

Conservative Management Of Fissure In Ano With Manjisthadi Taila Matrabasti – A Pilot Study

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ABSTRACT –

INTRODUCTION:-Fissure in ano is the most common anorectal disease characterized by the severe cutting pain in the anal region. The prevalence¹ of fissure in ano in india is 32.5% . Many modern treatment modalities like local application of soothing ointments, analgesics, stool softener in acute condition. Surgical management includes like Lord' dilatation, Fissurectomy and internal Sphincterotomy . Sometimes the above surgical procedure may cause complication. So it is very essential to find some a better alternative and safest treatment option.

AIMS:-The present pilot study aims that conservative management of fissure in ano with *Manjisthadi taila matra basti* .

MATERIAL AND METHODS :-This pilot study was conducted at *Shalya Tantra* OPD of NPA Govt *Ayurveda* collage, Raipur (C.G) . Patients with fissure in ano who were selected randomly in this study . The diagnosis was made on the basis clinical feature and anorectal examination which includes inspection , palpation , digital rectal examination and proctological examination .

RESULTS:- The intervention demonstrated a highly significant therapeutic effect across all assessed parameters, including pain, bleeding, constipation, sphincter tone, and anal ulcer (p < 0.01 in all cases). Pain showed a gradual but consistent reduction, achieving complete relief (100%) by Day 21, which was maintained up to Day 28. Bleeding reduced more rapidly, with complete cessation by Day 14, indicating early response to treatment. Constipation improved steadily, with complete resolution by Day 14, sustained throughout the follow-up period. Sphincter tone normalized by Day 14, suggesting restoration of normal anorectal function. Fissure ulcer healing showed marked improvement, with complete healing achieved by Day 14, and maintained thereafter.

CONCLUSION :- Fissure in ano is the most prevalent and anorectal condition . it can be manage easily with *Ayurvedic* conservative method with out any complication .

Keywords :- *Parikartika* , Fissure in ano , *Triphala churna* , *Manjisthadi taila* , *Matra basti*

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INTRODUCTION

Fissure in ano is the most prevalence disease in the anal region^[2] . Now a days, it is more common due to sedentary life style, unhealthy diet regimen^[3], fiber deficit diet, inadequate water intake, prolonged sitting, continuous travelling, altered sleep habits and various life style disorder are increasing continuously . Fissure in ano is the painful condition of anal region that affects the daily routine work of the patients^[4]. The term fissure itself represents the meaning “ a split or creak “ in the continuity of the anal canal ^[5]. It affects a great majority of population and occurs at any age group irrespective of gender^[6]. In *Ayurvedic* science it is known as *parikartika* which refers to a condition in which patients experiences a sensation of pain as if the anal canal being cut around with scissors ^[7]. The word *parikartika* is combine of two word “ *pari* ” which means around the anus and “*kartika* ” means the

cutting pain . so literally *parikartika* is a condition in which there is a severe cutting pain around the anus ^[8]. If we go to through the literary review many opinion are mentioned regarding the concept of *parikatika* by different Acharya. In *Ayurveda Parikartika* is not mentioned as an independent disease but mentioned as complication of some other disease . Maharshi Caraka has explained that *parikartika* is a complication of *vataja atishara* ^[9] and *vamana –virechana vyapada* ^[10].It was explained as complication of *basti* in which one cause is due to trauma by *bastineta* and another due to administration of *Rukshya Basti* which contains *teekshna* and *lavana dravyas* in heavy doses ^[11].In *Sushruta Samhita* and *Asthanga Sangraha* *parikartika* has mentioned as the *purvarupa* of *arsha roga* ^[12]. *Acharya Kashyap* has mentioned as *garbhini vyapada* ^[13]. He has mentioned three type according to the

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predominance of dosha i.e vataja , pittaja and kaphaja parikartika.

