



TO STUDY THE EFFICACY OF TUGAKSHEERYADI GHRITA LEPA IN MANAGEMENT OF PARIKARTIKA W.S.R FISSURE IN ANO

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ABSTRACT Parikartika is one of the ano-rectal disease. Its references available in Brihatrayees. The word Parikartika is derived from , pari means around and kartanvat vedana i.e. cutting type of pain around Anus. It is also having the symptoms like burning sensation, sometime swelling, bleeding from anus. In modern science it can be correlated to fissure-in- ano. The causes vary from unhealthy diet regimen to hectic lifestyles. It is common in working individuals as well as homemakers. Longitudinal tear in the lower end of anal canal results in fissure-in-ano. It is most the painful condition affecting the anal region. Various factors which contribute to development of fissure are hard feces, surgical procedures, diseases like Crohn's disease, ulcerative colitis, and enthusiastic usage of ointments and abuse of laxatives, sphincter hypertonia, improper diet etc. Constipation results in hard stool passage which is painful and resulting in fissure.

KEYWORDS : Guda, Parikartika, Garbhiniyapad, kartanvat vedana, Basti Netra, Fissure in Ano.

INTRODUCTION

Ayurveda is a science of life. The first aim of Ayurveda to keep person healthy and second aim to cure the disease. Nowadays due to faulty lifestyle, patient suffering from constipation with a rectal disease are quite high in number. Longitudinal tear in lower end of anal canal result in fissure in ano. It is most painful condition affecting the anal region. About 30 to 40% of the population suffer from anal problems and anal fissure comprises of 10 to 15% of anorectal disorder and is characterized by excruciating pain during and after defecation and drop by drop bleeding per anus with spasm of anal sphincter. Parikartika is characterized by kartanvat and chhedandvat shool in Guda, but the sentinel tag like features are not in the reference of Parikartika. Sentinel tag can be compare with shuskarsh as mentioned by Charak Samhita.

In the Ayurvedic text, few references are found to a condition Parikartika and its management. Most of the Acharyas have indicated chiefly Ghrita, Madhu, Tila Kalka and Yasthimadhu for this condition. It is described under chapter Agnikarma Vidhi adhyay in Sushrut samhita, Sutra sthan for samyak dagdha chikitsa. This lepa contains herbomineral compound. Hence in this study an attempt is made to evaluate the efficacy of Tugaksheeryadi ghril lepa for wound healing of fissure bed.

The present work is an attempt to assess the efficacy of this preparation for treatment of the disease Parikartika. Here, Tugaksheeryadi Ghrita is having VranaShodhana, Daha-Prashaman, VranaRopaka, Vedana Sthapana and Vata-pittahara properties and it has been advocated in Ayurvedic literature by AcharyaSushruta for the management of Samyak-Dagdha. Therefore, it has been chosen for the present research work. Total 30 patients were selected, diagnosed. All patients were given Tugaksheeryadi Ghrita Lepa intra anal twice a day for 15 days. All the patients were given routine oral medication being followed at Govt.P.G.Ayurveda college and Hospital Varanasi, for patients of ano-rectal disorders. All these patients were given –

- Shatshakar Churna 1 (orally) : 10g at bed time
- Triphala Guggulu2 (orally) : 2 Vati twice a day
- Hot sitz bath : twice a day.

Definition³

An anal fissure (synonym: fissure-in-ano) 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.

Aetiology⁴

The cause of an anal fissure, and particularly the reason why the posterior midline is so frequently affected, is not completely

understood. Classically, acute anal fissures arise from the trauma caused by the strained evacuation of a hard stool or, less commonly, from the repeated passage of diarrhoea. The location in the posterior midline perhaps relates to the exaggerated shearing forces acting at that site at defecation, combined with a less elastic anoderm endowed with an increased density of longitudinal muscle extensions in that region of the anal circumference. Anterior anal fissure is much more common in women and may arise following vaginal delivery. Perpetuation and chronicity may result from repeated trauma, anal hypertonicity and vascular insufficiency, either secondary to increased sphincter tone or because the posterior commissure is less well perfused than the remainder of the anal circumference.

