

# Single Arm Clinical Study to Evaluate Efficacy of Shatdhaut Ghrita in Parikartika (Fissure in Ano)

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**Abstract:** The condition Parikartika has been mentioned in the Ayurvedic literature as one of the fifteen kinds of disorders which may result from an injudicious use of purgatives owing to the ignorance of the physician or of the patient. The acute fissure is a superficial splitting of the anoderm characterized by severe pain, sometimes associated with bleeding per rectum during/after defecation. Application of local anesthetics, anal dilatation, sphincterotomy, and fissurectomy (chronic fissure) are usually in practice. But these procedures have sometimes associated with some complications like post operative anal stenosis, sphincter incontinence etc. To overcome such problems and to provide cheap, simple, ambulatory and effective treatment, a combined therapy has been kept on trial on the basis of the treatment mentioned in the ancient literature in the management. **Aim and objectives:** Evaluation of clinical efficacy of Pichu application of shatadhauta Ghrita in the management of Fissure-in-ano (Parikartika). **Materials & Methods:** Taking this view in to consideration, a modified regimen with shatadhauta Ghrita in Pichu form in single group have been kept on trial on 30 patients in single group in the Ano-Rectal Clinic of the Institute. **Results and Conclusion:** The results were assessed and it was found that the medicines was effective without any complications in the management of Fissure-in-ano.

**Keywords:** Parikartika, Shatdhaut Ghrita, Fissure in ano

## I. INTRODUCTION

The incidence of ano-rectal diseases in the population is shooting up in alarming rate, most common being Fissure-in-ano, Hemorrhoids and Fistula-in-ano. The incidence of anal fissures is around 1 in 350 adults and they occur equally commonly in men and women and most often occur in adults aged 15 to 40.[1] Fissure-in-ano is a longitudinal ulcer in the anoderm of the distal anal canal, is very painful anorectal disease condition affecting both sexes equally, found in the community as acute and chronic. Acute fissure is characterized by spasm, pain during defecation and passage of bright streaks of blood along with stool and if this fails to heal turns into chronic fissure.[2] As per the Ayurvedic classics, on the basis of symptoms, the disease fissure-in-ano can be compared to the disease Parikartika where there is excruciating, cutting pain in Basti and surrounding areas.[3] Parikartika is one of the commonest ano-rectal disorders, even though it is not a life threatening but very painful to sufferers in the present era. The disease Parikartika is mentioned in almost all Ayurvedic Samhitas, including Bhratrayes and Laghutrayes. The word Parikartika means Parikartana Vatvedana around the Guda i.e., cutting type pain and also explained under the Panchakarma Vyapa especially in Basti Karma Vyapat,[4] astinetra Vyapat, Virechena Parikartika is a condition of Gudain which there is cutting and burning pain. Parikartikamay be correlated to fissure in ano. As per Samhith as, Parikartikais a complication of Vasti, Virechana etc. and even due to faulty instrumentation e.g., enema nozzle etc. To avoid surgery and to evolve an effective Ayurvedic treatment a comparative clinical study has been undertaken to assess efficacy of Shatadhauta Ghrita pichu with Jathyadi Ghrstavasti. The study was conducted in the OPD and IPD of Hospital and Research Centre. 30 patients of Parikartikawere selected from the OPD and IPD of the aforesaid of Institution and randomly assigned in single group[5,6].

The cause of fissure-in-ano is primarily constipation with passing of hard stool and secondary due to many diseases like chronic amoebic dysentery, diverticulitis, irritable bowel syndrome, ulcerative colitis etc., and even post hemorrhoidectomy or fistulectomy.[7] In adults, fissures may be caused by constipation, or by prolonged diarrhea.



In older adults, may be caused by decreased blood flow to the area. Fissures may also be caused by tuberculosis, occult abscesses, leukemic infiltrates, carcinoma, Acquired Immunodeficiency Syndrome (AIDS) or Inflammatory Bowel Disease, Sexually Transmitted Infections (Syphilis, Herpes, Chlamydia and Human Papilloma Virus).[8] Other common causes of anal fissures include: Childbirth trauma in women, Crohn's disease, Ulcerative colitis and Poor toileting practices in young children. The changes in life style like extra work load, stressful life, increased sedentary nature, have made much of the population suffers from ano rectal pathologies and among them fissure-in-ano is most common. The most common cause of non-healing is increased spasm of the internal anal sphincter muscle which results in impaired blood supply to the anal mucosa. The result is a non-healing ulcer, which may become infected by fecal bacteria. The common site of fissure-in-ano is 6 o'clock, that is, midline posterior, lower half of the anal canal which is commonly found in young adults and after delivery in females. The disease has been classified into two varieties viz., acute fissure-in-ano and chronic fissure-in-ano. Acute fissure-in-ano is a condition in which only inflammation of the anal mucosa. In modern science the conservative management like local application of Lidocaine (anesthetic) 2% can be applied which sometimes leads to headache, delayed healing etc. Next surgical management like Lord's dilatation, Fissurectomy and Lateral Sphincterotomy[9] are the treatments which are having complications like fecal incontinence and prolonged healing. Hence there is a need for an effective and safe management. In Ayurveda a successful management of this condition has been described. The treatment of Parikartika depends on pacifying Vata and Pitta Dosha and the treatment told in classics for this condition are Pichabasthi, Anuvasana basthi, Pichu, Parisheka and local administration of Sneha dravya.[10] G Pichu can be more effective because it helps to reduce pain by its smoothening effect and reduce burning sensation. Its wound healing properties are well documented and hence ideal for the management of Parikartika.

