



ROLE OF JATYADI GHRITA & PANCHTIKTA GUGGULU GHRITA IN MANAGING GUDPARIKARTIKA W.S.R. TO FISSURE-IN-ANO

Pallavi¹, Himaliyan Singh Kulwant², Verma Annu³

¹Assistant Professor, P. G Department of Shalya tantra at Uttranchal Ayurvedic College & Hospital Dehradun

²Sr. Lecturer, M.S. (Ayu.), Shalya Tantra, P. G Department of Shalya tantra at R.G.G.P.G. Ayurvedic College Paprola, Kangra

³Assistant Professor, P. G Department of Kaumarbhritya at Uttranchal Ayurvedic College & Hospital Dehradun

Corresponding Author: vermaanu3012@gmail.com

<https://doi.org/10.46607/iamj3012032024>

(Published Online: March 2024)

Open Access

© International Ayurvedic Medical Journal, India 2024

Article Received: 07/02/2024 - Peer Reviewed: 04/03/2024 - Accepted for Publication: 11/03/2024.



ABSTRACT

Gud parikartika is a prevalent and painful condition. The risk of developing *Parikartika* depends on their lifestyle, habits, and bowel movements. Descriptions of *Parikartika* are available in the Ayurvedic classic, including its various etiological factors and treatment modalities. The efficacy of *Jatyadi Ghrita and Panchtikta Guggulu Ghrita* in the management of *Parikartika* is evaluated in this study. 20 Patients received local application of *Jatyadi Ghrita* and internal use of *Panchtikta Guggulu Ghrita* as a treatment procedure. *Jatyadi Ghrita* and *Panchtikta Guggulu Ghrita* the non-invasive, easy and cost-effective management for fissure-in-ano and also better alternatives in place of modern techniques, especially in acute fissure-in-ano There was a highly significant improvement in the symptoms.

Keywords: *Gudparikartika, Ayurvedic Treatment, Jatyadi Ghrita, Fissure-in-ano.*

INTRODUCTION

The *Vedas* describe many diseases and management, but *Gud Parikartika* is not described in the *Vedas*, and

other authors have described very little about the diseases. It is a painful condition, and sometimes pa-

tients complain of bleeding–anum. *Acharya Sushruta* has described the chapter of *Vaman Virechan Vyapada* and *Basti Vyapada* and given the aetiology of this disease. *Acharya Dalhana* has defined the term *Parikartika* as a condition of *Guda* in which there is cutting and tearing pain. Similarly, *Jejjata* and *Todara* have clearly described *Parikartika* as a condition which causes cutting pain in the anorectum. The factors responsible for the causation of *Gud Parikartika*, as found in various texts, are *Vamana-Virechana-Vyapada*, *Bastikarma Vyapada*, *Atisara*, *Grahani*, *Arsha*, *Udavarta*, etc. Similarly, it has been described as having three types, viz. *Vattaja*, *Pittaja* and *Kaphaja*. *Sushruta*, while explaining the symptoms of the disease, speaks of the features anus, penis, umbilical region and neck of the urinary bladder with cessation of flatus. At the same time, *Charaka* has described features like pricking pain in groins and sacral area, scanty constipated stools and frothy bleeding per anum.

Parikartika is consider as a *Vyapad*. Its main symptom is *Kartanavat vedana* (cutting pain). *Parikartika* originates from *vata pitta*. *Dosha Guda* is the acute site of *Vata*; *Apana Vayu* vitiation factors are *Tikta*, *Usna*, *Kasaya*, *Alpa Bhojana*, *Vega dharana* excessive *Sodhana* therapy, diurnal and seasonal variation. Second dominant *Dosha* is *Pitta*. Its vitiation factor is *Katu*, *Amla*, *Lavana Ahara*, *Krodha*, *Diurnal* and seasonal variation¹. Also, *Udavarta*², *Purisajaudavarta*³ or *Purisavrta Vata* vitiate the *vata* in the body. The initiating factor in the development of a fissure is trauma to the anal canal, usually in the form of the passage of a faecal bolus that is large and hard. After an attack of diarrhoea, the sphincters lose their capacity to dilate and go into severe spasms.

