

A STUDY ON THE EFFICACY OF DARVI TAILA MATRA BASTI IN THE MANAGEMENT OF PARIKARTIKA W.S.R TO FISSURE-IN-ANO

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ABSTRACT

Parikartika is by far the most common ano-rectal disease that, one comes across in the OPDs which is associated with severe pain and burning sensation in anal region. Despite having various treatment modalities in case of *Parikartika*, even today many lacunas still exist. To try & overcome the lacunas, this study namely “A STUDY ON

THE EFFICACY OF DARVI TAILA MATRABASTI IN MANAGEMENT OF PARIKARTIKA W.S.R TO FISSURE-IN-ANO” has been taken up. In this study, an effort is made to find out the significance of *Darvi taila Matrabasti* in the management of *Parikartika* by comparing its effects with *Doorva taila matrabasti* which is an established study. The present study has been carried out to study the clinical efficacy of *Darvitaila Matra basti* and *Durva taila matra basti* in the management of *Parikartika* was aimed. The clinical study was conducted on 40 patients selected randomly and divided into 2 groups. First group was treated with *Darvi taila Matra basti*. Second group was treated with *Doorva taila Matra basti*. The clinical assessment was done on the basis of grading criteria with specific symptoms of Fissure-in-ano like pain, burning sensation, bleeding, constipation, presence of ulcer, sphincter spasm. Then mean score levels of these parameters before and after the treatment of 2 groups were subject for Student ‘t’ test for statistical analysis. The results were statistically and clinically significant to cure *Parikartika*.

KEYWORDS: *Parikartika*, Fissure-In-Ano, *Darvi taila*, *Doorva taila*, *Matra basi*.

INTRODUCTION

The earliest reference of 'Parikartika' is available from *Sushruta Samhitha* (1500 B.C). The word *Parikatika* can be split into two. *Pari-* around, about; *Kartana-* act of cutting off; *Krintati-* clip, cut off. The *Parikartika* is sharp shooting pain (in rectum).^[1] Excruciating cutting type of pain all around *guda*, *bastishiras* and *nabhi* is termed as *Parikartika*.^[2] In *Ayurveda*, *Parikartika* is mentioned as a *Vaman*, *Virechan* and *Basti vyapat*. According to modern science An anal fissure is an elongated ulcer in the long axis of anal canal.^[3] In *Parikartika Rujā*, *Gudadaha*, *Pichha asrasrava* etc. which are very much suggestive of clinical features of Fissure-in-ano as per Modern science. Fissure-in-ano is very commonly encountered in current day to day practice. Anal fissure comprises of 10-15% of anorectal disorders and its a medico- surgical condition. Review of modern literature suggests that constipation is the greatest contributing factor in the occurrence of Fissure-in-ano.

With the scattered information from the texts, we find that excessive *Virechana* or improper administration of *Basti* is not only the causative factor for this disease. As per Charaka and Vagbhata under the context of *Varchasavruta apanavata* explained where, when *vata* gets *aavruta* with *pureesha/varcha*, the stool gets constipated and patient passes *shushka shakrit* (hard stools) with difficulty, leading to *Parikartika* (shooting type of pain in anal region).^[4,5] Diet plays very important role of in *Parikartika* which is evident by references. Vagbhata and Kashyapa have explained that intake of *mudga*, *kodrava*, *chanaka* and such other pulses and *rooksha aharas* which are water absorbent in nature (*sangrahi*) leading to constipation. *Apanavata* gets aggravated in its own seat (*pakwashaya*) which blocks the *adhovaha srotas*, dries them up (of their moisture) and produces obstruction to the movement of feces, flatus and urine by which *Parikartika* occurs. As per modern science intake of non fibrous food will leads to hardening of stools and cause Fissure-in-ano.^[5, 6]

Kashyapa has stated 3 types of *parikartika* i.e. *vataj*, *pittaj* & *kaphaj* & treatment accordingly in pregnant lady.^[6] For *Parikartika*, *Acharyas* have described treatments, both local as well as systemic, Local therapies in the form of *Anuvasana basti*, *Picchabasti*, *taila poorana*, *lepa*, *pichu dharana* and formulated by using *madhura*, *sheeta*, *snigdha dravyas*.

