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Role of Jatyadi Taila in the Management of Parikartika W. S. R to Fissure-in-Ano

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Abstract: ***In the present era, the disease Parikartika is very common amongthe human population due to the unwholesome dietary habits and sedentary life style. Many informations are available in the ayurvedic classic regarding parikartikaincluding its various etiological factors, pathogenesis and different treatment modalities. 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. The efficacy of jatyadi taila in the management of parikartika is evaluated in this study. To envisage the present study assessment of the efficacy of the Drugs in Parikartika was conducted on 30 patients. jatyadi taila has been proposed for the present study. All the 30 patients are subjected to local application of jatyadi taila.***

Keywords*: parikartika*, fissure-in-ano, *jatyadi taila*

1. Introduction

Health is the prime aim of Ayurveda and In the era of fast food, there is change or irregularity in diet, diet timings and also sedentary life style etc., reflects adversely on the body as a whole and especially the digestive system in particular resulting into many disorders. Ayurveda speaks about various classification of diseases and one of them is known as *Parikartika*[1, 2, 3] – Fissure in ano[4], as a complication to other treatment which later maintain the shape of complication to many other serious types of disease like fistula, anal stenosis etc. has been taken up as a research problem for the study. The word *Parikartika* is referred in almost all the samhitas of Ayurveda. The main causative factor to this condition has been held responsible; as: a complication of therapies either local or general, applicable in most of the diseases of the digestive system 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 pain. Similarly *Dalhana*, *Jejjata* have also clearly described *Parikartika* as a condition which causes cutting pain in anus. Acharya Charaka and *Vagabhatta* used two words, *Vikartika*[5] as well as *Parikartika* for denoting the condition. *Chakrapani* also opines the same. The factors responsible for causation of *parikartika* are found in various texts as *Vamana-Virechanavyapada*, *Bastikarmavyapada*, *Atisara*, *Grahani*, *Arsha*, *Udavarta* etc. Very lately in chronology *Acharya Kashyapa* has described it in three types viz. *Vataja*, *Pittaja* and *Kaphaja*. *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 flatus, where as *Charaka* has described the features like, pricking pain in groins and sacral region, scanty constipated stools and frothy bleeding per anus.

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 haemorrhoidectomy or surgeries of fistula-in-ano. It occurs most commonly in the midline posteriorly, the least protected part of the anal canal. It is more common in youngsters and in reproductive age of females. 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. Pregnancy is a boon to a woman, but fissure-in-ano is a condition occurring during pregnancy and antepartum due to injury by foetal head, making pregnancy a dreadful experience. Also during pregnancy no surgical intervention and very less purgatives are prescribable. This again leaves a pit hole in the management techniques of fissure-in-ano, demanding for an applicable therapy even during pregnancy.

On the basis of the clinical symptoms the disease has been classified into two varieties viz. acute fissure-in-ano and chronic fissure-in-ano. No matter either acute or chronic it makes the patient suffer from excruciating pain and bleeding during and after defecation. These may be accompanied by haemorrhoids, sentinel tag and pruritus to add to morbidity.

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 vague 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.

On exploration of the Ayurvedic texts, a good number of treatments have been advocated. Almost all the treatments are based on the management of *vrana*, which shows that the longitudinal slit accompanied by so many other symptoms like different types of pain, seems to be the first problem to dealt with. Hence any treatment to be advocated for the treatment of *Parikartika* must have the property of *vrana ropaka*. As without dealing with the *vrana* healing, it may not be possible to get rid of the associated symptoms which seem to be primary. Many preparations like *Jatyadi ghrita, Yasthimadhu Ghrita* have already been tried Hence the present preparation under study; namely*: jatyadi taila*[6] has been proposed for the present study.

All the 30 patients are subjected to local application of *jatyadi Taila*

Aims and Objectives

1) Conceptual Study of *Parikartika roga* in paralance to Fissure-in-ano.
2) To evaluate the efficacy of *Jatyadi Taila* in the management of *parikartika* in Acute Fissure and Chronic Fissure.
3) To try to derive a standard and easily accessible treatment for fissure in ano.

