

**“STUDY THE ROLE OF MATRAVASTI IN THE MANAGEMENT OF PARIKARTIKA (FISSURE IN ANO)- A CASE STUDY”****Dr. Kalpana Verma\*<sup>1</sup> and Dr. Ashish Pareek<sup>2</sup>**<sup>1</sup>Assistant Professor, Dept. of Shayla *tantra*, M.J.F. Ayurveda College and hospital, Chomu, Jaipur.<sup>2</sup>Assistant Professor, Dept. of Shayla *tantra*, S.S.S.B. Ayurveda College and hospital, Renwal, Jaipur.**\*Corresponding Author: Dr. Kalpana Verma**Assistant Professor, Dept. of Shayla *tantra*, M.J.F. Ayurveda College and hospital, Chomu, Jaipur.

Article Received on 20/04/2017

Article Revised on 10/05/2017

Article Accepted on 31/05/2017

**ABSTRACT**

In Ayurveda classics, *Parikartika* resembles with fissure-in-ano having cutting and burning pain at *Guda* (anal region) which is mentioned as a sequel of some diseases or as a complication of some *Panchakarma* procedures. Ancient text could not give a brief idea about this condition. Mainly it is described as complication of *Virechana* and *atisar*. Fissure in ano is a split at muco-cutaneous junction in anal canal. It causes intense pain during defecation with passage of small amount of blood. Primary fissure can be acute or chronic while secondary are due to underlying diseases. Acute fissure usually respond to conservative treatment, not then convert into chronic fissure associated with tag which is treated with surgical intervention. Present management of fissure is to give some laxatives, local anaesthetic agent, antibiotics and analgesics. If this treatment fails then patient is recommended for surgical procedure but it also leaves many problems after operation. Therefore in spite of many modifications in conservative and surgical approaches, anal fissure remains a challenge even for skilful procto surgeon. It is so named in which sharp cutting pain is felt in the anus. It is due to alleviation of *vata* and *pitta dosh* which causes severe pain with burning sensation. Almost all ancient authors focused on *Basti Chikitsa* while treating the disease *Parikartika*. This *Basti* is particularly prepared in *Ghrita* (ghee) and milk with the help of other different drugs. The drugs used in preparing *Basti* are mostly *Vata-Pitta shamak* and *Vrana ropak* (wound healing) properties. The present case report documents, 35 year old male patient of *parikartika*, managed with *MatraBasti*.

**KEYWORDS:** Parikartika, Fissure in ano, Guda, Basti Chikitsa, MatraBasti.**INTRODUCTION**

*Parikartika* (Anal fissure) is the most common cause of anal pain. Anal fissure is a common problem that causes substantial morbidity in people who are otherwise healthy. Incidence of anal fissure is similar in men and women. The usual clinical presentation is of intense anal pain made worse by attempted defecation accompanied with the passage of small amounts of blood. Anal fissure is most common cause of severe anal pain and bleeding per anus in adult and children also. Primary fissure can be classified in acute and chronic condition. Acute fissure have the appearance of a simple tear in the anoderm causes intense pain.

In Ayurvedic texts this disease is clinically simulate with *Parikartika*.<sup>[1]</sup> According to *Charaka* it is complication of *virechana*, *Sushruta* also mentioned *Parikartika* as a complication of *virechana* and due to mal position of the *vasti netra* during *vasti chikitsa*.<sup>[2-5]</sup> Its treatment in the form of both local and general is well described by *Sushruta*.<sup>[6]</sup> Spasm of the anal sphincter has been noted in anal fissure, and for many years treatment has been

lateral internal sphincterectomy which is simple effective, but the fundamental drawback of surgery is its potential to cause minor but sometimes permanent incontinence in the control of gas, mucus, and occasionally stool.<sup>[7]</sup>

The existing present Para surgical methods of treatment are mostly adoptable in large hospitals only, where facilities for conducting major operations are available. The objective of present study is to evaluate the efficacy and applicability of present therapeutic measures which can be practice even in small clinics on O.P.D basis with minimum facilities.