Parikartika is a *Vranalakshanayukta gudavikara*. Charaka mentioned *Darvi taila* as an excellent *Vranaropaka*, *Kandugna*, *Rujahara*, and *Vatanulomaka in nature*.^[7] In this study an attempt is made to evaluate the efficacy of *Darvi taila Matra basti* which has combined action like *Vrana ropana* due to its *Tikta* & *Kashaya rasa*, *Vatanulomana* and *Shoolagna*

property.

Keeping in view of the lacunas of different modern medical treatments, there is a need for an effective, safe, economical, simple and short term therapy. Hence in this study an effort is made to explore the possibilities of *Darvi taila Matrabasti* as an simple effective, economical and short term treatment for Fissure-in-ano.

AIMS & OBJECTIVES

- To evaluate the efficacy of '*Darvi taila matra basti*' in the management of *Parikartika*.
- To evaluate the efficacy of '*Doorva taila matrabasti*' in the management of *Parikartika*.
- To evaluate the significance of '*Darvi taila matra basti*' in the management of *parikartika* by comparing its effects with '*Doorva taila matra basti*'

MATERIALS AND METHODS

Clinical study.

- A) Study design – A randomized single blind comparative study in 40 patients.
- B) Selection of Patient – Patient with Sign & Symptom of fissure-in-ano.

METHOD

Examination

- i) History of Patients
- ii) Systemic examination
- iii) Local examination
 - a) Inspection
 - b) Palpation
 - c) Digital rectal examination

Selection of the patients

Inclusion criteria

Patients having following features of Acute Fissure-in-ano were included for the study:

- Painful defecation
- Burning sensation per anum
- Bleeding per anum during defecation
- Constipation
- Anal sphincter spasm
- Presence of Longitudinal Acute solitary Fissure-in-ano

Exclusion criteria

- Patients with Acute Fissure-in-ano associated with other ano- rectal disorders such as Carcinoma of rectum and anal canal, Haemorrhoids, Fistula-in-ano, Thrombosed sentinel pile were excluded.
- Fissure-in-ano associated with Ulcerative colitis, Crohn's disease, Tuberculosis, Venereal diseases, HIV infection and other systemic diseases were excluded.

Total number of the patients taken for the study was divided in two groups

- **Group A** (Trial group): 20 patients were treated with *Darvi taila matra basti* 48 ml.
- **Group B** (Control Group): 20 patients were treated with *Doorva taila matra basti* 48ml.

Drug study**Drug Material**

Darvi taila was prepared as per *taila paka vidhi*.^[8] in Govt. Ayu. Medical College Bangalore Shalyatantra Department.

Doorva taila also prepared as per *taila paka vidhi*.^[8] in Govt. Ayu. Medical College Bangalore Shalyatantra Department.

Route of administration – Anal Route

Dose –*Darvi taila matra basti* 48 ml & *Doorva taila matra basti* 48 ml once in a day.

Time –morning after intake of food

The patient was advised to take roughage diet and to drink sufficient water to avoid constipation.

Duration of treatment – 7 days

Follow up – 60 days

Table No.-01: Assessment criteria.

Parameters	Gradings		
	VAS	GRADE	PAIN
1.Pain	0	0	NO PAIN
	1-3	I	MILD
	4-6	II	MODERATE
	7-10	III	SEVERE
2. Burning sensation	Present (P)		
	Absent (A)		

3. Bleeding per Anum	Present (P)
	Absent (A)
4. Constipation	Present (P)
	Absent (A)
5. Ulcer	Present (P)
	Absent (A)
6. Sphincter spasm	Spastic (S)
	Normal (N)

Result obtained from the study was assessed in the terms of percentage of relief as follows:

Incurable	-	Below 25%
Improved	-	25% to 50%
Markedly improved	-	51% to 75 %
Cured	-	More than 75%

Table No.02: Showing the Effect of Treatment on pain in both groups.

Symptom	Groups	Mean score			%	S.D (±)	S.E (±)	T value	p value
		BT	AT	BT-AT					
PAIN	Group-A	2.95	0.30	2.65	90	0.489	0.109	22.76	<0.001
	Group-B	2.90	0.45	2.45	85	0.510	0.114	18.38	<0.001

Table No.03: Showing the Effect of Treatment on Bleeding per Anum in both groups

SYMPTOM	GROUPS	Mean score			%	S.D (±)	S.E (±)	T value	p value
		BT	AT	BT-AT					
BLEEDING	Group-A	1.00	0.0	1.00	100	0	0	0	0
	Group-B	1.00	0.0	1.00	100	0	0	0	0

Table No.04: Showing the Effect of Treatment on Burning sensation in both groups.

