Clinical Efficacy Of Piccha Basti Inparikartika (Fissure-In-Ano)

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Abstract
Parikartika is a common disease always characterized by longitudinal tear in lower anal canal. Associated with severe anal pain during and after defecation. 90% of parikartika occurs posterior part of anal canal due to pain and spasm in internal sphincter which result in constipation. Anterior fissure occur in elderly. Parikartika associated with mild to moderate bleeding. It is disease where cutting type of pain is the major criteria fissure-in-ano can be include under Parikartika. Parikartika is a Vyadhi Nimittaj or Vaidya Nimittaj plays a major role to diagnose of this disease. It is mainly produced after a disease or during the stage of disease or by inexperienced Vaidya. This disease is more common in pregnant ladies. Specifically the primi-para in the anti-natal and post-parum period. According to Ayurveda there are many drugs and treatments remedies of different properties which will useful for treating the Parikartika. Medicinal treatment is best rather than the surgical. Ayurvedic treatment gives permanent and effective treatment in parikartika. The aim of treatment is Sampraptivighatan or to reduce the strength of Vyadhighatka. Total 30 patients diagnosed as Parikartika in the form of local application for four weeks. The economic status, age group of patients is 18 yr to -50 years and irrespective of sex were randomly selected. The patients were selected in the whole symptom of Parikartika without any adverse effects.

Introduction
Parikartika meaning ‘KARTANWAT VEDANA’ i.e. cutting type of pain at anal region. Major symptoms of this disease is severe agonizing pain and burning sensation during and after defecation which lasts for some hours and associated with hard stool pellet like and there is a drop of blood or streak of fresh blood. Parikartika in Bruhatrayi mentioned not as a individual disease, but as a complication of other diseases like pravaika, Atisar, fever and complication of Basti and Virechan Chikitsa. In modern science it is mentioned as fissure in ano in which longitudinal tear in lower end of anal canal. Also same name in ayurvedic text. ‘Guda-vidar’. Sushruta has well described parikartika as a complication of other diseases or produced by inexperienced Vaidya while treating for other diseases. He has described medicinal management of this disease and not advised any surgical intervention in parikartika.

Key words
Charakacharya, Vagbhattacharya, Sharangdhar Samhita has also described it as a complication of excessive enemas.

Objectives
1. Detail study of Parikartika with special reference to fissure-in-ano.
2. To evaluate the efficacy and mode of action of in Parikartika.
3. To study the effect of drugs regarding symptoms of the parikartika

Methodology
The research study entitled “Clinical Efficacy of in Parikartika (Fissure-in-ano)” was an observational clinical trial done.

Methods of collection of Data
• A clinical study of patients attending the Shalya OPD only were made and patients fulfilling the criteria of diagnosis are selected
• Evaluation of patients was done by collection of data through obtained by history, local examination, and laboratory tests including Blood investigations, radiological investigations USG to rule out other pathological conditions.

Inclusion Criteria
• Patients with features of Parikartika
• Patient with age group 18-50 year
• Both sex male and female
• Patient having any social economic status

Exclusion Criteria
• Patients suffering from fissure-in-ano due to any secondary cause.
• Pregnant women.
• Patients having Malignancy, Sentinel tag, STD ,DM, Syphilis, Tuberculosis, HIV, Hepatitis and past rectal operation.

Criteria for Selection of Drug

Piccha basti ingredients Krishna tail Kalka, Mochrasa and Yashtimadhu ,ghruta ,Madha and processed in aja dugdha.Qualities of piccha basti are Ras: Madhur ,Tikta , Kashay Virya : Sheet Guna: Agnideepak,Tridoshshnamak,Shothar, Vranashodhan, Vranaropan,Vednasthpan,Pakwasayasodhak, Vatanul omak, and Sakndan

Matra : 120 ml
Duration : 7 days, DAILY

Treatment Schedule

Piccha basti having properties Madhur ,tikta and Kashya ras mainly used yasthimadhu,til tail Procedure: Sthanik Abhyanga from Kati Pradesh to Janu sandhi was done.Patient was asked to pass his natural urge .After abhyanga Nadi sweda is done .Then sukhoshasha sweda is to be applied in the anal region and on the basti netra. After this basti netra is introduced in the direction of the anal canal .giving constant pressure neither too fast nor to slow without tampering the hand by asking the patient to take deep breath in.basti dravya pushed into the rectum till a little quantity remain in to Putaka to prevent Vyauto enter into Pakvashaya.when patient gets urge for defeation ask him to sit in squatting position and pass the urge.

Pashat karma:

Certain things are avoided such as Atyasana,Asthansaha,Ativachana,Atiyana,Divaswap na, Vegadharna

Amount of piccha basti is 120 ml
Duration :One Muhurta (48 min.) is the maximum period of Pratyagaman of Basti .
Samayak yoga lakshana: samakya parvati of mala,mutra and vyau,laghuta,Ruchi,Agnidipti,Ashya Laghuta,Rogaprashamn.

□ Sitz bath with Luke warm water twice daily.

Total Duration of treatment –7 days, follow up after 7 days.

