

## A Comparative Study Of Efficacy Of Yastimadhu Ghrith With Kasisadi Ghrith In Management Of Parikartika W.S.R. To Fissure In Ano.

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### Abstract:

*Fissure in Ano is most common disease & it resembles with parikartika in Ayurvedic classics. Cutting or burning pain, constipation, spasm, bleeding, itching in perianal region are the common symptoms of fissure in ano. According to modern science, treatment of acute fissure-in-ano is analgesics, antibiotics, laxatives, ointment containing anesthetic agent, vasodilator and steroids and also Lord's anal dilatation, sphincterotomy, fissurectomy are the surgical procedures, having due risk such as incontinence and abscess formation. After referring the Ayurvedic texts we observed that Yashtimadhu Ghrith and Kasisa dighrith has Vrana Ropana, Daha shamana, Vata Pitta shaman, Vedana shamana, analgesic and healing properties and ghrith having sanskara anuvarti properties which can help the fissure to heal rapidly. Present study was conducted to evaluate and compare local effect of Yashtimadhu Ghrith and kasisadi Ghrith in management of Parikartika. The Results revealed that Statistically Yashtimadhu Ghrith and kasisadi Ghrith both are effective in parikartika but Yashtimadhu ghrith per rectal local application is more effective remedy compared to kasisadi Ghrith.*

**Keywords:** Sushrut Samhita, Parikartika Chikitsa, Yashtimadhu Ghrith, kasisadi Ghrith

### Introduction:

Life is considered as conjunction of Body, Soul, Mind and senses. All these are important in maintaining health and prevention of disease. Now a days people suffer from side effects and the after effects of multiple modern drugs. All these drugs suppress the disease but lower the human immunity. Dietary habits of individuals are changed due to their life style. All these are the causes of disturbed digestive system, which results in many anorectal disorders such as 'fissure in ano'. As per the Ayurvedic Samhitas, Parikartika is caused due to Vamana- Virechan-Basti netraVyapada & as Upadravas of Atisara, Arsha, Udavarta, and Grahani. Fissure in ano is a very common and painful condition. Its causes are mental stress, modern lifestyle, and improper dietary habits, constipation, spasm of the internal sphincter, anal stenosis followed by operation of haemorrhoids which results in fissure in ano. Similarly, secondary causes like ulcerative colitis, chron's disease, syphilis and tuberculosis are also responsible for developing of fissure in ano. It is also common during Antenatal and Antepartum stage. In pregnant women, surgical intervention and purgatives are less prescribed. So

external application therapy will be useful. As per the references of Samhitas Parikartika is a condition of Guda where there is cutting and burning pain. Many Acharyas of Ayurveda explained Parikartika as complication of other disease types. So detail information of Parikartika is scattered.

Yashtimadhu ghrith and kasisadighrith have the ingredients with Vrana shodhana, ropana, vedanasthapanana, rakta sthambana properties which can help the ulcer to heal rapidly (su.su.36/16). Ghrith has Samskar Anuwartini, Yogawahi, Vata-Pitta shaman, Medhya & healing properties itself.

### Aims:

To compare the efficacy of YASTIMADHU GHRITH with KASISADI GHRITH in the management of PARIKARTIKA.

### Objectives:

1. Evaluation of the effect of yastimadhu ghrith in fissure in ano.
2. Evaluation of the effect of kasisadi ghrith in fissure in ano.
3. Compare & ascertain the efficacy of yastimadhu ghrith with kasisadi ghrith in the management of Parikartika.

**Materials and Methods:**

**Patients:** Screening of 50 (25 in each group) OPD and IPD patients irrespective of sex, presenting with symptoms of Parikartika from Shalya – Tantra Department.. Randomization allocation of groups was done.

**Drug:** Group A:Yastimadhu Ghrith, Administration:- Per Rectal local application (twice a day)

Duration – 2 weeks

**Group B:** kasisadi Ghrith, Administration:- Per Rectal local application ( twice a day )

Duration – 2 weeks

**Inclusion Criteria:**

1. Patients having classical features of fissure in ano, will be selected.
2. Sex : Either Sex
3. Age : 18 yr To 60 yrs
4. Acute fissure in pregnancy & during lactation.
5. Patients willing for written consent will be selected.

**Exclusion Criteria:**

1. Chronic fissure in ano.
2. Piles (Internal, External), Sentinel tag.
3. Fistula in ano.
4. Crohn’s Disease.
5. Any other ano rectal malignancy.
6. Congenital anomalies of anus.
7. Ulcerative colitis.
8. Syphilis
9. Patients suffering from systemic disorders likes HTN ,DM,
10. Patients suffering from HIV, HbsAG, Tuberculosis.

