

COMPARATIVE STUDY OF JATYADI TAILA AND YASTIMADHU TAILA W.S.R TO TRIPHALA CHURNA IN MANAGEMENT OF PARIKARTIKA (FISSURE-IN -ANO)

Dr. Amar kumar^{1*}, Dr. Dezi Kumari², Dr. Rajeev Kumar³, Dr. (Prof.) Deepali Sundari Verma⁴

¹Associate Professor, Department of Shalya Tantra, Govt. Ayurvedic College & Hospital, Patna, Bihar, India

²Assistant Professor, Department of Rachna Sharir, Dr. S.P.Singh Ayurvedic Medical College & Hospital, Areraj Road Motihari Bihar India.

³PG Scholar, Department of Samhita& Siddhanta, Govt. Ayurvedic College, Patna, Bihar, India

⁴Prof.&HOD Dept. of Shalya Tantra, Govt.Ayurvedic College & Hospital, Patna, Bihar.

ABSTRACT

Parikartika as the name suggests in the ano-rectal disease explained in *Brihatrayee* in which there is a pain like cutting with Axe in the Anal and perianal area. Nowadays, unhealthy life style, irregular food habits, disturbed sleep pattern many people are suffering from many digestive issues like indigestion, acidity, constipation etc. It is common in working individual as well as homemakers. Constipation results in hard stool passage, which result in longitudinal tear in the lower end of anal canal result in fissure-in- Ano. Anal-fissure comprises of 10-15% of anorectal disorders and is characterized by excruciating pain during and after defecation, blood-stained stool, burning sensation almost 1-2 hours after defecation. In *AyurvedaParikartika* is usually described as a symptom found in other diseases like *Arsha, Grahani, Atisara* etc.or as a complication of faulty instrumentation and excessive or improper *Virechan & basti* procedures which produce a tear in anal region with feature of cutting or tearing type of pain, burning sensation and bleeding during & after defecation. While treating parikartika by applying ayurvedic principles one has to mainly focused on stabilizing the digestive function & improving the nature, character and consistency of stool in addition to the use of laxatives & wound healing (*Vranropan*) agents and on the counter part, modern management includes chiefly surgical interventions but the result was found to be less satisfactory with much recurrences. *Yasthimadhu Taila* and *Jatyadi Taila* indicated for treatment of Parikartika w.s.r fissure-in-ano. Ingredients of *Jatyadi taila* and *Yasthimadhu Taila* have *Vrana Sodhana* and *Ropana* properties that can help the wound to heal rapidly. Triphala Churna is used for improving the nature, character and consistency of stool. That is why in this case study genuine effort made here to manage *Parikartika* by fully *Ayurvedic* approach.

KEY WORDS:FISSURE-IN-ANO, *PARIKARTIKA*, *JATYADI TAIL*, *YASTIMADHU TAIL*, *TRIPHALA CHURNA*

INTRODUCTION

Ayurveda will be the future medicinal science of the world, not only in India. A healthy mind in a healthy body is the principal aim guiding all the prevailing systems of medicine. To achieve longevity of life, several scholars have toiled for years. The all-time great, 'Science of life' *Ayurveda* has also the same implacability. Principles of *Ayurveda* which are interwoven with basic concepts of life have significant value even in the life of modern men. Hence one cannot deny the implacability of these principles. The principles of *Ayurveda* are based on strict experimental studies of several years. These principles are the outcome of those studies. Several *Acharyas* have tested these principles for many years and then these principles have been given a place in *Ayurvedic Samhita*. But nowadays one is prone to do all those things which are harmful to his constitution. Thereby increasing the incidence of his susceptibility to diseases. In such a disease condition physicians have to use these principles for preventive and curative purposes. In the era of fast food, there is change or irregularity in diet and diet timings and also a sedentary life style. In addition to change in diet and life style, one is always under tremendous mental stress. All these causes disturb the digestive system which results in too many diseases amongst them. Ano-rectal disorders constitute an important group. *Parikartika* (fissure-in-Ano) is a very common and painful condition. The factors responsible for the causation of *Parikartika* are found in various texts as *Vamana-Virechana Vyapada*, *Bastikarma Vyapada* and *Upadrava of Atisara, Grahani, Arsa, Udavarta* etc.

