



**Comparative assessment of efficacy of Ayurvedic medications in the management of
Parikartika (fissure in Ano)**

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Abstract

In the Era of Hurry, Worry and curry the fast moving life, irregular food habits, fast food, sedentary life style and mental stress all these factors leads to Ano-rectal diseases like Fissure in Ano is one of them found in community mostly. In this Fast life everyone expects easily available, fast relief, better results, safe, cost effective and less time consuming treatment. In this condition it fits to description that Ayurvedic medication might be fruitful in treating Fissure in Ano.

So far as modern medicinal treatment is concerned it has lot of drawbacks, such as patients gets accustomed to stool softener & increasing doses of it required for relieving constipation. Also when fissure heals and stool softener are stopped fissure reoccurs. Use of local ointments causes dermatitis and systemic complications like giddiness, Hypotension etc. There is also a fear of sepsis and infection causing abscesses and fistulae.

Medicinal treatment can't break the pathology of formation of fissure as sphincter spasm is not relieved so recurrence is very much common. Due to all this, chronicity of fissure goes on increasing making it more complicated.

Present study comprises of two groups of patients, each having 30, giving Group A- Ayurvedic medication and Group B – Modern Medicinal treatment. Ayurvedic treatment has better efficacy in relieving symptoms. This could be act as a sphincter gets relaxed by Shatadhaut ghrut and other Ayurvedic treatment, so Ayurvedic medication is very effective, without complication and side effects.

Key Words: Fissure in Ano, medicinal treatment, sphincter spasm, Shatadhauta ghrut.

Introduction

Anal fissure is most common cause of severe anal pain. It is equally one of the most common reasons of bleeding per anus in infants and young children. The pain of anal ulcer is intolerable and always disproportionate to severity of the physical lesion. It may be so severe that patients may avoid defecation for days together until it becomes inevitable. This leads hardening of stools which further tear the endoderm during defecation, setting a vicious cycle. It is the most painful & agonizing condition, because of which patients physical and mental state of well being is hampered.

Etiology

In almost all cases trauma to the anal canal during passage of large hard motion is suspected the cause of forming fissure in ano.

- Constipation: repeatedly traumatizing the lining of the anal canal
- Passage of hard stool
- Chronic Diarrhea
- Habitual use of cathartics Anal trauma (like due to rectal examination using speculum and digit, Anal intercourse)
- It is most commonly seen in young and middle-aged adults who has usually present with Constipation.
- Low intake of dietary fiber may be a risk factor for the development of acute anal fissure. Patients with anal fissure often have raised resting anal canal pressures with anal spasm, which may give rise to ischemia.

Pathophysiology

In anal fissures, anus distal to dentate line is involved. About 90% of anal fissures occur in the posterior midline where skeletal muscle fibers that circle the anus are weakest. The remaining 10% are found in the anterior midline.

Sex

1. Anal fissures affect both sexes equally: however, an anterior fissure is more likely to develop in women (25%) than in men (8%)
2. Anal fissures are a complication of anorectal abscesses, which are more common in

men than in women (male to female ratio of 2:1 to 3:1)

3. Only 8% of anal fissures are anterior in men; 75-90% of fissures in women are posteriorly located.

Age:

1. Although anal fissures are the most common cause of rectal bleeding in infants, they are primarily seen in young adults.
2. 87 % percent of people with a chronic anal fissure are between the age of 20 and 60 years old.

Aims & Objectives

1. To find efficacy of Ayurvedic medication in relieving pain and other symptoms of fissure and curing it.
2. To compare effectiveness of Ayurvedic medication and Modern medicine.

Materials and Methods:

An Open controlled randomized study on 60 patients. Acute or Chronic fissure in Ano satisfying the inclusion criteria as described below were diagnosed. These patients were allocated into two groups randomly, Group A (30) was received Ayurvedic medication and Group B (30) was received Modern medicinal treatment.

An understanding of the procedure was given to the patients about the study and a written consent was taken from the patients prior to participation in the trial.

Inclusion Criteria:

1. The patients (all age groups, both male and female) having chronic fissure in ano with inflamed, indurate margins.
2. A diagnosed case of Acute fissure in ano.

Exclusion Criteria:

The patients with Inflammatory bowel diseases, previous ano-rectal surgery, granulomatous and neoplastic diseases as well as Chronic fissure in Ano, Fistula in Ano, Internal or External piles, Chronn's disease, Anal tuberculosis, Congenital anomalies of Anus, Ulcerative colitis, were excluded from study. Also AIDS, pregnancy, Syphilis, Diabetes were excluded from study.

Drugs and Doses

Group A

- *Avagaha sweda*

- *Gandharva haritaki* 4 gm Hs. for 21 days
- *Shatadhauta ghrut* local application for 7 days

Group B

- Sitz bath
- Syp. Cremaffin plus 2-3 tsf Hs for 21 days.
- Local application of Lignocaine 2% jelly for 7 days.

In Group A –*Shatadhauta ghrut* is prepared according to *vidhi of Sharangdhar Samhita* and given for local application for 7 days daily. *Gandharva haritaki* is *bhurjit haritaki* with *errand tail*, given in the dose of 4 gm H.S. with *koshna jala*. *Avagaha sweda* given 3-4 times a day with *koshna jala*.

