

TO EVALUATE THE EFFICACY OF *MANJISTADI GHRITA PICHU* AND *TRIPARNIKAA LEPA* (NAREGAMIA ALATA WRIGHT & ARN) IN THE MANAGEMENT OF *PARIKARTIKA VIS-À-VIS* ACUTE FISSURE IN ANO

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ABSTRACT

In present era people are more prone to life style disorders because of unhealthy food and sedentary life. Any variation in food will lead to improper bowel habit and diseases related to it which includes anal fissure too. Person suffering with fissure in ano will have symptoms of severe cutting pain during and after defecation, streaks of blood on stools and on wiping and a linear tear at lower end of anal canal. Different *acharyas* have described it has *basti vyapat*, *bastinetra vyapat*, *virechana vyapat* and complications of *vatajaatisara*. Keeping in view these factors *manjistadi ghrita pichu* and *triparnikaa lepa* which are highly effective in *vrana* and *parikartika* are taken into consideration to study the efficacy in the management of *parikartika* that is acute fissure in ano. Two groups of 20 patients each were taken and application was done for 7days in which both showed statistically significant results. Among both *triparnikaa lepa* showed slightly better results than *manjistadi ghrita pichu*.

Keywords: *parikartika*, acute fissure in ano, *manjistadi ghrita pichu*, *triparnikaa lepa*

INTRODUCTION

Fissure- in- ano can be defined as an elongated ulcer or split in the long axis of the lower anal canal. It occurs in the area of squamous epithelium, the anoderm which includes the external anal margin that usually extends from the dentate line to anal verge. Spasm in the anal region will lead to severe pain; tear in anoderm and decreased blood supply. Spasm, pain and ischemic cycle contribute to development of an ulcer that is acute fissure in ano. Anal fissure develops

with equal incidence in both the sex. They tend to occur in younger and middle aged persons. Anal fissure usually occurs due to passage of hard stools associated with local infection. Person suffering with fissure in ano will have symptoms of severe cutting pain during and after defecation, streaks of blood on stools and on wiping, a linear tear at lower end of anal canal. The present treatment modalities for fissure include lateral sphincterotomy, chemical local

applicants, topical anesthetics, botulinum injections etc has many untoward effects. Lateral internal sphincterotomy bears risks associated with anesthesia, peri-anal infection, hemorrhage, fecal incontinence, urinary retention. Flatus and fecal incontinence are the significant concerns. Chemical local applicants with nitrates generate headaches and recurrence. Botulinum injection causes excessive weakness of anal sphincters and /or injury to anal wall tissues. Considering these a simple method which is having better patient compliance is suggested in this study.

METHODS:

Sources of Data:

Subjects diagnosed with “Parikartika” who fulfill the inclusion criteria will be randomly selected from OPD and IPD of Muniyal Institute of Ayurveda Medical Sciences and Hospital, Manipal and also from referral sources and special camps conducted for the purpose.

Subject selection:

1. Diagnostic criteria:

Patients will be diagnosed based on, Pain- during/after defecation in anal region, Bleeding- streaks of blood over stools/dropwise bleeding after defecation, Constipation, A linear ulcer in the ano-derm on inspection

2. Inclusion criteria:

Patients in between 15-60 years of age, irrespective of sex, Patients with pain during defecation and with linear ulcer on inspection at the mucocutaneous junction. Patients complaining of severe burning sensation in anus after defecation., Patients with complaints of streaks of blood over stools.

3. Exclusion criteria:

Patient less than 15 years of age and above 60 years., Patients having chronic fissure with sentinel tag, hemorrhoids, anal carcinoma, papilloma, ulcerative colitis, Crohn’s disease, syphilitic fissure, tubercular ulcer & fistula., Patients having other systemic pathology (DM, HIV and HBsAg positive & VDRL-reactive).

DRUG SOURCE:

Triparnikaa lepa: Single drug, **Botanical name:** *Naregamiaalata Wight & Arn*, **Part used:**

panchangas. Method of preparation: *Panchangas* of the plant taken and washed until the mud cleans up. Taken in *kalwa* and made into *kalka* form and used for *lepana*. Freshly prepared *kalkais* used every time.

