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# A role of *Talisadi Taila Matra Basti* in the management of *Parikartika* w.s.r Fissure-In-Ano

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## ABSTRACT

**Background:** *Parikartika* is a clinical condition enrolled with the *Lakshanas* like *Kartnavat* and *Chedanavat Shoola* in anal region, and it can be correlated with Anal fissure associated with pain, burning sensation during defecation and tear in the distal anal canal. The incidence rate varied by sex and was significantly higher among females (12-24 years) and among males above (30 years), with the prevalence of 0.18% or 1.1 cases per thousand people per year. **Aims and Objectives:** To study the effect of *Talisadi Taila Matrabasti* in the management of *Parikartika* w.s.r Fissure-in-ano. **Materials and Methods:** For the present study, cases were obtained form Shalya Tantra OPD with complaint of *Kartnavat* and *Chedanavat Shoola* in anal region has been taken up for the study. **Intervention:** *Talisadi Taila Matrabasti* (48ml) administered for 7 days along with *Triphala Choorna* (1tsp) HS. **Results:** Satisfactory relief was seen in signs and symptoms and improved quality of life after treatment. **Conclusion:** The study proved that *Parikartika* was effectively managed by *Talisadi Taila Matrabasti*.

**Key words:** *Parikartika*, *Fissure-in-ano*, *Talisadi Taila*, *Matrabasti*.

## INTRODUCTION

Ayurveda by definition implies the knowledge of life or the knowledge by which life may be prolonged. The health of an individual depends solely on his diet and life style. But in this present era, due to sedentary life style, increased stress, unhealthy diet regimen, prolong sitting, continuous travelling, sleep habits and various life style disorders are increasing continuously. Thus, this leads to *Agnimandya* and leading to increase in incidence of constipation in

population, which causes too many ano-rectal diseases, most commonly being Hemorrhoids, Fistula-in-ano and Fissure-in-ano.

*Parikartika* means “*Parikrunnavat Vedana*” i.e. cutting type of pain specially observed in *Gudapradesha* (anal region). We get description about *Parikartika* in *Brihatrayees* and later period authors of Ayurveda, but not as an independent disease but as a complication of *Virecana*,<sup>[1]</sup> *Basti*,<sup>[2]</sup> *Garbhini*<sup>[3]</sup> (*Vyapath*). In *Parikartika* due to *Nidanas* aggravated *Apanavata* attains upward movement and repelled by *Udanavata*, reaches *Guda* and obstructs the passage of faeces producing severe *Ruja*, *Gudadaha*, *Pichhaasrava*, which is very much suggestive of clinical feature of fissure-in-ano as per modern science when it's limited to anal region.

Fissure in ano was most common cause of pain in anal canal; it was first recognized as a disease in 1934. About 30-40% of population suffers from proctologic pathologies at least once in their life time. Anal fissure comprises 10-15% of ano-rectal disorders and it's characterized by excruciating pain during and after

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defecation, burning in nature, bleeding per rectum with spasm of anal sphincters.<sup>[4]</sup> Pain may be so severe that patient may avoid defecation for days together until it becomes inevitable.

Fissures occur most commonly in midline posterior and less common in anterior, thus protected part of anal canal. Incidence is commonly seen in youngsters and adults (19-40 yrs), pregnant women and puerperal period. It is commonly seen in both males and females. It's very painful because of injury to somatic nerve supply to the anal region.

Acute fissure-in-ano usually takes 2-3 weeks to heal even with the use of stool softeners and topical applications. Yet, some fissures persist for more than 6 weeks and considered as chronic ones which show reluctance to heal.

For *Parikartika*, *Acharyas* have described treatments both local as well as systematic but no where given description of surgical management. It seems in this regard that they don't consider it to be a disease complication of any significance which requires surgical intervention.

It's described well by *Acharya Sushruta*, which must have the property of *Vranaropana*, *Vedanasthapana*, *Dahaprashamana* and *Vata-Pittahara*. Among *Shastiupakramas*, *Acharya Sushruta* mentions treatment like *Picchu Basti*, *Anuvasana Basti*, *Matrabasti* with *Taila* or *Ghruta* or *Manda* along with *Sheetambu Parisheka*, as these does *Ropana* of *Vrana*.<sup>[5]</sup>

The *Basti Karma* is the first line of treatment for *Vatavikaras*. As *Parikartika* being one of the *Vatavikara* the *Basti* with *Taila* or *Ghruta* is beneficial in *Parikartika*. Most of the drugs which are used in *Bastikarma* are *Vata-Pitta Shamaka* and *Vranaropaka* in nature. In *Astanga Hrudaya*, *Talisadi Taila*<sup>[6]</sup> (oil prepared with *Talisa*, *Padmaka*, *Mamsi*, *Harenu*, *Chandana*, *Haridra*, *Daruharidra*, seeds of *Padma*, *Usira* and *Madhuka*) have the *Phalashruti* like *Vranaropaka*, *Dahaprashamaka*, *Vedanasthapaka*, *Raktasthambaka* and *Krimighna* which helps to treat in *Parikartika*, hence taken up for this study.

