicated in *Koshta Samashrita Vyadhi*¹³ and has proved its anti microbial effects. This helps to reduce the infection invariably involved in fissure in ano and preventing complication like fissure abscess.

Swadishta Virechana Choorna prescribed along with *Pravala Bhasma* and *Swarna Makshika* helps in *Rakta Dhatu Prasadana*, *Vata Shakrut Anulomana* effectively.

This patient was followed up for 3 months and no recurrence of fissure in ano was observed.

CONCLUSION

A comprehensive case study of acute fissure in ano treated with *Shatavari Ghrita* intra anally along with oral medications showed remarkable improvement of symptoms and complete healing of fissure in ano within 15 days. This treatment was implemented at domestic level and was helpful in avoiding surgical intervention and hospital stay.

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