IAMJ

INTERNATIONAL AYURVEDIC MEDICAL JOURNAL

Research Article ISSN: 2320-5091 Impact Factor: 6.719

A SINGLE-ARM CLINICAL TRIAL TO STUDY THE EFFECT OF MANJISHTHADI TAIL MATRABASTI IN THE MANAGEMENT OF PARIKARTIKA WITH SPECIAL REFERENCE TO FISSURE IN ANO

Smita Madhavrao Kanawade

Associate Professor Department of Shalyatantra, Smbt Ayurved College and Hospital, Dhamangav, Nashik.

Corresponding Author: drsmitaaher52@gmail.com

https://doi.org/10.46607/iamj0513022025

(Published Online: February 2025)

Open Access

Article Received: 06/01/2025 - **Peer Reviewed:** 30/01/2025 - **Accepted for Publication:** 09/02/2025.

Check for updates

ABSTRACT

Parikartika is described in Ayurvedic texts as a complication of certain Panchakarma operations or as a sequel to specific disorders. It is similar to fissure-in-ano, which causes burning and cutting pain at Guda (the anal area). An overview of this condition could not be found in ancient texts. It is primarily characterised as an atisara and virechana complication. A fissure in the anal canal is a split at the mucocutaneous junction. When a small bit of blood passes through faeces, it creates extreme pain. While secondary fissures are caused by underlying disorders, primary fissures can be acute or chronic. Conservative treatment is typically effective for acute fissures; however, surgical intervention is required to address chronic fissures linked to tags. Nowadays, laxatives, local anaesthetics, antibiotics, and analgesics are used to treat fissures. The patient is advised to have surgery if this treatment is unsuccessful. However, there are numerous issues following the procedure. Anal fissures are, therefore, very difficult to treat, even for skilled proctosurgeons, despite numerous advancements in conservative and surgical techniques. It is named for the acute cutting sensation that is experienced in the anus. The source of the excruciating pain and burning sensation is the reduction of vata and pitta dosha. Nearly all ancient writers concentrated on Basti Chikitsa when treating the disease Parikartika.

Keywords: Parikartika, Fissure in ano, Guda, Basti Chikitsa, Matra Basti

INTRODUCTION

Anal pain is most frequently caused by Parikartika or anal fissure. Anal fissures are a prevalent issue that significantly increases morbidity in otherwise healthy individuals. Men and women experience anal fissures at comparable rates. Intense anal pain exacerbated by attempted defecation and the passage of small amounts of blood is the typical clinical picture. The most frequent cause of excruciating anal discomfort and bleeding per anus in both adults and children is an anal fissure. Primary fissures fall into two categories: acute and chronic. Acute fissures produce excruciating pain and resemble a straightforward rip in the anoderm.

This illness is clinically simulated with Parikartika in Ayurvedic scriptures. Charaka claims it is a complication of virechana, and Sushruta also identified Parikartika as a consequence of virechana and the result of the vasti netra's incorrect location during vasti chikitsa. Sushruta describes it in detail, covering both local and general forms of treatment. For many years, lateral internal sphincterectomy has been used to treat anal sphincter spasm in anal fissures. This procedure is straightforward and effective, but its main disadvantage is that it may result in mild but occasionally permanent incontinence in controlling gas, mucus, and occasionally stool.

The existing parasurgical methods of treatment are mostly adoptable in large hospitals only, where facilities for conducting major operations are available.

The objective of the present study is to evaluate the efficacy and applicability of present therapeutic measures, which can be practised even in small clinics on an O.P.D basis with
minimum facilities.

The vata and pitta doshas influence Parikartika; pitta produces inflammation and a burning sensation, while vata produces pain like cutting with a sharp object, such as scissors. Constipation, excruciating discomfort, the difficult passage of firm stools, and delayed evacuation are all symptoms of Vata being covered in faeces. As a result, parikartana creates Parikartika. Nearly every ancient writer concentrated on Basti. Chikitsa Kalpana and associates during the illness's treatment Basti is Parikartika and the best therapy method for vata dushti. It is divided into two categories according to the medications used: anuvasana, also known as sneha basti, which uses oil, and niruha, also known as kashaya basti, which uses decoction. The usage of hrswa matra of sneha in matra basti is recommended explicitly in alpa-bala and alpa agni situations. Its ability to be administered without pathya for dosha shamana, bala Vardhan, and malapravartana is a significant advantage. Most medications used to prepare basti have Vrana ropaka (wound healing) and Vata-Pitta shamaka qualities.

AIM: The single clinical trial effect of Manjishtadi Taila Matra Basti in managing Parikartika (Fissure in Ano).

OBJECTIVES

1. To observe the effect of matra basti in the management of Parikartika(Fissure in Ano)
2. To re-establish effective, alternative and readily available conservative fissure management in Ano.
3. To review and analyse the literature of Parikartika with special reference to Fissure in Ano in modern medical science.

