

A COMPARATIVE CLINICAL STUDY ON THE EFFICACY OF YASHTIMADHU GRHITA MATRA BASTI AND KASISADI GHRITA MATRA BASTI IN THE MANAGEMENT OF PARIKARTIKA W.S.R TO ACUTE FISSURE-IN-ANO

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ABSTRACT

Parikartika is considered as one of the most painful ano-rectal conditions affecting majority of the population in modern world. It is characterized by *Daha*, *Teevrashoola* at anal region, associated with *Vibhanda*, *Anilasanga* and *Nabheradhorujam*. Treatment modalities mentioned in modern science include, pain killers, application of local anesthetics, sphincterotomy and fissurectomy. *Parikartika* is likely to be caused by vitiation of *Vata* and *Pitta Doshas*. Keeping in mind the complication and adverse outcomes of the above mentioned treatment modalities, here is an attempt made, to find an effective solution for *Parikartika*. Here in the study a comparison is made between *Yashtimadhu Ghrita* and *Kasisadi Ghrita* in treatment of different signs and symptoms of *Parikartika*. *Yashtimadhu Ghrita* and *Kasisadi Ghrita* is known for its *Vata-hara*, *Pitta shamaka* and *Vranasodhaka*, *Ropaka* properties where both, its base are Ghrita, which itself is having *Samskara anuvarti* and healing properties.

Keywords: *Parikartika*, *Yashtimadhu Ghrita*, *Kasisadi Ghrita*, *Samskara anuvarti*.

INTRODUCTION

The art and science of surgery protects the patients from localized diseases primarily. The best surgeon is he who can distinguish the possible from the impossible.

Current surgical parlance has made enormous progress in branches like neurosurgery and microscopic surgeries. But certain diseases seem to mock the progress achieved. They demand for innovative techniques for their management.

Fissure-in-ano is a disease which recurs or is apt to additional trouble after conventional surgery. Many techniques have been tried, each by no means better

than the other. It is a small longitudinal ulcer in long axis of lower anal canal producing too much of pain when compared to its size. The common causes are constipation, spasm of internal sphincter, or secondary due to systemic conditions like ulcerative colitis, etc. and also when too much of skin is removed in hemorrhoidectomy or surgeries of fistula-in-ano¹. This condition makes it even more necessary to find out an easily accessible and result oriented remedy to improve the condition of young individuals for better outcome on their part.

Unlike older times the additional causes for fissure-in-ano formation like constipation, spasm, surgical catastrophe during operation for hemorrhoids followed by anal stenosis have increased, but also the incidence of the secondary causes for fissure in ano like ulcerative colitis and tuberculosis have increased. All these contribute to the frequency of incidence of fissure-in-ano.

Considering the treatment according to modern science, the one for acute fissure is most likely of conservative nature with oral pain killers, stool softeners, smoothening ointments or injection of long acting anaesthetizing drug. In chronic cases usually surgical management is called for. Procedures like anal dilatation, posterior or lateral sphincterotomy or fissurectomy are in vogue but unyielding in terms, that the complication of these procedures like recurrence, incontinence and pruritus are even more agonizing than the actual pathology. Thus a proper line of treatment is still lacking.

Fissure-in-ano is a burning problem of the society as well as medical science. A humble effort to understand the condition in Ayurvedic aspect was done and “Parikartika” was one condition found to be similar to fissure-in-ano on basis of symptoms. Acharya Sushruta has described the term “Parikartika” as a condition of Guda in which there is cutting and burning pain². Similarly Dalhana, Jejjata have also clearly described Parikartika as a condition which causes cutting pain in anus³. Acharya Charaka and Vagabhatta used two words, “Vikartika” as well as “Parikartika” for denoting the condition⁴. Chakrapani also opines the same⁵.