*Parikartika* is occur by influence of *vata* and *pitta dosha*, *vata* causes pain like cutting with a sharp instrument i.e. Scissors and *pitta* causes burning sensation along with inflammation. When *Vata* is covered with faeces, the stool is constipated, patient suffers from severe pain and passes hard stools with difficulty and evacuation is delayed. This causes *parikartana* leading to *Parikartika*. Almost all ancient authors focused on *Basti Chikitsa*

while treating the disease *Parikartika* and the most appropriate treatment modality for *vata dushti*, is *Basti*<sup>[8]</sup> Based on the drugs used it is classified into two - *Niruha* or *kashaya Basti* in which decoction is used and *anuvasana* or *sneha Basti* in which oil is used. In *matra Basti*, *hraswamatra* of *sneha* is used, specially indicated in *alpa-bala* and *alpaagni* conditions. The important privilege is that it can be administered without *pathya* for *dosha samana*, *bala vardhana* and *malapravartana*.<sup>[9]</sup> The drugs used in Preparing *Basti* are mostly *Vata-Pitta shamak* and *Vrana ropak* (wound healing) Properties.<sup>[10,11]</sup>

**AIM:** To study the efficacy of *MatraBasti* in the management of *Parikartika* (Fissure in Ano).

### OBJECTIVES

1. To observe the effect of *matrabasti* in the management of *Parikartika*( Fissure in Ano)
2. To re-establish effective, alternative and easily available conservative management of fissure in Ano.

### METHODS AND MATERIALS

**The contents of the *Ksheerabala Taila*:**<sup>[12]</sup>

Botanical name	Sanskrit name	Part used	Quantity
<i>Sida cordifolia</i>	<i>Bala</i>	<i>Moola twak</i>	5 parts (5 pala)
<i>Sesamum indicum</i>	<i>Tila Taila</i>	Seeds	16 parts (1 prastha)
<i>Goksheera</i>			64 parts (4 prastha)

### Method of Preparation

The above said quantity of *bala mula twak kalka* should be mixed with milk, add *taila* and cook in low flame according to *snehapaka kalpa*

### Method of Preparation of *Matra Basti*

*Ksheerabala taila Matrabasti* (60 ml *Ksheerabala tail*, 2 grams *Saindhav lavan*, 2 grams *Shatapushpa*).

### CASE REPORT

The present case study was carried out on a male patient, 35yr old Hindu patient, attended the opd of Shalya Tantra M.J.F. Hospital, Chomu, Jaipur with complains of pain, burning and bleeding during defecation since 2 months, patient also had a complaint of hard stools and constipation associated with the main complaints. The complaints use to aggravate by taking spicy and hard foods like chapati and use to get relieved by taking cold items like buttermilk, cold milk according to the patient's version.

The finding on examination were acute anterior fissure in ano and hypertonic sphincter. There was no significant past history of any other chronic illness, no history of any kind of allergy or addictions. Her personal history

revealed constipated bowel habit and disturbed sleep. All the vitals were within the normal limits.

### Investigations

Routine blood investigations like Hb%, TLC, DLC, ESR, BT, CT, RBS, Urine routine, HbsAg, HIV, were carried out and found to be normal.

**Treatment Plan:** Administration of *Matra Basti* with *Ksheerabala taila* along conservative treatment.

### Method of administration of *Matra Basti*

#### 1. Poorvakarma

- The patient was advised to have a light meal on the day of treatment. Before administration of *Basti*, *Abhyanaga* (massage) with *Tila Taila* was done.
- Thereafter, *Nadi Sweda* (sudation) was performed.

#### 2. Pradhana karma

- The patient was asked to lie down in the left lateral position with the left lower extremity extended and the right lower extremity flexed at the knees and hips.
- Then 60 ml of lukewarm *Ksheerabala taila* was loaded in an enema syringe. A rubber catheter oiled with oil was attached to the enema syringe.
- After any air in the enema syringe had been expelled, the rubber catheter was passed through the anus of the patient up to a length of 4 inches and the drug was administered. The patient was asked to take deep breaths during the passage of the catheter and the administration of the drug.
- The entire oil in the syringe was not administered in order to avoid entrance of *Vayu* into the *Pakvashaya* as it may produce pain.

