



Comparative Study of *Pranada Gutika* and *Paradadi Malahar* in The Management of Fissure-in-Ano

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ABSTRACT

Shalya tantra mentioned among eight branches of Ayurveda which deals principally surgical disorders. The fissure-in-ano is very common and painful condition still there is no satisfactory method of treatment, medical or surgical. On the basis of symptoms, the disease can be compared with Parikartika described in Ayurveda.

According to Ayurvedic literature, there are several methods of treatment among them Bhaisaja Karma is the first line of treatment. In this study, an effort is made to derive a standard and easily accessible treatment for fissure-in-ano from classical resources. Paradadi Malahar is having ingredients with Vrana Sodhana-Ropana properties & Pranada gutika is having ingredients with deepana and pachana properties. These are time tested classical formulation, so selected for the clinical evaluation in this study. The patients diagnosed and selected for the therapy were put into 2 groups, 20 in each group. The treatment was accessed with observation and results for a period of four weeks. It was observed that the results achieved in both groups are effective and stable during follow up period too.

KEYWORDS : Paradadi Malahar, Pranada gutika, deepana-pachana

Introduction:

Ayurveda deals with the maintenance of health and relief from the diseases. *Acharya Sushruta* defines the healthy state.¹ Individual having *Dosha*, *Agni* and functions of *Dhatu* and *Malas* in the state of equilibrium and who has cheerful mind, intellect and sense organs is considered 'Swastha' (healthy). World Health Organization (WHO) also supports this definition which shows the eternity of Ayurvedic description.

Health is a precious possession; wisdom and wealth, are of no use if health is lacking. The physician must therefore strive to maintain or to restore patient's health. Current surgical parlance has made enormous progress, thanks to this timely intervention by biomedical engineering both in diagnosis and management. But, certain diseases seem to mock the progress achieved, calling for innovative techniques for their management. One such disease is fissure-in-ano with either recurrences or apt to additional troubles after conventional surgery. Many techniques have been tried, each by no means better than the other.

In the present scenario, there is change or irregularity in diet and diet timings and also sedentary life style. All these causes disturb in digestive system which results into many diseases; among them ano-rectal disorder constitutes an important group. According to Ayurvedic literature, there are several methods of treatment i.e. *Bhaisaja - Kshara - Shastra Karma* etc. Among them *Bhaisaja Karma* (medicinal treatment) is the first line of treatment.² *Acharya Sushruta* advocated multidimensional treatment approach for management of diseases. When we analyze treatment options for any disease mentioned in *Sushruta samhita* it is quite evident that *Acharya* had adopted a systematic and logical approach with options to be exercised according to state of disease for its treatment. Nowadays, various topical remedies are available for local application for wound healing including for fissure-in-ano.

Materials and Methods:

Aim & Objectives of Clinical Study: To evaluate and compare the efficacy of *Pardadi Malahar* and *Pranada Gutika* in fissure-in-ano. Review of literature related to the *Parikartika* (Fissure-in-ano) in

detail and to assess the efficacy of *Pardadi Malahar* local application and *Pranada Gutika* oral medication.

Sample size: 40 patients fulfilling the inclusion criteria are randomly selected.

Source of Subjects: O.P.D. / I.P.D. of National Institute of Ayurveda, Jaipur (Raj.).

Study Design: Total 40 patients selected, diagnosed and randomly divided into two groups. In group A, 20 patients were given *Pranada Gutika* in the dose of 2 tab. TDS orally for 14 days, while in group B, 20 patients were given *Paradadi Malahar* for local application.

According to proforma, the observations and results were shown in tabular form and with its interpretation. The assessment was done by the gradation system and relief depicted in terms of percentage. Hot sitz bath with *Tankan* and bulk laxative *Isabgol* husk advised in all the patients.

e. Selection Criteria:

I. Inclusion Criteria:

Subjects diagnosed to have fissure-in-ano and agreed to sign informed consent.

Age 15yrs to 60yrs irrespective of gender, religion, occupation.

II. Exclusion Criteria:

Subjects not agree to sign informed consent.

Subjects diagnosed to have fissure associated with secondary cause.

Subjects suffering from any systemic diseases requiring active treatment and presence of any other disease of ano-rectum.