**Grading For the Assessment Criteria:** 1. For Subjective Parameters:

**Burning Sensation:**

- No - 0 (No burning)  
 Mild - 1 (1/2 hr after defecation)  
 Moderate - 2 (upto 2 hr after defecation)  
 Severe - 3 (more than 2 hr after defecation)

**Pain = Visual Analogue Scale:**

The following scale is used to help out assessing the severity of pain. Patients were asked to locate a finger at pain was assessed accordingly

0	1	2	3	4	5	6	7	8	9	10
No	Mild	Discomfort		Distress		Horrible		Excruciating		
Nil	Mild	Moderate				Sever				

**Tenderness:**

- NO - 0 (no tenderness)  
 Mild - 1 (pain on deep palpation)  
 Moderate - 2 (pain on light pressure)  
 Severe - 3 (pain on touch)  
 More Severe - 4 (patient does not allow palpation due to pain even on touching of under cloths & difficulty in sitting).

**PR Bleeding:**

- No - 0 ( no PR bleeding)  
 Mild - 1 (streak of blood with stool)  
 Moderate - 2 (1 To 2 drops of blood)  
 Severe - 3 (more than 2 drops of blood)

**Ulcer Size:**

- No - 0 (completely healed ulcer)  
 Mild - 1 (superficial ulcer)  
 Moderate - 2 (ulcer deeper to subcutaneous tissue)

**B. Objective Parameters:**

**Sphincter Spasm:**

Symptoms	Normal	Spasmodic
Grading	0	1

**Proctitis:**

Proctitis	Absent	Present
Grading	0	1

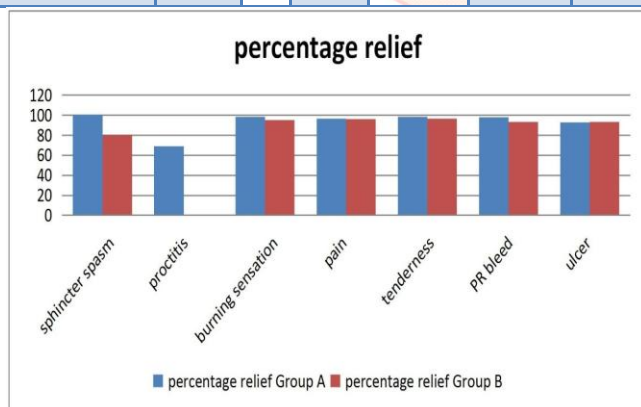
**Criteria for result assessment**

1. Cured-complete relief in signs &symptoms.
2. Improved-above 50 but bellow 100% relief sign & symptoms.
3. Relived-bellow 50%relief in sign &symptoms.
4. Not cured-no change in sign.

**Observations and Results:**

	Group	N	Mean Rank	Sum Rank	Mann - Whitney U	P-Value
PROCTITIS	Group A	30	24.17	725.00	260.000	0.327
	Group B	20	27.50	550.00		
	Total	50				

<b>SPHINCTER SPASM</b>	Group A	30	29.0	870.0	195.00	<b>0.006</b>
	Group B	20	20.2	405.0		
	Total	50				
<b>BURNING SENSATION</b>	Group A	30	24.9	748.5	283.50	<b>0.724</b>
	Group B	20	26.3	526.5		
	Total	50				
<b>PAIN</b>	Group A	30	22.8	685.5	220.50	<b>0.107</b>
	Group B	20	29.4	589.5		
	Total	50				
<b>TENDERNESS</b>	Group A	30	25.5	767.5	297.50	<b>0.959</b>
	Group B	20	25.3	507.5		
	Total	50				
<b>PR BLEED</b>	Group A	30	24.9	749.0	284.00	<b>0.727</b>
	Group B	20	26.3	526.0		
	Total	50				
<b>ULCER</b>	Group A	30	25.6	770.0	295.00	<b>0.908</b>
	Group B	20	25.2	505.0		
	Total	50				



### Discussion

**Age:** Out of 50 patients studied in this series maximum numbers of patients were of 21-30year,

31-40year & 41-60year age group & no patient found in age group of below 10years & also above 60years. The occurrence of fissure in old age is naturally diminished since all the muscle in this age including the external sphincters become lax & hardly offers any resistance to fecal column. The chances of developing a fissure in old age is minimum. The group of 21-30years is the age when a person is busy in their irregular lifestyle. This is most susceptible for developing constipation, giving rise to a hard stool inside the anal canal, resulting into fissure.

**Sex:** Out of 50 patients, the male female ratio of fissure formation is near about same. But in female patients, most of are in pregnant or postnatal stage. In Kashyapa Samhita, this disease has been described as a complication of pregnancy in women which is again a very correct observation from the modern point of view.

**Religion:** Out of 50 patients, mostly Hindus are diagnosed due to the majority of population in India.

**Occupation:** Most of the patients were found from service class & housewives. Service class person & housewife use to take hard sitting, long sitting & irregular regimen. So all these patients are more prone to develop habitual constipation & digestive problems, ultimately resulting into fissure in ano.

