



“A COMPARATIVE STUDY OF SAMANGADI TAILA AND JATYADI TAILA IN THE MANAGEMENT OF PARIKARTIKA W.S.R. TO FISSURE-IN-ANO”

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ABSTRACT

Anal fissure is very painful anorectal disease. The parallel word of anal fissure as per Ayurveda terminology is Parikartika mentioned in ayurvedic text. The Parikartika, also not has any separate disease entity. It is mention as sign and symptom of other diseases or complication of Ayurvedic procedure (like Vasti, Virecana). It may also originate due to the some instrumentation, like enema nozzle etc. In here one attempt is made to introduce Parikarita as a disease itself. In here the main objectives are to introduce Parikarita as a disease by detailing of panchanidan, specially the rupa, samprapti, etc as well as establish missing link between them. After the complete treatment of course of intervention, the data obtained towards the results indicate that good response on sign & symptoms at the end of follow up. It was an attempt made to clinically to assess the effect of Samangaditaila&Jatyaditaila in the management of Parivartika. The present work is humbly present in front of renowned scholars for their inspiration & constructive criticism for the betterment of the work.

KEY WORDS- PARIKARTIKA, SAMANGADI TAILA, JATYADI TAILA, FISSURE IN ANO.

INTRODUCTION

The reference about Parikartika is available from all Bruhatrayees and later authors of Ayurveda. The disease Parikartika is mentioned in bastikarmavyapat, vamana-virechanavyapat and in Garbhini chikitsa^{1,2&3}. The word Parikartika means Parikartanavatvedana around guda i.e. cutting type of pain⁴. Parikartika is also having the symptoms like burning sensation, bleeding which can be correlated to fissure in ano in modern science⁵. Acharya Charaka and having two parts vis. Uttara Guda and Adhara Guda⁶ explains that former is the seat of faecal material collection whereas later helps in the evacuation⁷. In modern science the management is medical and surgical, which includes analgesic, stool softeners, soothing ointments and anal

dilatation, sphincterotomy, fissurectomy respectively. All these procedures cause many complications⁸. Fissure in ano is an unhealed ulcer (vrana) in anal canal. An ulcer is one of the types of wound which breaks integrity or continuity of skin or mucous membrane. Sushruta described *SamangadiTaila* application in the context of ulcer (Vrana) The ingredients of *SamangadiTaila* works as vranaropana. The taila will have actions like lubrication thereby relieving muscular spasm in turn helps faster healing. Here in present work the effect of *SamangadiTaila* in the management of parikartika is going to be studied in comparison with *jatyaditaila*.

AIMS AND OBJECTIVES

1. To review parikartika and fissure in ano in detail
2. To evaluate the effect of *Samangadi Taila* puran in parikartika
3. To evaluate the effect of *jatyadi tailapuran* in parikartika
4. To compare and ascertain the effect of *Samangadi Taila* puran with *jatyadi taila* puran.

MATERIALS AND METHODS :

GroupA (Trial Group) –30selected cases of Parikartika will be treated with *SamangadiTaila*.

GroupB (Control Group)- 30selected cases of Parikartika will be treated with *JatyadiTaila*.

Materials

- ♣ *SamangadiTaila*. Sterile gloves. Disposable syringes 10ml. Rubber catheter no 6-8.
Dressing gauze and plaster.

Position of the patient: Patient was asked to lie in the lithotomy position. Part was painted and draped. A 10 ml syringe filled with *samangaditailais* taken an attach with red rubber catheter. In lithotomy position the catheter is lubricated and *samangaditaila* is instilled in group A

Dose: 10ml daily once for 7 days **Duration:** Duration of the treatment is 7 days and assessment will be done after 7 days. Both the groups of patients will be advice to fallow pathya and apathya during treatment. **Follow up:** 2 follow ups once in week.

- ♣ Total Study duration 21 days .
- ♣ **Position of the patient:** Patient was asked to lie in the lithotomy position. Part was painted and draped. A 10 ml syringe filled with *Jatyaditailais* taken an attach with red rubber catheter. In lithotomy position the catheter is lubricated and *Jatyaditaila* is instilled in group B

Dose: 10ml daily once for 7 days **Duration:** Duration of the treatment is 7 days and assessment will be done after 7 days. Both the groups of patients will be advice to fallow pathya and apathya during treatment. **Follow up:** 2 follow ups once in week.