In the acute condition the prevalence dosha is vata and the dushya are twaka , rakta and mansa in the area of the anal canal^[14].the type of vaya which situated in the guda pradesha is Apana vayu. It is concerned with the expulsion of the sakrit(faeces) and mutra (urine). Apana Vayu which is one type of Vata Dosha is concerned with the expulsion of Sakrit (faeces) and Mutra (urine). The vitiation of Apana Vayu cause to occur abnormal functions like passage of hard and loose stools etc. The Vrana (wound) which is developed in Parikartika is mostly due to Nija (Self causative factors) in origin like hard stool passage, intermittent passing of loose stool etc. So Apana Vayu vitiation can be considered as a chief causative factor for the manifestation of Parikarthika^[15]. Due to similar clinical features parikartika can be correlated to fissure in ano. In fissure in ano a linear ulcer is developed either at posterior or in anterior part of the anal canal and the patient experiences the severe pain, bleeding and burning at the anal region. The main pathology behind occurrence of fissure is constipation (hard stool) and increase anal sphincter tone . Due to its recurrence nature it was very difficult to treat. Many treatment modalities have been mentioned and practiced in management of Parikartika such as *Deepana, Pachana, Vaatanulomana, Avagaaha, Basti Karma* with medicated oil and local application of *Madhura, Sheetha, Snigdha Dravyas, Taila Poorana, Lepa* and *Pichu-Dharana*. Hence the drug with the properties with *vatanulomana,vrana ropana* and *vedana shaman* are more effective in the management of Parikartika. *Manjisthadi taila* ^[16] is the one which is having the properties like *vedana shamak, vrana ropaka, vrana sodhak, vatanulomaka, daha shamak and sothaghna*. *Manjisthadi taila* is contains drugs like *Manjistha, Raktachanda, Murva* and *Tila taila*. Due to above properties it will be very effective in the management of parikartika.

MATERIAL AND METHODS

Source of Data

a. Literary Source: All the available Ayurvedic, modern literature and contemporary texts and also includes the journals and internet sources about the disease and drugs was reviewed and documented.

b. Pharmaceutical Source: The Manjisthadi taila selected for the present research work was prepared at the department of Rasashastra and bhaisajya kalpana , NPA Govt. Ayurvedic college, Raipur, chhattishgarh Triveni and after the durg authentication by DTL , Raipur , chhattishgarh .

C. Clinical Source: Diagnosed patients were selected randomly from Shalya tantra OPD and IPD of Shri Khudad Dungaji Govt Ayurvedic Hospital , Raipur .

Methods of collection of data :-

For the present pilot study 15 patient of either sex were selected randomly from the Shalya Tantra OPD of

NPA Govt Ayurveda collage, Raipur (C.G) . The patient was selected on the basis of clinical features, history taking and the physical examination (Per rectal examination), which were noted in a special case perfoma. Selected patients were noted before, during and after the proposed treatment and the changes in the parameters were documented in Case Proforma. Clinical study was conducted on diagnosed cases after obtaining voluntary informed consent.

STUDY DESIGN :-

An observational non-comparative pilot study .

INCLUSION CRITERIA

- Patient of age between 18-60 years irrespective of gender.
- Patient who will be diagnosed with symptoms of *Parikartika* (Fissure in Ano) as like Excruciating pain (*Kartanvat vedana*) in anal region during and after defaecation, bleeding per anum, constipation, burning sensation, longitudinal ulcer.
- Acute solitary fissure will be included.
- Fissure in ano without sentinel piles.

EXCLUSION CRITERIA

- Patient below age of 18 and more than 60 years.
- Fissure in ano associated with Ano-Rectal abscess.
- Fissure in ano associated with Fistula in ano.
- Fissure in ano associated with Tuberculosis, Anal Malignancy.
- Immunological disease like Crohn's disease, Ulcerative colitis.
- STDs, HIV, HBsAg, Hepatitis.
- Uncontrolled case of Diabetes mellitus and Hypertension were also excluded from the study.
- Pregnant women.

METHODS OF TREATMENT :-

The procedure of administration of *Basti* in general can be divided into three stages, as follows:

- 1)*Poorva karma*
- 2)*Pradhan karma*
- 3)*pashchat karma*

POORVA KARMA :-

- Explain the patient about the procedure.
- Written inform consent.
- Material required –Syringe (100ml), Rubber catheter (8 no.), disposable gloves , saindhava lavana , satapushpa powder , disposable sheet .
- Patient preparation- Local abhyanga and nadi swedana over the abdomen , groin, and buttocks .
- Preparation of Matra Basti- 60 ml of luke warm Manjisthadi Taila is taken along with saindhava lavana and satapushpa powder mixed well in khalwa yantra . Homogenous mixture is prepared and filled into the syringes. Then the rubber catheter is fixed and air inside is cleared by pushing it out^[17] .

PRADHAN KARMA :-

The patient was advised to lie down on the OT table in the left lateral position with his left leg placed straight and the right leg flexed at the hip and knee and it is draw upto the chest . Body is draped and the buttock and anal region are exposed [18]. *Manjisthadi Taila* was applied to the anus in a small amount. Sixty milliliters of lukewarm *Manjistadi Taila* was taken in an enema syringe and a rubber catheter lubricated with *Manjisthadi Taila* was attached to the enema syringe. After expelling the air from the enema syringe, the rubber catheter was passed through the anus of the patients up to the length of 4 inches. The patient was asked to take deep breaths and to lie still while the catheter, and the drug, were introduced. The total

amount of *Taila* was not administered in order to avoid the entrance of *Vayu* into the *Pakwashaya*.