Based on symptoms, the disease *Gud Parikartika* can be compared to fissure-in-ano in modern medicine. Fissure-in-ano has become the most common and painful condition in the anorectal region. It is commonly seen in young age and pregnant women. It is excruciating because of injury to the tissue of the anal region having a somatic nerve supply. It is a prevalent and painful condition; fissure occurs most commonly in the midline posteriorly. In males, it usually

occurs in the midline posterior (90%) and less commonly in the anterior 10% compared to females, where the midline posterior is slightly commoner than the anterior (60:40). According to Modern, based on the clinical symptoms the disease; fissure-in-ano has been classified into two varieties; viz. acute fissure-in-ano and chronic fissure-in ano. Pain and bleeding are the two prominent symptoms of this condition; pain is sometimes intolerable.

AIM AND OBJECTIVES

AIM:

“Role of *Jatyadi Ghrita* and *Panchtikta Guggulu Ghrita* in managing *Gudparikartika* w.s.r. to Fissure in Ano”.

OBJECTIVES:

1. To study the efficacy of *Jatyadi Ghrita* in *Parikartika*.
2. To study the efficacy of *Panchtikta Guggulu Ghrita* in *Parikartika*

MATERIALS AND METHODS:

- a. Selection of Patients
- b. Inclusion Criteria
- c. Exclusion Criteria
- d. Assessment Criteria

Selection of patient:

A total number of 20 patients were selected based on signs and symptoms of *Gud Parikartika*, which were to be taken from the OPD of *Shalya Tantra Department of Rajiv Gandhi Government Post Graduate Ayurvedic College & Hospital Paprola, Distt.Kangra(H.P)*.

20 Patients received a local application of *Jatyadi Ghrita* & internal use of *Panchtikta Guggulu Ghrita* as a treatment procedure.

Local Application of *Jatyadi Ghrita*-

Dosage of *Jatyadi Ghrita*: - 2 gm for local application twice daily

Duration of treatment - 21 days

Internal use of *Panchtikta Guggulu Ghrita*-

Dosage of *Panchtikta Guggulu Ghrita* - 12 gm for internal use twice daily.

Duration of treatment - 21 days

Follow up: After treatment 1stAssesment on 7th day and 2ndAssesment on 14th day and 3rd Assessment on 21st day!

INCLUSION CRITERIA :

- Patients willing to trial.
- The patients' age group was 20 to 50 years of either sex.
- Patients suffering from acute fissure in ano & acute on chronic fissure.

EXCLUSION CRITERIA

- Patients are unwilling to participate in the trial or must be ready to give informed consent.
- Patients below 20 yrs and above 50 yrs.
- Fissure abscess, chronic fissure with inflamed tag.

Fissures are associated with other diseases like carcinoma of the rectum and anal canal, tuberculosis, ulcerative colitis, Crohn’s disease, actinomycosis, lymphogranuloma, Hyperlipidemia and HIV positive.

Laboratory-

The following investigations were carried out to include the patient in the trial and a control group. The aim of various investigations was to assess the general health and rule out other associated diseases in suspected cases.

Routine investigations-

- Haematological - Hb% TLC, DLC, ESR, BT, CT
- Biochemical – FBS, LFT, S.Creatinine, B.Urea.
- Urine – Routine or Microscopic
- Others – HIV

Schedule :

- Purva karma* - consent, counselling
- Pradhana karma* – Local application of *Jatyadi Ghrita* and internal use of *Panchtikta Guggulu Ghrita*
- Paschata karma* - Sitz bath
- Prevent constipation.
- Plenty of fluids orally
- Ganesh kriya*
- Consuming high fibre diet

CRITERIA OF ASSESSMENT

According to subjective criteria, the patients will show an overall improvement in signs and symptoms.