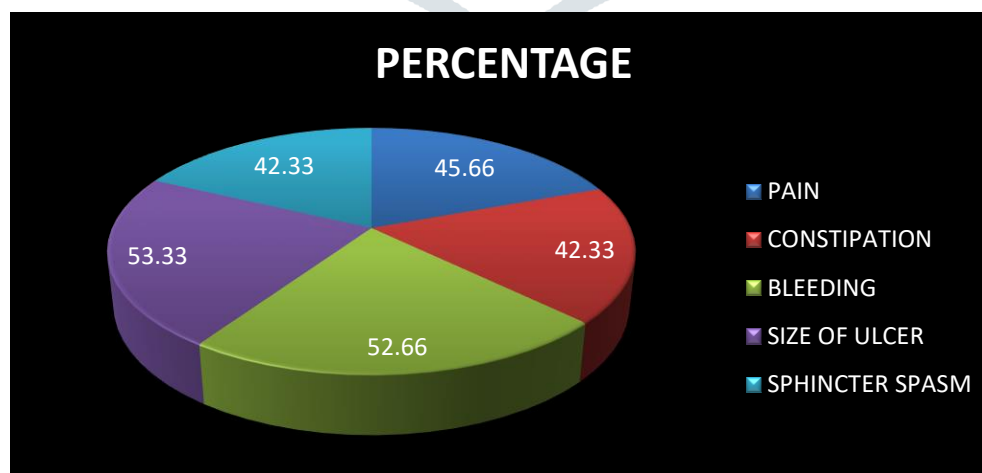
♣ Total Study duration 21 days .

RESULT

GROUP A

CARDINAL SYMPTOMS OF PARIKARTIKA GROUP A TREATED WITH SAMANGADI TAILA.

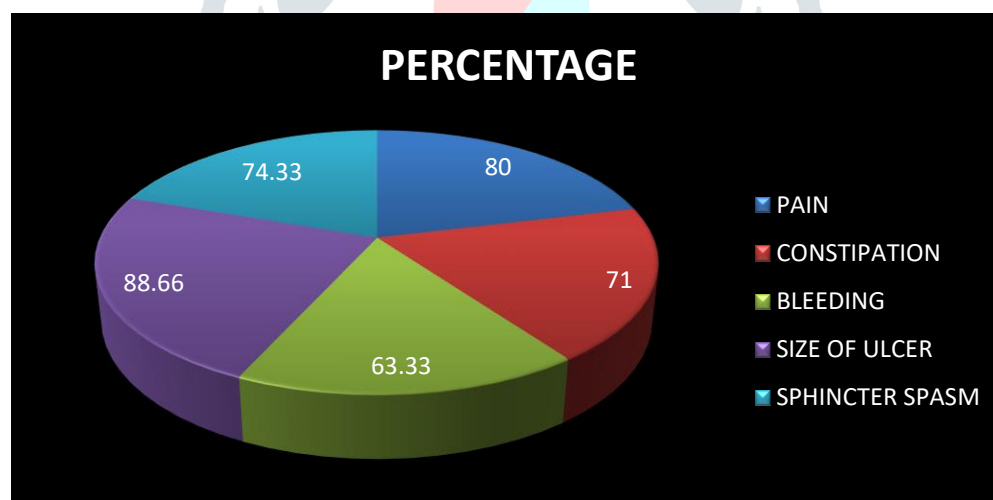
SR	SYMPTOMS	MEAN		DIFFR RNCE	%	SD	SE	'T'	'P' VALU E
		BT	AT						
1.	PAIN	3.2	1.83	1.37	45.66%	0.9687	0.2504	3.86	<0.01
2.	CONSTIPATION	2.6	1.33	1.27	42.33%	0.8980	0.2321	3.86	<0.01
3.	BLEEDING	3.2	1.5	1.7	56.66%	1.2020	0.3107	3.86	<0.01
4.	SIZE OF ULCER	3.4	1.8	1.6	53.33%	1.1313	0.2925	3.86	<0.01
5.	SHHINCTER SPASM	2.76	1.7	1.06	42.33%	0.7495	0.1937	3.86	<0.01