2. Review of Literature

Vyutpatti:

The term Parikartika comprises of two words *pari*[8] and *kartika*.

The suffix *pari* when used it means "allover" or "whole" or "every entity" or "every aspect"

Kartika is derived from "*Krita*" verb, which means to cut. It is a noun form.

Thus the word Parikartika as a whole means "to cut circumferentially" or to cut all around.

Synonyms:

Following are the terms used in different context, which denotes similar condition.
Parikartika
Guda vidara
Ksata Guda.
Ksata Payu

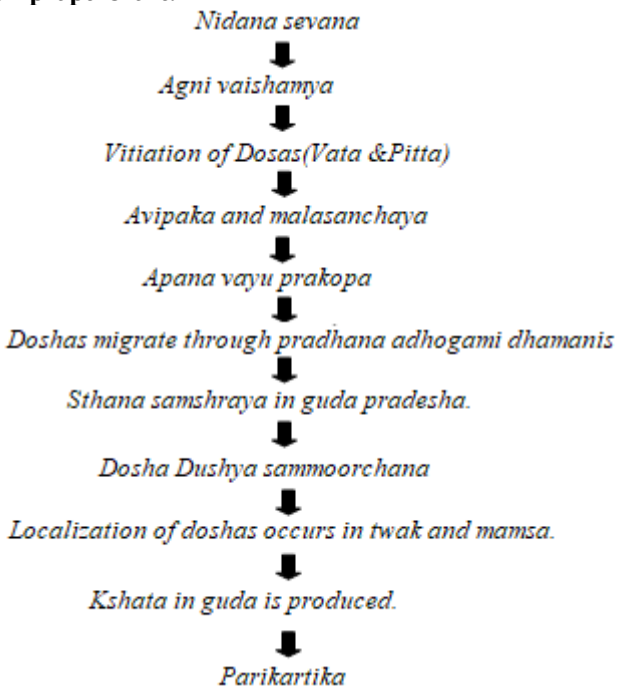
In the absence of systematic description of the disease *Parikartika*, to formulate specific aetiopathogenesis and management of the disease, first the available references of *Parikartik*a as described in various texts have been compiled here and elaborated

PRAKARA:

Kashyapa has described three types of *Parikartika*,

1) *Vatika Parikartika*
2) *Paittika Parikartika*
3) *Shleishmik Parikartika*

Samprapti chart:



Upadrava:

If *Parikartika* is not treated properly it may lead to formation of *Bahya Vataja Arsha*. *Sushruta* has considered *Parikartika* as *purva rupa* of *Vataja Arsha*. Further this condition i. e. *Parikartika janya Vataja Arsha*, if neglected it may result into *Arsho Bhagandara*.

Fissure

The term "fissure" generally denotes a crack or a split or a cleft or a groove. The anal fissure (or fissure-in-ano) has been described as an acute superficial break in the continuity of the anoderm (anal skin) usually in the posterior midline of the anal margin. .

Types:

1) Acute
2) Chronic.

1) Acute fissure in ano:

Acute fissure in ano is a tear of the skin of the lower half of the anal canal. There is hardly any inflammatory induration or oedema of the edges. Anal sphincter muscle spasm is always present.

2) Chronic fissure in ano:

If the acute fissure fails to heal it will gradually develop into a deep undermined ulcer; termed now as chronic fissure. It is a deep canoe shaped ulcer with thick edematous margins. At

the upper end of the ulcer there is hypertrophied papilla. At the lower end of the ulcer there is a skin tag known as "Sentinel pile" There is characteristic inflammation and induration at the margins. Base consists of scar tissue and internal sphincter muscle. Spasm of internal sphincter is always present. Sometimes infection may lead to abscess formation. Chronic fissure-in-ano may have a specific cause e. g. Crohn's disease, ulcerative colitis, tuberculosis and syphilis, so these should be elicitated. In long standing cases, the muscle becomes organically contracted by infiltration of fibrous tissue The situation of the fissure in the vertical axis of the anal canal is very constant. It lies in the cutaneous portion of the anal lining between the level of the anal valves and the anal orifice.