PASHCHAT KARMA:-

After the administration of *Basti*, the patient was advised to lie in supine position with the arms and legs spread out freely over the table. Both legs were raised for few minutes so as to raise the waist and gently tapped over the hips. Simultaneously, gentle taps were also given on his soles and over the elbow and palms so that the *MatraBasti* would spread throughout the body and be retained for the required period. After *Matrabasti* patient was adviced to take *Triphala churna* in bed time with luke warm water daily .



Assessment criteria :[19]

1	Pain and burning sensation (<i>Parikartanavat vedana</i>)
2	Bleeding (<i>Rakta srava</i>)
3	Constipation (<i>Malabaddhata</i>)
4	Sphincter tone

1. Pain and burning sensation (Parikartanavat vedana) - (According VAS score)
 - Severe -3 (7-10)
 - Moderate -2 (4-6)
 - Mild -1 (1-3)
 - Absent- 0
2. Bleeding (rakta srava)
 - Grade 0- Absent
 - Grade 1- Present
3. Constipation (*Malabadhhata*)
 - Grade 0- constipation absent
 - Grade 1- constipation present
4. Sphincter tone
 - Grade 0- Normal sphincter tone (free from pain and resist during per rectal examination)
 - Grade 1- Spasm present (pain and resist during per rectal examination)
5. Anal ulcer-
 - Grade 0- absent
 - Grade 1- present



Before treatment (Day-1)



After treatment (Day-7)

RESULTS:

The clinical features of the *parikartika* like pain and burning sensation, bleeding and constipation are reduced gradually after administration of the *Matrabasti* with *Manjisthadi Taila* .According to the stastical data patient with age group 30-40 years had a higher incidence rate of fissure in ano .and man were more likely to have this condition (80%). In this study the incidence of fissure had seen 46.7% in rural area and 53.3% in urban area. The incidence of fissure in ano was seen more in patient with *vishamagni* (53.3%). In order to determine the effectiveness of *Manjisthadi Taila Matravasti* by reducing pain ,sphincter spasm, per rectal bleeding,constipation and anal ulcer, assessment were conducted in every 7 days . In this study subjective factors included pain , per rectal bleeding, constipation. Sphincter tone and the anal ulcer were the objective measures .

There is a progressive and continuous reduction in pain from baseline to 28 days. The maximum reduction (63.64%) begins early (by 7 days) and continues steadily. By 21 days, patients achieve complete pain relief (100%), which is maintained at 28 days. All calculated Z values (>3.4) indicate strong statistical differences from baseline. The P value = 0.000 (i.e., $p < 0.001$) at all time points shows that the results are highly statistically significant.

There was a progressive and significant reduction in bleeding time from baseline to all follow-up periods. By the 7th day, the treatment showed a marked improvement (76.11% reduction). From the 14th day onwards, complete relief (100%) was observed and sustained through 21st and 28th days. The statistical analysis (Z-test) confirms that the reduction is highly significant ($P < 0.001$) at all time points.

There is a progressive and highly significant reduction in sphincter tone after treatment.67% relief achieved within 7 days, showing rapid onset of action.100% relief achieved by 14 days, which is sustained up to 28 days. The treatment is highly effective in normalizing sphincter tone.

There is a highly significant reduction in constipation symptoms after treatment.53.10% relief achieved within 7 days, indicating early response.Complete clinical relief (mean = 0) observed by 14

days.Improvement is sustained up to 28 days, with no relapse.The therapy is highly effective in managing constipation.

There is a highly significant healing of fissure ulcer after treatment.75.19% healing occurs within the first 7 days, indicating early action of therapy.Complete healing (100%) achieved by the 14th day.Healing is sustained up to 28 days, with no recurrence.The therapy is highly effective in fissure ulcer healing.

Pain	Mean	Mean difference	% Relief	Z value	P value	Remark
BT	2.20					
AT 7 Days	0.80	1.40	63.64	3.520	0.000	HS
AT 14 Days	0.20	2.00	90.91	3.461	0.000	HS
AT 21 Days	0.00	2.20	100.00	3.461	0.000	HS
AT 28 Days	0.00	2.20	100.00	3.461	0.000	HS

Bleeding	Mean	Mean difference	% Relief	Z value	P value	Remark
BT	1.13					
AT 7 Days	0.27	0.86	76.11	3.606	0.000	HS
AT 14 Days	0.00	1.13	100.00	3.690	0.000	HS
AT 21 Days	0.00	1.13	100.00	3.690	0.000	HS
AT 28 Days	0.00	1.13	100.00	3.690	0.000	HS

