



CLINICAL STUDY OF KALANUSARYADI TAILA IN THE MANAGEMENT OF PARIKARTIKA W.S.R. TO FISSURE IN ANO: A RESEARCH ARTICLE

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ABSTRACT

Nowadays, due to a sedentary lifestyle, many diseases affect humanity. Among them, *Parikartika* is the most common one. It has impacted on humanity's day-to-day life. Patients face symptoms like excruciating pain, burning sensation, bleeding, and constipation, which affect their day-to-day life. Fissures occur most commonly in the midline posteriorly. In the case of acute fissure, conservative treatment can be done, that is, oral medications for pain management, laxatives, analgesics, and ointments. In case of chronic fissure anal dilatation, posterior or lateral sphincterotomy or fissurectomy can be done. Still, these procedures are time-consuming and also come with a few complications like anal incontinence and recurrence. *Kalanusaryadi Taila Pichu* is very beneficial for treating *Parikartika* as it contains *Vranaropaka* and *Dahashamaka* drugs, which reduce burning pain and heal the longitudinal ulcer. It is helpful for every person in society, is cost-effective, and is also suited for the weaker sections of our society. **Methodology:** A total of 40 patients of *Parikartika* (Fissure in Ano) were selected, 20 patients in each group, for local application of *Kalanusaryadi Taila Pichu* (Trial drug) in *Parikartika* in Group A and *Jatyadi Taila Pichu* (Standard drug) in Group B, twice a day along with *Panchsakara Churna* 5 gm HS with lukewarm water for 28 days. **Result:** The effect of the local application of *Kalanusaryadi Taila Pichu* was highly

satisfactory. And equally significant to Jatyadi Taila Pichu. Pain, bleeding, constipation and sphincter tone were significantly reduced. Considering the overall effect in Group A (Kalanusaryadi taila), out of 20 patients, 18 patients were cured entirely, i.e., 90% and two patients showed maximum improvement, i.e., 10%. In Group B (Jatyadi Taila), out of 20 patients, 19 patients were cured entirely, i.e., 95% and one patient showed maximum improvement, i.e., 5%. **Conclusion-** Considering the properties of individual drugs, observations and results, it can be said that Kalanusaryadi Taila Pichu is beneficial in reducing pain, bleeding, constipation and sphincter tone, which ultimately leads to the healing of the wounds in the anal region. Thus, it can be concluded that this oil helps treat *Parikartika* (Fissure in Ano) and is no less than the Standard drug *Jatyadi Taila Pichu*.

Keywords: *Parikartika*, *Kalanusaryadi Taila*, Fissure in Ano

INTRODUCTION

Ayurveda is a natural science which not only cures disease but also prevents disease. *Ayurveda* is a beautiful path to lead a disease-free life. Nowadays, due to a sedentary lifestyle, many diseases affect humanity. Among them, *Parikartika* is the most common one. *Parikartika* is made up of two words: *Pari* and *Kartika*. *Pari* is a prefix meaning all around, and *Kartika* is derived from the Sanskrit word *Krita*, meaning *Kartanam* or cutting pain. Thus, *Parikartika* means cutting sensation or pain all around the anus region.¹ *Parikartika* is described by *Acharya Charaka* in *Siddhi Sthana* under *Virechana and Basti Vyapada*. *Acharya Charaka* also mentioned *Parikartika* as a complication of various diseases, i.e. *Vataja Pakvaatisara*², *Aadhmana*³, *Urdhwa Vaayu*, *Urdhwavata*, *Poorvaroopo of Arsha*, *Vataja Arsha*, *Sahaja Arsha*, *Vatika Grahane*⁴. *Acharya Sushruta* described it in *Basti vyapad*. The improper administration of the *Basti pipe*, that is, if the pipe is displaced or is turned over during administration, causes tear and ulceration pain in the anal region. Excessive elongation of the *Bastinetra* may cause trauma to the ano rectum region. If the *Basti Netra* is pushed too far inside, it causes bleeding per rectum and produces ulceration and pain due to friction on the walls of the rectum.⁵ *Acharya Kashyapa* has described *Parikartika* in *Khilasthana* as a complication of *Garbhini*.⁶ *Pitta* and *Vata* are the dominant doshas in *Parikartika*.⁷ Aharas facilitating *Parikartika* are *Katu*, *Amla*, *Lavana Rasa Yukta Ahara*, and *Vihar*, comprising *Krodha*, diurnal and seasonal variations. According to modern science, fissure in ano is described as a longitudinal