#### 3. Pashchath karma

- After the administration of *Basti*, the patient was advised assume the supine position. While in this position, the patient's buttocks were gently tapped and the legs were raised for a few minutes so as to raise the waist. These measures were intended to prevent the administered fluid from flowing out too soon.
- After a short time the patient was allowed to get up from the table, and was then advised to rest in bed for at least ½ an hour.

**Duration of Treatment:** 1 month or upto complete relief of the symptoms.

**Assessment criteria:** Changes in the subjective and objective parameters were considered for the assessment of results.

### Subjective parameters

- A. Pain:** vas scale 1 to 10 was used for grading the pain
- B. Burning sensation:** Grading was done according to the presence and absence of same.

- C. **Bleeding per anum:** Bleeding is usually seen as streaks over the stools or few drops on toilet pan in some cases. Grading was done depending on presence and absence of bleeding.
- D. **Bowel habit:** This feature was graded based on consistency of stools and how often the patient passed stools and graded as follows:
- Easy evacuation/ normal consistency, once daily – 0
  - Hard stools passed once daily – 1
  - Hard stools passed once in 2-3 days – 2
  - Very hard stools passed once in 3-4 days – 3
- E. **Pruritis ani:** Grading was done as per the patient's description. Absent or Present.

#### Objective parameters

- A. **Length of ulcer:** measured in mm
- B. **Skin tag:** Absent /Present
- C. **In duration of edges:** present/absent
- D. **Sphincter Spasm:** Nominal scale of measure for Sphincter Spasm i.e. Present or absent.

#### RESULT AND DISCUSSION

The fissure was healed completely by 30th day and patient could do his daily routine work from next day itself. Patient had mild discomfort while sitting for long for a period of 1 week, which was gradually reduced. A follow up for a period of 2 months was done on every fortnight in order to check the recurrence, but no recurrence was observed in that particular time.

- **Pain:** pain % was same on the 1st day which gradually reduced to 50% by the 8th day and reduced to 80% and was relieved completely by 30th day.
- **Burning sensation:** Burning sensation was present on the 1st day which reduced gradually and was completely relieved by 30th day.
- **Bleeding per anum:** Bleeding was reduced from the next day of procedure itself.
- **Bowel habit:** Bowel habit was regularized by 8th day.
- **Pruritis ani:** Absent
- **Length of the ulcer:** Length of the ulcer has started reducing by 8th day, on 15th day it reduced to 2.5 mm and was healed completely by 30th day.
- **Skin tag:** Absent
- **Induration of edges:** Absent
- **Sphincter spasm:** Sphincter spasm was present on next day, mild spasm was present even on 8th day and was completely relieved on 15th day.

In the present study, complete healing of fissure with relaxation of spinceter was achieved within 30 days period. The follow up was done for 2 months, and there was no reoccurrence of the complaints in 2 month period. Thus it may be stated that the procedure played a significant role in treating the case of acute fissure in ano.

#### CONCLUSION

In both *kevala vatadushti* and *vata ulbana samsarga sannipata doshas*, *Basti*<sup>[13]</sup> is the main line of treatment. On considering the *roga rogibala*, *MatraBasti* is suitable here as patient is *alpa bala* with *mandagni* were a heavy dose of *sneha Basti* may not be suitable. It can also be administered easily in an OPD basis mode of treatment without any special *pathyacharanas* or physical and mental strain. *Matra Basti* has both local and systemic effects. It causes *vatanulomana* there by normalizing *apana vata*. In this present case report, the treatment plan was opted under OPD basis and was found to be very effective in symptomatic relief and improvement of general conditions of the patient. This treatment is very safe and economic with no adverse effects or complications

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