Constipation	Mean	Mean difference	% Relief	Z value	P value	Remark
BT	0.93					
AT 7 Days	0.33	0.60	53.10	3.000	0.003	HS
AT 14 Days	0.00	0.93	82.30	3.742	0.000	HS
AT 21 Days	0.00	0.93	82.30	3.742	0.000	HS
AT 28 Days	0.00	0.93	82.30	3.742	0.000	HS

Sphincter Tone	Mean	Mean difference	% Relief	Z value	P value	Remark
BT	1.00					
AT 7 Days	0.33	0.67	67	2.646	0.008	HS
AT 14 Days	0.00	1.00	100	3.742	0.000	HS
AT 21 Days	0.00	1.00	100	3.873	0.000	HS
AT 28 Days	0.00	1.00	100	3.873	0.000	HS

Anal ulcer	Mean	Mean difference	% Relief	Z value	P value	Remark
BT	1.33					
AT 7 Days	0.33	1.00	75.19	3.317	0.000	HS
AT 14 Days	0.00	1.33	100.00	3.638	0.000	HS
AT 21 Days	0.00	1.33	100.00	3.690	0.000	HS
AT 28 Days	0.00	1.33	100.00	3.690	0.000	HS

DISCUSSION :-

Fissure in ano is the one of the severe painful disease of anorectal area associated with a acute superficial break in the continuity of anal canal. So the main aim of treatment protocol should be healing the ulcer and reduced the pain of this area .

Manjisthadi Taila :-

Manjisthadi Taila is the one which is having the properties like *vedana shamak* , *vrana ropaka* , *vrana sodhak* , *vatanulomaka* , *daha shamak*, *sothaghna* .

Manjisthadi taila is contains drugs like *Manjistha*, *Raktachanda*, *Murva* and *Tila taila*. *Manjistha* [20] has the properties like *vrana ropaka*, *vedana shamak* , *sothaghna* so it help in wound healing and reduced the pain . Due to the predominance of *kasaya rasa* in *Manjistha*, it will help in *rakta stambhana* which will lead to arrest the bleeding[21]. *Manjistha*[22] has the alkaloid like *rubimallin* which is an anti-inflammatory agent. *Sitosterol* and *daucosterol* possess antibacterial activity. *Rubiocordone* a reported to have considerable antimicrobial activity against gram negative bacteria like *bacillus subtilis*, *streptococcus faecalis* and *bacillus cereus*. The root extract of *R. cordifolia* was reported as an effective wound healing principle in experimental models as wound healer.

Raktachandan [23] has the properties like *vranaropaka* , *daha shamak* , *seetala*, *soumya* and *sothaghna* so it help in the reducing the burning sensation. *Raktachandana*[24] contains chemical constituents like *Triterpenes* *steroids*, *terpenoids* *steroid* which has properties like *antifungal* , *anti bacterial* , *wound healing* , *antiulcer*.

Murva [25] has the properties like *krimighna* and *anulomana* , so it is help in prevent any infection in the ulcer and *anulomana* of *apana vayu* and *mala*. *Murva* [26] contains chemical constituents like *Polyoxypregnane glycoside* such as *Tenacigenoside*, *Tenacissocide-C*, *H*, *Tenacigenosides-K,G*, *Marsdenoside B,H*, has the properties like *Analgesic activity*, *anti-inflammatory activity*, and *antioxidant activities* .

Tila taila [27] has the properties of *vedana sthapak* , *vata hara* , *vrana sodhana* , *vrana ropana* so it helps in the *anulomana* of the *apana vaya*, restore the normal sphincter tone, reduced pain and prevent constipation. *Tila taila*[28] contains chemical constituents like *sesamol* , *sesamin* , which has the properties like

antioxidant and anti-inflammatory, wound healing and mildly antibacterial quality .

Thiphala Churna:-

Ingredients of *Triphala Churnam* are *Embolia officinalis (Amla)*, *Terminalia chebula (Haritaki)*, *Terminalia bellerica (Vibheetaki)* . *Triphala* is well known medicine for its wound-healing quality and also having detoxifying and rejuvenating actions . *Triphala* acts as a mild laxative and also heals the tissue along with increasing the digestion of the patient. Constipation is one of the reasons for the occurrence of fissure in ano. *Triphala* helps in easy bowel movements and thus relieves constipation.

CONCLUSION

The use of *Manjisthadi Taila* has a definite role in the management of fissure-in-ano in terms of earlier relief in pain and burning sensation , bleeding, constipation and quick healing of ulcer too. In the present study it can be concluded that *Manjisthadi Taila Matra Basti* showed effective in the management of fissure-in-ano (*Parikartika*).

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