The factors responsible for causation of parikartika are found in various texts as Vamana-Virechanavyapada, Bastikarmavyapada, Atisara, Grahani, Arsha, Udavarta etc⁶. Very lately in chronology Acharya Kashyapa has described it in three types viz. Vataja, Pittaja and Kaphaja⁷. Acharya Sushruta while describing the symptoms of the disease he speaks of the features like cutting or burning pain in anus, penis, umbilicus and neck of bladder with cessation of flatus⁸, whereas Charaka has described the features like, pricking pain in groins and

sacral region, scanty constipated stools and frothy bleeding per anus⁹.

Hence, from the repeated advocacy of Sushruta and other ancient Acharyas, it has been decided that “Parikartika” should be treated like Sadhyavrana by administration of Yashtimadhu Ghrita basti or Kasisadi Ghrita basti.

The new modality of Ghrita basti was tried here especially for the treatment of Acute fissure-in-ano, instead of surgical procedures.

This method of comparative treatment is being tried for the first time, and was selected on the basis of the fact is that Ghrita so prepared has very good Vrana Sodhana and Vrana Ropana property.

The assessment of clinical study was done on subjective parameter like, Pain, Burning sensation, Constipation and Pruritis-ani, before treatment, after treatment and after 1st, 2nd, and 3rd follow-up, in both the groups. The findings were compared and subjected statistical analysis to draw the conclusions.

This clinical study has been carried under the rigid rules of clinical research methodology.

Aim and Objectives:

- Detailed literary review on Parikartika and Acute fissure-in-ano.
- Evaluation on the effect of Yashtimadhu Ghrita matra basti in management of Acute fissure-in-ano.
- Evaluation on the effect of Kasisadi Ghrita matra basti in the management of Acute fissure-in-ano.
- Compare and ascertain the effect of matrasthi of Yashtimadhu Ghrita and Kasisadi Ghrita in Acute fissure-in-ano.

MATERIALS AND METHODS:

Source of Data:

- a) Clinical Source: Patients of either sex was randomly taken from OPD & IPD of S.J.G.A.M.C & Hospital, P.G Studies and Research Centre, Koppal.
- b) Literary Source: Literary aspect of study was collected from Classical Ayurvedic text, modern texts, recent journals and e-medical journals.
- c) Drug Source: The drugs were collected from market and the medicine was prepared in the Pharmacy

section of S.J.G.A.M.C & Hospital, P.G Studies and Research Centre, Koppal.

METHOD OF PREPARATION

Yastimadhu Ghrita¹⁰: Yashtimadhu Ghrita was prepared by Snehapak vidhi according to Sushruta Samhita Chikitsa Sthana, Chapter 31, Snehopayogika Chikitsa Adhyaya. Proportion used was {1:4:16}

The medicines such as Yashtimadhu, Tagar, Devadaru, Haridra, Nirgundi and Udumbara- 1 part is made into small pieces. And 16 part of water was added and Kwatha is prepared as per Kwatha Vidhi, until it reduced to Chaturamsha i.e. ¼ of the quantity and is subjected to filtration.

To this 4 part of Goghrita was added and cooked over mandagni till only Ghrita part remains. Then obtained Yashtimadhu Ghrita was filled into a container and was labeled.

Kasisadi Ghrita¹¹: Each 1 part of Suddha Kasisa, Katuki, Jati and Haridra each were made into small pieces. And 16 part of water was added and Kwatha is prepared as per Kwatha Vidhi, until it reduced to Chaturamsha i.e. ¼ of the quantity and is subjected to filtration.

To this 4 part of Goghrita was added and cooked over mandagni till only Ghrita part remains.

