



A CONCEPTUAL STUDY ON THE EFFECT OF ANAL DILATATION USING DILATORS FOLLOWED BY JATYADI TAILA MATRABASTI IN PARIKARTIKA WITH SPECIAL REFERENCE TO FISSURE IN ANO

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DOI: <https://doi.org/10.5281/zenodo.23037404>



How to cite this Article: Dr. Sudarshan*¹, Dr. Shivalingappa J. Arakeri² (2026). A Conceptual Study on The Effect of Anal Dilatation Using Dilators Followed By Jatyadi Taila Matrabasti In Parikartika With Special Reference To Fissure In Ano. World Journal of Pharmaceutical and Life Sciences, 12(10), 153–156.

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Article Received on 05/09/2026

Article Revised on 25/09/2026

Article Published on 01/10/2026

ABSTRACT

Fissure-in-ano is a common anorectal condition marked by pain, bleeding, and a longitudinal ulcer, affecting roughly 1.1 per 1000 people annually and present in about 18% of anorectal complaints. In Ayurveda, this condition is correlated with *Parikartika*, described as a complication of *Virechana* and *Basti karma*, and as a feature of several other conditions such as *Vataja Atisaara* and *Sahaja Arsha*. Conventional management includes conservative measures (laxatives, anesthetic ointments, anal dilators, local anesthetic injections) and surgical options (Lord's anal dilatation, lateral sphincterotomy, fissurectomy), though surgery carries risks like fecal incontinence and requires prolonged recovery. *Jatyadi Taila Matrabasti* has separately shown effectiveness in managing this condition across various Ayurvedic centers in India. This paper proposes combining graded anal dilatation using dilators of increasing diameter, 20mm and 23mm with *Jatyadi Taila Matrabasti* as an integrated approach to treating *Parikartika/fissure-in-ano*. The proposed protocol involves anal dilatation for ten minutes daily for 7 days (dilator size 20 for four days, then size 23 for three days) followed by administration of lukewarm *Jatyadi Taila* via catheter into the anal canal. The rationale is that dilatation reduces internal sphincter hypertonicity and improves local blood flow, while the medicated oil supports mucosal healing, together interrupting the pain–spasm–ischemia–constipation cycle that perpetuates the fissure.

KEYWORDS: *Jatyadi taila matrabasti*, Anal dilatation, Anal dilators, *Parikartika*, Fissure in ano.

INTRODUCTION

Fissure in Ano is quite troublesome condition, which is characterized by features of pain and burning sensation during and after defecation, bleeding in the form of streaks in stools and the presence of longitudinal ulcer usually in the posterior midline on examination.^[1] The overall annual incidence of fissure in ano is around 1.1 in 1000 persons. The prevalence of anal fissure among patients with anorectal complaint was found to be around 18%.^[2]

This condition can be correlated with *Parikartika*, in Ayurveda. This occurs as a complication of *Virechana*.^[3] and *Basti karma*.^[4] This is also one of the symptom in *Vataja Atisaara*.^[5] *Vataja Grahani*.^[6] *Purishaja udavarta*,^[7] *Sahaja Arsha*.^[8] and *Arsha purvarupa*.^[9]

This condition has striking similarities with respect to features with that of Fissure in Ano.

The Fissure in Ano is managed conservatively by prescription of laxatives and thereby, avoidance of Constipation, use of anaesthetic Ointments, use of anal dilators and injection of long acting local anaesthetics^[10] and surgically by Lord's method of anal dilatation, Lateral anal sphincterotomy, Fissurectomy.^[11] But surgical interventions do have complications like faecal incontinence. Additionally Prolonged hospitalization and long period of Post operative care is required, which is more troublesome to the Patient.

This condition is managed effectively by *Jatyadi Taila Matrabasti* as seen by various research conducted at many ayurvedic medical centres across India.

The modern science advocates use of dilators in the effective management of Fissure in Ano. The

combination of dilators and *Jatyadi Taila Matrabasti* may benefit people suffering from Fissure in Ano. Hence this study is undertaken to evaluate the effect of Anal dilatation followed by *Jatyadi Taila Matrabasti* and *Jatyadi Taila Matrabasti* alone in *Parikartika* vis-a-vis Fissure in Ano.

