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THE EFFICACY OF KAJJALIKODAYA MALAHARA PICHU IN THE MANAGEMENT OF PARIKARTIKA WITH SPECIAL REFERENCE TO ACUTE FISSURE-IN- ANO -A CASE STUDY

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ABSTRACT

Background:

Parikartika is one among the Ano-rectal disorders and is one of the complications of Basti and Virechana Karma as mentioned in classics. Parikartika is characterized by Kartanavat and Chedanavat Shoola, Daha in Guda¹, associated with Vibhanda, Anilasanga and Nabheradhorujam. It is caused by Sthana Samshraya of vitiated Vata and Pitta Doshas in Gudapradesha.² It can be correlated with fissure-in-Ano of the contemporary science. Anal fissure is longitudinal split in anoderm of the distal anal canal, which extends from the anal verge proximally towards but not beyond the dentate line.³ It is characterized by severe pain and burning sensation during and after defecation, severe constipation, and there is a drop of blood or streak of fresh blood on stool.⁴Aims and Objectives: To study the effect of Kajjalikodaya Malahara Pichu in the management of Parikartika w.s.r Acute fissure-in-Ano. Materials and Methods: The case registered at Shalyatantra OPD with chief complaints of Kartanavat Vedana in the anal region, Gudadaha, Gudagata Raktasrava, Vibandha. Intervention: Kajjalikodaya Malahara Pichu application for 10 days. Result: Significant result was seen in signs and symptoms and improvement in quality of life after treatment. Conclusion: The study proved that Parikartika can be effectively managed by Kajjalikodaya Malahara Pichu.

Key words: Parikartika, Acute fissure-in-Ano, Kajjalikodaya Malahara, Pichu.

INTRODUCTION-

Parikartika is one among the Ano-rectal disorders and is one of the complications of Basti and Virechana Karma as mentioned in classics. Parikartika is characterized by Kartanavat and Chedanavat Shoola, Daha in Guda¹, associated with Vibhanda, Anilasanga and Nabheradhorujam. It is caused by Sthana Samshraya of vitiated Vata and Pitta Doshas in Gudapradesha.² It can be correlated with fissure-in-Ano of the contemporary science.

Anal fissure is longitudinal split in anoderm of the distal anal canal, which extends from the anal verge proximally towards but not beyond the dentate line.³ It is characterized by severe pain and burning sensation

during and after defecation, severe constipation, and there is dropwise of blood or streak of fresh blood on stool.⁴

Fissure-in-Ano occurs most commonly in midline posteriorly, in males usually posteriorly 95%, anteriorly 5%, and in females posteriorly 80%, and anteriorly 20%.⁵ About 30–40% of the population suffers from proctologic pathologies at least once in their lives, in that anal fissure comprises of 10–15%.⁶ It occurs equally in both men and women and is common in all age group especially age group of 15-40 years⁷. The incident is supposed to be high in one who passes hard and dry stool.⁸

The line of management in contemporary science is both conservative and surgical. The conservative treatment includes analgesics, stool softeners, soothing ointments and anal dilatation whereas surgical intervention includes Lord's dilation, posterior fissurectomy and lateral anal sphincterotomy.⁹

In the Chikitsa of Parikartika, Acharyas have mentioned Madhura, Kashaya Rasa, Sneha Yukta Dravyas¹⁰ in the form of Pichu, Varti and Lepa which pacifies Vata and Pitta Doshas.

Parikartika is considered as Sadyovrana, Acharya Sushruta has mentioned Pichu Prayoga in the context of Shashti Upakrama in the management of Vrana. ¹¹Pichu is a treatment modality in which drug delivery increases by the contact time between the tissue and drug and as it increases the bioavailability of drug, hence there will be early reduction of symptoms and ulcer takes less time to heal.

Kajjalikodaya Malahara is mentioned in Bhaishajaratnavali is having properties like Lekhana, Krimigna, Shodhana and Ropana, it acts as Vranashodhaka and Vranaropaka, so it was taken in the management of Parikartika.¹²

The objective of present study is to evaluate the efficacy and applicability of present therapeutic measure which can be practiced even in clinics on O.P.D basis with minimum facilities.

AIM:

To study the efficacy of Kajjalikodaya Malahara pichu in the management of Parikartika (Acute fissure in Ano).

METHODS AND MATERIALS

CASE REPORT

A 25 years old male, attended the opd of *Shalyatantra* with complaints of *Kartanavat Vedana* (Pain) in the anal region, *Gudadaha* (Burning sensation), *Gudagata Raktasrava* (Bleeding per Anum), *Vibhanda* (constipation) since 20 days. There was no significant past history of any other chronic illness, no allergic or addictions. His personal history revealed constipated bowel and disturbed sleep. All the vitals were within the normal limits.

