

# Effect of Chandanadi Lepa in the Management of Parikartika W.S.R to Acute Fissure in Ano

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**Abstract**—Fissure in ano has been and still is being the most common anal pathology. Also in recent times, it has come up to be a pandemic disease. Thus like common cold (coryza) it has become a very common entity, that affects a large percentage of civilization at least once, or more at some stage of their life span. In Ayurveda, Parikartika disease closely resembles with Fissure in ano of modern medicine in its signs and symptoms. A clinical trial was conducted on a group of 30 patients diagnosed with Acute Fissure in ano. Patients were selected randomly irrespective of their religion, race, occupation, sex etc. They were administered Chandanadi lepa, a herbal formulation, at a dose of 250 mg Bid a day for three months for local application on ulcer and monitored at every 15 days interval during the study period. Symptoms of Fissure in ano like Pain, Bleeding, and Burning sensation were observed over the treatment. Analysis of result showed improvement in Parikartika (Acute Fissure in Ano). Finally study concluded that Chandanadi lepa is effective for Parikartika.

**Keywords**— Acute Fissure in ano, Chandanadi lepa, Parikartika.

## I. INTRODUCTION

Fissure-in-ano [1] is a disease which recurs or is apt to additional trouble after conventional surgery. Many techniques have been tried, each by no means better than the other. It is a small longitudinal ulcer in long axis of lower anal canal producing too much of pain when compared to its size. The common causes are constipation, spasm of internal sphincter, or secondary due to systemic conditions like ulcerative colitis etc. and also when too much of skin is removed in haemorrhoidectomy [2] or surgeries of fistula-in-ano. It occurs most commonly in the midline posteriorly, the least protected part of the anal canal. It is more common in youngsters and in reproductive age of females [3]. This condition makes it even more necessary to find out an easily accessible and result oriented remedy to improve the condition of young individuals for better outcome on their part. Pregnancy is a boon to a woman, but fissure-in-ano is a condition occurring during pregnancy and antepartum due to injury by foetal head, making pregnancy a dreadful experience. Also during pregnancy no surgical intervention and very less purgatives are prescribed. This again leaves a pit hole in the management techniques of fissure-in-ano, demanding for an applicable therapy even during pregnancy. In male, fissures usually occur in the midline posteriorly – 90% and much less commonly anteriorly – 10%. In female, fissures on the midline posteriorly – 60% are slightly commoner than anteriorly – 40% [4].

“Parikartika” was one condition found to be similar to fissure-in-ano on basis of symptoms, so we can consider Parikartika as Fissure in ano in this research work. Acharya Sushruta has described the term “Parikartika [5]” as a condition of Guda in which there is cutting and burning pain. Similarly Dalhana, Jejjata have also clearly described Parikartika as a condition which causes cutting pain in anus. Acharya Charaka and Vagabhatta used two words, “Vikartika” as well as “Parikartika” for denoting the condition. Chakrapani also opines the same.

The factors responsible for causation of parikartika are found in various texts as Vamana-Virechanavyapada [6], Bastikarmavyapada, Atisara [7], Grahani, Arsha [8], Udavarta [9] etc. Very lately in chronology Acharya Kashyapa [10] has described it in three type viz. Vataja, Pittaja and Kaphaja. Acharya Sushruta while describing the symptoms of the disease he speaks of the features like cutting or burning pain in anus, penis, umbilicus and neck of bladder with cessation of flatus, whereas Charaka has described the features like, pricking pain in groins and sacral region, scanty constipated stools and frothy bleeding per anus. According to Acharya Charaka the people living in Jangala pradesha are dry and they have dry food that vitiate vata and produces vibandha or constipation.

There is already prevalence of fissure-in-ano in higher rate, and urbanization has added to it. So an alarming rise in the incidence of the disease fissure-in-ano and no known satisfactory remedies evolved so far, has given an impetus to find out a suitable solution, with although better effects, from amongst the treatments advocated by the ancient Acharyas. It is also the demand of time that least duration of treatment and easy accessibility are major consideration.

**Material & methods** - The study was conducted on randomly single groups (30 patients) on the basis of criteria of inclusion and exclusion with detailed clinical history and physical examination and other necessary/desired investigations.

## II. AIMS AND OBJECTIVES

The aim and objective of the study was—

- To evaluate the clinical resemblance/correlation of Parikartika with Fissure in ano.
- To evaluate the effect of Chandanadi lepa in the management of Parikartika w.s.r. to Fissure in ano.

➤ To provide a reliable, cost effective ayurvedic treatment for Parikartika with minimum recurrence.

*Plan of Study*

1. Criteria of selection of patient
2. Criteria for diagnosis
3. Criteria for assessment

*1. Criteria of Selection*

*Inclusion criteria*

1. All cases of acute fissure in ano in any age group.

*Criteria for exclusion*

- HIV & HbsAg patients
- Diabetic patient
- Chronic fissure
- Chronic fissure with tag
- Fissure d/t any other systemic disorder-
  - Ulcerative colitis
  - Crohns disease
  - Tuberculosis
  - Carcinoma of Rectum & Anal canal

*Diagnostic Criteria*

Diagnosis was made on the basis of typical sign & symptoms of acute fissure in ano.