Disease review

Samprapti ghatakas

DOSHA	Vata & Pitta
DUSHYA	Twak, Rakta and Mamsa
AGNI	Jatharagni
AMA	Tat Janya
DHATWAGNI	Rakta & Mamsa
SROTAS	Purisha vaha, Rakta & Mamsa vaha
SROTODUSTIPRAKAR	Sanga
UDBHAVA STHANA	Pakwashaya
SANCHAR STHANA	Gudagata sira
VYAKTASTHANA	Gudanalika
ROGAMARGA	Bahya
SADHYASADYATA	Kasta Sadya
SWABHAVA	Chirakaleena

Drug review

Ingredients of Jatyadi Taila

Dravya	Latin Name	Rasa	Guna	Veerya	Vipaka	Karma
Jaati	<i>Jasminum officinale</i>	Tikta, Kashaya	Laghu, Snigdha	Ushna	Katu	Tridosahara
Nimba	<i>Azadirachta indica</i>	Tikta, Kashaya	Laghu	Sheeta	Katu	Kaphapittahara, Putihara
Patola	<i>Tricosanthes dioica</i>	Tikta	Laghu, Ruksha	Ushna	Katu	Vatapittahara, Vrana Shodhana
Naktamala	<i>Pongamia pinnata</i>	Tikta, Katu, Kashaya	Laghu, Teekshna	Ushna	Katu	Kaphavatahara
Sikthaka	—	Madhura	Snigdha, Picchila	—	—	Sandhanakara, Vranaropaka
Madhuka	<i>Glycyrrhiza glabra</i>	Madhura	Guru, Snigdha	Sheeta	Madhura	Vatapittahara, Dahashamana
Kushta	<i>Saussurea lappa</i>	Tikta, Katu	Laghu, Ruksha	Ushna	Katu	Kaphavatahara, Durgandhanashana
Haridra	<i>Curcuma longa</i>	Tikta, Katu	Laghu, Ruksha	Ushna	Katu	Tridosaghna, Kandughna
Daruharidra	<i>Berberis aristata</i>	Kashaya	Laghu, Ruksha	Ushna	Katu	Kaphapittahara, Shodhana
Manjistha	<i>Rubia cordifolia</i>	Tikta, Kashaya	Guru, Ruksha	Ushna	Katu	Kaphapittahara, Vranaropaka
Padmaka	<i>Prunus cerasoides</i>	Kashaya, Tikta	Laghu	Sheeta	Katu	Kaphapittahara, Dahashamana
Lodhra	<i>Symplocos racemosa</i>	Kashaya	Laghu, Ruksha	Sheeta	Katu	Kaphapittahara, Vranaropaka
Abhaya	<i>Terminalia chebula</i>	Kashaya Pradhana, Pancharasa	Laghu, Ruksha	Ushna	Madhura	Tridosahara, Ropana, Shodhana
Neelotpala	<i>Nymphaea stellata</i>	Madhura, Kashaya	Laghu, Snigdha	Sheeta	Madhura	Tridosahara, Dahashamana
Tuttha	—	Madhura, Kashaya	Laghu, Ruksha	Ushna	Katu	Lekhana, Bhedana

Use of Dilators for Anal dilatation

Anal dilators are smooth, cylindrical medical devices designed to gradually and gently stretch the anal canal and anal sphincter muscles. They are available in different diameters and are used therapeutically to reduce

sphincter spasm, decrease anal canal pressure, and facilitate healing in anorectal conditions. It can be made from materials like Medical-grade silicone, Polycarbonate plastic and Stainless steel.

Stage	Approx diameter
Small	20mm
Medium	23mm
Large	25mm

METHODOLOGY

Preparation of *Jatyadi taila*^[12]

Materials required:

- *Kalka dravya*: Jathi, nimba, patola, karanja patra, siktha, yastimadhu, kushta, haridra, daruharidra, manjista, padmaka, lodhra, abhaya, neelothpala, thuttha, sariva, karanja beeja- in equal quantity
- *Sneha dravya*: Murchita Tila Taila - 4 part
- *Dravaravya*: Water -16 parts
- Khalva yantra
- Sieve no. 20
- Heating apparatus
- Vessels

Method of preparation

- The individual raw drugs are pounded in a clean *khalva yantra* and sieved to fine powders.
- The powders are mixed homogeneously in *khalva yantra* and water is added till the powder soaks and *mardana* is done until it becomes thick in consistency.
- *Kalka* is taken in a clean iron pan and mixed with 4 parts of *moorchita taila* and 16 parts of water and kept over *mandagni*.
- Heating is continued till *taila siddhi lakshanas* like *vartivat* formation of *snehakalka* when rubbed between the fingers; *nishabdatva of kalka* when exposed to fire; *phenodgama* (appearance of bubbles) in the boiling *Taila*
- Also, it is ensured that *Taila* is boiled till *madhyama paaka*, where the *kalka* is soft and devoid of moisture.
- The *Taila* is taken from the flame and allowed to cool completely in the shade.
- The cooled *Taila* is filtered using clean cloth and stored in clean, sterile container.