METHODS AND MATERIALS The contents of the Manjishtadi Taila:

Classical name	Latin name	Rasa	virya
Manjishta	Rubia corifoli9a	Mahur, Tikta	Ushna
Chandana	Santalum album	Mahur, Tikta	Sita
Murva	Marsdnia tenacissima	Tikta, Kashya	Ushna
Tila tailam	Sesamum indicum	Madhura,Kashaya,Tikta	Ushna
Jal	Wate	Shadrasa	Sita

Composition of trial drugs: All herbs will be purchased from an authentic pharmacy, and as per the textual reference, a quantity will be used according to the preparation of oil.

Manjishtadi *taila* will be prepared from GMP certified.

Manjishtadi taila will be prepared according to the method mentioned in
Bhaisajya Ratnavali

The administration of Manjishtadi taila Matra basti is under all aseptic precautions.

- Study Design

*Preparation of drug -Authentification and standardisation of drug.

*30 Patients with *laxanas* of *Parikartika* Randomly selected from OPD & IPD of the Shalyatantra Department of the concerned Ayurved hospital

*Written consent.

*Group A-(30 patients of *Parikartika* treated with Manjishtadi Taila *matrabasti*).

*Treatment will be given for 7 days, followed by 15 days.

- Location of study

*Patient will be examined and selected for having classical signs & symptoms of Parikartika from OPD & IPD of Shalyatantra department of the concerned Ayurvedic Hospital.

Duration of Study

*Duration of entire study: months 6

Duration of treatment: 22 days

Method of selection of patient

A) Inclusion Criteria:

*Clinically diagnosed Patient of *Parikartika*

*Primary Fissure

*Age between 18-50 years

*Irrespective of age, sex, religion, occupation & economic status

B) Exclusion Criteria:

*Female patient with Pregnancy.

* Patient with following Anorectal disease.

Chronic fissure with sentinel tag, Secondary Fissure, Multiple Fissures, Haemorrhoids, Fistula in Ano, Rectal Poly, Proctitis, Ca of Anus and Rectum, HIV Anal Syndrome.

Duration of treatment: 22 days

Specification of Instruments & related measure:

For sterilisation:

* Drum

* Spong holding forceps

*Gauze piece

*Cotton swab

* Linen for drapping

* Glass bottles for sterilisation of oil

Instruments:

*Sterile Medicated Oil

l * Sterile baby feeding tube no 14

* Disposable 100ml syringe

* Disposable gloves

Investigations –

Routine blood investigations like

Hb%, TLC, DLC, ESR, BT, CT, RBS, Urine routine, HbsAg, and HIV were carried out and found to be normal.

Treatment Plan: Administration of Matra Basti with Manjishtadi taila and conservative treatment.

Method of administration of Matra Basti

1. Poorvakarma • The patient was advised to have a light meal on the day of treatment. Before the administration of Basti, Abhyanga (massage) with Tila Taila was done. • Thereafter, Nadi Sweda (sudation) was performed.

2. Pradhana karma • The patient was asked to lie in the left lateral position with the left lower extremity extended and the right lower extremity flexed at the knees and hips. • Then, 60 ml of lukewarm Manjishtadi taila was loaded in an enema syringe. A rubber catheter oleated with oil was attached to the enema syringe. • After any air in the enema syringe had been expelled, the rubber catheter was passed through the anus of the patient up to a length of 4 inches and the drug was administered. The patient was asked to take deep breaths while using the catheter and administering the drug. • The entire oil in the syringe was not administered to avoid the entrance of Vayu into the Pakvashaya as it may produce pain.

3. Pashchat karma • After the administration of Basti, the patient was advised to assume the supine position. While in this position, the patient's buttocks were gently tapped, and the legs were raised for a few minutes to raise the waist. These measures prevented the administered fluid from flowing out too soon. • After a short time, the patient was allowed to get up from the table and was advised to rest in bed for at least ½ an hour.

Duration of Treatment: 1 month or up to complete relief of the symptoms.

Assessment criteria: Changes in the subjective and objective parameters were considered for assessing the results. Subjective parameters A. Pain: A VAS scale of 1 to 10 was used for grading the pain. B. Burning sensation: Grading was done according to the presence and absence of it.

C. Bleeding per anum: Bleeding is usually seen as streaks over the stools or a few drops on the toilet pan in some cases. Grading was done depending on the presence and absence of bleeding.

D. Bowel habit: This feature was graded based on the consistency of stools and how often the patient passed stools and graded as follows: • Easy evacuation/ normal consistency, once daily – 0 • Hard stools passed once daily – 1 • Hard stools passed once in 2-3 days – 2 • Very hard stools passed once in 3-4 days – 3

E. Pruritis ani: Grading was done as per the patient's description. Absent or Present. Objective parameters A. Length of ulcer: measured in mm B. Skin tag: Absent /Present C. In the duration of edges: present/absent D. Sphincter Spasm: Nominal scale of measure for Sphincter Spasm, i.e. Present or absent.

DISCUSSION

The fissure was healed completely by the 30th day, and the patient could do his daily routine work from the next day. The patient had mild discomfort while sitting for a period of 1 week, which was gradually reduced. A follow-up for a period of 2 months was done every fortnight to check the recurrence, but no recurrence was observed at that particular time.

