



RESEARCH ARTICLE

EFFECT OF MANJISHTADI TAILA PICCHU IN THE MANAGEMENT OF PARIKARTIKA W.S.R. TO FISSURE-IN-ANO

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ABSTRACT

Fissure-in-ano is a linear boat shaped ulcer in the anal canal¹. It is always associated with spasm of anal sphincter, bright streaks of blood with the passage of stool and pain after defecation. Patient desist defecation rather than going through the agony, leading to constipation. Among anorectal disorders nearly 80% of patients are suffering from fissure-in-ano. Now a day's people are busy and they don't prefer hospital stay and surgery. Under the above circumstances, there is a need to find out simple and patient friendly medicament. *Manjishatadi tail* is the best drug for *Vranaropana*, *Vedena nashnam*. Hence *Manjishtadi taila* is preferred in Fissure-in-Ano. Moreover *Manjishtadi taila*ⁱⁱ is the drug of choice for *vrana* which is mentioned in *Baishajaya Ratanavali*. Considering the above facts, an attempt is made to evaluate the clinical efficacy of *Manjishtadi taila* in the management of Fissure-in-Ano. The patients attending the O.P.D. of Shree Ayurveda, Ponda, Goa will be selected for the study. External application *Manjishtadi taila picchu* along with internal medicine like *Trikatu* and *Swadisht Virecana choorna* will be given for 30 days. Clinical response was assessed at an interval of 5 days. External application of *Manjishtadi taila picchu* along with internal medication shows significant effect in Fissure-in-Ano by its *vedana shamaka*, *daha prashmana* and *rakta stambhna* properties.

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INTRODUCTION

Pain has been man's heritage since his creations and since then, he has been trying to seek refuge under various medicines to fight against various diseases. Fissure-in-Ano is small longitudinal ulcer in the long axis of the lower anal canal¹. It is very common and painful condition fissure occurs most commonly in the midline posterior. In males fissure fissures usually occur in the midline posteriorly-90%, and much less commonly anteriorly 10%. In case of females fissures on the midline posterior are slightly common then anterior (60:40).² The contributing factors are constipation, spasm, of the internal sphincter, surgical catastrophe during operation of hemorrhoids followed by anal stenosis which may ultimately result in to anal fissure. On the basis of symptoms, the disease Fissure-in-Ano can be compared with diseases *Parikartika*ⁱⁱⁱ according to *Ayurveda*. *Acharya Dalhana* has described the term *Parikartika* as a condition of *Guda* in which in which there is cutting and tearing pain³. The factors responsible for causation of *Parikartika* as found in various texts are *Vamana-Virechana-Vyapada*^{4,9}, *Bastikarma Vyapada*^{5,10}, *Atisara*^{6,11}, *vataja jawara vyapad*⁷, *Arsha, Udavarta*⁸ Long acting anesthetic solutions though promotes relief but not free from complications.

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Whereas in chronic ulcer Anal dilatation, posterior sphincterotomy and fissurectomy and excision of the anal ulcer along with skin graft has not been successful. An alarming rise in the incidence of the disease Fissure-in-Ano and there is no known satisfactory remedies evolved so far has given an impetus to find out a suitable solution, with altogether better effects, from amongst the treatment advocated by the ancient Ayurvedacharyas. This is the reason that sufficient work is going on in this direction in many institutes throughout the country. Hence, from the repeated advocacy of Sushruta and other ancient Acharyas it has been decided to try drug which are used should have *Madhura & Kashaya rasa* and *Sita Virya*. *Bhaishajya Ratnavali* addresses number of formulation being successfully used in such cases. So, in present study we have elected the formulation *Manjishtadi Taila* mentioned in *Sadyo Vrana Chikitsa* of *Bhaishajya Ratnavali*.

MATERIALS AND METHODS

Manjishtadi Taila possesses all above said *rasa* and *virya* properties. Table No. 1 showing the detail of ingredients of *Manjishtadi taila* and their *Rasa* and *virya* properties. The patients attending the O.P.D. of Shree Ayurveda, Ponda, Goa will be selected for the study. External application *Manjishtadi taila picchu* along with internal medicine like *Trikatu* and

Swadisht Virecana choorna will be given for 30 days. Clinical response was assessed at an interval of 5 days.

Inclusive Criteria

- Patients presenting with classical lakshanas of Parikartika
- Patient with either sex age group between 20yrs and 50 yrs

Table 1. Showing the detail of ingredients of Manjishtadi taila and their Rasa and virya properties

Sr. no.	Classical name	Latin Name	Rasa	Virya
1.	Manjishtha ^{iv}	<i>Rubia cordifolia</i>	Madura, Tikta	Usna
2.	Chandana ^v	<i>Santalum album</i>	Madura, Tikta	Sita
3.	Murva ^{vi}	<i>Marsdenia tenacissima</i>	Tikta, Kashaya	Usna
4.	Tila tailam ^{vii}	<i>Sesamum indicum</i>	Madura, Kashaya & Tikta	Usna
5.	Jal	<i>Water</i>	Shadras	Sita

Exclusive Criteria

- Patients with any systemic diseases like DM, HTN, TB, pregnancy, HIV and any other Ano-rectal diseases.
- Patients below the age of 20yrs and above the age of 50 yrs.