3. Clinical Features

Pain:
Sharp, agonising pain starting during defecation, often overwhelming in intensity and lasting for an hour or more. As a rule, it ceases suddenly, and the sufferer is comfortable until the next action of bowel. Periods of remession occur for days or weeks. To some patients the pain is so agonizing that they tend to become constipated rather than go through the agony of defaecation. The reason of pain following stool can be understood on the basis of pathophysiology of nervous involvement of anorectal region. During defaecation the anal tissues are stretched and the margins of the anal ulcer are separated. The first victim of anal fissure is the anal integument /skin of the anal canal. The anal skin has somatic sensory nerve-supply further the sensitive nerve conveys its influence from the surface of the ulcer to the spinal marrow, and the motor branch conveys the motor power from the spinal marrow to the sphincter muscle thus the irritation engenderaed at the ulcer is conveyed to the spinal marrow, thereby producing reflected effects upon the sphincter muscle, leading to painful contraction, which continues until the muscle becomes fatigued and at that time the patient feels relief. Hence the spasm of the muscle results in pain, whereas, the fatigue results in relief.

Bleeding: This is another important symptom that brings the patient, alarmed to the doctor. This is by no means an invariable symptom of fissure, but is very common. Usually the bleeding is quiet slight and amounts to little more than a streaking of the motion but occasionally the loss is more profuse and may cause anemia if there is an associated pile m

Swelling:
Some patients with a large sentinal tag may become aware of this as a lump at the anus and may complain of heaving a painful external piles.

Discharge and Pruritus:
If there is mucus discharge this may lead to soiling of the underclothes, and increase moisture of the peri-anal skin results in pruritis around the anus.

Urinary symptoms:
Some times patients have developed disturbances of micturation by reflex mechanism and C/O either dysuria and retention or increased frequency.

Bowel habit:
The patient can quickly make out that is either initiated or aggravated by defaecation. So there is tendency to defer going to stool, thereby the normal bowel habit is gradually taken over by the constipation.

Nervous Manifestation:
In stable individuals there may be no systemic reaction. Whereas in less stable persons there may be abdominal discomfort, digestive disturbances, headache, irritability and extreme nervousness. There may be marked changes in the personality.

Secondary Changes:
An oedematous tag at the lower end of the fissure is seen in long standing cases. This tag is called as sentinel pile. This is due to low grade infection and lymphatic oedema. The tag is very inflamed, tense. Later it may undergo fibrosis and persist as a permanent skin tag. Similar etiopathogenesis gives rise to hypertrophied papilla at the inner end of the fissure. It is pyramidal in shape and is tender on touch. Due to constant spasm of internal sphincter muscle due to pain there is gradual fibrosis of the muscle

4. Material and Method

A) The Patients: The patients attending the O. P. D. and I. P. D. of the Jammu institute of ayurveda and research have been selected for the present study.

B) The Drugs: The formulations with their respective ingredients have been prepared in the pharmacy section of J. I. A. R

C) Clinical Study: The material for clinical study consists of the patients attending the O. P. D. and I. P. D. of Shalya Department of desh bhagat ayurvedic college mandi gobindgarh. . They were selected irrespective of their age, sex, religion, race, occupation etc. fulfilling the criteria of selection and eligibility of study. The second part of the material is the drugs, the effect of which will be studied in 30 patients.

Eligibility criteria:
- Patients who are clinically diagnosed as *parikartika*.
- Both males and females.
- Age above 20 years and below 60 years.
- Female Patients with pregnancy will also be included.

Exclusion Criteria:
- Patients associated with ano rectal disease Polyps, abscess, growths.
- Patients having *Parikartika* secondary to Ulcerative colitis, Crohn's disease, Syphillis will be excluded.
- Patients with systemic disease like D. M., Hepatitis, T. B., HIV.