Symptoms found in patients are graded based on the scoring system:

No symptoms	-	Grade 0
Mild symptoms	+	Grade 1
Moderate symptoms	++	Grade 2
Severe symptoms	+++	Grade 3

		Grade
Pain	No pain	0
	Patients complain of burning sensation anal canal	1
	Pain only during defecation	2
	Pain during and after defecation upto 1-2 hour	3
	Pain during and after defecation more than 2hour	4
Bleeding	No bleeding	0
	Bleeding along with defecation streak wise only over the stool/noticed on fissure rarely	1
	Drop wise bleeding during after defecation 0-10 drops occasionally	2

	Drop wise bleeding during and after defecation 10-20 drops stopped	3
	Profuse bleeding drops wise or stream wise amounting more than 20 drops in each defecation	4
Sphincter tone	No pain during digital examination	0
	Sphincter tone slightly increase mild pain on digital examination	1
	Sphincter tone moderately increase, and digital examination can be done with effort	2
	Sphincter tone markedly increase, and patient does not allow to perform digital examination	3
Discharge	No discharge	0
	Patient complaints only on interrogation occasional discharge	1
	Discharge evident on examination and patient complaints of often feeling of wetness	2
	Patient complaints of daily feeling of wetness but no pruritis ani or soiling of under-cloth	3
	Patient complaints soiling of under cloths and present pruritis ani examination	4

Statistical Analysis :

The information gathered regarding demographic data was shown in percentages. The scores of criteria of assessment were analysed statically in the form of mean scores B.T. (Before treatment), A.T. (After treatment), (B.T. – A.T.) difference of means, S.D. (Standard Deviation), S.E. (Standard Error). Student paired ‘t’. The test was conducted at $p > 0.05$, $p < 0.05$ and $p < 0.001$.

The results were considered significant or insignificant depending upon the value of p.

The results were deemed essential or negligible depending upon the value of p.

- Highly Significant $p < 0.001$
- Significant $p < 0.05$
- Insignificant $p > 0.05$

: Effect of Jatyadi Ghrita and Panchtikta Guggulu Ghrita on Parikartika

Clinical Features	Mean score		DIFF.in Mean	%relief Score	+S.D.	+S.E	t	P
	B.T	A.T						
Pain	2.9	1.15	1.75	60.34%	.851	0.190	9.200	<0.001
Bleeding	2.75	0.85	1.9	69.0%	0.851	0.190	6.571	<0.001
Sphincter tone	1.4	0.5	0.9	64.28%	0.308	0.0688	13.077	<0.001
Discharge	0.55	0.35	0.2	36%	0.444	0.0993	2.517	0.021

Treatment's Total effect is assessed in terms of relief in subjective and objective parameters. The overall result was shown in terms.

Complete remission	100% relief in signs and symptoms
Marked improvement	75-99% relief in signs and symptoms

Moderate improvement	51-74% relief in signs and symptoms
Mild improvement	25-50% relief in signs and symptoms
Unchanged	<25% no change in signs and symptoms

Overall result

The overall effect of Jatyadi Ghrita and Panchtikta Guggulu Ghrita in patients of trial groups.

Results	No.of patients	Percentage
Cured(100%)	4	20%
Markedly Improved (75-99%)	5	25%
Moderate improved (51-74%)	6	30%
Mildly improved (25-50%)	5	25%
Unchanged (<25%)	-	-

Out of the total, 20% of patients were cured, and 25% markedly improved their symptoms. 30% of total patients were having moderate improvement in symptoms. 25% of the total patients had mild improvement in symptoms.

DISCUSSION

This section therapeutically analyses the observations and results of a designed Parikartika study.

It consists of the following parts.

1. Discussion on *Jatyadi Ghrita*.
2. Discussion on *Panchtikta Guggulu Ghrita*.

Discussion on *Jatyadi Ghrita*

Jatyadi Ghrita have *Tikta Rasa, Katu Vipaka, Laghu Guna, Ushna Virya* and *Ruksha Guna Pradhanata*. *Tikta Rasa* has the property of *Twak –Mansa Sthirakarana* and *Lekhana*. It may help increase *Vrana's* tensile strength and remove slough tissue. *katu Vipaka* has *Vrana Shodhana* and *Avasadana* properties. Due to *Laghu Guna*, the *Vrana* gets *Laghuta*, and *Dosha Pachana* occurs. *Ushna Virya* helps to penetrate the drug up to the site of *Vrana*. *Tutha* is one of the ingredients of *Jatyadi Ghrita*. It has *Lekhana karma* properties. So, it may help in the removal of the slough. *Siktha* is *Jantughna, Vrana Ropana, and Sandhaniya* properties. *Goghrita* has the property of *Sheeta Virya Madhura Rasa*, and *Tridoshahara Goghrita* has *Sanskara Anuvartana* property. Through *Yogvahi Guna*, it carries the active principle of the drugs at the level of the body.

