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Original Article

## Title of Article: Effect of *Patoli Taila* in Management of *Parikartika* (Fissure-in-ano) in Comparison with *Jatyadi Taila*: Randomized Clinical Trial

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### ABSTRACT

Presently, the majority of the population is getting impacted by lifestyle disorders stemming from constipation. In *Ayurveda*, several ano-rectal diseases have been considerably described by *Acharya Sushruta*. Ano-rectal diseases are *Gudagat vyadhi*. *Parikartika* is one of these diseases. It is a dreadful condition involving the anal region. It is rightfully called *Parikartika* because it causes *Parikartanvat vedana*: cutting and burning sensation at the anal region. *Parikartika* is *vataja* in nature even though its *pittaja* and *kaphaja* types and *Lakshanas* are described by *Acharya Kashyapa*. Its root cause is habitual constipation resulting in hard stools. *Patola* belongs to *Patoladi gana* mentioned in *Sushrut samhita*. *Patola* has *vedanasthapana* and *vranashodhana* property. In this comparative study evaluation of the effect of *Patoli Taila* in experimental group and *Jatyadi Taila* in the control group in the case of *Parikartika* on two different groups of 50 patients, each within the age group of 20-60 years is done. The cases were followed up weekly and results were assessed for statistical analysis of improved findings. The result shows a better outcome of *Patoli Taila* over *Jatyadi Taila*.

**Keywords:** *Parikartika, Taila, Patola, Fissure-in-ano.*

### INTRODUCTION

Fissure in ano has a prevalence rate of 8.42% in the total ano-rectal diseases. Its incidence is very common in constipated people. 90% of the anal fissures develop at the posterior region of the anal canal, however, 10% develop at the anterior region<sup>[1][2][3]</sup> It can be correlated with Fissure-in-ano described in modern medical science which is an anorectal disease and is a severely painful condition. 60 different types of healing mentioned in *Sushrut Samhita*.<sup>[4]</sup> *Basti* is one of the factors mentioned for

“*Adhahkaay vrana*”; especially *Parikartika*<sup>[5]</sup>. *Sushruta* mentioned “*vranya and vishapah*” shows healing action.

This principle has been applied for the treatment of *Parikartika* using *Patoli Taila*. In this study, the effect of *Patoli* [*Trichosanthes dioica*] *taila* was shown in the experimental group of Fissure in ano on symptoms like sphincter spasm, itching, pain, bleeding, etc which was evaluated and compared against *Jatyadi Taila* in the control group.

## MATERIAL AND METHODS

In the present study, patients attending the OPD and IPD of *Shalyatantra* department of Government Ayurved College, Nagpur were taken as subjects. In this study, the study design is a Randomized control trial done by the Lottery method while the sample size was 100 divided into two groups of 50 patients each. And follow up was taken on the 8<sup>th</sup>, 15<sup>th</sup>, 22<sup>th</sup> & 29<sup>th</sup> day.

### Inclusion criteria

1. Patients were selected irrespective of age, sex, marital status, religion, educational and economic status. 2. Age between 20-60 years. 3. Patients having acute or chronic Fissure-in-ano with sphincter spasm, itching, pain, bleeding.

### Exclusion criteria

The patients with a disease like Tuberculosis, Ulcerative colitis, Fissure-in-ano associated with Haemorrhoids and Fistula. Patients requiring emergency management were excluded.

### Method of collection of data

Patients fulfilling the inclusion and exclusion criteria were selected. A total 100 no of patients were divided into two comparative groups. Patients were investigated for CBC with ESR, B.T., C.T., BSL Fasting & P.P., Urine- Routine, and Microscopic. Group-A was an experimental group including 50 subjects. *Patoli Taila Basti* was given per rectum once a day for the minimum duration of 7 days and the effect was evaluated. Group-B was a control group comprising 50 subjects. *Jatyadi Taila Basti* was given per rectum once a day for the minimum duration of 7 days and the effect was evaluated.

### Subjective Criteria:

1. *Kandu* (itching) 2. *Gudapida* (pain) 3. *Raktastrava* (bleeding per rectum) scales are explained in Table 1
- B) **Sphincteric spasm**: No spasm, spasm present, severe spasm, and slightly puckered anal aperture.
- C) **Healing**: Healed, in healing stage and no sign of healing.

## OBSERVATIONS AND RESULTS

In group A i.e. experimental group patients were treated with *Patoli Taila vranabasti* and in group B i.e. control group patients were treated with *Jatyadi Taila Vranabasti* for 7 days. After 15 days follow-up was taken. The comparison criteria before and after treatment of groups A

and B was assessed by the Wilcoxon sign rank test. By Mann-Whitney U-test comparison of change after treatment was assessed.