Method of administration of jatyadi ghrita:
20 ml Jatiyadi Taila is applied locally in guda with the help of pichu[9].

Mode of action of jatyadi ghrita:
Jatiyadi Taila has very good shodhana, ropana, property so by removing the accumulated secretions in the fissure bed, it promotes healing and reduces the chances of secondary infections

Criteria for Assessment
1) Constipation
2) Pain
3) Bleeding
4) Itching
5) Sphincteric spasm
6) Discharge

5. Observations

Variable pair		t	df	Sig. (2-tailed)
Pair 1	cbt-cat	25.939	29	0.000
Pair 2	pbt-pat	14.969	29	0.000
Pair 3	bbt-bat	11.470	29	0.000
Pair 4	ssbt-ssat	19.313	29	0.000
Pair 5	dbt-dat	11.948	29	0.000
Pair 6	ibt-iat	8.635	29	0.000

Cbt-constipation before treatment Cat-constipation after treatment
Pbt-pain before treatment Pat-pain after treatment
Bbt-bleeding before treatment Bat-bleeding after treatment
Ssbt-sphincter spasm before treatment Ssat-sphincter spasm after treatment
Dbt-discharge before treatment Dat-discharge after treatment
Ibt-itching before treatment Iat-itching after treatment

6. Results

Ptients showed good response regarding constipation 95% which was statistically highly significant at the level of $p < 0.001$ ($t = 9$) in case of Burning improvement was statistically highly significant at the level of $p < 0.001$ ($t = 11.5$), Patients also showed 95% improvement which was a very good response to pain which was highly significant at the level of $p < 0.001$ ($t=14.969$), Patients showed highly significant results in case of sphincter spasm, itching and discharge too *Jatyadi Taila* has a very good *Vrana shodhana*, *Ropana* property and thus has proved to be a very good combination for local application. It is very easy to prepare and apply and is also indicated in many skin wounds or ulcer, so it is easily accessible and result oriented drug which can be used as a household remedy. This therapy is more applicable and effective upon chronic fissures and acute ones where severe pain is already present. It can be used as an O. P. D. procedure and no hospital stay in required unlike that required after any of the surgery for fissure-in-another untoward complication like incontinence and structure of surgery are also avoided.

7. Conclusion

Fissure-in-ano is a very painful and destabilizing condition. . *Jatyadi Taila* in the patients suffering from *parikartik*a has given very successful results. In this research study total 30 patients were treated with local application of *Jatyadi Taila.* On the basis of this study the following conclusions can be drawn. Abut 83% patients belong to age group of 20-60 years. Most of these were males.6 o'clock is always a fixed position for fissure in ano in about 83% cases and most of the time it is single fissure only. However, the fissure at 12 o'clock or at odd sites may also be found either alone or in combination. Pain which is the most evident and presenting symptom of fissure-in-ano is relieved much earlier and completely by the application of *Jatyaditaila,* which takes more time for producing the same response. The fibrotic tissue is removed instantaneously by *Kshara*[10] application. *Kshara* application needs very less instruments and only surface or local infiltration anesthesia, no general anesthesia or spinal anesthesia is needed as required to carry out other surgical procedures. No hospital stay is needed and procedure can be carried out on out patient basis or one day surgery. No untoward complications like, other surgical procedures are evident here. The spasm of anal sphincters which is the main contributor for pain and non-healing of ulcer is relieved effectively with in few days with application of *Jatyaditaila*. *Rakta srava* if present can be effectively controlled with in 2-3 application of *Jatyaditaila*. Majority of the cases show a complete healing of the ulcer or fissure with in 4-5 days time under the influence of *Jatyaditaila* and by the end of therapy there is minimum hypergranulation or scar tissue formation. With reduction in the time taken for healing and reliving of sphincteric spasm, the phenomenon of healing by 2nd intention can be avoided completely and regeneration of similar tissue can be gained than otherwise formed repair with scar tissue or tag formation with relief in inflammation also. The follow up study of these cases shows that the results achieved in all the Patients are effective and stable for a long time no recurrence was noticed in during the follow up.

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