Table 1: *Yastimadhu Ghrita*

Drugs	Rasa	Guna	Veerya	Vipaka	Effect on Dosha	Karma
<i>Tagar</i>	<i>Tikta/Katu/ Kashaya</i>	<i>Laghu, Snigdha</i>	<i>Ushna</i>	<i>Katu</i>	<i>KaphaVatahara</i>	<i>VranaRopana/ VednaSthapana</i>
<i>Nirgundi</i>	<i>Kashaya/Tikta</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	<i>KaphaVatahara</i>	<i>VranaRopana/VranaSodhana</i>
<i>Devadaru</i>	<i>Tikta</i>	<i>Laghu, Snigdha</i>	<i>Ushna</i>	<i>Katu</i>	<i>KaphaVatahara</i>	<i>VranaRopana/VranaSodhana</i>
<i>Udumbara</i>	<i>Kashaya</i>	<i>Guru, Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	<i>KaphaVatahara</i>	<i>VranaRopana/VranaSodhana</i>
<i>Haridra</i>	<i>Tikta/ Katu</i>	<i>Ruksha Laghu</i>	<i>Ushna</i>	<i>Katu</i>	<i>Tridosh</i>	<i>VranaRopana/VranaSodhana</i>
<i>Yastimadhu</i>	<i>Madhura</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vata-Pittahara</i>	<i>VranaRopana/VranaSodhana</i>
<i>Ghrita</i>	<i>Madhura</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vata-Pittahara</i>	<i>VranaRopana/VranaSodhana</i>

Then obtained Kasisa Ghrita was filled in a container and was labeled.

INSTRUCTION FOR ADMINISTRATION:

Yastimadhu Ghrita: Yastimadhu Ghrita is infiltrated using small rubber tubes and syringe, for infusion 30ml of Ghrita is used, once daily for 8 days.

Kasisadi Ghrita: 30 ml of Kasisadi Ghrita is infiltrated in Guda with the help of rubber catheter (no. 6 - 9) and 30 cc plastic syringes, once a day for 8 days.

Yastimadhu Ghrita: This combination contains drugs which are having Vrana Sodhana and Ropana properties. The drugs possessed Vata-Pitta Samana property. The disease is Vata- Pitta predominant. Ghrita is the medium of combination. It possessed Vrana Sodhana and Ropana properties and is Vata-Pitta Samana. Therefore, the action of the drug is enhanced by Ghrita. It also reduced the Rukshata of Vayu and maintain the normal tone of muscles.

Kasisadi Ghrita: Kasisadi Ghrita is having properties like Sodhana, Vrana Ropana, Sothahara, Varna Prasadana, Sulahara especially Tridosahara. Thus it removes the accumulated secretions in the fissure bed, it promotes healing and also reduces probable secondary infection.

Table 2: *Kasisadi Ghrita*

Drugs	Rasa	Guna	Veerya	Vipaka	Effect on Doshas	Karma
<i>ShuddaKasisa</i>	<i>Amla, Kashaya, Tikta</i>	<i>Ushna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Tridosahara</i>	<i>VranaRopana/ VranaSodhana</i>
<i>Katuki</i>	<i>Tikta, Katu</i>	<i>Ruksa, Laghu</i>	<i>Sita</i>	<i>Katu</i>	<i>Vata-Pittahara</i>	<i>VranaRopana/ VranaSodhana</i>
<i>Jati</i>	<i>Tikta, Kasaya</i>	<i>Laghu, Snigdha, Mrdu</i>	<i>Ushna</i>	<i>Katu</i>	<i>Tridosaghna</i>	<i>VranaRopana/ VranaSodhana</i>
<i>Haridra</i>	<i>Katu, Tikta</i>	<i>Ruksa</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kaphaghna, Vataghna</i>	<i>VranaRopana/ VranaSodhana</i>

Method of Collection of Data:

a) Study Design: A single open randomized comparative clinical trial.

b) Sample Size: 30 patients of either sex were randomly selected for the clinical trial and were equally distributed in two groups as mentioned below.

Group A: 15 Patients was administered with *Yashtimadhu Ghrita matra Basti*.

Group B: 15 Patients was administered with *Kasisadi Ghrita matra Basti*.

Criteria for Selection

Inclusion Criteria:

1. Patients with clinical features of Acute Fissure-in-ano.
2. Patients of either sex with age group between 20 – 40yrs.
3. Patients fit for *Basti karma*.