AIM & OBJECTIVE:

- To evolve and explore an effective ayurvedic treatment for the management of Parikartika.
- In present era patient needs an effective, safe, economical, simple and short term therapy for the management of Parikartika.
- To study the effect of Tugaksheeryadi Ghrita Lepa application in the management of Parikartika.

MATERIAL & METHODS:

In present study all the herbo-mineral drugs were used in the form of lepa was made in the Rash shastra and bhaisjya kalpana department of P.G. Govt. ayurvedic college and hospital Varanasi. It is a clinical study based on the 30 patients. These 30 patients were treated with Tugaksheeryadi ghrita lepa locally after bowel evacuation. All patients were observed daily for 15 days and on the follow up upto 2 months on the basis of sign and symptoms various scores will be documented.

Study Design

ChikitsaVidhiAvadhiApplyTugaksheeryadi ghrita lepaTwice Daily 15 Days local application

Chikitsa	Vidhi	Avadhi	Apply
Tugaksheeryadi ghrita lepa	Twice Daily	15 Days	local application

Selection of cases -

For the purpose of clinical trial, patients were selected randomly from OPD and I.P.D. of P.G.Shalya tantra department of the hospital.

Inclusion criteria -

- 1- The patient of age group between 18-60 years
- 2- Patients with either sex will be selected
- 3- Patients with no pre-existing serious medical condition
- 4- Person currently taking no other medication.
- 5- Exclusion criteria-

- 1- Age below 18 years and above 60 years
- 2- Any serious systemic disorders like T.B, HTN, DM
- 3- Pregnant women
- 4- Mentally sick patient
- 5- HIV, HBsAg, HCV Positive cases
- 6- Fissure in Ano secondary to Ulcerative colitis, Crohn's disease, Syphilis.

Diagnostic Criteria-

The patient were diagnosed on the basis of history, signs & symptoms and local examination of Parikartika & presence of features of Chronic and acute fissure in ano . The diagnosis was made after following examination-

Inspection:

- The perianal skin colour was inspected for any discolouration and presence of scratches over there which was suggestive for Pruritus ani.
- The presence and position of fissure, external opening of fistula in Ano, perianal area and external sentinel tag were noted.
- Presence of external piles was inspected to diagnose as associated disease.

Palpation:

On acute pain-in-ano; only through retracting buttocks, Digital per rectal examination was carried out gently with 2% xylocaine jelly to assess the sphincter tone after assessing the tolerance of pain and permission received by the patient.The digital examination was done with judging the co-operation level of the patient.

Investigations-

- Blood- TLC, DLC, Hb%, ESR
- Blood sugar- F/PP
- Urine- R/M
- Kidney function test- B.Urea, S. Creatinine.
- Urine C/S
- Stool R/M
- Other investigations if required.

ASSESSMENT CRITERIA:

Assessment was made with the following parameters:

1. Pain in anal region during defecation
2. Duration of burning sensation in anal region during defecation
3. Constipation
4. Bleeding per anum i.e. stools streaked with blood
5. Ulcer healing – Edge, floor, margin
6. Tenderness on D.R.E.(digital rectal examination)for the assessment of sphincter tone of anal canal after application of Ghrita.

INGREDIENTS OF TUGAKSHEERYADI GHRIITA⁵

Tugaksheeryadi ghrita has been indicated in Samyag Dagdha condition where the predominance of Vata or Pitta Dosh is involved. Here the drugs used for the Tugaksheeryadi ghrita for the present study are – Ghrita, Vansalochana, Plaksha, Chandan , Gairika, Amrita

Onset wise distribution of 30 patients of Parikartika (Fissure in ano) :

Total No. of patients	Acute cases	Chronic cases
30	24	6

Effect of therapy on cardinal symptoms of Parikartika in 30 patients

Symptoms	B.T.		A.T.		Mean Differences	%Change	S.E.	't' value	Df	p-value
	Mean	SD	Mean	SD						
Pain during defecation	1.53	0.57	0.10	0.31	1.43	93.48	0.11	12.54	59	<0.001
Constipation	1.07	0.37	0.03	0.18	1.03	96.88	0.08	13.68	59	<0.001
Duration of Pain after defecation	1.20	0.55	0.10	0.31	1.10	91.67	0.09	12.53	59	<0.001

Duration of Burning sensation	1.47	0.68	0.07	0.25	1.40	95.45	0.12	11.37	59	<0.001
Bleeding	0.87	0.63	0.07	0.25	0.80	92.31	0.12	6.60	59	<0.001
Tenderness on D.R.E.	2.40	0.86	0.10	0.31	2.30	95.83	0.16	14.37	59	<0.001

Effect of therapy on wound healing process

Out of 30 Total 27 patients got healed. On day-13 only one patient got healed, on day- 14,4patients got healed ,on day-15,12patients healed, on day-30,10 patient achieved healing. Total 90 % patients got healed and 10 % not achieved healing.