Period of Study: 3 month

Follow up: After 15 days for 1 month.

*Objective Parameters*

*1. Gudadaha (burning sensation):*

0	No Gudadaha
1	Patients complains of Daha only during interrogation
2	Patients complains of Daha during and after defaecation which is relieved after some time without medicine.
3	Patient complains of daha during and after defaecation for some hours and relieved only with some medicine.
4	Patient complains of daha that is sour all through the day hampering his normal routine work.

*2. Guda Pida (cutting pain):*

0	No pain
1	Patients complain only when interrogated and pain is relieved after defecation immediately on its own.
2	Patients complain of pain during after defaecation for few hours but pain is relieved without medicine and not hamper normal routine.

3	Patient complains of executing pain during and after defecation for few hours, but pain is relieved only with some medicine and not hamper normal routine.
4	Patient struggles due to pain all the day long and his normal routine is hampered and he had drastic medicine for same.

*3. Raktasrava (bleeding):*

0	No bleeding
1	Bleeding along with defecation streak wise only over the stool /noticed on fissure rarely
2	Drop wise bleeding during and 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

*Subjective Parameter*

1. Mehana Daha (Burning Micturation)
2. Mehana Pida (Pain)
3. Sirahsula (headache)
4. Nabhisula
5. Aniyat Vibandha
6. Agnivaisamya
7. Avipaka
8. Atopa

III. OVERALL EFFECT OF THERAPY

Overall effect of the therapy was assessed in terms of Cured, Marked Improvement, Moderate Improvement, Mild Improvement and Unchanged by adopting the following criteria.

<b>Cured</b>	:	100% relief in chief complaints and no recurrence during follow up study was considered as cured.
<b>Marked Improvement</b>	:	> 75% improvement in chief complaints was recorded as marked improvement.
<b>Moderate Improvement</b>	:	51 to 75% improvement in chief complaints was considered as moderate improvement.
<b>Mild Improvement</b>	:	26 to 50 % improvement in chief complaints was considered as mild improvement.
<b>Unchanged</b>	:	Up to 25% reduction in chief complaints was noted as unchanged.

IV. OBSERVATIONS AND RESULTS

Effect on pain

No. of days	Mean		Mean diff	% relief	SD	SE	t-value	p – value	Significance
	BT	AT							
15 days	2.4	1.56	0.83	34.72	0.67	0.06	12.04	<0.001	H.S
30 days	2.4	0.46	1.93	80.55	0.63	0.11	16.55	<0.001	H.S
45 days	2.4	0.06	2.33	97.22	0.71	0.12	17.97	<0.001	H.S
60 days	2.4	0.06	2.33	97.22	0.71	0.12	17.97	<0.001	H.S
75 days	2.4	0.06	2.33	97.22	0.71	0.12	17.97	<0.001	H.S
90 days	2.4	0.06	2.33	97.22	0.71	0.12	17.97	<0.001	H.S

Effect on burning sensation

No. of days	Mean		Mean diff	% relief	SD	SE	t-value	p – value	Significance
	BT	AT							
15 days	2.30	1.20	1.1	47.82	0.30	0.05	11.74	<0.001	HS.
30 days	2.3	0.43	1.8	81.15	0.68	0.12	15.00	<0.001	H.S
45 days	2.3	0.2	2.10	91.30	0.66	0.12	17.38	<0.001	H.S
60 days	2.3	0.13	2.16	94.20	0.59	0.10	20.04	<0.001	H.S
75 days	2.3	0.10	2.20	95.65	0.61	0.11	19.74	<0.001	H.S
90 days	2.3	0.06	2.23	97.10	0.56	0.10	21.52	<0.001	H.S

Effect on bleeding

No. of days	Mean		Mean diff	% relief	SD	SE	t-value	p – value	Significance
	BT	AT							
15 days	1.23	0.20	1.03	83.78	0.76	0.13	7.39	<0.001	HS
30 days	1.23	0.03	1.2	97.29	0.84	0.15	7.70	<0.001	H.S
45 days	1.23	0.03	1.2	97.29	0.84	0.15	7.70	<0.001	H.S
60 days	1.23	0.03	1.2	97.29	0.84	0.15	7.70	<0.001	H.S
W75 days	1.23	0.03	1.2	97.29	0.84	0.15	7.70	<0.001	H.S
90 days	1.23	0.03	1.2	97.29	0.84	0.15	7.70	<0.001	H.S

Total effect of therapy local symptoms

Symptoms	Mean		X	% relief	SD	SE	t – value	p – value	Significance
	B.t	A.t							
Tenderness	1.13	0.30	0.83	93.52	0.37	0.06	12.04	<0.001	HS
Sphincter spasm	1.16	0.3	0.86	74.28	0.50	0.09	09.35	<0.001	HS