Exclusion Criteria:

1. Patients having Chronic Fissure-in-Ano (Parikartika) secondary to Ulcerative colitis, Crohn’s disease, Malignancy, etc.
2. Fissure associated with Hemorrhoids’ and Fistula-in-ano.
3. Systemic disorders like DM, HTN, TB, etc.
4. HIV & HBsAg Positive.
5. Pregnancy.

Criteria for Diagnosis:

1. Signs and symptoms of *Parikartika* (Acute fissure-in-ano) as mentioned in Classics;
2. *Gudagatashula*;

3. *Gudagatadaha*; 4. *Vibandha*; 5. *Gudagata Kandu*

Posology: *Matra Basti* will be administered in the dose of 30 ml/day for 8 days, according to classic reference.

Study Duration: 24 days (Treatment schedule of 8 days, course of *Matra Basti* for the both groups).

Follow up: on 9th day, 16th day and 24th day, of the treatment.

Assessment of result:

Subjective parameters before and after the treatment was compared and statistically analyzed.

Subjective Parameters:

Gudagata Shula (Pain)

0 = No pain; 1 = mild; 2 = moderate; 3 = severe

Gudagatadaha (burning sensation)

0 = Absent; 1 = mild; 2 = moderate; 3 = severe

Vibandha (Constipation)

0 = No constipation; 1 = Hard stool once in 4 days; 2 = Hard stool once in three days; 3 = Hard stool once in two days; 4 = Hard stool daily

Kandu

0 = No Kandu /Itching; 1 = mild; 2 = moderate; 3 = severe

Assessment of response:

Assessment of condition has been done based on detailed Performa, adopting standard scoring methods of subjective parameters and analyzed using paired ‘t’ test and unpaired ‘t’ test along with other suitable statistical method whenever necessary.

Table 3: Overall Observation of 30 patients

Complaints	Group -A	%	Group-B	%	Total	Overall %
<i>Gudaghata Shula</i>	15	100%	15	100%	30	100%
<i>Gudaghata Daha</i>	15	100%	15	100%	30	100%

<i>Vibandha</i>	13	86.6%	11	76.6%	24	80%
<i>Kandu</i>	14	93.3%	14	93.3%	28	93.3%

Out of 30, all the patients of either group were having the complaint of Gudaghata Shula and *Gudaghata Daha*.

In Group A, 13 patients, i.e. 86.6% and in Group B, 11 patients, i.e. 76.6%, were having *Vibandha*.

In Group A, 14 patients, i.e. 93.3% and in Group B, 14 patients, i.e. 93.3%, were having *Kandu*.

Result interpretation:

In Group A, patients were given *Matrabasti* with *Yashtimadhu Ghrita*, whereas in Group B, patients were treated with *Kasisadi Ghrita*.

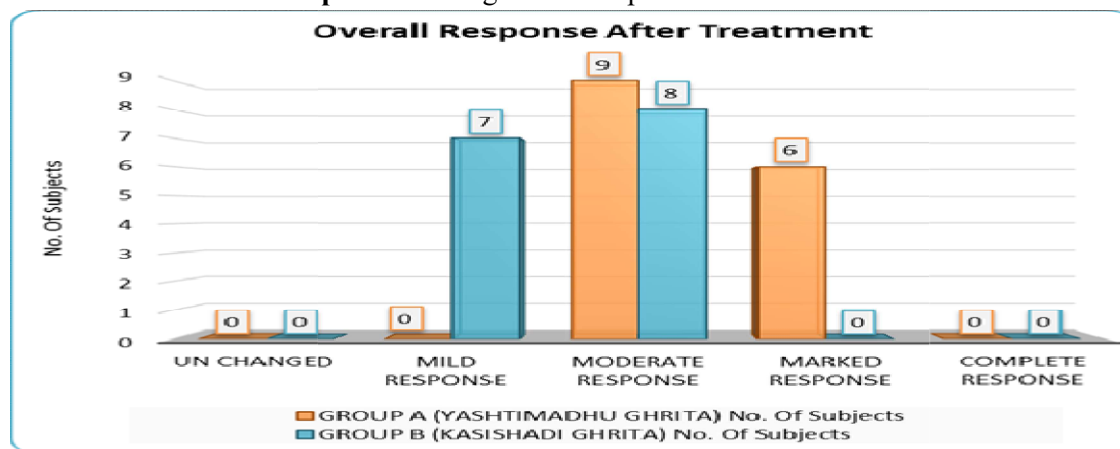
Data was collected at different stages- on 9 days, 16 days and 24 days.