Procedure of anal dilatation followed by *jatyadi taila matrabasti*

Purvakarma

- Patient will be made to lie on left lateral position with right leg flexed and left leg extended.
- Meanwhile, 72 ml of *Jatyadi Taila* will be made lukewarm in a sterile vessel and is filled into a syringe without air bubbles. The nozzle of the syringe will be fitted with sterile red rubber catheter no. 8 and air from the catheter is removed by pushing the oil through it. And the tip of the catheter is lubricated using the same oil and kept ready.

- Sterilized anal dilators of size 20 and 23 are kept ready.

Pradhana karma

For anal dilatation

- The patient is made to lie in lithotomy position.
- The anal canal is painted with povidone iodine and made sterile and smeared with the Lignocaine jelly 2%
- Then sterile Anal dilator, well lubricated with Lignocaine jelly 2% is slowly introduced into the anal canal to the patient's comfort levels and taken back. This is repeated for 10 minutes to achieve the anal dilatation.
- For the initial four days Anal dilator no 20 and last three days Anal dilator no 23 is used for anal dilatation.

For *Jatyadi Taila Matrabasti*

- The anal canal is painted with povidone iodine and made sterile.
- Under aseptic precautions, the catheter and anus of the patient is lubricated with *Jatyadi Taila* and the catheter is inserted into the anal canal gently.
- The lukewarm *Jatyadi Taila* is deposited slowly into the anal canal.

Paschat karma

After anal dilatation

- After the procedure, area is cleaned with sterile pad and patient is asked to rest.

After *Jatyadi Taila Matrabasti*

- Catheter is gently removed and *tadana* is performed over buttocks of the patient.
- Anal region is cleaned using a sterile pad and patient is asked to take rest.

DISCUSSION

Probable mode of action of Combined Effect of Anal Dilatation Followed by *Jatyadi Taila Matra Basti*

The combined use of anal dilatation followed by *Jatyadi Taila MatraBasti* provides a synergistic approach in the management of *Parikartika* (fissure-in-ano) by addressing both the mechanical and pathological factors responsible for persistence of the disease. Anal dilatation with graduated dilators helps reduce hypertonicity of the internal anal sphincter, thereby relieving sphincter spasm, improving local blood flow, and decreasing pain

during defecation. Restoration of adequate perfusion to the anoderm facilitates faster healing and minimizes the ischemic environment that often delays fissure repair.

The sequential use of anal dilatation followed by *Jatyadi Taila Matra Basti* may therefore interrupt the vicious cycle of pain, sphincter spasm, ischemia, constipation, and recurrent mucosal injury. Reduction in anal canal pressure permits better tissue perfusion, while the medicated oil supports healing by maintaining local lubrication and delivering therapeutic effects directly to the lesion. Clinically, this combination is expected to produce greater improvement in pain, burning sensation, bleeding, and ease of defecation than either intervention alone.

Furthermore, the minimally invasive nature of this combined therapy may reduce the need for surgical procedures in appropriately selected patients while preserving sphincter integrity and function. When supplemented with dietary modifications, adequate hydration, and measures to prevent constipation, the combined regimen offers a comprehensive strategy for promoting fissure healing, improving patient comfort, and reducing the likelihood of recurrence.

CONCLUSION

The combination of graduated anal dilatation and *Jatyadi Taila Matrasthi* may offer a rational, synergistic approach to managing *Parikartika* (fissure-in-ano) by targeting both its mechanical cause (sphincter spasm and raised anal canal pressure) and its healing requirements (local perfusion and mucosal repair). By interrupting the self-perpetuating cycle of pain, spasm, ischemia, and re-injury, this combined regimen is expected to outperform either intervention alone in relieving pain, bleeding, and difficulty with defecation. Importantly, as a minimally invasive option, it may reduce reliance on surgery — avoiding complications like fecal incontinence and prolonged post-operative recovery — while preserving normal sphincter function. The study is intended to explore efficacy of the combined effect of anal dilatation using dilators followed by *jatyadi taila matrasthi*, which is having *vrana shodhana ropana* property.

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