Total effect of therapy on general symptoms

Symptoms	Mean		X	% relief	SD	SE	t – value	p – value	Significance
	B.t	A.t							
Mehan Daha	0.066	0.033	0.033	50	0.18	0.033	1	<0.10	N.S
Siraashoola	0.533	0.133	0.4	75	0.72	0.13	3.02	<0.001	HS
Nabhishoola	0.4	0.233	0.166	41.00	0.37	0.069	2.40	<0.01	S
Aniyat vibandha	1.2	0.3	0.9	75.00	0.66	0.20	7.44	<0.001	H.S
Agni vaisamya	1.13	0.33	0.47	70	0.71	0.13	6.13	<0.001	H.S
Avipaka	0.83	0.3	0.53	64	0.62	0.11	4.64	<0.05	S
Atopa	0.66	0.3	0.366	55	0.7	0.13	2.79	<0.01	S

Overall effect of therapy

Result on effect of therapy	Effect of therapy	
	No. of Pt.	%
Complete cured	25	83.33
Marked Improvement	0	0
Moderate Improvement	0	0
Mild Improvement	5	16.66
Unchanged	0	0

Recurrence

No. of Patient	% of Patients
05	16.66

Probable Mode of Action of Chandanadi lepa [11]

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, dahashamak, *Vrana Ropana*, *Vedana har* and *Vata-pittahara* action, is more suitable. Here Chandanadi lepa has been selected for the present study due to having the same properties and good soothing effect. *Vata-pittahara* property may be due to its *Ghrita* base and it probably removes the accumulated secretions in the fissure bed, promotes healing and reduces secondary infection too. It may be due to its *Vrana Sodhana*, *Vrana Ropana*, *sothahara* and *Vedanasthapana* properties.

V. SUMMARY

This paper entitled “Effect of Chandanadi Lepa in the Management of Parikartika W.S.R To Acute Fissure in Ano” was planned under five broad headings as described below:

Total 30 patients were randomly selected, and diagnosed for acute fissure in ano. In all patients Chandanadi lepa applied twice daily on ulcer. All patients were given routine oral medication- *Panchatiktaghrita guggulu* and hot sitz bath.

So, here on the basis of this study the following observations can be drawn –

Maximum patients were belonging to age group 26- 35 years (36.66%)

Maximum patients 90% were male.

Maximum 60 % patients were related to the rural area

Most of the patients belonging to the Hindu religion (86.66%)

Most of the patients were belongs to lower middle class 24 (80%)

Highest number of the patients i.e. 60% were leading sedentary life style.

Highest number of the patients i.e. 60% were married.

Most of the patients of Fissure in ano were literate (73.33%)

Maximum patients were addicted to tea (80%), 33.33% to smoking, 16.66% to tobacco chewing, 13.33% to alcohol and 6.66% to coffee.

Maximum number of patient i.e 77% having mixed diet pattern.  
 40% were having Vata-pitta prakriti.  
 70% were noted of Madhyama Sara  
 Maximum numbers of patients i.e. 66.66% patient were noted of Madhyama Samhanan.  
 Maximum numbers of patients i.e. 70% were noted of Madhyama Satva.  
 Maximum numbers of patients i.e. 40% were noted of Madhyama praman.  
 Out of 30 patients most of the patients 100% were belonging to Sadharana Desha.  
 Maximum numbers of patients i.e. 66.66 % were noted of Madhyama Ahar Shakti.  
 Maximum numbers of patients i.e. 40% were noted of abhyavaran Shakti.  
 Maximum numbers of patients i.e. 43.33% were noted of Madhyama jaran Shakti.  
 Maximum i.e. 13.33% patients were having positive family history.  
 Maximum number of patients i.e. 90.00% reddish 10.00% whitish.  
 Maximum number 86.66% patients had fresh blood discharge on examination.  
 Most of the patients i.e. 97% were having Acute fissure.  
 Most of the patients i.e. 78.12% were having fissure at 6'o clock.  
 Most of the patients 100% come with a complaint of pain, 96.66% Burning sensation, 73.33% patients complaint Bleeding.  
 Most of the patients 93% come with a complaint of sphincter spasm, and 90% patients were complaint of tenderness.  
 Maximum number of patients i.e. 90.00% had Aniyat Vibandha, followed by 83.33% patients had agni vaisamy, 70.00% patients were having Avipaka, followed by 40.00% patients were having Atopa, 33.33% patients having Sirasula 26.66% patients had nabhishula, followed by 06.66% patients were having Mehan daha.

In Chandanadi lepa (local application), it was found that each 83.33% patients were cured, 16.66% patients moderately improved. So, from the above mentioned facts, thoughts, data and results it can be summarized that Chandanadi lepa can be good alternative for relieving cardinal symptoms, general symptoms and quick healing of ulcer in the patients of Parikartika (fissure-in-ano) and even economical also to the patients.

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