The word '*Pari*' when used as a prefix it means "all over" or "whole" or "every entity" or "every aspect". The word '*Kartika*' is derived from "Krita" verb which means 'to cut' and it is a noun form. Thus the '*Parikartika*' as a whole has the meaning "to cut circumferentially" or "to cut all around". *Parikartika*, an *Ayurvedic* terminology refers to a tear or crack at the Anus. It is otherwise known as fissure-in-ano. It is a very severely painful clinical condition which ultimately affects the psychological condition of the patient leading to a less or least working condition. *Parikartika* w.s.r. fissure-in-ano occurs most commonly in the midline posteriorly. In males, fissures usually occur in the midline posteriorly – 90% and much less commonly anteriorly – 10%. In females, fissures on the midline posteriorly – 60% are slightly commoner than anteriorly – 40%. *Jejjata* has anticipated that *Vatikapain* present all around in *Guda* is *Parikartika*. According to *Dalhana*, there is cutting and tearing pain everywhere around the anus. *Charaka* has mentioned the symptom i.e., severe pain in ano while describing *Parikartika* as a complication of *Vamana* and *Virechana*. The other contributory factors which are primary like constipation, spasm of internal sphincter, surgical catastrophe during operation for hemorrhoids followed by anal stenosis which may ultimately result in fissure-in-ano. Similarly secondary causes like ulcerative colitis, Crohn's disease, syphilis and tuberculosis have also been held responsible for the formation of disease fissure-in-ano. In modern science, fissure-in-ano has been classified into two viz. acute and chronic. In both conditions pain and bleeding are two main symptoms. On the basis of symptoms, the disease fissure-in-ano can be compared to the disease *Parikartika* described in *Ayurveda*. *Acharya Sushruta* has described the term '*Parikartika*' (as a condition of *Guda*) where cutting and burning pain there.

AYURVEDIC REVIEW

Today's improper diet style, spicy and junk food are responsible for causation of all diseases especially ano-rectal diseases. In *Brihatrayee*, *Parikartika* has been mentioned as a complication of various diseases like *Vataja Jwara*, *Vataja Atisara*, faulty administrations of *Vaman* and *Virechana* procedures, etc. Thus, in *Brihatrayee*, description of *Parikartika* as a separate disease entity is not found but descriptions related to the symptoms, cause and management have been described in scattered manner. In *Laghutrayee*, especially *Kashyapa Samhita* and *Sharangadhara Samhita* have given description of *Parikartika*. *Kashyapa* has mentioned threotypes of *Parikartika*.

Classification of *Parikartika*

According to *Kasyapa*, there are three types of *Parikartika* viz. *Vataja*, *Pittaja* and *Kaphaja*. Whereas *Maharsi Charaka* has mentioned the features like pricking pain in groins and sacral region. *Acarya Susrutha* has described the term *Parikartika* as a condition of *Gudaanus*. *Acharya Dalhana* and *Jejjata* have also described *Parikartika* as a condition which results into cutting pain in anus.

According to modern text, applied anatomy and physiology of anal canal with etiology, types, symptoms, diagnosis and management of fissure-in-Ano was described in detail. The advantages and disadvantages of operative as well as non-operative techniques were also discussed in detail.

DRUG REVIEW

In the management of *Parikartika* different medicines are mentioned in different text book of *Ayurveda* as various types of *Taila*, and *Churna*. In this present study work "*Yasthimadhu Taila* and *Jatyadi Taila*" indicated for treatment of *Parikartika* w.s.r fissure-in-ano. Ingredients of *Jatyadi taila* also have *Vrana Sodhana* and *Ropana* properties that can help the wound to heal rapidly, which was mentioned in *Sharangadhara Samhita madhyam khanda*. Ch. 9/ 168 -171. The contents of "*Jatyadi Taila*" are:

1. *Jati* (*Jasminum grandiflorum*) leaves
2. *Nimb* (*Azadirachta indica*) leaves
3. *Patol* (*Tricosanthes dioica*) leaves
4. *Naktamala* (*Pongamia pinnata*) leaves
5. *Siktha wax* (honey bee wax)
6. *Madhuk* (*Glycyrrhiza glabra*) roots
7. *Kustha* (*Saussuria lappa*) roots

8. *Nisha* (*Curcuma longa*) rhizome
9. *Katurohini* (*Picorhiza kurroa*) rhizome
10. *Manjistha* (*Rubia cordifolia*) stem
11. *Padmaka* (*Prunus puddam*) heart woods
12. *Lodhra* (*Symplocos racemosa*) stem barks
13. *Abhaya* (*Terminalia chebula*) plant
14. *Nilotpala* (*Nelumbium speciosum*) flowers
15. *Tuttha* (Copper sulphate)
16. *Sariva* (*Hemidesmus indicus*) roots
17. *Naktamaal beej* (*Pongamia pinnata*) seed
18. *Til taila* (*Sesamum indicum*) oil
19. *Jala* (Water)

Yastimadhu Taila: The drug is used for present study describe in Astanga-Hridaya.