Diet Regimen - concept of Pathya-Apathya related to Guda Vikar, was kept in mind; fiber rich diet was advised as per the status of Agni.

Diagnostic Criteria

Clinical history of the patient. symptoms and anal examination should be done properly.

. Routine laboratory investigation like CBC, ESR, RBS, Lipid profile, RFT, LFT, Urine test and radiological investigation like X-ray, CT scan, MRI was made to rule out other pathological conditions.

Research Design - It was observational clinical study, patients were assigned into single group consisting of 30 patients .

Criteria for Assessment - The assessment was made before and after the treatment on scoring of signs and symptoms of Parikartika (Fissure-in-ano). Results were analyzed statistically as per the assessment chart. Scoring pattern was developed according to severity of symptoms.

 Burning pain

Grade

Symptoms

0 – No pain
1- Patients complains of pain only during defeation
2- Patients complain of pain during and after defeation upto 1 hour which is relieved after some time without medicine.
3- Patient complains of pain during and after defeation from 1 hour upto 3 hour and relieved only with some medicine.
4- Patient complains of pain more than 3 hour that is sour all through the day hampering his normal routine work.

 Cutting pain

Grade

Symptoms

0 – No pain
1- Patients complain pain only at the time of defeation and pain is relieved after defeation
2- Patients complain of pain during after defeation for 1 hour but pain is relieved without medicine and not hampers normal routine.
3- Patient complains of executing pain during and after defeation and last for 1 hour to 3 hour but pain is relieved only with some medicine and not hampers normal routine.
4- Patient struggles due to pain all the daylong and his normal routine is hampered and he had drastic medicine for same.
Bleeding
Grade – Symptoms
0- No bleeding.
1- Bleeding along with defecation streak wise only over the stool/noticed on fissure rarely.
2- Drop wise bleeding during after defecation 0-10 drops occasionally.
3- Drop wise bleeding during and after defecation 10-20 drops stopped.
4- Profuse bleeding drop wise or stream wise amounting more than 20 drops in each defecation.

Itching
Grade – Symptoms
0- No itching.
1- Patients complain only when asked.
2- Once or twice in a day relieved with sit bath.
3- Patients complain of itching sensation many often in a day and discomfort.
4- Severe and constant itching sensation all the day long.

Tenderness
Grade – Symptoms
0- No tenderness.
1- Pain on deep palpation.
2- Pain tenderness on light pressure.
3- Pain on touch.
4- Patient does not allow palpation due to pain even on touching of under clothes and difficulty in sitting.

Inflammation
Grade- Symptoms
0- No inflammation.
1- Very less inflammation only on the redness found edges and base of ulcer revealed on examination.
2- Redness and raise in temperature in surrounding 15mm of tissue.
3- Redness raised temperature all around the anus but no loss of function.
4- Same redness, swelling and in duration of whole circumference of anal aperture and loss of function.

Sphincteric spasm
Grade – Symptoms
0- No Spasm.
1- Spasm revealed on examination.
2- Severe spasm

Discharge
Grade – Symptoms
0- No discharge.
1- Patient complains only at time defecation occasional discharge.
2- Discharge evident on examination and patient complains of often feeling of wetness.
3- Patient complains of daily feeling of wetness but no pruritus ani or soiling of under cloth.
4- Patient complains soiling of under clothes and form pruritus ani on examination.

Assessment of total effect:
The total effect of therapy was assessed as:

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete cure</td>
<td>100%</td>
</tr>
<tr>
<td>Marked Relief</td>
<td>75%-99%</td>
</tr>
<tr>
<td>Moderate Response</td>
<td>51% to 74%</td>
</tr>
<tr>
<td>Mild Improvement</td>
<td>25%-50%</td>
</tr>
<tr>
<td>No response</td>
<td>Less than 25%</td>
</tr>
</tbody>
</table>

Observation
The effect of Piccha basti was studied in 30 patients suffering from Parikartika (Fissure-in-ano), fulfilling the inclusion criteria. The observations were as follows: Maximum numbers of patients were obtained in the age group of 35-45 years that is 70% followed by 23.33% patients in the age group of 25-35 years and 6.67% patients in the age group of 15 to 25 years. Male patients were 75% and female patients were 25%. Most of the patients 75% were manual labors and the maximum numbers of patients 80% were from lower-middle income group. Most of the patients 85% were nonvegetarian. 60% of patients
Results
The Piccha Basti provided a highly significant effect on the symptoms; burning pain, cutting pain, bleeding, itching, tenderness, inflammation, sphincter spasm, discharge and swelling. The relief percentage in individual symptoms of Parikartika (Fissure-in-ano) revealed a better therapeutic efficacy of piccha basti (Table 1).

The overall assessment showed; most of the patients, which are 15 patients (75%) were showed moderate response, followed by 05 patients (25%) were completely cured and 05 patients (25%) showed marked relief after completion of the treatment (Table 2).

There was improvement in overall functional status after 7 days treatment with piccha basti. There was no need to take any pain killer during the treatment. There was no side effect observed during the treatment as well.