ManjistadiGhrita

Ingredients: *Manjista* (*Rubiocordifolia* linn), *Murva* (*marsdenia tenacissima* weight. & am) *Sweta chandana* (*Santalum album* linn) -1part each (126gms each), *Goghrita*- 4parts (1536gms), water- 16parts (6144gms)

Method of preparation:

Manjishta, *murva*, *svetachandanakalka*, *goughrita*, and water were taken in the ratio 1:4:16. The *ghrita* was prepared according to the *snehapakavidhi* in Muniyal Ayurveda pharmacy, Manipal as per the Standard Operative procedure.

DESIGN OF THE STUDY

Single blind randomized comparative clinical study.

INTERVENTIONS:

Study group: Study group was treated with *triparnikaa lepa* locally applied on the acute fissure under direct supervision, once in a day for a period of 1 week. (Procedure was carried out in Minor Operation Theatre, under aseptic condition) *Lepa* was applied after passing the stools and kept for 3 hrs. And then patient was advised warm sitz bath for 20 mins to clean *lepa*. **Control group:** Control group was treated with *Manjistadi ghrita pichu* applied on acute fissure under direct supervision, once in a day for a period of 1 week. (Procedure was carried out in Minor Operation Theatre, under aseptic condition) *Pichu* was applied after passing the stools and kept for 3 hrs. And then patient was advised warm sitz bath for 20 mins to clean *ghrita*. The signs and symptoms and other parameters was observed before, during and after treatment as per assessment criteria mentioned and the results of groups was compared, analyzed statistically and discussed.

Duration of treatment – 28days, **Follow up** – 7th day, 14th day and 21st day

SUBJECTIVE PARAMETERS: Pain, Bleeding, Constipation

Table 1: Pain : According to VAS

Grades	Details
0	No pain
1-2 (2)	Mild pain (mild)
3-4(4)	Moderate pain (discomfort)
5-6(6)	Severe pain (distressing)
7-8(8)	Very severe pain(horrible pain)
9-10(10)	Worst pain (excruciating pain)

Table 2: Constipation:

grades	details
0	No constipation
1	Passing hard stools daily
2	Passing stools once in two days
3	Passing stools once in three days

Table 3: Bleeding:

grades	details
0	No bleeding
1	Blood streak with defecation
2	Drops wise bleeding during and after defecation 0-10drops
3	Drops wise bleeding during and after defecation 10-20drops
4	Bleeding more than 20drops in each defecation

OBJECTIVE PARAMETERS

Table 4: Size of the wound-

grades	details
0	No fissure
1	1-4mm
2	4.1-8mm
3	8.1-12mm
4	12.1-16mm

Table 5: Overall Comparative effect of treatment in signs and Symptoms in Group A & Group B after treatment:

Signs and symptoms	Mean difference A.T		Standard deviation		“t” value	“p” value
	Group A	Group B	Group A	Group B		
Pain	3.7	3.8	0.410	0.503	16.14	0.176
Constipation	1.95	1.65	0.366	0.444	11.24	0.442
Bleeding	2.05	1.85	0.410	0.444	27.50	0.713
Size of fissure	2.7	2.3	0.444	0.513	13.10	0.107

Table 6: Overall comparative effect of Group A and Group B on 40 patients of *Parikartika*:

Total effect	percentage	Group A	Group B
Cured	100%	12	8
Marked Improved	76-99%	4	6
Moderate improvement	51-75%	3	4
Mild improvement	25-50%	1	3
No improvement	<25%	0	0

DISCUSSION

Parikartika as such is not described as a disease but is explained as a symptom or as a complication of other disease or procedure. *Acharya sushruta* has categorized the *nidanasas*, *Nijanidana* (endogenous). *Nidanarthakariroga* (as complications), *Agantujanidana* (exogenous).

Nijanidana consumption of astringent (*kashaya*), bitter (*tikta*), hot substances (*ushna*) and dry substances enter into the *kostha* of a person and along with abstained urges of defecation, produces *atopa*, *shoola* and *parikartika* as a sequel to *vitsanga* Due to *aganimandhya* and retrograde movement of *vata*, *pitta* also gets vitiated. Also due to food like *katu* and *aml*a and *lavana* and *ushna* the *pitta* gets vitiated. **Nidanarthakariroga**, Few diseases like *udavarta*, *vatajaatisara*, *jeernajwara* *parikartika* is seen as a complication *Acharya Kashyapa* has mentioned *parikartika* is prevalent in pregnant ladies. He has also mentioned the types of this condition according to the predominant *dosha* present. **Agantujanidana**, Can also be considered as *vaidyanimittaja*, when an unskilled physician performs therapies like *virechana*, *basti karma* in improper way produces *parikartika*. It has been described as *Virechana vyapat3*, *basti vyapat5* and *basti netra vyapat4* causes *parikartika* by our *Acharyas*.