tear in the thin, moist tissue (mucosa) that lines the anus. Anal fissure generally results due to the continuous passage of hard stools during a bowel movement. Anal fissures typically cause pain and bleeding with bowel movement, especially a fresh streak of blood along with the stool is generally found in a fissure in ano. One can experience spasm in the ring of muscle at the end of anus (anal sphincter).⁸

NEED OF STUDY

- Many research work has been done in *Parikartika*, but there has been no previous work in *Kalanusaryadi Taila* in management of *Parikartika*.
 - Today, due to a sedentary lifestyle, *Parikartika* has become the most common problem.
 - Parikartika* seems to be a small problem, but it is affecting the day-to-day life of the majority of the population by disturbing their physical, mental and social well-being.
- People used to avoid surgery in most cases but want relief from diseases, too, so we have chosen *Kalanusaryadi taila*, described by *Acharya Sushruta*. It has *Vranaropaka* properties that facilitate rapid healing, thus curing *Parikartika* without any surgical practices.
- Drugs of *Kalanusaryadi Taila* are readily available.
 - Kalanusaryadi Taila* is cost effective

MATERIALS AND METHODS

Inclusion criteria

- Patients of age between 18- 60 years, irrespective of gender.

□□ A patient who will be diagnosed suffering with *Parikartika* (fissure in ano), Excruciating pain (*Kartanvat vedana*) in the anal region during and after defecation, bleeding per anum, constipation, burning sensation, longitudinal ulcer.

□□ Acute solitary fissures will be included.

□□ Fissure in ano without sentinel piles.

Exclusion criteria

1. Patient below the age of 18 and more than 60 years.
2. A fissure in ano is associated with an anorectal abscess.
3. Fissure in ano is associated with fistula in ano.
4. Fissure in ano associated with Tuberculosis, Anal Malignancy.
5. Immunological diseases like Crohn's disease and ulcerative colitis.

6. STDs, HIV, HBsAg, Hepatitis.

7. Uncontrolled cases of Diabetes mellitus and Hypertension were also excluded from the study.

8. Pregnant women.

Research Methodology

□□ **Description of populations**– 40 patients with features of *Parikartika*, 20 patients in each group.

□□ **Groups:** -

□□ Group A- 20 patients, *Pichu* (local application) of *Kalanusaryadi Taila* in managing *Parikartika*.

□□ Group B- 20 patients, *Pichu* (a local application) of *Jatyadi taila* in the management of *Parikartika*.

□□ **Number of intervention arm-** 02

□□ **Randomization**–Through conventional method.

□□ **Duration**–1 month.

The drug was applied locally with *Panchsakara Churna* 5gm HS orally with lukewarm water.

KALANUSARYADI TAILA

CONTENTS-

S. NO.	Drug name	Botanical name	Useful Part	Properties
1	<i>Tagara</i>	Valeriana Wallichii	Root	<i>Vedanasthapaka, Vranaropaka</i>
2.	<i>Agaru</i>	Aquillaria Agallocha	Stem	<i>Vedanasthapaka, Shothahara</i>
3.	<i>Ela</i>	Elataria Cardamomum	Seeds	<i>Arshoghna, Vatanulomaka, Dahaprashamana, Vedanashamaka</i>
4.	<i>Jati</i>	Jasminum Officinale	Leaves	<i>Vranashodhana, Vranaropaka</i>
5.	<i>Chandan</i>	Santalum Album	Stem	<i>Shothahara, Dahashamaka</i>
6.	<i>Padmakastha</i>	Prunus Cerasoides	Bark	<i>Vedanasthapana</i>
7	<i>Manahshila</i>	Realgar	<i>Shuddha</i>	<i>Vranashodhana, Vranaropana</i>
8.	<i>Daruharidra</i>	Berberis Aristata	Root	<i>Vedanasthapaka, Vranashodhaks, Vranaropaka</i>
9.	<i>Giloy</i>	Tinospora Cordifolia	Stem	<i>Vedanasthapaka</i>
10.	<i>Sasyaka</i>	Blue vitriol (CuSO4)	<i>Shuddha</i>	<i>Vranashodhaka, Vranaropaka</i>
11.	<i>Tila Taila</i>	Sesamum Indicum	Seed Oil	<i>Vedanasthapana, Vranashodhana, Vranaropana</i>

