

Clinical Management of Parikartika

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Guide

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Abstract-

The word parikartika is mentioned in Bastikarma vyapath and Vamana-virechana vyapath. Sushrutha specifies that for virechana vyapath it is Gudaparikartika and for vamana it is kankashanana Kashyapa has described its types in the purview of Garbini chikitsa. The earliest reference about 'parikartika' is available from Sushrutha Samhitha (1000 B.C). We will get description about parikartika in all Bruhatrayees and later period authors of Ayurveda. parikartika can be correlated with fissure-in-ano mentioned in Allopathic science. Fissure in ano is very commonly encountered in current day to day practice. It comprises of 6-15% of anorectal disorders and is characterized by excruciating pain during and alter defecation, bleeding per anum with spasm of anal sphincter for this resone we selected parikartika for this research study this study carried out on group of 5 patients.

Introduction:

The condition fissure-in-ano commonly encountered in surgical practice has similar location, pathology and predominant features of parikartika like excruciating pain, constipation, stools streaked with blood etc. Medical treatment for acute fissure is oral pain killers, stool softeners, soothing ointment and self dilatation (using anal dilators) on medical advice etc. Surgical management includes Lord's dilatation, sphincterotomy, fissurectomy, anal advancement flap. All these methods of modern science have drawback or side effect, for this reason aurvedokta shaman chikitsa is applied for this study. It is more common in women, mostly seen between 30- 50 yrs of age. It occurs commonly in the midline posteriorly, the least protected part of anal canal. In males fissure usually occurs in midline posteriorly (90%) and much less anteriorly (10%). In female on the midline posteriorly are slightly common than anteriorly The relative frequency of anterior fissure in females may be explained by trauma caused by fetal head on the anterior wall of the anal canal during delivery.

Aim & objectives:

- To study the etiopathogenesis of Parikartika.
- To study the role of shaman chikitsa in the management of Parikartika

Material & Methods:

Five patients of parikatika were selected from OPD or IPD of shalyatantra dept of our institute .Patients selected as per our inclusion& exclusion

criteria, written consent taken from patients. This is 60 days study. Chikitsa taken for 30 days, follow up day 15 day 30th Day 60th.

Chikitsa:

- Aragvadhakapila vati - before meals 2 times
- Abhayarishta - before meals 10 ml BD
- Eranda tailam It is to be used in the making of dough while making roti daily.
- Yashtimadhu tailam -To be applied locally at the anus.
- Draksha Kwath approximately 15 ml BD (For decoction of 4- 5 soaked black raisins and drink the lukewarm decoction with a pinch of salt (saindhava) and ghee in her daily routine before meals)

Inclusive Criteria

- 1) Patient of age group 18-60 suffering from only fissure in ano.
- 2) The cases are randomly selected irrespective of sex, chronicity Prakriti, Doshas and type of fissure.

Exclusive Criteria:

- Patient below 18 years and above 60 years of age.
- Known/suspected case of carcinoma of anus or rectum.
- Multiple fissures-in-ano as a complication of skin diseases.
- Known case of STD, HIV infections& other infectious diseases Fissure secondary to fistula-in-ano, Ulcerative colitis Tuberculosis, Syphilis, Crohn's disease,

other systemic disease pertaining to colorectum etc.

- Uncontrolled Diabetes mellitus

Subjective Criteria:

- 1) GudagataShoola (Pain)
- 2) Gudagata RaktaStrava (Gross Bleeding)
- 3) Guda Daha (Burning sensation)
- 4) GudaKandu (Pruritus)

Objective Criteria:

- Bleeding P/A
- Spintric spasm (manual estimation)

Sr. No.	Sign Symptom	Grading	
1	Pain	Absent	0
		Few minutes after defecation	1
		Few hours after defecation	2
2	Bleeding P/A	Continuous	3
		No bleeding	0
		Microscopic bleeding	1
		Gross bleeding with stool	2
		Gross bleeding drop by drop	3
		Gross bleeding with fountain flow	4
3	Burning Sensation	No burning sensation	0
		After defecation for few minutes	1
		After defecation for few hours	2
		Contineous	3
4	Pruritus	No	0
		Mild	1
		Moderate	2
		Severe	3
Objective			
5	Sphintric Spasam	Relax spincter	0
		2 finger	1
		Index finger	2
		severe	3

Investigations :

- 1) Routine hematological investigations- RBS, CBC,& L.F.T, R.F.T.(as when required)
- 2) Urine examination
- 3) Stool examination
- 4) HIV I&II Test

Results & Observation:

This is single blind clinical study carried out on 5 patients, for data analysis wilcoxen signed rank test was used. Results are as follows-

Paramet ers	Mean score			Medi an diff.	Samp le size	Wilcox on signrd rank test (t+)	P value
	B. T.	A. T.	Dif f				
Pain	1.67	0.37	1.27	2.03	5	378.0	<0.001
Bleedin g P/A	2.33	0.30	2.33	2.05	5	465	<0.001
Burning sensatio n	1.83	0.33	1.51	1.10	5	465	<0.001
Pruritus	2.10	0.27	1.73	2.02	3	435	<0.001
Spinatri c Spasm	2.54	0.62	1.55	2.02	5	467	<0.001

Pain	81.13%
Bleeding P/A	83.12%
Burning sensation	79.11%
Pruritus	78.6%
Spinatric Spasm	&6.22%

Discussion:

Nidanaparivarjana is the first line of treatment for this disease The patient was asked to stop the causes mentioned earlier. Patient advised to increase the intake of liquids like water and butter milk (good for anal diseases) homemade butter and ghee to reduce the constipation. In argwadh kapila vati ,As aragvadha and kapila are smooth laxatives, they relieve constipation. In abhayarishta Abhaya (haritaki-Terminalia chebula) is laxative and other ingredients in the decoction help to correct constipation. In yashtimadhu tail, yashtimadhu (Glycerrhiza glabra) is madhu, sheet in properties, it is vata nashak.jeevaneeya vranaropaka is lubrication and vatanashak. It reduces pain and cracks at the anus. Draksha kwath gives excellent results correcting the constipation, it act as smooth laxative property.It is also very good rasadhatuposhaka dravya. Combine effect of all this therapy shows excellent results 6 related and lifestyle related

Conclusion:

The removal of causes along with proper Ayurvedic treatmen and consultation regarding diet and life style has given excellent result

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