Samprapti: *Nidana- dosha vitiation -agni vaishamyadusti of small srotas of guda- stanasamsraya in guda-dosha dushya sammurchana- vishama mala pravrittimalabhaddata-kshata in guda- parikartika*

SampraptiGhataka:

Dosha: *Vata& Pitta*, **Dushya:** *Twak, RaktaAndMamsa*, **Agni:** *Jatharagni / Dhatwagni*, **Dhatwagni:** *Rasa, Rakta & Mamsa*, **Srotas:** *Rasa*

Vaha, RaktaVaha, PureeshaVaha & Mamsavahasrotas Srotodustiprakara: Sangha, UdbhavaSthana: Amashaya, Pakwashaya, SancharaSthana: GudagataSira Vyaktasthana: Guda, Rogamarga: Bahya, Sadhyasadyata: Sadhya Sadhya-asadhyata

Any type of *vrana* can be cured easily, provided the patient is with good *satva*, *mamsadhatu*, *agni* and *yuva*. Also there is a reference in *sushruthasamhitha* stating *vrana* which occurs in *guda* can be cured easily.

DISCUSSION ON OBSERVATIONS

Age, the subjects selected was between the age 15-60 years. The maximum numbers of patients (62.5%) were between the age of 31-45 years and (22.5%) were between 15-30 age. The intake of spicy and junk food is seen more in the younger age group and inadequate water intake, thereby it contributes towards formation of hard stools and constipation causing acute fissure in ano. The incidence of acute fissure in ano was less in old age group probably due to the laxity of the sphincter muscles. **Sex** In the present study, the incidence of the disease was more in male i.e., 70%. Often females hesitate to consult a doctor for problems like constipation, which is the primary cause for acute fissure in ano. **Educational status:** In the present study numbers of patients who were uneducated was 7.5%. Probably the lack of proper hygiene could be a reason. However, so far no relation has been elicited between educational qualifications and acute fissure in ano. **Occupation:** In the present study numbers of patients, housewives 20%, 20% patients were into service, 32.5% desk work, 7.5% patients were farmers and 20% patients were businessmen. In the service group the patients were

more into sedentary nature of work i.e., sitting at one place for long periods during work and there was lack of proper exercise. These factors can lead to irregular bowel habits and constipation thereby leading to fissure in ano. Riding of two wheelers was observed more in the business people and drivers used to drive for long distances at a stretch. Sitting in a place for long hours at a stretch causes friction to the ano rectal region thereby hindering in the proper healing of the fissure. **Diet:** Maximum numbers of patients i.e., 70% were taking mixed diet and 30% of vegetarian. Soluble fibres present in the vegetarian food helps create bulkier and softer stool that is easier to pass through the anal canal, thus reducing the risk of constipation. Compared to vegetarian food, non-vegetarian food contains lesser quantity of soluble fibre which leads to formation of hard stools. Constipation is considered as one of the main causes for acute fissure in ano. Increased intake of tea or coffee causes dehydration in the body and thus leads to formation of hard stools. Type of diet, It was observed in this study that a maximum of about 65% had patients were having the habit of eating spicy food and rest 35% were habituated to non-spicy food. We can say spicy food can lead to impairment in digestion which can lead to constipation, causing acute fissure in ano.

Position of fissure: Maximum number of patients who reported for the study i.e., 67.5% patients had fissure in the posterior midline, 32.5% had anterior midline. Even the description related to the position of fissure in ano in most of the surgical textbooks support this observation.

Overall Effect of treatment on acute fissure in ano:

In both groups *avipattikarachurna* were given at bed time which showed effectiveness in relieving constipation. Apart from this in group A early relief in bleeding and burning sensation, caused the sphincters to relax, thus helping the patients to pass stools easily. Group A shows better effect in reducing constipation, bleeding and size of fissure. Where as Group B was effective in relieving pain and constipation.