Method of Drug Application

Application of *Pichu*: Initially, the patient is examined carefully (inspection) to confirm the position of the fissure in the lithotomy position. Then, both the buttocks are spread gently to rule out any pain, bleeding and sphincter tone. A rectal or digital examination was not done as it can worsen the condition and aggravate pain and bleeding in the anorectal region. The procedure for the *Kalanusaryadi Taila Pichu* application was explained to the

patient. After the consent of the patient, Pichu was applied to the anal area. A small sterile cotton swab soaked in 2 ml *Kalanusaryadi Taila* was kept at the anal verge. *Pichu* was applied two times a day for 28 days. Follow-up was taken at intervals of 15 days for 1 month. The same procedure was used to apply *Jatyadi Taila Pichu*, the standard drug in this research study.



Assessment of wound healing in a fissure in ano after application of Kalanusaryadi taila pichu

Criteria for assessment: Patients were assessed using the following criteria:

1 Pain

Pain on VAS—The sufferer expressed the pain on his terms, so it was graded, starting from mild to severe, as per the Visual Analogue Scale (VAS).

Symptoms	Grade
No pain/ Absence of pain	0
Mild (Pain detected between 1 to 3 marks on the scale- pain that can be easily ignored during defecation.)	1
Moderate (Pain detected between 4 to 6 marks on the scale- pain that cannot be ignored and persists up to 2 hrs.)	2

Severe (Pain detected between 7 to 10 marks on the scale-pain that cannot be ignored, interferes with daily routine, needs treatment, time to time hot water sitz bath, continuous pain which remains for a whole day after defecation).	3
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2. Constipation

No Constipation (passing normal stool daily)	0
Mild (passing hard stool daily)	1
Moderate (passing hard stool once in 2 days)	2
Severe (passing hard stool once in more than 3 days)	3

3. Bleeding

No bleeding	0
Mild (blood streak with defecation)	1
Moderate (drop-wise bleeding during defecation)	2
Severe (dropwise bleeding during and after defecation)	3

4. Sphincter tone

No spasm	0
Mild (anal verge constricted)	1
Moderate (anal verge constricted with bleeding during the separation of the buttock .)	2
Severe (anal verge constricted with bleeding during separation of buttock and patient unable to pass stool due to fear of pain.)	3

RESULT AND OBSERVATION

Statistical analysis

Data analysis was done with the help of a Statistician. Data was coded, entered in an MS Excel worksheet, and analysed using appropriate statistical software. The observation was examined clinically and scientifically based on the assessment parameter (subjective parameter), and the Wilcoxon Rank Sum test for the subjective parameter statistically analysed the result.

This study's subjective parameters were pain, bleeding, constipation and sphincter tone.

1) ASSESSMENT OF RELIEF FROM PAIN IN PATIENTS OF 2 GROUPS

Group	No. Of patients	Mean BT	Mean AT				% of Relief					
			7 th	14 th	21 st	28 th	7 th	14 th	21 st	28 th		
A	20	1.80	1.00	0.40	0.20	0.15	44.44	77.78	88.89	91.67	88.89	91.67
B	20	1.80	1.30	0.45	0.05	0.05	27.78	75.00	97.22	97.22	97.22	97.22

Group A: Z value- 4.072, P value- 0.00, Remarks- HS

Group B: Z value- 4.134, P value- 0.00, Remarks- HS

2) ASSESSMENT OF RELIEF FROM BLEEDING IN PATIENTS OF 2 GROUPS

Group	No. Of patients	Mean BT	Mean AT				% of Relief			
			7 th	14 th	21 st	28 th	7 th	14 th	21 st	28 th
A	20	1.30	0.35	0.10	0.00	0.00	73.8	92.31	100.00	100.00
B	20	1.25	0.25	0.05	0.05	0.00	80	96	96	100.00