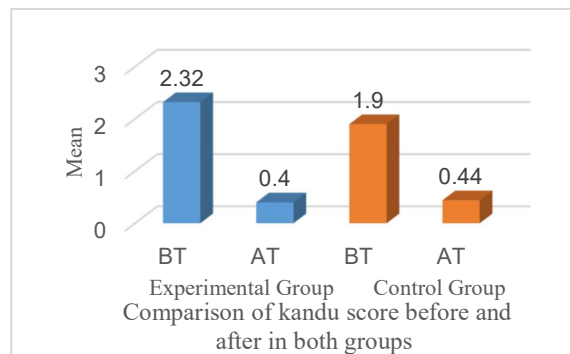
**Table 1: Grades of *Kandu*, *Gudapida*, *Raktastrava* per rectum**

| Grade      | <i>Kandu</i>           | <i>Gudapida</i>                                     | <i>Raktastrava</i>                     |
|------------|------------------------|---|--|
| <b>I</b>   | No itching             | No pain   | No bleeding                            |
| <b>II</b>  | Complains on asking    | Complains on asking                                 | Streak/notice rarely                   |
| <b>III</b> | Once or twice a day    | During & after defecation relieved without medicine | 0-10 drops occasionally                |
| <b>IV</b>  | Very often, discomfort | Relieved with medicine                              | 10-20 drops spotted                    |
| <b>V</b>   | Constant itching       | Throughout the day affecting routine work           | Profuse bleeding or more than 20 drops |

### Assessment of the effect of *Vranabasti*

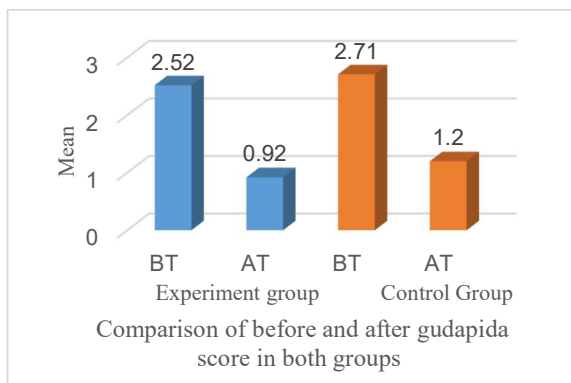
The total effect of *Vranabasti* was assessed in terms of cured, markedly cured, improved, and no change.

**Cured**- If the sign and symptoms were relieved >75% was considered in the cured category. **Markedly cured**- If the signs and symptoms were relieved 51% to 75% considered as markedly cured. **Improved**- If the signs and symptoms were relieved 25% to 50% was considered as Improved. **No change**- If the signs and symptoms were relieved below 25% was considered as no change. **Not followed**. Lama (left against medical advice)



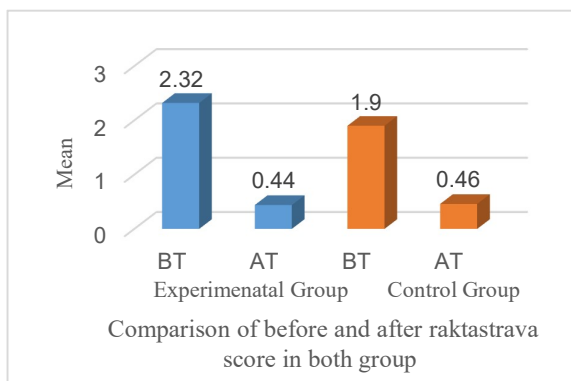
**Fig. 1: shows a comparison of *Kandu* (Itching) score before and after in both groups**

Fig. 1 shows the mean value of *kandu* in both the groups before treatment was 2.32 and 1.90. After treatment mean value of the experimental group was 0.40 with SD 0.60, whereas that of the control group was 0.44 with SD 0.61.



**Fig. 2:** shows a comparison of before and after *Gudapida* (pain) scores in both groups

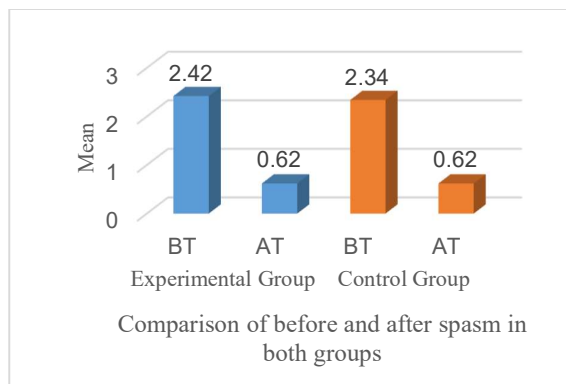
The mean value of the *Gudapida* score of both groups before treatment was 2.52 and 2.71 shown in fig. 2. After treatment mean value of the experimental group was 0.92 with SD 0.80, whereas that of the control group was 1.20 with SD 0.78.