Healing		No. of patient
Healing achieved	Day 13	1
	Day14	4
	Day 15	12
	Day 30	10
Healing not achieved		3

Overall Effect of Tugaksheeryadi Ghrita :

After completion of the treatment with TugaksheeryadiGhrita showed that for the symptom of pain during defecation, 90% patients got cured, while 10% patients got markedly improvement , for the symptom of Constipation, 100% patients got cured, for the symptom of duration of pain after defecation, 96.67% patients got cured, while 3.33% patients got markedly improvement while for the symptom of Bleeding, 93.33% patients got cured, while 6.67% patients got markedly improvement , for the symptom of Duration of Burning sensation, 96.67% patients got cured, while 3.33% patients got markedly improvement, for the symptom of Tenderness on D.R.E., 90% patients got cured, while 10% patients got markedly improvement.

Symptoms	Cure No. of Patients	Marked improved	
		%	No. of Patients %
Pain during defecation	27	90	3 10
Constipation	30	100	0 0.00
Pain after defecation	29	96.67	1 3.33
Bleeding	28	93.33	2 6.67
Duration of Burning sensation	29	96.67	1 3.33
Tenderness on D.R.E.	27	90.00	3 10.00

PROBABLE MODE OF ACTION OF TugaksheeryadiGhrita

The important factors which keep a fissure-in-ano away from normal healing, are constant contamination of the wound by faecal matter and frequent friction with the mucosa while there is continuous spasm of the sphincteric muscles. In such situation, a drug which produces a soothing effect; Vrana-shodhana, Dahaprasman, Vrana-Ropana, Vedana-Sthapanaand Vata-pittahara action, is more suitable. HereTugaksheeryadiGhrita has been selected for the present study due to having the same properties and good soothing effect. Vata-pittahara property may be due to its contents and Ghrita base and it probably removes the accumulated secretions in the fissure bed, promotes healing and reduces secondary infection too. It may be due to its Vrana-Shodhana, ,Daha-prashman, Vrana-Ropana, shotha-hara and Vedana-sthapana properties.

CONCLUSION:

Parikartika is very common among ano rectal diseases due to improper aahar-vihar .Most of the acute cases get cured by Ayurvedic management whereas modern treatment does not gives response in more than 50 % cases. All said that Ayurved has slow result, but if we give proper treatment in specific condition than Ayurved show magical result. Changes in lifestyle and food help a lot along with the medicines in anorectal diseases. Ayurveda has miraculous results in these kinds of diseases.

REFERENCES

1. The Ayurvedic Pharmacopoeia Of India PART - II (FORMULATIONS) VOLUME – II First Edition, Published by : The controller of publications civil lines, delhi – 110054,

Page no-134

2. Bsheshajya Ratnawali of Shri Govind Das ji ,English translation by Dr. Kanjiv Lochan,Volume 3 Anubhutayoga prakarana verse 74-76, Chaukhambha Sanskrit Sansthan,Varanasi,edition reprint 2009,page no.725
3. Bailey &Love's Short practice of Surgery,edited by Professor Sir Norman Williams Professor P.Ronan O'Connell, Professor Andrew W.McCaskie, Ch.74,edition -27, CRC Press Tayler &Francis Group, published in, 2018; 1352.
4. Bailey &Love's Short practice of Surgery,edited by Professor Sir Norman Williams Professor P.Ronan O'Connell, Professor Andrew W.McCaskie ,Ch.74, edition -27, CRC Press Tayler &Francis Group, published in, 2018; 1352
5. Sushruta Samhita Sutra-Sthan 12/23, edited with Ayurveda Tattva Sandipika by Kaviraj Ambikadutta Shastri,edition:Reprint 2007, P-44,Chaukhambha Sanskrit Sansthan,Varanasi