Table No. 2 showing the detail of Result before and after treatment of Manjishtadi tail picchu in Parikartika

Sr.no.	Parameter	No. of patients	Grading							
			Before treatment				After Treatment			
			Nil	Mild	Moderate	Severe	Nil	Mild	Moderate	Severe
1.	Ruja (pain)	30	--	--	12	18	16	14	--	--
2.	Raktha srava (bleeding)	30	--	3	18	6	28	02	--	--
3.	Daha (burning sensation)	30	--	1	12	17	26	04	--	--
4.	Vibandha (constipation)	30	5	5	15	5	28	02	--	--
5.	Ulcer size	30	--	12	16	2	21	09	--	--

Study Design

It is a single blind randomized clinical trial.

Mode of administration

Drug applied locally on affected part. But there is need of additional treatment for *vibandha* and *agnimandya* to overcome this oral administration of *Swadishta virechan choorna* and *Trikatu choorna* given respectively.

RESULTS AND OBSERVATION

The improvement in the patients were assessed on the basis of relief in the cardinal signs and symptoms of the disease like Ruja (pain), Raktha srava (bleeding), Daha (burning sensation), Vibandha (constipation), ulcer size and number after the treatment. Clinical assessment of the regression/complete cure of the Fissure-in-Ano was done through anal examination before and after treatment.

Pain

This was the primary symptom with which the patient approached. In this there is 80.77% relief was seen in patients after treatment, effect of treatment on pain shows that the 't' value is 21.00 which is highly significant at $p < 0.001$.

Burning Sensation

After treatment it is seen that there is relief in burning sensation by 94.67%. The effect of treatment shows that the 't' value is 21.08 which is highly significant at $p < 0.001$.

Bleeding

This is the main symptom with which the patient came to doctor. In this symptom there is 96.43% relief is seen. The effect of treatment shows that the 't' value is 11.64 which is highly significant at $p < 0.001$.

Constipation

This is another symptom by which patient suffers more it is mainly seen after defecation. In this symptom there is 98.08% relief is seen. The effect of the treatment shows that the 't' value is 10.62 which is highly significant at $p < 0.001$.

Size of fissure

This is the objective parameter. After treatment it is seen that there is reduction in the size of fissure by 82%. The effect of treatment shows that the 't' value is 15.27 which is highly significant at $p < 0.001$.

DISCUSSION AND CONCLUSION

The Manjishtadi taila contains Chandana as one of the main ingredients in it. This is having Daha Prashmana property so it will help in subsiding the burning sensation. The Manjishtadi taila contains Tila taila which is having Vata Hara property, as we know vata is the main cause for pain. So this will help in subsiding the vata. Which will leads to subside pain. Manjishtha is Kashaya rasa pardhana and it will help in Raktha stambhana which will lead to arrest of bleeding. The main ingredients of Manjishtadi taila are Manjishtha, Chandana & Tila are having Vrana property so they will help in healing. This will decrease the size of the fissure. Patients selected for the study shows constipation as one of the main symptom. So they all are given SWADISHTA VIRECHNA CHOORNA orally. This choorna is anulomaka in nature which help in relieving the constipation and in these patients it is seen that the Agnimandhya is the main cause of constipation so along with Swadishta virechana choorna. Trikatu choorna is also provided to the patients which helps in deepan and pachana of the ama. From above study we can well manage Parikartika without undergoing any surgical procedures by doing interventional procedures like Picchu karma of medicaments mentioned in Ayurved text.

REFERENCES

- Bailey and Love, Short Practise of Surgery. Page No. 1125.

- ii. Ambika Datta Shashtri, BhaishajyaRatnavali, Chapter-48, Page No. 601
- iii. Tripathi Bramhanand, Charaka samhita, part- 2, Siddhi sthan, Chpter6,61-62, page no. 1241
- iv. Shastri, J.L.N. DravyagunaVijnana Volume-II,Chapter-60, Page No.277
- v. Shastri, J.L.N. DravyagunaVijnana Volume-II,Chapter-104, Page No.478
- vi. Shastri, J.L.N. DravyagunaVijnana Volume-II,Chapter-149, Page No.845
- vii. Shastri, J.L.N. DravyagunaVijnana Volume-II,Chapter-165, Page No.882 (All references our journal format, Author name, Year, Title, Journal name, Page number, Volume, Issues)