• Pain: pain % was the same on the 1st day, which gradually reduced to 50% by the 8th day and reduced to 80% and was entirely relieved by the 30th day. • Burning sensation: A burning sensation was present on the 1st day, which reduced gradually and was completely relieved by the 30th day.

• Bleeding per anum: Bleeding was reduced from the following procedure day. • Bowel habit: Bowel habit was regularised by the 8th day.

• Pruritis ani: Absent

• Length of the ulcer: The length of the ulcer started reducing by the 8th day. On the 15th day, it was reduced to 2.5 mm and was entirely healed by the 30th day.

• Skin tag: Absent

• Induration of edges: Absent

• Sphincter spasm: A sphincter spasm was present on the next day; a mild spasm was present even on the 8th day and was completely relieved on the 15th day. In the present study, complete healing of the fissure with relaxation of the sphincter was achieved within 30 days. The follow-up was done for 2 months, and there was no reoccurrence of the complaints during the 2 months. Thus, it may be stated that the procedure played a significant role in treating acute fissures in ano.

CONCLUSION

In both kevala vata dushti and vata ulbana samsarga sannipata doshas, Basti is the main line of treatment. Regarding the roga rogibala, Matra Basti is suitable here as the patient is alpa bala with mandagni; a heavy dose of sneha Basti may not be suitable. It can also be administered easily in an OPD-based mode of treatment without any special pathya acharanas or physical and mental strain. Matra Basti has both local and systemic effects. It causes vatanulomana, thereby normalising apana vata. In this case report, the treatment plan was opted under an OPD basis. It was found to be very effective in symptomatic relief and improvement of the patient's general conditions. This treatment is safe and economical, with no adverse effects or complications.

REFERENCES

1. 1. Bhishagratna, Kunjalal. The Sushruta Samhita, Vol.II, part-B published by Cosmo Publications Edition, 2006; 598.
2. 2. Charaka, Charaka Samhita, Commented by Kasinath Sastri and Dr. Gorakhnath Chaturvedi, published by Chaukhamba Bharati Academy, Varanasi. Edition, 1991.Charaka Siddhi sthan 7/56 p 1028.
3. 3. Charaka, Charaka Samhita, commented by Kasinath Sastri and Dr.Gorakhnath Chaturvedi, published by

Chaukhamba Bharati Academy, Varanasi. Edition, 1991.Charaka Siddhi sthan 6/61-62 p 1041.

4. 4. Singhal, G.D. Diagnostic consideration in Ancient Indian Surgery, Pub. By- G.D.Singhal, Allahabad. Edition 1972.
5. 5. Sushruta, Sushruta Samhita, Edited by Kaviraj Ambikadutta Shastri, published by chaukhambha Sanskrit Sansthan. 8th Edition 1993, Sushruta Chikitsa sthan 36/6 p156.
6. 6. Sushruta, Sushruta Samhita, Edited by Kaviraj Ambikadutta Shastri, published by chaukhambha Sanskrit Sansthan. 8th Edition 1993, Sushruta Chikitsa sthan 35/32 p155. Sushruta Chikitsa sthan 34/3 p147, 34/16, p151.
7. 7. Das, Somen, A Concise Textbook of Surgery. 5th Edition 2008, published by Dr S. Das Oldmayer's Court, Kolkata.p 1084-1085.
8. 8. Acharya Vagbhata, Ashtanga Hridaya, commentaries of Sarvanga Sundara of Arunadatta and Ayurveda Rasayana of Hemadri, Chaukambha Subharati Prakashan, Chapter1; 25th sloka P.16.
9. 9. Acharya Vagbhata, Varanasi, Ashtanga Sutrasthana, Hridaya, commentaries of Sarvanga Sundara of Arunadatta and Ayurveda Rasayana of Hemadri, Chaukambha Subharati Prakashan, Varanasi, Sutrasthana, Chapter 19; 67-69th sloka, p 283
10. 10. Sushruta, Sushruta Samhita, Edited by Kaviraj Ambikadutta Shastri, published by chaukhambha Sanskrit Sansthan. 8th Edition 2015, Sushruta Chikitsa sthan 34/16 p187. 231 Kalpana et al.
11. 11. Charaka, Charaka Samhita, commented by Kasinath Sastri and Dr.Gorakhnath Chaturvedi, published by Chaukhamba Bharati Academy, Varanasi. Edition, 2012. Charaka Siddhi sthan 7/57 p161.
12. 12. Shahtrayogam, Taila prakaran, Hindi translated by Dr Ram Niwas Sharma, Dr Surendra Sharma, 3rd edition, reprint 2012.
13. 13. Acharya Vagbhata, Ashtanga Hridaya, commentaries of Sarvanga Sundara of Arunadatta and Ayurveda Rasayana of Hemadri, Chaukambha Subharati Prakashan, Varanasi, sutra sthana, chap ter19; 1st sloka, p 270.

Source of Support: Nil
Conflict of Interest: None Declared

How to cite this URL: Smita Madhavrao Kanawade : A single-arm clinical trial to study the effect of manjishthadi tail matrabasti in the management of parikartika with special reference to fissure in ano. International Ayurvedic Medical Journal {online} 2025 {cited February 2025}