In Group B – Lignocaine 2% jelly 2-3 times a day before and after defecation. Syp Cremaffin plus is given as stool softener and Sitz bath is given 3-4 times with mild hot water.

Follow up was taken every week up to 1 month.

Observation & Results

Table showing Statistical analysis

The clinical parameters of diagnosis are pain during defecation, constipation, Per Rectum bleeding and size of ulcer. Modern medicines and other market preparation were used directly purchased from market and *Ayurvedic* medicines were prepared according to *Ayurvedic* principle of *Sharangadhar Samhita*.

The collected data subjected to statistical analysis, Tests were applied to the data generated and significance of the improvement was studied and comparative evaluation was done.

Sr.No	Signs & Symptoms	Mean of difference	SD	SE	W	N	P
1	Pain	2.43	0.62	0.11	465	30	<0.0001
2	PR Bleeding	2.63	0.55	0.10	465	30	<0.0001
3	Size of Ulcer	2.46	0.57	0.10	465	30	<0.0001

1. Male patients suffer more than females. % of male patients in study was 61.66%.
2. 51.66 % of patients who suffer from Fissure in Ano belong to age group 30-50 yrs.
3. The persons who have sedentary type of occupation suffer more from Fissure in Ano.
4. Ayurvedic treatment has better efficacy in relieving pain during defecation, which is the most

important symptom. It is relieved in all patients after 7 days. Modern treatment has persists after 14 days.

5. Relieving constipation, statistically modern treatment has slight edge over Ayurvedic treatment but as the laxatives (stool softener) stopped constipation recurs and Recurring fissure also.
6. Relieving P.R. bleeding as statistical data shows modern treatment works better than Ayurvedic treatment. This could be because of relieved constipation in better way. If constipation reoccurs per rectum bleeding will also reoccur.
7. Ulcer of fissure shows significant reduction in size by Ayurvedic treatment than modern treatment, this could be because; sphincter gets relaxed by Ayurvedic treatment.
8. Ayurvedic treatment is very effective, without complication and side effects and is well tolerated.
9. Relaxations of sphincters can be observed by Ayurvedic treatment and fissure in ano can be completely cured.

Discussion:

Fissure in Ano is very painful condition among all ano-rectal diseases and is considered due to trauma because of hard stool.

Pain

Modern medicinal treatment uses local Lignocaine 2% jelly to treat the pain hence pain is relieved for some time. Then it has to apply after that and regularly till fissure heals. It is proved that these applications hampers blood circulation and fissure heals slowly. Also they are irritating to skin so causes pruritus, dermatitis and increasing dose of it are also required. Some causes systemic complications like headache, giddiness, hypotension etc. So Ayurvedic treatment proved very much better here as pain is relieved faster than modern one. Also there are no side effects.

P.R. Bleeding

Modern medicinal treatment proved better in stopping P.R.bleeding. This could be because, constipation is relieved quickly by Syrup Cremaffin plus. But recurrence would have been there if it stopped.

Size of Ulcer

Ayurvedic treatment act is on systemic and local also, it relaxes sphincters, thus fissure heals more quickly than modern treatment.

It Relieves pain as vata is responsible for pain. Improves blood circulation as vata in natural

state is responsible for “ *Vega & Vikshepan*” karma. It Relaxes sphincter as their *Akunchanam* is relieved by *vata shaman*. Also in relieving P.R.bleeding as statistical data shows Ayurvedic treatment works better than modern treatment.

According to Ayurvedic view treatment of fissure is mainly *deepan, pachan and anuloman*, thus it not only symptomatic treatment but it as a act on systemic, regularizing whole body mechanism, and treating disease totally.

Ayurvedic treatment proved very much better here as a pain is relieved faster than Lignocaine 2% jelly, also there are no side effects and is well tolerated.

So far as concern modern medicinal treatment it has a lot of drawbacks such as,

- Patients get accustomed to purgatives and increasing doses of it are required for relieving constipation. Also, when fissure heals purgatives are stopped and fissure recurs.
- Use of local ointments causes dermatitis and increasing dose of it are also required. These are irritating to local tissue, causing more complication. There is also fear of sepsis and infection causing abscesses and fistulae. They also have some systemic complications like headache, giddiness, hypotension etc.
- This medicinal treatment can't break the pathology of formation of fissure as sphincter spasm is not relieved so recurrence is very much common thing to happen.

Conclusion

Ayurveda consider the disease formation by a whole body mechanism, just not a local defect. But in modern medicine local defect has been given much more importance, that's why their treatment mainly constitutes local defect abolishing treatment.

Ayurvedic treatment proved to be better than modern medicinal treatment. Lignocaine and laxative used to relieve sphincter spasm and constipation for some time up to fissure heals, if stool softener are stopped fissure reoccurs. Also they are irritating to skin so causes pruritus. So finally can be concluded that Ayurvedic medication proved that it has better efficacy and to be more beneficial than Modern medicinal treatment in fissure in ano.

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