SYMPTOM	GROUPS	Mean score			%	S.D (±)	S.E (±)	T value	p value
		BT	AT	BT-AT					
BURNING SENSATION	Group-A	1.00	0.0	1.00	100	0	0	0	0
	Group-B	1.00	0.0	1.00	100	0	0	0	0

Table No.05: Showing the Effect of Treatment on Constipation in both groups

SYMPTOM	GROUPS	Mean score			%	S.D (±)	S.E (±)	T value	p value
		BT	AT	BT-AT					
CONSTIPATION	Group-A	1.00	0.0	1.00	100	0	0	0	0
	Group-B	1.00	0.0	1.00	100	0	0	0	0

Table No.06: Showing the Effect of Treatment on Ulcer in both groups

SYMPTOM	GROUPS	Mean score			%	S.D (±)	S.E (±)	T value	p value
		BT	AT	BT-AT					
ULCER	Group-A	1.00	0.15	0.85	85	0.366	0.082	7.76	<0.001
	Group-B	1.00	0.20	0.80	80	0.410	0.092	8.70	<0.001

Table No.07: Showing the Effect of Treatment on Sphincter tone in both groups.

SYMPTOM	GROUPS	Mean score			%	S.D (±)	S.E (±)	T value	p value
		BT	AT	BT-AT					
SPHINCTER TONE	Group-A	1.00	0.0	1.00	100	0	0	0	0
	Group-B	1.00	0.0	1.00	100	0	0	0	0

Table No.08: Overall effect of *Darvi Taila Matrabasti* in Group-A.

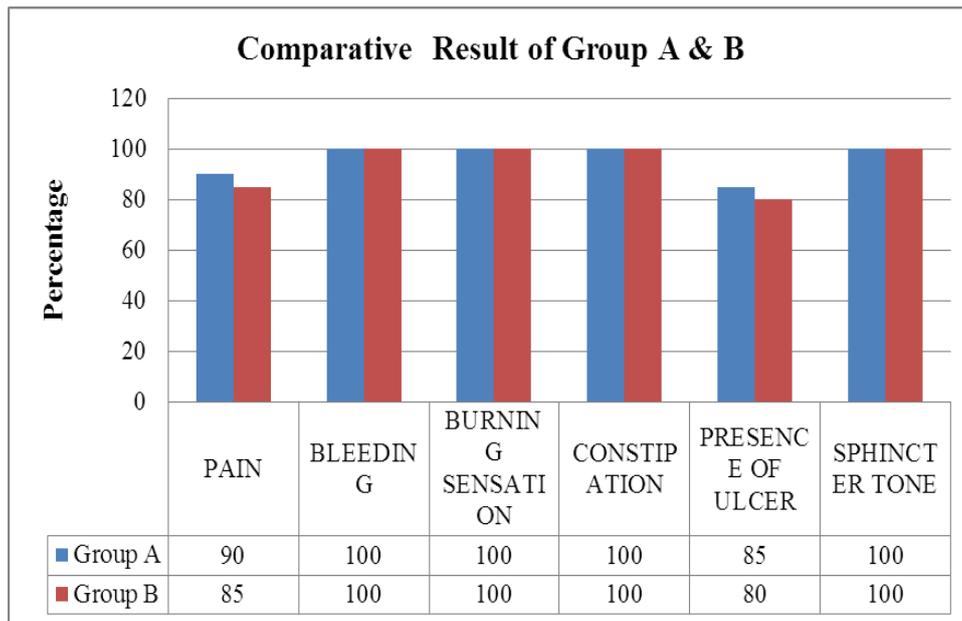
EFFECT OF TREATMENT IN GROUP – A		
Class	Grading	No of patients
0 -25%	Unchanged	0
26 -50%	Mild Improvement	0
51 -75%	Moderate Improvement	0
76 -99%	Marked Improvement	3
100%	Cured	17

Table No.09: Overall effect of *Doorva Taila Matrabasti* in Group-B.