Observations: This study reveals that maximum numbers of patients i.e. 33.33% were having prolonged sitting, 21.66% of patients were prolonged driving. Maximum patients (86.66%) were from age

group between 21-50 years. In this series, the majority of the patients i.e. 86.66% were male while rests of the patients i.e. 13.33% were female. Study shows that maximum i.e. 56.66% patients had gradual onset while 43.33% patients had acute onset fissure-in-ano. Chronicity wise distribution, which indicates that 60% patients were having 1 week – 1 month chronicity, 20% were having < 1 week and more than 1 month chronicity each. The maximum (41.66%) patients were having *Mandagni*. *Vishamagni* was found in 20% of patients while only 15% patients were having *Tikshnaagni*. *Kostha* wise distribution has been dealt in the table, which indicates that most of the patients i.e. 48.33% were of *Madhyama Kostha*, 33.33% patients were having *Krura Kostha* and 18.33% were of *Mrdu Kostha*. Local complaint wise distribution of the data express that majority of the patients (78.33%) were suffering from burning sensation, 65.0% patients having sphincter spasm, 66.66% patients had Bleeding per anum. In the study 58.33% patients were observed with fissure only at posterior (6 o'clock) position of anus.

Overall Result of all therapies: The treatment was accessed with observation and results for a period of four weeks depending upon the signs and symptoms. The both groups has shown significant improvement in their symptoms viz, pain, bleeding, constipation and sphincter spasm within one to two weeks of treatment. While in

constipation, tenderness and sphincter tone, Group A showed better results than Group B. In rest of symptoms Group B showed better results.

Discussion:- *Paradadi Malahar* having soothing effect, *Vata-Pitta Hara*, *Vedana Sthapana*, *Vrana Shodhana*, *Vrana Ropana* properties and influences reduction of inflammation. *Pranada gutika* firstly increases digestive fire and ultimately relaxes from disturbed bowel habits i.e. constipation and later on the results are less discomfort and pain decreases. But as far as main symptoms are concerned pain and burning sensation relieved due to the action of *Vedana Sthapana*, *Dahaprashamana* and *Vata-Pitta Hara* properties. *Vata-Pittahara* property may be due to its *Ghritha* base, promotes healing and reduces secondary infection too.

Summary and Conclusion- Overall effect of the therapy was assessed in terms of complete relief, marked relief, moderate relief, mild relief and no relief.

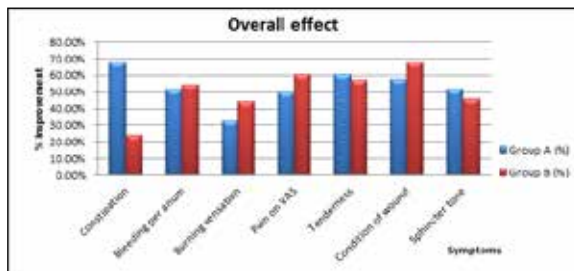
In Group A - Complete relief was found in 25 % of patients, while marked relief in 20%, moderate relief in 30% whereas 15% were found mild improvement, while in Group B- Complete relief was found in 20 % of patients, marked relief in 35%, in 20% moderate relief and mild relief each were found.

Results: Table : 1

Variable	Gr.	Mean		Mean Diff.	% Relief	SD±	SE±	P	S
		BT	AT						
Constipation	Gr. A	1.85	0.60	1.25	67.57%	0.9105	0.2036	<0.0001	HS
	Gr. B	1.45	1.10	0.35	24.14%	1.040	0.2325	>0.05	NS
Bleeding per anum	Gr. A	1.55	0.75	0.8	51.61%	1.281	0.2865	<0.05	S
	Gr. B	1.85	0.85	1.0	54.05%	0.6489	0.1451	< 0.0001	HS
Burning sensation	Gr. A	2.3	1.55	0.75	32.60%	1.482	0.3315	<0.05	S
	Gr. B	2.5	1.4	1.1	44.0%	1.619	0.362	<0.05	S
Pain on VAS	Gr. A	1.7	0.85	0.85	50.00%	1.268	0.2835	<0.05	S
	Gr. B	1.9	0.75	1.15	60.52%	0.8127	0.1817	< 0.0001	HS
Tenderness	Gr. A	2.65	1.05	1.6	60.38%	1.314	0.2938	0.0001	HS
	Gr. B	2.55	1.1	1.45	56.86%	0.7592	0.1698	<0.0001	HS
Condition of wound	Gr. A	1.9	0.80	1.1	57.89%	0.9679	0.2164	0.0001	HS
	Gr. B	2.0	0.65	1.35	67.5%	0.9333	0.2087	<0.0001	HS
Sphincter tone	Gr. A	1.45	0.7	0.75	51.72%	1.164	0.2603	<0.05	S
	Gr. B	1.30	0.7	0.6	46.15%	1.046	0.2340	<0.05	S

(HS-Highly significant, S- Significant, NS- Non significant)

Chart 1: Overall result comparison in between three groups in all symptoms.



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