Table 4 Showing overall response after treatment.

Response	GROUP A (YASHTIMADHU GHRITA)		GROUP B (KASISHADI GHRITA)	
	No. Of Subjects	%	No. Of Subjects	%
Un changed	0	0%	0	0%
Mild Response	0	0%	7	47%
Moderate Response	9	60%	8	53%
Marked Response	6	40%	0	0%
Complete Response	0	0%	0	0%
Total	15	100%	15	100%

The overall response of *Yashtimadhu Ghrita* was 100% with marked response of 40% whereas *Kasisadi Ghrita* also showed 100% response, but with moderate response of 53%.

Graph 1: Showing overall response after treatment



DISCUSSION

Relief in the cardinal symptoms:

Guda Daha: 56 % of relief is seen in Group A and 27% relief is seen in Group B.

Cutting Pain: 69 % of relief is seen in Group A and 39 % relief is seen in Group B.

Aniyata Vibandhata: 46% of relief is seen in Group A and 31 % relief is seen in Group B

Kundu: 60 % of relief is seen in Group A and 37 % relief is seen in Group B.

Relief in the disease:

When percentage of relief in the disease is concerned, 'A' group was having marked response of 40%, Moderate response of 60% and unchanged rate of 0%.

In 'B' group, it was having moderate response of 53%, mild response of 47%.

From these findings it is clear that 'A' group was having better effect over the curing of the disease than 'B' group.

Altogether results of the study of 30 patients on *Parikartika* clearly showed that 40% patients were cured and 60 % of the patients were of improved rate.

PROBABLE MODE OF ACTION OF YASTIMADHU GHRITA:

A drug which produces a soothing effect, Madhura Rasa, Sheeta Virya, Madhura Vipaka, Vata-Pittahara, Vedna Sthapana, Vrana Sodhana, Vrana Ropana and influences reduction of inflammation will be more suitable than drug which may act as the best healer of ulcer on other parts of the body. Yashtimadhu Ghrita probably has these properties.

According to modern pharmacological action consult, this drug has a patent anti-inflammatory and steroidal activity. It is the amount of inflammation and spasm which is responsible for producing the agonizing pain in cases of fissure-in-ano. Yashtimadhu Ghrita probably is able to counteract these two factors more efficiently than other drugs.

PROBABLE MODE OF ACTION OF KASISADI GHRITA:

A drug which produces a soothing effect; Vrana Sodhana, Vrana Ropana, Vedana Sthapana and Vata-pittahara action, is more suitable. Vata-pittahara property may be due to its Ghrita base and it probably removes the accumulated secretions in the fissure bed, promotes healing and reduces secondary infection too. This soothing effect of Kasisa and in combination with other mentioned drugs which makes this combination an ideal drug group for the treatment of acute fissure-in-ano.