### Source of Data

20 Diagnosed patients of *Parikartika* following inclusion criteria approaching the OPD of GAMC, Bangalore, were selected for the study.

### Inclusion criteria

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

- Painful defecation
- Burning sensation
- Bleeding per anum
- Constipation
- Anal sphincter spasm
- Presence of solitary Fissure-in-ano
- Age group between 18-50

### Exclusion criteria

- Patient with any other ano rectal diseases
- Uncontrolled Diabetes mellitus and serious illness
- Pregnant and lactating woman

**Study design** - Open label randomized continuous clinical study.

### Intervention

#### Poorvakarma

Procedure was explained to the patient in his/her own language and informed consent taken. Required materials were kept ready. The patient was asked to lie comfortably in left lateral position on examination table. The left leg of the patient should be straight and the right leg flexed at knee and hip joints and the head should be supported by left hand with the right hand resting on the right leg.

The part was cleansed with swab dipped in warm water and then mopped with a dry sterile gauge. 1 pala (48ml) of warm *Talisadi Taila* was taken in a sterile kidney tray and then loaded into the disposable syringe.

**Pradhana Karma**

A sterile red rubber catheter was fixed to the nozzle of the loaded syringe and air bubbles were evacuated from it. Tip of the catheter was lubricated with the same *Taila* and gently inserted into the anal canal of the patient upto 3 *Angula*. 1 pala of *Talisadi Taila* was then pushed inside slowly. The catheter was gently withdrawn and a sterile gauge was kept in place.

**Paschat Karma**

After administration of the matrabasti, patient was made to lie in left lateral position. The buttocks of the patient were gently tapped with palms for 3 to 4 times. Then the soles and palms should be rubbed for 3 to 4 times.

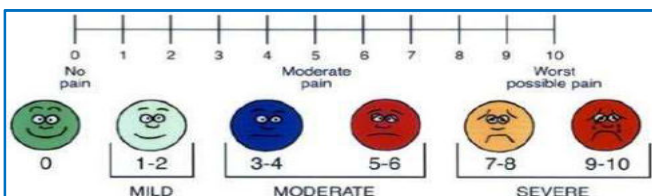
*Triphala Choorna* 1 *Karsha* HS with warm water was given as stool softener.

The same procedure was carried out daily for 7 days.

**Parameters**

**Subjective parameters**

**1. Pain** - Pain was graded according to visual analogue scale



VAS	Grade
0	0
1-2	I
3-6	II
7-10	III

**2. Burning Sensation**

- Grade 0 - Absent
- Grade 1 - Present

**3. Bleeding Per anum**

Bleeding was seen as streaks over the stools or few drops on toilet pan in some cases.

- Grade 0 - Absent
- Grade 1 - Present

**4. Hard stools**

- Grade 0 - Absent
- Grade 1 - Present

**Objective parameters**

**1. Length of Ulcer:**

- Grade 0 - Healed ulcer
- Grade 1 - 1 to 5 mm
- Grade 2 - 5 to 10 mm
- Grade 3 - > 10 mm

**2. Anal Sphincter tone scale**

**Resting Score**

- 0 - No discernable tone at rest, an open or patulous anal canal
- 1 - Very low tone
- 2 - Mildly decreased tone
- 3 - Normal
- 4 - Elevated tone, snug
- 5 - Very high tone, a tight anal canal, difficult to insert finger

**Squeeze Score**

- 0 - No discernable increase in tone with squeeze effort.
- 1 - Slight increase
- 2 - Fair increase but below normal
- 3 - Normal
- 4 - Strong squeeze
- 5 - Very strong squeeze, to the point of being painful to the examiner

### Overall assessment and result

The results were evaluated by subjective and objective parameters mainly based on clinical observation by grading method.

Assessment response were done in four groups as poor response, moderate response, good response and excellent response.

### Assessment of total effect

- Poor response - <24% reduction in overall parameters.
- Moderate response - 25-49% reduction in overall parameters.
- Good response - 50-74% reduction in overall parameters.
- Excellent response - 75-100% reduction in overall parameters.

### OBSERVATION

The effect of *Talisadi Taila* was studied in 20 patients suffering from *Parikartika*, fulfilling the inclusion criteria. The observations were as follows:

Maximum number of patients was in age group between 30-39 years that is 55%, followed by 20% patients in the age group of 20-29 and 40-49 years and 5% patients in the age group of 50-59 years. Male patients were 90% and female patients were 10%.