Group A : Z value-3.963 , P value- 0.00, Remarks- HS

Group B: Z value- 3.987, P value- 0.00, Remarks- HS

3) ASSESSMENT OF RELIEF FROM CONSTIPATION IN PATIENTS OF 2 GROUP

Group	No. Of patients	Mean BT	Mean AT				% of Relief			
			7 th	14 th	21 st	28 th	7 th	14 th	21 st	28 th
A	20	1.35	0.75	0.25	0.10	0.10	44.44	81.48	92.59	92.59
B	20	1.30	1.20	0.40	0.10	0.05	27.69.	69.23	92.31	96.15

Group A: Z value- 4.134, P value- 0.00, Remarks - HS

Group B: Z value- 4.134, P value- 0.00. Remarks- HS

4) ASSESSMENT OF RELIEF FROM SPHINCTER TONE IN PATIENTS OF 2 GROUPS

Group	No. Of patients	Mean BT	Mean AT				% of Relief			
			7 th	14 th	21 st	28 th	7 th	14 th	21 st	28 th
A	20	1.80	1.00	0.40	0.20	0.15	44.44	77.78	88.89	91.67
B	20	1.80	1.30	0.45	0.05	0.05	27.78	75	97.22	97.22

Group A: Z value- 4.072, P value- 0.00, Remarks- HS

Group B: Z value- 4.134, P value- 0.00, Remarks- HS

ASSESSMENT OF THE PERCENTAGE OF RELIEF IN BOTH GROUPS

1) Improvement in pain relief at the end of the 28th day in group A shows (Mean BT-1.80, Mean AT-0.15) 91.67% relief, whereas in group B shows (Mean BT-1.80, Mean AT-0.05) 97.22% relief. Hence, relief from pain was observed among the subjects during the medication period. *Kalanusaryadi taila* contains *Vedanasthapaka* drugs like *Tagara*, *Agaru*, *Ela*, *Padmakastha*, *Daruharidra*, *Giloy* and *Tila taila*, which help in getting relief from pain in *Parikartika*

2. Improvement in Bleeding in Group A patients showed (Mean BT-1.30, Mean AT- 0.00) 100% relief, whereas in Group B shows (Mean BT-1.25, Mean AT-0.00) 100% relief. So, no bleeding was observed during the medication period among the subjects. Bleeding occurs due to the fresh wound (longitudinal tear) in *Parikartika*. *Kalanusaryadi*

Taila contains various *Vranaropaka* drugs like *Tagara*, *Jati*, *Manahshila*, *Daruharidra*, *Sasyaka*, and *Tila Taila*, which helps in the rapid healing of the wounds and once the wound is healed, there is the absence of bleeding in *Parikartika*. Thus, the *Vranaropaka* drug helps relieve bleeding in *Parikartika*.

3. Improvement in Constipation in the post-medication period observed in Group A shows (Mean BT-1.35, Mean AT- 0.10) 92.59% relief, whereas Group B shows (Mean BT-1.30, Mean AT-0.05) 96.15% relief. Hence, through lifestyle modifications and dietary habits, relief from constipation was observed among the subjects during the medication period. Lifestyle modification, following the *Pathya apanya* regimen, proper water intake, dietary habits modification, and oral intake of *Panchsakara Churna* 5 gm HS helped relieve constipation.

4. Improvement in Anal spasm/ Sphincter tone at the end of the 28th day in group A shows (Mean BT- 1.80, Mean AT-0.15) 91.67% relief, whereas in group

B shows (Mean BT-1.80, Mean AT- 0.05) 97.22 % relief. Hence sphincter tone/Anal spasm relief was observed in the post-medication period among the subject. Relief from pain, bleeding and constipation collectively helps relieve increased sphincter tone. Once the pain subsided due to the effect of *Vedanashamaka* drugs, the patient was allowed to perform a Per Rectal examination, showing a decrease in the tonicity of sphincters. When the wound is healed

(Relief in bleeding) by the efficacy of *Vranaropaka* drugs, the sphincter tone returns to normal because the patient doesn't experience pain during rectal examination. Due to the absence of constipation, there is no trauma in the anus, which does not lead to pain and bleeding, and the patient does not face the fear of pain, due to which the sphincter tone does not increase.