EFFECT OF TREATMENT IN GROUP – B		
Class	Grading	No of patients
0 -25%	Unchanged	0
26 -50%	Mild Improvement	0
51 -75%	Moderate Improvement	0
76 -99%	Marked Improvement	4
100%	Cured	16

Table No.10: Showing the Comparative results of Group-A and Group-B.

Characteristics	Group-A			Group-B		
	Mean score		Percentage of relief	Mean score		Percentage of relief
	BT	AT		BT	AT	
PAIN	2.95	0.30	90	2.90	0.45	85
BLEEDING	1.00	0.00	100	1.00	0.00	100
BURNING SENSATION	1.00	0.00	100	1.00	0.00	100
CONSTIPATION	1.00	0.00	100	1.00	0.00	100
PRESENCE OF ULCER	1.00	0.15	85	1.00	0.20	80
SPHINCTER SPASM	1.00	0.00	100	1.00	0.00	100



Graph No. 01: Comparative results of Group A& B.

Table No.11: Showing the Comparative results of Group-A and Group-B

Group B	Group A	Mean Difference	SE (±)	T value	P value
94.91	96.25	1.34	2.03	0.62	>0.05

Comparative analysis of the overall effect of the treatments in both the groups was done statistically with paired t test. The test shows that the treatment is statistically not significant in Group-B when compared to Group-A. In case of Parikartika (Fissure-in-Ano) Group A overall result is 96.25% and Group B overall result is 94.91%.

Showing the Parikartika, before and after treatment



Picture No.01: Before Treatment



Picture No.02: After Treatment

DISCUSSION

Darvi taila is mentioned by Acharya Charaka as a best Vranaropaka, Hence it is taken for the treatment of Parikartika (Acute Fissure-in-ano) by considering Gudagata vana. Matrabasti is a type of Anuvasana basti which can be administered more conveniently. The Parikartika is due to pitta and vata dosha, Darvi taila has pittahara property & also vatanulomana action when it is administered in the form of Matrabasti thus reduces doshik pathology. Rujahara, Vatanulomana, Analgesic, Anti inflammatory properties of drug helps in reducing the pain by decreasing the anal canal pressure and hypertonicity of sphincter muscles when it is administered in the form of Matrabasti and pittahara qualities reduces burning sensation and bleeding. As Darvi taila is a sneha dravya, made it warm and administered which lubricates the anal canal and provides a smooth evacuation of stools & resting pressure in the anal canal decreases by decreasing the hypertonicity of sphincter muscles. By warm liquids, relative ischemia is relieved and proper blood supply will help in proper nourishment of tissue thereby helps in healing.

Antimicrobial activity of Daruharidra might have helped to fight against infection and promoting rapid healing of ulcer. It is having vranaropaka guna which helps in healing of Fissure. After basti, medicaments cover the ulcer surface with snigdha dravya, by which the wound contamination with faecal matter is avoided and this may enhance healing process. Daruharidra is having Kanduhara & Kaphahara property, by this pruritis-ani and discharge, if present associated with Fissure-in-ano it will going to cure.

The results obtained in this study may be attributed to the combined effect of the drugs used, Triphala choorna which helps in the easy evacuation of stools due to its mrudu virechaka property and suitable pathyapathya advised during the treatment.

CONCLUSION

- On the basis of location, nature of pathology and features, Gudaparikartika can be correlated to Fissure-in-ano.
- Matrabasti carried out in this study was based on classical reference.
- Improper dietary regimen and stressful life is found to have influenced the high incidence observed today.
- Passage of hard constipated stools is the prime cause of tear in the lower anal canal which results in excruciating pain during and after defecation, the cardinal feature of Fissure-in-ano.

- Darvi taila marabasti found effective in relieving pain, burning sensation, bleeding and healing of Fissure-in-ano.
- The procedures in both the methods were similar, i.e. Matrabasti which were simple, economical, free from side effects and did not required hospitalization and it could be carried out at OPD itself.
- Management of Parikartika by Darvi taila Matrabasti was found to be significant statistically when compared with management of Parikartika by Doorva taila Matrabasti, with p value of >0.05 . However individually, method of management of the disease in both the groups were efficacious.
- Both the methods of treatment have proved to be effective in the management of Parikartika. But comparatively Darvi taila Matrabasti had better results.

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