90% patients were middle class. 30% patients were businessman, 15% patients were teachers and drivers. Most of the patients 72.5% were non-vegetarian. 37.5% patients were addicted to alcohol and smoking. 85% patients were having Mandagni. 40% patients were moderate built and 40% patients were having chronicity between 1-3 week.

### RESULTS

The *Talisadi Taila* provided a highly significant effect on Pain, Burning sensation, Bleeding, Length of ulcer and Sphincter tone (Resting and Squeeze). *Triphala Choorna* H.S with warm water relieves Constipation.

**Table 1: Showing effect of therapy on the subjective parameters.**

Symptom	Mean score			%	S.D (±)	S.E (±)	t	p
	BT	AT	BT-AT					
Pain	2.8 5	0.0 5	2.8 0	96	0.4 1	0.0 9	31.1 1	<0.00 1
Burning Sensation	0.9 0	0.0 5	0.8 5	94	0.3 6	0.0 8	10.6 2	<0.00 1
Bleeding	0.9 0	0.0 0	0.9 0	10 0	00 0	00 0	00 0	<0.00 1
Constipation	0.9 0	0.0 0	0.9 0	10 0	00 0	00 0	00 0	<0.00 1
Length of Ulcer	1.6 0	0.2 5	1.3 5	85	0.5 9	0.1 3	10.1 5	<0.00 1
Sphincter Tone Resting Score	4.7 5	3.1 5	1.6 0	94	0.4 4	0.0 9	19.4 4	<0.00 1
Sphincter Tone Squeezing Score	4.9 5	3.2 0	1.7 0	89	0.4 4	0.0 9	19.4 4	<0.00 1

**Figure 1 & 2 : Before and After Talisaadi Taila Matra Basti**



**After treatment****DISCUSSION****Pain**

*Shoola* in *Parikartika* is mainly due to *Vatadosha* aggravation and as per modern science; pain is due to tear of the skin of the lower half of the anal canal and sphincter spasm always present. Hence *Vedanasthspaka* and *vatanulomana* properties of *Talisadi Taila* helps in reducing the pain by decreasing the anal canal pressure and hyper tonicity of sphincter muscles when it is administered in the form of *Matrabasti*.

**Burning sensation**

*Daha* in *Parikartika* is mainly due to increased *Pitta Dosh*, the drugs having *Pittahara* and *Dahaprashamana* properties of *Talisadi Taila* (*Candana*, *Usira Madhuka*) helps in reducing burning sensation.

**Bleeding**

*Raktasrava* in *Parikartika* is mainly due to increased *Pitta Dosh* and presence of *Vrana* in *Guda Pradesha* and as per Modern science in Fissure-in-ano due to straining for constipated hard stools a longitudinal ulcer or tear in lower anal canal forms, from their passing streaks of blood seen in stools. Hence *Pittahara* and *Raktastambaka* (*Haridra*, *daruharidra*) properties of *Talisadi Taila* help in controlling bleeding per anum.

**Constipation**

*Vibandha* in *Parikartika* is mainly due to *Varchasavrita Apanavata*, where *Vata* gets *Aavruta* with *Pureesha/Varcha*, the stool gets constipated and patient passes *Shushkashakrit* (hard stools) with difficulty. And as per modern science constipation is the prime causative factor in the occurrence of Fissure-in-ano. Hence *Talisadi Taila* is administered in the form of retention enema daily for 7 days by this *Vatanulomana* and softening of stool occurs and constipation got relieved.

**Length Ulcer**

Presence of *Vrana* in *Gudapradesha* is a feature of *Parikartika*. As per modern science in Fissure-in-ano due to straining for constipated hard stools a longitudinal ulcer or tear in lower anal canal forms by rupturing the one of the anal valve. Hence *Vranaropaka* (*Madhuka*) property of *Talisadi Taila* helps in healing of ulcer.

**Sphincter spasm**

This Sphincter spasm can be attributed to *Vatadosha* aggravation. As per Modern science, Constipation mainly leads to ulcer following pain which finally ends up in sphincter spasm as the lower anal canal is supplied with the same somatic nerves which supply the sphincter muscles. So, any irritation to the lower part of anal canal will cause these sphincters to go into spasm. Hence *Talisadi Taila*, administered warmly in the form of *Matrabasti* (retention enema) for 7 days. By this daily lubrication of ano-rectal route, anal canal pressure reduced. Hence we can expect anal spasm to be relieved by this treatment.

**CONCLUSION**

*Matrabasti* carried out in this study was based on classical references which is highly effective in treating *Parikartika*. Timely intake of fiber rich food and sufficient fluids with regular exercise will regularize the bowel and promotes easy evacuation of stools thus helps in healing of fissure. *Talisadi Taila Matrabasti* was found effective in relieving pain, burning sensation, bleeding and healing of Fissure-in-ano. *Matrabasti* which is simple, economical, and free

from side effects and did not require hospitalization and it could be carried out at OPD level itself.

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