मधुकरोध्रकणात्रुटिरेणुकाद्विरजनीफलनीपटुसारिवाः।
कमलकेसरपद्मकधातकीमदनसर्जरसामयरोदिकाः॥३५॥

सबीजपूरच्छदनैरेभिस्तैलंविपाचितम्। भगन्दरापचीकुष्ठमधुमेहव्रणापहम्॥३६॥ (अ.ह.उ.28/35-36)

CLINICAL STUDY

The *Parikartika* is the most prevalent disease of ano-rectal region. The aim of this study is to create clinical evidence regarding the role of '*Yasthimadhu Taila* and *Jatyadi Taila* in the management of *Parikartika* (fissure-in-ano).

MATERIAL AND METHOD

Total number of patients 31 were selected from O.P.D & I.P.D of Department of *Shalya* Tantrain Govt. Ayurvedic College and Hospital, Patna, In which Group-A contain 14 patients and Group-B contain 17 patients.

Selection of Patients

The selection of the patients was done on the basis of criteria. The criteria for inclusion of the patient in the study and criteria for exclusion of the patient from the study were and scrutinized accordingly as described below.

Grouping of patients

The screened patients of *Parikartika* w.s.r. fissure-in-ano will be randomly selected and classified into two groups: Group - A and Group - B.

Group – A: The patients were treated with *Jataydi Taila* in the dose of 5 ml intrarectally once a day for 21 days and oral application of *Triphala Churna* 5 gms/Patients/day at bed time.

Group – B: The patients were treated with *Yasthimadhu Taila* in the dose of 5 ml intrarectally once a day for 21 days and oral application of *Triphala Churna* 5gms/Patient/day at bed time.

Inclusion Criteria

Diagnosed patients suffering from *Parikartika* W.S.R fissure-in -ano with in a period of 30 days of its commencement will be selected from O.P.D of Anorectal Unit of Department of *Shalya* Tantrain Govt. Ayurvedic College and Hospital, Patna, will be collected randomly within the age groups of 20 to 60 years irrespective of sex.

Exclusion Criteria

Patients were suffering from chronic diseases and systemic disorders i.e.

1. HIV positive patients
2. Hbs Ag positive
3. Malignancy
4. Diabetes mellitus
5. Anemia
6. Tuberculosis
7. Colitis
8. Proctitis

Assignment criteria

The parameters for the present study are –

- To evaluate the efficacy of the treatment on the basis of the relief in the sign and symptoms both before and after treatment was taken for consideration.

- Pain
- Burning Sensation
- Bleeding
- Itching

Grading

Pain /Burning Sensation as Clinical Findings

1.	Absent	-		0
2.	Mild	+	25%	1
3.	Moderate	++	50%	2
4.	Severe	+++	75%	3
5.	Unbearable	++++	100%	4

Bleeding: -

Grading was done as-

- No bleeding 0
- 0 – 10 drops occasionally 1
- 11 – 20 drops 2

Itching: -

Grading was done as –

- Absent 0
- Once or twice in a day 1
- Often in a day and discomfort 2

OBSERVATION AND RESULT

Effect of treatment on Group A Patients-

Symptom	N	B. T	A. T	%	SD	SE	't'	'p'
		MeanScore						
Pain	14	2.21	0.42	80.64	0.61	0.16	10.80	<0.001
Burning Sensation	14	2.78	0.35	87.17	0.88	0.23	10.28	<0.001
Bleeding per rectum	7	1.71	0.51	70.59	0.63	0.17	9.606	<0.001
Sphincter	11	1.92	0.42	77.78	0.73	0.19	7.61	<0.001

Tone								
Fissure length (mm.)	14	2.21	0.5	77.49	0.82	0.22	7.74	<0.001
Itching	11	1.57	0.35	77.27	0.63	0.17	8.37	<0.001

In this group of 14 patients of fissure; The main symptom pain was relieved up to 80.64%, which was statistically highly significant. The reduction in burning sensation was upto 87.17%, which was statistically highly significant, The reduction in itching was 77.27%, which was statistically highly significant. There was 70.59% relief in Bleeding per Rectum which was statistically highly significant, relief in Sphincter Tone was upto 77.78%, which was statistically highly significant, Fissure length was relieved up to 77.49%, which was statistically highly significant.