STHANIKA PAREEKSHA (Local Examination):

Per Rectal Examination-

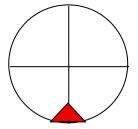
DARSHANA (Inspection):

1. Number of ulcers: 01

2. Position : 6 o' clock

3. Bleeding : Absent

4. **Ulcer length** : 6 mm



SPARSHANA (Palpation):

Digital Examination

1.Tenderness: Present

2.Sphincter tone : Per rectal examination not done

Investigations

Blood investigations - Hb%, BT, CT, RBS, HbsAg, HIV, were carried out and found to be normal.

Treatment Plan: Application of *Kajjalikodaya Malahara Pichu* for 10 days.

Advice:

1. Patient was advised for sitz bath with luke warm water for 15minutes before procedure.

2.*Triphala Churna* 12 gm with Luke warm water at night was given.

Method of Application of Kajjalikodaya Malahara Pichu

• Drug: *Kajjalikodaya Malahara*

• Site: anal verge (topical)

• Dosage: quantity sufficient

• Timing: once a day

• Duration:10 days

PROCEDURE

Purva karma-

- Informed consent was taken.
- Patient was advised for sitz bath with luke warm water for 15 minutes prior to the procedure.
- Collection of all the materials required for the procedure.
- The *Kajjalikodaya Malahara* was heated on boiling water to make it liquify.
- The gauze piece was soaked in *Kajjalikodaya Malahara*.

Pradhana karma-

- Patient was asked to lie comfortably in the lithotomy position.
- Patient was asked to relax and take deep breaths and then gently *Pichu* was inserted into the anal canal.

Paschata karma-

- Patient was advised to remove the Pichu after 3 hrs.
- Patient was advised to follow *Pathya*.

Duration of Treatment: 10 days

Assessment criteria: Changes in the subjective and objective parameters were considered for the assessment of results.

Subjective parameters

A. *Kartanavat Vedana* (Pain): Vas scale 1 to 10 was used for grading the pain.

Kartanavat Vedana (Pain)	VAS Score	Grade
No pain	0	0
Mild pain	1-3	1
Moderate pain	4-6	2
Severe pain	7-10	3

B. Gudadaha (Burning sensation): Grading was done according to the presence and absence of same.

Gudadaha (Burning sensation)	Grade	
No burning Sensation	0	
Mild burning Sensation	1	
Moderate burning Sensation	2	
Severe burning Sensation	3	

C. *Gudagata Raktasrava* (Bleeding per Anum): Bleeding in Fissure in Ano is usually seen as streaks over the stools or few drops on toilet pan.

Gudagata Raktasrava	Grade	
(Bleeding per Anum)	37	
No bleeding	0	
Mild bleeding < 5 drops/in streaks	1	
Moderate bleeding – 5-10 drop	2	
Severe bleeding - > 10 drops	3	

D. *Vibhanda* (constipation): This feature was graded based on consistency of stool and how often the patient passed stools and graded as follows:

Vibhanda (constipation)	Grade
Passes stools regularly without difficulty	0
Passes stools regularly with difficulty	1
Passes hard stools irregularly with difficulty	2
Passes pellet like stool once in a week with difficulty	3

Objective parameters:

A. Size of ulcer

Size of the ulcer	Grade
No ulcer	0
1 – 4 mm	1
5 – 8 mm	2
9 – 12mm	3

RESULT

The fissure healed completely by 10th day and patient could do his daily routine work from next day itself. A follow up for a period of 15 days was done on every fortnight in order to check the recurrence, but no recurrence was observed in that particular time.

Symptoms	Before Treatment Grading	After Treatment Grading
Kartanavat Vedana (Pain)	2	0
Gudadaha (Burning Sensation)	3	0
Gudagata Raktasrava (Bleeding per Anum)	2	0
Vibandha (Constipation)	2	0
Size of ulcer	2	0

In the present study, complete healing of fissure was achieved within 10 days. The follow up was on 18th day, and no reoccurrence of the complaints till 2 months of follow up.





Before Treatment

After Treatment

Mode of Action of *Pichu*¹³

Pichu has been explained as Sthanika Chikitsa in Vrana.

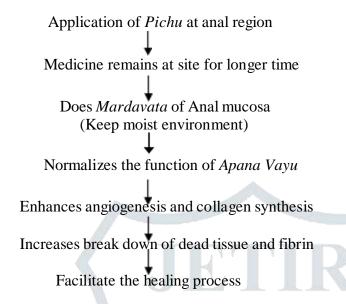
It helps the medicine to remain at the site for longer time for better action.

Shodhita kampillaka- Vranahara, shodhit mriddarashringa - Vrana ropana, Shodhita tuttha lekhana-twak dosha shamana aided by Kajjali supported with Siktha taila relative therapeutic benefits are appreciated. *Pichu* brings *Mardavata* in the anal mucosa (moist environment) and normalizes function of *Apana Vata*, by

reducing Ruksha and Khara Guna of Prakupita Vata.

It facilitates the healing process of the wound by maintaining hydration and decreasing the chance of infection at the wound site.

Probable mode of action of Pichu:



Kajjalikodaya Malahara – *Kajjalikodaya Malahara* mentioned in the text Bhaishajaratnavali has *Shodhana- ropana* (wound cleaning and healing) properties indicated in *vrana*. It is said that *Vrana* which is not cured by hundreds of treatment modalities or medicines, will heal fast by the application of *Kajjalikodaya Malahara*.