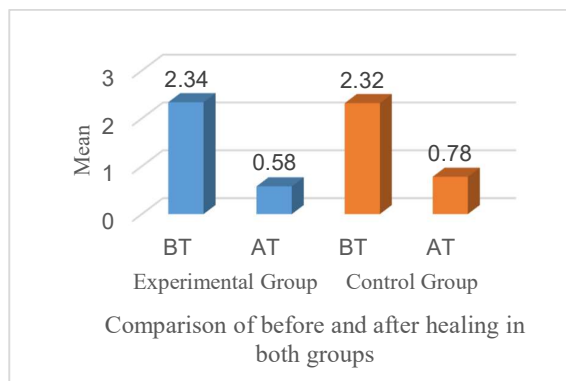
**Fig. 3:** shows a comparison of before and after the score of *Raktastrava* in both groups

The mean value of *Raktastrava* score of both groups before treatment was 2.32 and 1.90 as shown in fig. 3. After treatment mean value of the experimental group was 0.44 with SD 0.61, whereas that of the control group was 0.46 with SD 0.61.

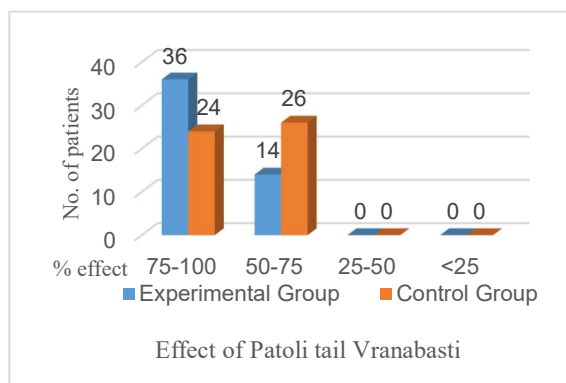
Fig. 4 & 5 shows the mean value of sphincteric spasm score of both groups before treatment was 2.42 and 2.34, healing score was 2.34 and 2.32. After treatment mean value of experimental group was 0.62 with SD 0.49 for sphincteric spasm and for healing it was 0.58 with SD 0.53, whereas that in control group of sphincteric spasm was 0.62 with SD 0.49 and for healing it was 0.78 with SD 0.61.



**Fig. 4:** Shows comparison of sphincteric spasm and healing before and after in both groups respectively



**Fig. 5:** Shows comparison of sphincteric spasm and healing before and after in both groups respectively



**Fig. 6:** Total effect of *Patoli Taila Vranabasti*

The total effect of the experimental group is 76.10% and for the control group is 74.81% p-value is 0.224 which is non-significant.

## DISCUSSION

Parikartika has been mentioned in *Ayurveda* as a complication of *Virechana* and *Basti* by different acharyas. It is named *Parikartika* because it causes *Parikartanvat vedana* i.e. cutting and burning sensation at the *Guda* region<sup>9</sup>. *Acharya Kashyapa* has emphasized the *Doshas*

like *Parikartika* is Vataja in nature, *Guda Daha* is due to *Pitta*, itching, and infection rarely seen is due *Kapha*.<sup>[6]</sup> There are various herbal drugs mentioned for the treatment of *Vrana*:

1. *Sushruta* has stated the “*Vranya* and *Vishapah*” effect of *Patoladigana* for healing purposes.
2. *Yogaratanakar* has mentioned that *Patoli Taila* is useful in burn ulcers, and for burning sensation.<sup>[7]</sup>

In *Shushrut samhita*, *Patola* (*Trichosanthes dioica*) adverts to *Patoladi gana* along with its *Rasapanchak*.<sup>[8]</sup> The *Vranya* and *Vishapaha* effects of *Patoladi gana* described in *Shushrut samhita* show remarkable significant results pertaining to healing properties in the present study. It is cost effective and also easily available. It has *Tridoshaghna* property, *Vedanasthapana*, *Vranaropana*, and *Shodhana*.<sup>[9]</sup> *Madhura* and *Shita Guna* drugs are advised to be used in *chikitsa*.<sup>[10]</sup> *Parikartika nashaka basti* includes various formulations also includes *Shita guna* stated by *Charaka and Sushruta*.<sup>[11][12]</sup>

*Raktashodhana* is its Karma (action) that lessens the classical symptoms of *Parikartika*.<sup>[13]</sup> Due to *Tikta Rasa Patola* is effective in *Ropana Karma*.<sup>[14]</sup> This way *Patola* is found effective in this study of treatment of fissure-in-ano. Based on the clinical assessment of *Patol Taila* and *Jatyadi Taila*, both the groups show the analgesic property. *Patoli Taila* has been found more significant than *Jatyadi Taila* in itching, pain, bleeding, spasm, and healing of the fissure.

## CONCLUSION

In this study pain, itching, bleeding, spasm, and healing of fissure have improved after *Patoli Taila Basti* in the management of the fissure in ano. Also, healing was found to be more significant than the control group. Fissure is more prevalent in the 31-40 years of age group and predominantly in the Female gender. Excessive intake of *Lavan*, *Katu*, *Tikta*, *Ruksha*, *Ushanahara* are the main causative factors. *Patoli Taila* has a high significance of reducing *Kandu* in *Parikartika* as compared to *Jatyadi Taila* along with healing of an ulcer. Fissures can be managed without the help of surgical measures.

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