Effect of treatment on group B Patients-

ChiefComplaints	No.	Mean		% Of imp.	S. D	S.E	't'	'p'
		BT	AT					
Pain	17	2.65	0.23	88.6	0.864	0.22	8.17	<0.001
BurningSensation	17	2.05	0.11	94.3	0.67	0.17	11.66	<0.001
Bleeding PerRectum	14	1.74	00	100	0.53	0.12	14.52	<0.001
Sphincter Tone	15	1.88	0.35	81.3	0.51	0.13	11.5	<0.001
Fissure Length(mm.)	17	1.58	0.23	85.2	0.51	0.13	10.2	<0.001
Itching	15	1.70	0.176	82.8	0.76	0.19	7.19	<0.001

In this group of 17 patients of fissure, the main symptom pain was relieved up to 88.6% which was statistically highly significant, the reduction in burning sensation was up to 94.3% which was statistically highly significant, the reduction in itching was 82.8% which was statistically highly significant. There was 100% relief in Bleeding Per Rectum which was statistically highly significant, relief in Sphincter Tone was up to 81.3% which was statistically highly significant, Fissure length was relived up to 85.2% which was statistically highly significant.

Over all result

Table: Overall result

PARAMETERS	% OF RELIEF	
	GROUP A	GROUP B
PAIN	80.64	88.6
BURNING SENSATION	87.17	94.3
BLEEDING PER RECTUM	70.59	100
SPHINCTOR SPASM	77.78	81.30
LENGTH OF FISSURE	77.49	85.20
ITCHING	77.27	82.80

The overall result shows that the treatment applied for Group A patients (*jatyadi taila*) and Group B patients (*yasthimadhu taila*) both are effective in Fissure-in-ano.



On day 1



After 7 days

After 14 days



Table declaration

The above table shows the two groups of percentage of relief in signs and symptoms. The value of t and p depend on the weekly assessment. The results of both groups statistically highly significant ($p < .001$).

DISCUSSION

The objective of the study is to prove the *Jatyadi Taila* and *Yasthimadhu Taila* are effective in the management of *Parikartika* W.S.R. fissure-in-ano as well as to study the disease *Parikartika* from *Ayurveda* and modern point of views.

Mode of action of *Jatayadi Taila*

Jatayadi Taila is taken for the treatment of *Parikartika*. *Suddha tutha* has *Vranaghna*, *Shothahara*, *Krimighna* and *Kandughna* properties as described by *Sadanand Sharma*, hence it can be attributed to check wound infection, itching and reduces inflammation.

Jati has, *Lekhna*, *Dahaprasamna*, *Krimighna* & *Kaphaghna* properties as described by *Acharya p.v sharma*, hence it can be attributed to check wound infection, itching and reduces inflammation.

Haridra has *Kusthaghna*, *Krmighna* and *Kandughna* properties as described by *charaka*, hence it can be attributed to check wound infection and itching.

Mode of action of *Yasthimadhu Taila*

Kashya Rasais capable to reduce inflammation and itching, *Tikta Rasa* is capable to reduce itching and burning sensation and *Kashaya Rasa* is capable of healing and anticoagulant. *Ruksha Guna* is anticoagulant and *Laghu Guna* is wound healing. *Yasthimadhu Taila* is *SnehaKalpana* and based on *Taila*.

Property of *Taila* has been mentioned as *Vata-kaph Samaka*, *Madhura*, *Sita*, *Visahara*, *Ropana*. *Taila* is having also soothing properties. It forms thin layer over the wound and

allows early epithelization, also protect from invasion of any microbes. *Ayurveda* discriminates their particular features also and recommends the *tila taila* best.

Hence, *Yasthimadhu taila* is capable to reduce inflammation, pain, itching, bleeding burning sensation and improve healing which are the cardinal symptoms of fissure.

Mode of action of *Triphala Churna* –

In the present study oral administration of *Triphala churna* with *lukewarm water* is common for all age groups. It was used as *Srotas-sodhan, Anulomana & Deepan* purpose.

Discussion On clinical Finding-

Surrounding skin-

22.5% patients are observed with unhealthy perineal skin another is with healthy perineal skin. It might be due to some discharge and unhygienic conditions in local part due to presence of Fissure -in-ano.