CONCLUSION

On the basis of Ayurvedic texts, views of ancient scholars, facts and observations done in the present

clinical research work some points can be concluded like –

- ❖ The site of *Parikartika* is *Guda*, which is similar to the site of fissure-in-ano.
- ❖ *Vata* and *Pitta Dosa* have dominancy in the development of the disease *Parikartika*, but *Vata* is more predominant.
- ❖ Excessive consumption of *Lavana*, *Katu*, *Tikta*, *Ruksa*, *Usna Ahaara* and irregular diet and diet timings are the main precipitating factors of this condition.
- ❖ The most evident symptom present i.e. pain and spasm of anal sphincters in Acute fissure-in-ano, can be relieved much earlier by the application of *Yashtimadhu Ghrita* and *Kasisadi Ghrita* as *matrabasti*.
- ❖ The use of *Yashtimadhu Ghrita* and *Kasisadi Ghrita* has a definite role in the treatment of acute fissure-in-ano, in terms of earlier relief in cardinal and general symptoms and quick healing of ulcer too, when combined with good dietary habits and healthy lifestyle of patients.
- ❖ In the present study it can be concluded that application of *Yashtimadhu Ghrita* is slightly superior in comparison to *Kasisadi Ghrita* in the management of acute fissure-in-ano (*Parikartika*).

REFERENCES

1. John Goligher et al. Surgery of the anus, rectum and colon. 5th edition, Delhi; New Age International
2. Acharya Sushruta- Sushruta Samhita, Nibandha Sangraha commentary of Sri Dalhana Acharya, edited by Vaidya Yadavji Trikamji Acharya, Published by Chowkhamba Krishnadas Academy, Varanasi. (Su. Sa 9/7).
3. Acharya Sushruta- Sushruta Samhita, Nibandha Sangraha commentary of Sri Dalhana Acharya, edited by Vaidya Yadavji Trikamji Acharya, Published by Chowkhamba Krishnadas Academy, Varanasi. (Su. Chi 34/16).
4. Agnivesa- Charaka Samhita, revised by Charaka and Dridabala with Ayurveda Dipika commentary by Chakrapanidatta, edited by Vaidya Jadavji Trikamji Acharya, published by Chaukhamba, Varanasi. (Cha. Si 1/42-45).

5. Agnivesa- Charaka Samhita, revised by Charaka and Dridabala with Ayurveda Dipika commentary by Chakrapanidatta, edited by Vaidya Jadavji Trikamji Acharya, published by Chaukhamba, Varanasi. (Chakrapani on Ch Sa 7/10).
 6. Agnivesa- Charaka Samhita, revised by Charaka and Dridabala with Ayurveda Dipika commentary by Chakrapanidatta, edited by Vaidya Jadavji Trikamji Acharya, published by Chaukhamba, Varanasi. (Ch. Si. 7/10).
 7. Vriddha Jeevaka- Kasyapa Samhita/Vriddha Jeevaka Tantra, revised by Vatsya, edited by Prof. P.V. Tiwari with Neeraj Kumar, Dr. R.D. Sharma and Dr. Abhimanyu Kumar, published by Chaukhamba VishwaBharathi, Varanasi. (Ka. Su 22/44).
 8. Acharya Sushruta- Sushruta Samhita, Nibandha Sangraha commentary of Sri Dalhana Acharya, edited by Vaidya Yadavji Trikamji Acharya, Published by Chowkhamba Krishnadas Academy, Varanasi. (Su. Ni. 2/5-6).
 9. Agnivesa- Charaka Samhita, revised by Charaka and Dridabala with Ayurveda Dipika commentary by Chakrapanidatta, edited by Vaidya Jadavji Trikamji Acharya, published by Chaukhamba, Varanasi. (Ch. Chi. 28/24).
 10. Acharya Sushruta- Sushruta Samhita, Nibandha Sangraha commentary of Sri Dalhana Acharya, edited by Vaidya Yadavji Trikamji Acharya, Published by Chowkhamba Krishnadas Academy, Varanasi. (Su. Chi. Chapter 31).
 11. Sarangdhara Samhita of Sarangdhara, English translation by Dr. G. Prabhakar Rao, Chowkhamba Publication, New Delhi, Madhyama khanda 9/51-54, SnehaKalpana Adhyaya, Pg no- 167.
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