## **AIM AND OBJECTIVE**

To study the efficacy of Shatdhaut Ghrita in the management of parikartika.

## **METHOD AND MATERIALS**

Total 30 patients of fissure in ano were selected from OPD and IPD of SMBT Ayurved hospital with informed consent of each and every patient.

All general examinations and routine laboratory investigations were done of all patients. All the patients had completed the course of treatment with local application of Shatdhaut Ghrita in fissure in ano for 7 days daily. All the symptoms like P/R bleeding, vedana(pain), guda kandu(itching) and guda daha(burning sensation) were recorded daily. Specially prepared proforma was used to evaluate the patients during the study and follow up.

S.O.P.: Goghrita was taken from authentic source. Shatdhaut Ghrita was prepared as mentioned in Ayurveda text . Position of the patient-Patient was lying in lithotomic position. Anal region was cleaned first with distilled water then cleaned with betadine. All the dressing material used was autoclave. Shatdhaut Ghrita pichu was placed on fissure in ano properly. Same procedure was done daily for 7 days. Advice: Roughage diet, intake plenty of fluids, avoiding spicy, oil food.

## **Selection of patients:**

A] Inclusion criteria:

- 1] Patients of acute fissure in ano presenting with complaints of bleeding per rectum, pain, and pruritus were selected.
- 2] Patients with age between 18-60 years old.
- 3] Patients were selected irrespective of sex, religion, education and socioeconomic status.

B] Exclusion criteria:

- 1] Patients having fissure in ano secondary to tuberculosis, crohn's disease, Ulcerative colitis, CA of rectum and anal canal were excluded from study.
- 2] Patients suffering from diabetes mellitus, Leprosy.
- 3] Patients with chronic sentinel pile and associated with condition like hemorrhoids, Fistula in ano.



4] Patients with infectious diseases like HIV and Hbsag.

Relief criteria:

- 1] Bleeding per rectum was decreased.
- 2] Burning sensation was decreased.
- 3] Pain was decreased.
- 4] Itching was decreased.

#### **Assessment Criteria**

All the patients registered for the current study were assessed on following parameters during the course of treatment.

Bleeding per rectum: 0 Bleeding 1 Mild bleeding during defecation 2 Moderate bleeding 3 Profuse bleeding

Burning sensation: 0 No burning sensation 1 Mild degree of burning sensation after defecation 2 Moderate degree of burning sensation after defecation 3 Unbearable burning sensation after and before defecation

Guda kandu(Itching): 0 No itching 1 Itching for 1 hour after defecation 2 Itching for 4-5 hours after defecation 3

Persistent itching for whole day Vedana(pain): 0 No pain 1 Pain for 1 hour after defecation 2 Pain for 4-5 hours after defecation 3 Persistent pain for whole day.

#### **RESULTS**

1. 72% relief was observed from Pain.
2. 87.5% relief was observed from Bleeding P/R.
3. 80% relief was observed from Burning Sensation.
4. 85.71% relief was observed from Itching.

Statistical Analysis:

Statistical analysis was found to be significant for the symptoms by Wilcoxon signed Rank test ( $p < 0.05$ ).

Assessment criteria for total effect of therapy- The relief of treatment was evaluated under four categories. Completely relieved: 75% to 100% relief in signs and symptoms Markedly relieved: 50% to 75% relief in signs and symptoms Improved: 25% to 50% relief in signs and symptoms Unchanged: Less than 25% relief in signs

#### **DISCUSSION**

The detail description about nidana (causes), samprapti (etiology), laxana (symptoms), and chikitsa (treatment) is mentioned in SushrutSamhita, CharakSamhita, Chakradatta etc. There is detail description about conservative and surgical treatment with their complications in modern treatment of fissure in ano. To avoid complications this study was selected. Shatdhaut Ghruta after preparation becomes very sheet (cold), so used in osh, chosh, daha. It has properties as sukshma, madhur rasa, sheet veerya, madhur vipaka, dahashamak. It acts as vranaropak (wound healing), jeevanurakshak (disinfectant). All the above pittashamak properties are present in shatdhaut ghruta. So it is effectively relieves the signs and symptoms of fissure in ano. Additionally, ghruta is a known immune booster and it is this property of shatdhaut ghruta that leads to increase in local cell immunity. This is the causative factor that prevents recurrence of symptoms in patients treated with Shatdhaut Ghruta. Ghruta contains vit. A, D, E, K. Vitamin A and E are antioxidant and are helpful in preventing oxidative injury to the body. Vitamin A keeps epithelial tissue of the body intact. It also contains 4-5% linolenic acid as essential fatty acid, which promotes proper growth of human body. Lipophilic action of ghruta facilitates transportation to a target organ and finally delivery inside the cell because cell membrane also contains lipid. This lipophilic nature of ghruta facilitates entry of the formulation into the cell and its delivery to the mitochondria, microsome and nuclear membrane.

#### **CONCLUSION**

Shatdhaut Ghruta because of its cooling, antiseptic, astringent and other pittashamak properties is highly effective in the management of fissure in ano. By increasing local cell immunity it prevents recurrent symptoms in patients treated with Shatdhaut Ghruta. But time demands to work on more patients and detail research on fissure in ano.



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