Position of fissure-

In the study 48.39% patients are observed with fissure only at posterior position of anus. 38.71% patients are observed with fissure at anterior position of anus. 12.90% patients are observed with fissure at anterior & posterior (6&12 o' clock) both. The reason behind occurrence of fissure bed at posterior position is mainly due to impact of direct pressure of stool at posterior aspect of anal canal when passing down at the time of defecation and other factors are also found responsible that is less muscular support at posterior aspect of anus. In this study maximum female patients and in female patients' anterior fissure is more common than male due to trauma to anterior aspect of the anal canal occurred at the time of delivering baby and muscular support becomes weak also at anterior aspect of anal canal i.e., 12 o' clock position.

Anal Sphincter Tone-

On per rectal digital examination, spasmodic anal sphincter is observed in maximum 77.4% patients.

Overall effect on both groups-

In group-A, treated by *Jatayadi Taila*, out of 14 patients total 10 patients were cured completely and showed statistically highly significant results. In this groups rest of 4 patients showed marked improvement after completion of treatment.

In group-B treated by *Yasthimadhu Taila* out of 17 patients total 13 patients were cured completely and showed statistically highly significant result. In this group, rest of 4 showed marked improvement after completion of treatment.

CONCLUSION

This research work conducted as a clinical study can be concluded in the following words:

1. The patients of Group-A got relief from Sphincter spasm earlier than patients of Group-B.
2. Result in both Groups were statistically highly significant ($p < 0.001$), the patients of Group-A got maximum relief from pain than patients of Group-B. But statistically both therapies are comparatively found equally effective in the complaint of pain.
3. In this study, it was observed that all patients of both groups had got complete relief in bleeding P/R within 7 days, in Group-B, patients had got 100% relief from Bleeding P/R and in Group-A 70.59%.
4. Both Group wound healed in early days.
5. Overall, the treatment of Group-A and Group-B patients both effective in the management of fissure.
6. The result of group- B statistically better than Group- A.

REFERENCES

1. *Sushruta Samhita*- By Kaviraj Ambikadutta shastri published by Chaukhambha Sanskrit Sansthan, Varanasi reprinted year 2017, Part-1 *Chikitsa Sthana* 34/3, page no.183.

2. *Charak Samhita*- By Sri Satya Narayana Shastri published by Chaukhamba Bharti Academy Varanasi reprinted Year 2003, Part-2 *Chikitsa Sthana* 28/70, page no. 790.
3. *Sushruta Samhita*- By Kaviraj Ambikadutta shastri published by Chaukhambha Sanskrit Sansthan, Varanasi reprinted year 2017, Parrrt-1 *Chikitsa Sthana* 34/16, page no.187.
4. *Sushruta Samhita*- By Kaviraj Ambikadutta shastri published by Chaukhambha Sanskrit Sansthan, Varanasi reprinted year 2017, Parrrt-1 *Chikitsa Sthana* 34/21, page no.188.
5. *Sushruta Samhita*- By Kaviraj Ambikadutta shastri published by Chaukhambha Sanskrit Sansthan, Varanasi reprinted year 2017, Parrrt-1 *Chikitsa Sthana* 36/33, page no.19 3.
6. *Charak Samhita*- By Sri Satya Narayana Shastri published by Chaukhamba Bharti Academy Varanasi reprinted Year 2003, Part-2 *Siddhi Sthana* 6/29, Page no. 1023
7. *Charak Samhita*- By Sri Satya Narayana Shastri published by Chaukhamba Bharti Academy Varanasi reprinted Year 2003, Part-2 *Siddhi Sthana* 7/5, Page no. 1034
8. *Charak Samhita*- By Sri Satya Narayana Shastri published by Chaukhamba Bharti Academy Varanasi reprinted Year 2003, Part-2 *Siddhi Sthana* 7/54, Page no. 1041
9. *Sushruta Samhita*- By Kaviraj Ambikadutta shastri published by Chaukhambha Sanskrit Sansthan, Varanasi reprinted year 2017, Parrrt-1 *Nidaan Sthana* 2/7, page no. 307.
10. *Charak Samhita*- By Sri Satya Narayana Shastri published by Chaukhamba Bharti Academy Varanasi reprinted Year 2003, Part-2 *Siddhi Sthana* 1/22, page no. 966.

***ADDRESS FOR CORRESPONDENCE**

Dr. Amar Kumar

Associate Professor,

Department of Shalya Tantra, Govt. Ayurvedic College & Hospital, Patna, Bihar, India

Email: dramarverma@gmail.com

Mobile: 6205939589