CARDINAL SYMPTOMS OF PARIKARTIKA GROUP B TREATED WITH JATYADI TAILA

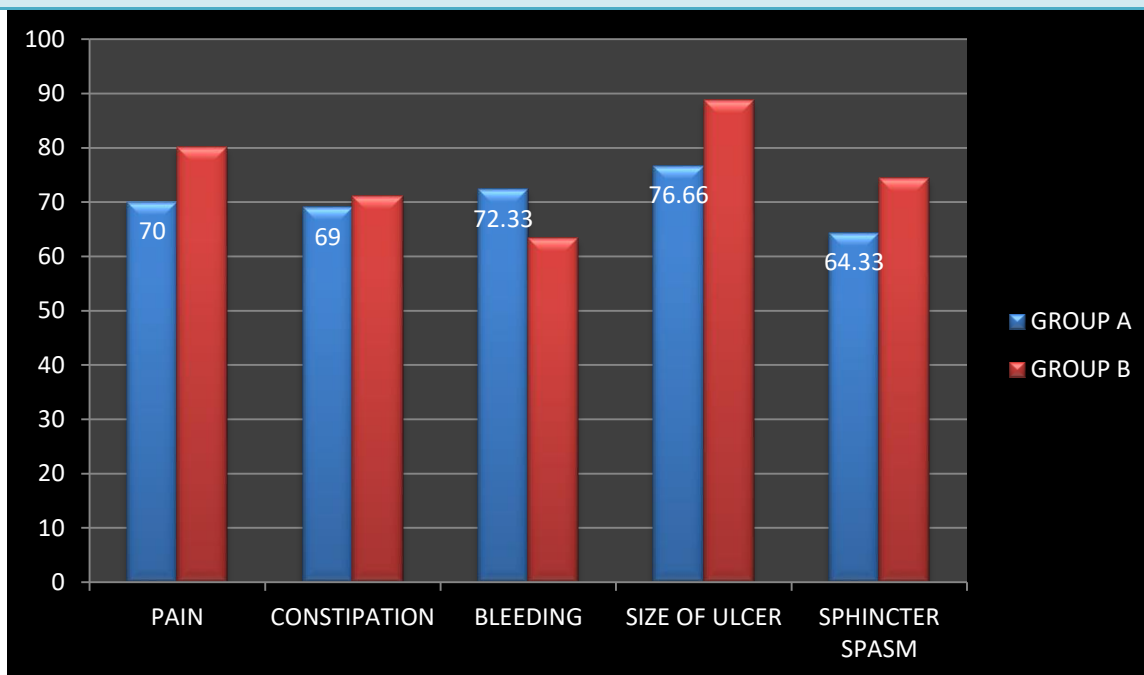
GROUP B

SR	SYMPTOMS	MEAN		DIFFERENCE	%	SD	SE	'T'	'P' VALUE
		BT	AT						
1.	PAIN	3.36	0.96	2.4	80%	1.6970	0.4387	3.16	<0.001
2.	CONSTIPATION	2.93	0.8	2.13	71%	1.5061	0.3893	3.16	<0.001
3.	BLEEDING	3.03	1.13	1.9	63.33%	1.3435	0.3473	3.16	<0.001
4.	SIZE OF ULCER	3.36	0.7	2.66	88.66%	1.8809	0.4862	3.16	<0.001
5.	SPHINCTER SPASM	2.93	0.7	2.23	74.33%	1.5768	0.4076	3.16	<0.001



Showing Comparison between Group A and Group B

Symptoms	Percentile Change In Group A	Percentile Change In Group B
PAIN	70%	80%
CONSTIPATION	69%	71%
BLEEDING	72.33%	63.33%
SIZE OF ULCER	76.66%	88.66%
SPHINCTER SPASM	64.33%	74.33%



BEFORE TREATMENT



AFTER TREATMENT



DISCUSSION

The third part which deals with the clinical study, at the outset, summarizes the aims and objects of the study. The selection of the patients, the criteria of inclusion, exclusion and diagnosis, method of drug administration and assessment of the effects along with the methods adopted in the study have been dealt in detail. The observations made were tabulated and the results obtained were analyzed statistically and were presented with the details. The observations made in the clinical study is discussed in the fifth part, which can be summarized earlier in the discussion, the selection of topic, literary review, observations, results and the probable mode of action of drug is discussed.

CONCLUSION

- The collection of review of literature done in well manner
- The drug preparation was done in Pharmacy.
- The drug was certified by authenticated authority.
- The proper administration of drugs was done under expert supervision.
- The Jatyaditaila shows good results
- Observations were noted in well manner.
- The results were tabulated according to statistical data.
- The present dissertation work gives key points to further study.
- Here in present study we got good result in Group A with samangaditaila.
- The best results were we got in Group B with Jatyaditaila.

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