The ingredients of Kajjalikodaya Malahara are Sikthatail, Rasagandhaka Kajjali, Mruddarashrunga, kampillaka and Tuthya.

The drug Kajjalikodaya Malahara is having Veadana Shamaka, Vranashodhana, Vranaropana, Tridoshaghna properties.

Gandhaka is a best drug in the management of Ano-rectal diseases. It is having Anti-bacterial, anti-fungal and anti-microbial actions.

Gandhaka, Sikta, Tuthya are having Ushna Veerya & Shulahara Guna and Moorchita Tila Taila, Gandhaka are having Tridoshaghna, Mardavakara properties. Madhura Rasa and Vipaka, Ushna Veerya, and Snigda, Mrudu Guna of drugs which are present in Kajjalikodaya Malahara reduces Ruksha, Khara Guna of Prakupita Vata, and normalises the Chala Guna of Vata and thus, helps in reducing Vedana.

Madhura, Kashaya Rasa and Madhura Vipaka, Sheeta Veerya, Mrudu, Snigdha and Tridoshaghna Gunas of Moorchita Tila Taila and Sikta reduce the Ushna and Teekshna Guna of Prakutipa Pitta. Thus, helps in reducing Daha.

Kashaya & Madhura Rasa, Madhura Vipaka, Sheeta Veerya, Tridoshaghna Karma of the ingredients (Gandhaka, Sikthatail) helps in reducing the Raktasrava and healing of the ulcer.

Vranashodhana, Vranaropana action and Snigda, Mrudu Guna helps in healing of the wound.

Siktatail Kampillaka, Mruddarashrunga are having Vranasodhana, Vranaropana properties. Madhura, Kashaya Rasa, Lagu, Snigda Guna, Sheeta Veerya and Tridoshaghnata of drugs which are present in Kajjalikodaya Malaahara Pichu helps in healing of ulcer. Anti-inflammatory, anti- microbial properties of the Gandhaka and Tuthya prevents the infection and enhances the healing process.

Snehana Guna of the Siktataila brings Mardavata in the anal mucosa and helps in easy evacuation of the stool without injuring the anal mucosa. And decreases the Ruksha & Khara Guna of Vata and helps in relaxation of anal sphincters.

DISCUSSION

Fissure in Ano is one of the painful anorectal diseases which presents as an acute superficial break in the continuity of the anal canal. Parikartika can be considered as Sadyovrana due to the presence of painful longitudinal ulcer15. Treatment protocols for fissure in Ano should be based on the medicines which aid the healing of ulcers as well as to reduce the cutting and burning type of pain. Each medicine in the formulation has different properties. The main advantage of this treatment is the complete reduction of complaints like pain, burning sensation, oozing of blood during and after defecation within 10 days of the treatment. Complete healing of within 10 days is one of another advantage noted. Kajjalikodaya Malahara is the one which is having properties like Vedana shamaka (Pain relieving), Vranasodhana (Wound cleansing), and Vranaropana (Wound healing) properties 16. Kajjalikodaya Malahara Pichu helps to keep Vrana moist and thus promotes the healing process through its above-mentioned properties. Kajjalikodaya Malahara thus promoting ulcer healing 17. Due to these properties of Kajjalikodaya Malahara, Pichu makes it a good treatment option in the management of Parikartika. Triphala has *Deepana*, *Pachana properties* increases the digestion and at the same time acting as a mild laxative. Triphala is well known for its wound healing quality. Constipation is one of the reasons for the occurrence of fissure in Ano. Triphala churna helps in easy bowel movements and thus relieves constipation. Lukewarm water sitz bath helps to clean the fissure area, improve the blood and thus helps to relax the anal sphincter.

CONCLUSION

Fissure in Ano is a painful anorectal condition that gives intolerance to the daily routine activities of patients. Most of the fissure in ano patients suffer pain and burning sensation in the perianal region during and after defecation with presence of an indurated ulcer and has a history of constipation. So, the treatment principle of acute fissure in Ano should be based on the aim to healing of ulcer, reduction of pain and burning sensation and also to correct the constipation. Both internal and external treatments formulated in this case are to satisfy the above-mentioned treatment principles. Lukewarm water sitz bath and Kajjalikodaya Malahara Pichu helps to cleaning and healing of wound and also promotes granulation tissue formation and ulcer healing. Triphala Churna helps to promote the digestion of the patient and also acting as a mild laxative which helps to reduce the constipation. Due to above mentioned properties, the treatment combinations like Kajjalikodaya Malahara *Pichu* and *Triphala Churna* are considered to be as a good treatment option in the management of *Parikartika*. It can also be administered easily on OPD basis mode of treatment without any special physical and mental strain. In this present case report, the treatment plan was opted under OPD basis and was found to be very effective in symptomatic relief and improvement of general conditions of the patient. This treatment is very safe and economic with no adverse effects or complications.

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