PROBABLE MODE OF ACTION OF DRUGS:

Probable mode of action of *Manjistadighritha*

Manjistadighritha reference is found in *Sushruthasamhithasootrastana* 13/ 27-28, in *dagdhavrana* context. Its ingredients are *Goghritha*, *manjista*, *moorva* and *swetacandana*. Effect of *manjistadighritha* on pain- *Ghritha* has *vatapitthara* property. *Manjishta* has *guru guna*, *ushnaviryra*, and *katuvipaka*. *Murva* has *guru* and *saraguna*, *ushnaviryra*, and *madhurvipaka*. When used in form of *pichu*, the *manjishtadighritha* reduces *vata dosha* which is the predominant *dosha* in *parikartika*. Effect of *manjistadighritha* on bleeding- This may be because *svetachandana* has *sheetaveerya* and *madhura rasa* and thus causes *raktastambhana*. *Manjishta* has *kashaya rasa* and *raktastambhana* property, so it has also shown good effect on bleeding. Effect of *manjistadighritha* on constipation-once pain and bleeding got reduced because of sphincter relaxation stools got easily passed in anal canal. Effect of *manjistadighritha* on size of fissure – *Manjishtadighritha* contains *manjishta*, *murva* and *svetachandana* which are having *shodhana*, *ropana*, *krimihara* and *sothghna* effect contributed for healing of fissure

Probable mode of action of *Triparnikaa lepa*

All *sheetalachikitsa* involving *kashaya*, *madhura* and *sheetadravyascan* be adopted for the treatment of *sadyovrana*. Effect of *Triparnikaalepa* on pain- *Kashaya* and *madhura rasa* reduces *chalaguna* of *vata* which may be the cause for reduction of pain in *parikartika*. Effect of *Triparnikaalepa* on bleeding- *Kashaya rasa* and *sheetaveerya* being *sangrahi*, *sandhanakara*, *ropana*, *sthambhana* and *pitta shamaka* has a very beneficial action on bleeding. Effect of *Triparnikaalepa* on constipation- *sheetaveerya* which is present in *kalka* gives soothing effect hence relaxes the sphincter muscles allowing stools to pass through anal canal easily. Effect of *Triparnikaalepa* on size of fissure, the *tarpana*, *vishagna*, *twachya*, *stairyakara* and *kshatasandhanakara* properties of the *madhura rasa* of the drugs help in *vranaropana*. It is also *rasa*,

rudhira and *mamsaabhivardhana*. The *vishodana*, *krimighna*, *kandughna*, *twakmamsasthireekarana*, *lekhana* and *kleda*, *pooyashoshaka* action of *tikta rasa* also helps in keeping the *vrana* dry.

Triparnikaa- Earlier studies have shown *Triparnikaa* (*Naregamiaalata Wight and Arn*) is rich in hydroxy proline The synthesis of hydroxy proline is an important indicator of collagen deposition at the site of injury and in normal epithelization process. Thus it influences in cellular proliferation and collagen formation.

CONCLUSION

After a detailed conceptual compilation, clinical observations, result analysis and discussion, the following conclusions were made. On the basis of clinical manifestation, pathogenesis and features *parikartika* can be correlated to Acute fissure in ano. During the study the following observations were observed, the incidence of Acute Fissure in ano was more prevalent in middle aged persons i.e., in between 31-45 years, in those of having mixed diet (about 70%) and who had more of spicy diet (65%). Probable reason may be because of intake of spicy, junk food and inadequate water intake would have contributed towards formation of hard stools and constipation and thereby causing acute fissure in ano. Diet plays an important role in causing constipation following formation of *parikartika*. Proper exercise, intake of fibre rich diet, intake of 2-3 litres of water per day, avoidance of deep fried items, oily food and spicy food, following of proper diet will avoid reoccurrence of acute fissure in ano. Group A in which *triparnikaa lepa* was used showed significant result in both subjective and objective parameters such as pain, bleeding and size of fissure whereas Group B with *manjistadighrithapichu* as the intervention showed significant result in pain and constipation. When compared, the difference in effect was Non-significant. From the present study it can be concluded that both *triparnikaalepa* and *manjistadighritha* are effective in *parikartika*. But *triparnikaa lepa* showed better results than *manjistadighrithapichu*.

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