**Diet & Habits:** Most of the patients of this study were taking mix diet. Non-veg diet is oily & spicy type of food. So these patients are more prone to develop fissure & digestive problems. Whereas the patients who takes purely veg diet are less prone to develop fissure due to its less oily, well boiled & easily digestible properties. Most of patients observed having different types of bad habits such as Tobacco, Mishri, Cigarates & alcohol. All these are the causes of affected digestive system.

**Sphincter Spasm:** Most of the patients were having complaint of sphincter spasm. That indicated the pain is so agonizing, resulting into spasm. Spasm is due to involuntary musculature of the internal sphincter. If the fissure is in acute stage, patients suffer from severe pain.

**Proctitis:** Effect observed in Group A is significant and Group B is not significant. From the above observations, patients in group A and 2 patients in group B were having proctitis. This is may be due to inflammation of chronic fissure.

**Burning Sensation:** From the above observations, most of the patients in both group were having complaint of burning sensation after defecation. This may be due to, ulceration and spasm in anal region. **Pain:** From the above observations, most of the patients were having complaint of intermittent sharp cutting pain. It starts with defecation and persists for some time after the act. Such type of pain may be due to Vata-Pitta prakop in fissure. Also in some patients the pain is so agonizing that they tend to become constipated rather than go through the agony of defecation. The reason of pain after defecation can be understood on the nervous involvement of anal region.

**Tenderness:** Most of the patients having complaint of tenderness at anal region were seen. This may be due to the inflammation.

**PR Bleed:** Most of the patients were having complaint of intermittent PR bleed. This may be due to ulceration at anal region because of hard stools.

**Ulcer:** Maximum patients of acute fissure in Ano were seen. This may be due to sphincter spasm, constipation and hard stool. In fissure in Ano, during defecation the anal tissue are stretched and the margins of anal mucosa are separated.

#### Probable Mode of Action of drug:

**Anti inflammatory action:** Yastimadhu contains Glycerrhizine and Asparagine as active ingredient. Glycerrhizine is a saponin which is widely used as an anti inflammatory agent. So, it may be used in fissure, to reduce tenderness and proctitis. **Analgesic action:** Yastimadhu contains Asparagine. It is a type of amino acid and act as analgesic (natural painkiller). So it may be used in fissure to reduce burning sensation and pain. Pain is reduced due to vednashamak effect of Yastimadhu Ghrith local application without using any antibiotic or sedative. It not only controls the pain but also act as Vatahara, Pittashamak, Ropak, Dahashamak and Rakta sthambak in parikartika.

**Ghrith:** Ghrith also reduces the rukshata of Vayu and maintain the normal tone of anal muscle. Soothing effect is achieved due to Ghrith. Goghrith, which itself is having sanskaranuvartini, yogavahi, analgesic and the healing properties. It also contains vitamin A, D, E and K. Vitamin A and K are antioxidant and are helpful in healing of fissure.

Vitamin K keeps epithelial tissue of the body intact. Sanskaranuvartini property is potentiated by Goghrith which creates a good medium for absorption, transport and delivers of the Ayurvedic formulation (Yastimadhu Ghrith) to the proper area of the body (Guda).

#### Conclusions:

In this present work of Parikartika, Group A of 25 patients were treated with Yashtiamdhu Ghrith and group B of 25 patients treated with Kasisadi Ghrith as a local application. In group A all the cases got relief from their symptoms viz. burning sensation, pain, tenderness, PR bleed, ulcer size, sphincter spasm and proctitis within 1-2 weeks. In group B, all the cases got relief from their symptoms except proctitis. Within 2 weeks some patient were cured and some patients took longer time to get relieved. It was also observed that overall effect of both drugs on Parikartika were significant. Yastimadhu Ghrith definitely plays an important role in curing the cardinal symptoms of Parikartika. Most evident symptom present i.e. pain and bleeding, burning sensation, ulcer healing can be relieved much earlier by the application of Yastimadhu Ghrith rather than Kasisadi Ghrith.

#### References:

1. Sushruta Samhita Hindi vyakhya by Vd.Ambika data Shastri, part-1 & part- 2.
2. Sushrut Samhita with Nibandha sangraha Commentry by sri Dallhanachaarya.
3. Bhavaprakasha by Bhavmishra, Ed .by Bhishagratna Pandit Sri Brahma Shankar Mishra, published by Jayakrisna Das Haridas Gupta, Chaukhamba Sanskrit series office, Banaras.
4. Dravya Guna Vidnyan by Vd.Priyawat Sharma Chaukhamba Prakashana, Varanasi.
5. Ayurvedic Pharmacopia of India, part- 1, volume-1, 1<sup>st</sup> edition by Prof.A.N. Namjoshi.
6. Indian Materia Medica, volume-1, Dr.K.M.Nadkarni & Dr.A.K.Nadkarni.
7. Database On Medicinal Plants Of Ayurveda, volume-3 by Dr.P.C.Sharma, Dr.M.B.Yelne & Dr.T.J.Dennis.
8. The Ayurvedic Formulatory Of India, 1st English edition, part-2 by Vd.Shailaja Chandra.