Discussion on *Panchtikta Guggulu Ghrita*

The drug selected for trial is *Panchtikta Guggulu Ghrita*, reference *Astang Hardiyam*. The main con-

tents of this drug are *Panchtikta Gana Dravyas, Ghrita & Guggulu*. So, the probable mode of action of *Panchtikta Guggulu Ghrita* can be said all contents have *Tikta Rasa, Laghu & Ruksha Guna*, so it acts as an itching property, *kled & Vikrut Meda Upsoshan, Vranashodhak. Nimba* has a chemical composition of *nimbin*; *nimbidin* possesses significant dose-dependent anti-inflammatory activity & anti-ulcer effect. *Guduchi*, having *berberin & tinosporin*, mainly acts as an oxidant & and potentiating; thus, cell layers during disease pathology are improved by this drug. *Vasa* the *vascicinone* has anti-histaminic properties and is antioxidant & anti-inflammatory. *Patol* has anti-oxidant & *Guggulu* act on *Vikrut kleda & Meda, Mansa Dhatu* as it has *katu, Tikta, kashaya Madhura Rasa Ushna Virya & Katu Vipak*. *Guggulu* stimulates body activity to build up the immune system. *Ghrita* has lipophilic action, so it helps in ion transportation to a target organ. This lipophilic nature of *Ghrita* was conducted on 20 patients to prove the drug's efficacy.

CONCLUSION

The following conclusion can be drawn from the present work-

- ❖ Fissure-in-ano is commonly exhibited in the mid-line of the lower quadrant of the perianal region,

and it was found in a maximum number of patients at 6 o'clock.

- ❖ The hypertonic sphincteric spasm is commonly associated with acute fissure-in-ano and can be relieved effectively by both drug regimens.
- ❖ *Jatyadi Ghrita* and *Panchtikta Guggulu Ghrita* is the non-invasive, easy and cost-effective management for fissure-in-ano and also a better alternative in place of modern techniques, especially in acute fissure-in-ano.
- ❖ There was a marked reduction of symptoms like pain, bleeding, sphincter tone, and discharge. Etc.
- ❖ There was a highly significant improvement in the symptoms.

REFERENCES

1. Astanga Hridayam, Nirmala Hindi commentary by Bramhanand Tripathi, Chaukhamba Sanskrita

Pratisthan Delhi reprint 2014, Nidana Sthana 1/16 page 436.

2. Charaka Samhita, Agnivesa edited by Satya Narayana Sastri Chaukhambha Bharati Academy Varanasi Reprint 2016, Chikitsa Sthana 26/7 page 717.
3. Sushruta Samhita edited by Kaviraja Ambikadutta Shastri, Chaukhambha Sanskrit Sanskrit Sansthan reprint 2016, Uttarantra 55/8 page 516.
4. S. Das Concise Textbook of Surgery Kolkata Dr. Soman Das Publication 9th edition 2016-chapter 45-page 1083.
5. Sarangdhar Samhita by Dr. Brahmanand Tripathi Chaukhamba Surbharati Prakashan 2006, Sha. S. 9/1, Page no-218
6. Sarangdhar Samhita by Dr. Brahmanand Tripathi Chaukhamba Surbharati 2006 ,Sha.S 9/12-13 ,Page no. 220.

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Pallavi et al: Role of Jatyadi Ghrita & Panchtikta Guggulu Ghrita in managing Gudparikartika w.s.r. to Fissure-in-Ano.. International Ayurvedic Medical Journal {online} 2024 {cited March 2024} Available from: http://www.iamj.in/posts/images/upload/661_666.pdf