Table 1: Effect of Therapy on symptoms of 30 patients of Parikartika.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>BT</th>
<th>AT</th>
<th>Diff Mean</th>
<th>Relif %</th>
<th>Sd</th>
<th>SE</th>
<th>T Value</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burning</td>
<td>4.30</td>
<td>0.94</td>
<td>3.36</td>
<td>75</td>
<td>0.50</td>
<td>0.09</td>
<td>14.76</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>Cuttings</td>
<td>4.07</td>
<td>1.22</td>
<td>2.85</td>
<td>62.91</td>
<td>0.51</td>
<td>0.10</td>
<td>11.66</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>Bleeding</td>
<td>4.00</td>
<td>1.11</td>
<td>2.89</td>
<td>63.31</td>
<td>0.55</td>
<td>0.11</td>
<td>10.16</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>Itching</td>
<td>3.39</td>
<td>1.15</td>
<td>2.24</td>
<td>62.43</td>
<td>0.61</td>
<td>0.11</td>
<td>10.16</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>Tenderness</td>
<td>2.83</td>
<td>1.07</td>
<td>1.77</td>
<td>62.54</td>
<td>0.63</td>
<td>0.11</td>
<td>10.63</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>Inflammation</td>
<td>3.03</td>
<td>0.97</td>
<td>2.07</td>
<td>68.31</td>
<td>0.52</td>
<td>0.10</td>
<td>10.46</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>Spasm</td>
<td>2.97</td>
<td>0.87</td>
<td>2.10</td>
<td>70.70</td>
<td>0.48</td>
<td>0.09</td>
<td>12.53</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>Discharge</td>
<td>1.83</td>
<td>0.53</td>
<td>1.30</td>
<td>71.03</td>
<td>0.60</td>
<td>0.11</td>
<td>10.38</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>Swelling</td>
<td>3.13</td>
<td>1.03</td>
<td>2.10</td>
<td>67.09</td>
<td>0.55</td>
<td>0.10</td>
<td>13.70</td>
<td>P&lt;0.001</td>
</tr>
</tbody>
</table>

Table 2: Overall effect of piccha basti in 30 patients of Parikartika

<table>
<thead>
<tr>
<th>Result</th>
<th>Number of Patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete cure</td>
<td>05</td>
<td>25%</td>
</tr>
<tr>
<td>Marked Relief</td>
<td>05</td>
<td>25%</td>
</tr>
<tr>
<td>Moderate Response</td>
<td>15</td>
<td>75%</td>
</tr>
</tbody>
</table>

Discussion
Parikartika is a disease characterized by severe pain during and after defecation which lasts for some time and associated with streak of blood. The Parikartika is a symptom where cutting type and burning type of pain is the major criteria in the ano-rectal region, which is also common in anal fissure, so the fissure-in-ano can be include under Parikartika but all Parikartika is not anal fissure. Parikartika has almost similar symptomatology and causative factors
as Fissure-in-ano. Parikartika is produced after a disease or during the stage of disease or by inexperienced Vaidya during the wrong conduction of therapy. Pregnant ladies are more sufferer of this disease especially the prami-para in the anti-natal and post-partum period. According to modern science the fissure-in-ano is cured by the surgical management which leads to other complications to the patient. Such as incontinence most hazardous complications of fissure surgery. According to Ayurveda there are various drugs of different properties which will useful for treating the disease. Medicinal treatment is easier rather than the surgical. Ayurveda can provide permanent cure for the disease.

In Parikartika there is dominance of Vata and Pitta Dosha causing the clinical features and for treating this disease the Vata-Pitta Shamak drugs to be used. The ingredients of piccha basti are having madhur, tikta, kashya rasahaving antibacterial, cooling, anti-inflammatory. Agni-deepak, Tridosh-shamak, Shothahar and laxative drugs are used internally.

The Piccha basti probably removes the accumulated secretions in the fissure bed, promotes healing and reduces secondary infection too. It may be due to its Vraṇa Shoodhana, Vraṇa Ropaṇa, Shothahar and Vedanasthapana properties.

Probable mode of action of PicchaBasti is not only best for Vata disorder but is also equally effective In correcting the pitta Kapha, and Rakta dosha. Ingredients of piccha basti owing to their properties like kashaya rasa piccha guna and sheet virya which acts as Pakwasayasodhak, Vatanulomak, Vatshamak, Rakstrava avrodhak, and Vranropak, so piccha basti help to check the bleeding by its Skandana. The important factors which keep a fissure-in-ano away from normal healing are constant contamination of the wound by faeces and frequent friction with the mucosa while there is continuous spasm of the sphincteric muscles. In such situation, a drug which produces a soothing effect; Vraṇa Shodhana, a Ropaṇa, Vedana Sthapan and Vata-pittahara action, is more suitable.
USION

The present observational clinical study signifies the definite role of Piccha basti in the treatment of Parikartia (Fissure in-ano). The patients can make significant gains in symptoms score in relatively short periods of time. Despite the limitations of this clinical study, conclude that the Piccha Basti is a simple and effective treatment modality for Parikartika (Fissure-in-ano) without any adverse effects.

Though this study was carried out in limited patients for a limited period, the mass study programming is needed for further huge database statistical study.

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