5) ASSESSMENT OF THE OVERALL EFFECT OF THERAPY ON PATIENTS OF 2 GROUPS

S.No.	Overall Relief	Group A	Group B
1.	Complete Relief (100% Relief)	90%	95%
2.	Maximum Improvement (>75% improved)	10%	05%
3.	Moderately improved (50- 75%)	00%	00%
4.	Mild improved (25-50%)	00%	00%
5.	Not responded (<25%)	00%	00%

Considering the overall effect In Group A (*Kalanusaryadi Taila Pichu*), out of 20 patients after completion of therapy shown that 18 patients are cured (100%), 02 patients are moderately improved (>75-100%), none are mildly improved (>50-75%). None of the patients remained unchanged. In Group B (*Jatyadi Taila Pichu*), out of 20 patients after completion of therapy shown that 19 patients are cured (100%), 01 patient is moderately improved (>75-100%), none are mildly improved (>50-75%). None of the patients remained unchanged (<25%).

DISCUSSION

Considering that both groups' patients were between 25 and 40 years old, females, mainly homemakers and job persons, were affected in this age group. Homemakers ignore themselves due to their household responsibilities. Job people are often pressurized due to their workload like overnight working, constantly working for hours without paying proper attention to their dietary habits and water intake, which directly affects their digestive system, resulting in either constipation or loose motion and hence more incidence of *Parikartika* found in this age group. *Kalanusaryadi Taila Pichu* is very effective in the management of *Parikartika*. It contains various drugs

like *Rakta Chandana, Padmakastha, and Elaichi*, which are *Sheeta virya* drugs, thus having *Dahashamaka* properties and are helpful to subside the burning sensation in *Parikartika*. Other medications like *Tagara, Agar, Guduchi, Daruharidra, Jati, and Sasyak Manahshila* have *Vedanashamaka, Vrana shodhaka and Vrana ropaka* properties, which will help in the rapid healing of *Vrana* and also help to relieve the pain in a fissure in a no. *Tila taila*, which is used in the preparation of *Kalanusaryadi taila*, is *Kashaya, Madhura, Tikta Rasa Pradhana*, due to which *Pitta Dosh* is subsided and helps in getting relief from pain and burning sensation of *Parikartika* (fissure in ano). Thus *Vedanashamaka, Dahaprashamana, Vrana shodhaka, and Vranaropaka* drugs present in *Kalanusaryadi taila* help rapidly heal wounds and subsides the pain and burning sensation of *Parikartika*.

Jatyadi taila is the evident drug used in the treatment of *Parikartika*. The mode of action of *Jatyadi taila* can be explained as Various contents of *Jatyadi taila*, i.e., *Padmakastha, Patola, Daruharidra, Neelotpala, Madhuka, Neem, Haridra, Karanja, Haritaki, Tila Taila* have *Vedanasthapaka* properties thus helps to get relief from pain. Drugs like *Jati, Patola, Haridra, Haritaki, and Neem* have *Vrana shodhana* property and *Vranaropaka* drugs like *Neem, Karanja, Jati,*

Lodhra, Haridra, Tuttha, Patola, Manjistha, Daruharidra, Haritaki, Tila Taila helps in rapid healing of the wound. *Dahashamaka* drugs like *Sariva, Madhuka, Neelotpala, and Neem* give relief from a burning sensation. *Shonita Sthapana* drugs like *Neelotpala, Manjistha, Padmakastha Lodhra, and Haritaki* help to get relief from bleeding. Hence, the overall effect of *Vedanasthapaka, Vrana shodhaka, Vranaropaka, Dahashamaka, and Shonitasthapana* drugs of *Jatyadi taila* makes it practical for treating *Parikartika*.

CONCLUSION

Considering all the above properties of individual drugs, observations and results, it can be said that *Kalanusaryadi Taila Pichu* is beneficial in reducing pain, bleeding, constipation, sphincter tone and healing of wounds in the anal region. Hence, it can be concluded that this oil helps treat *Parikartika* and is equally significant to the standard drug *Jatyadi Taila Pichu*. No complications or side effects were observed while applying *Kalanusaryadi Taila Pichu* in *Parikartika* (Fissure in Ano).

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