



Management of Parikartika (acute fissure in ano) By Tila Taila Matra basti: Case study.

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ABSTRACT

The incidence of fissure-in-ano (Parikartika) has risen due to modern sedentary lifestyles, characterized by low fiber diets, high consumption of non-vegetarian foods, lack of physical activity, junk food intake, irregular meals, and stress. These factors lead to constipation and hard stools, causing anal tears. Parikartika manifests as severe pain, burning sensation, swelling, and bleeding. This case report describes a 28-year-old male with Parikartika, experiencing severe symptoms over ten days. Conventional treatments failed to provide relief. The patient was treated with Tila Taila Matra Basti (sesame oil enema) for three days. Significant improvements in pain, swelling, and bleeding were observed within one hour to two days, demonstrating the potential efficacy of this Ayurvedic treatment for acute fissure-in-ano.

Keywords: Parikartika, Tila Tail, Matra basti, Fissure in Ano.

INTRODUCTION

The earliest references to parikartika can be found in ancient texts such as the Sushruta Samhita, Charaka Samhita, and Kashyap Samhita. In modern medical science, parikartika is correlated with fissure in ano. In today's world, factors such as improper bowel movements and constipation often lead to the formation of hard stool, which can tear through the skin of the anal margin, extending into the anal canal and resulting in fissure in ano. This condition is very common and causes acute pain lasting from one hour to an entire day, accompanied by burning, spasms, and itching. The severe cutting pain can lead to a fear of defecation, resulting in the cessation of food intake.

Current management of fissure in ano typically involves the use of laxatives, purgatives, sitz baths, anti-inflammatory agents, and local anesthetics. While these treatments provide

temporary relief, they often require a prolonged duration to alleviate symptoms fully. An alternative treatment involves the use of warmed 50 ml basti (enema) of tila tail (sesame oil) for three consecutive days, alongside conservative management.

Tila tail basti is noted in ancient texts for its multiple benefits, including vatanashaka (pacifying Vata), daha shaman (soothing burning sensations), vranaropana (wound healing), relief from spasms, alleviation of constipation (malbaddhata), and protection of vital points (marmaghata). This study aims to evaluate the effectiveness of Tila taila matra basti over three days in treating parikartika, with a special focus on fissure in ano.

AIMS AND OBJECTIVES

To study the efficacy of Matra Basti in the management of Parikartika (Fissure in Ano).

MATERIALS AND METHODS

Material-

Tila Taila for basti,

Triphala Guggul,

Gandharv Haritaki churna.

Method -

Patient was given 50 ml lukewarm matra basti on three consecutive days

Tab Triphala Guggul 2 Bid post meal with warm water.

Gandharv Haritaki churna 1 tsp with warm water at bedtime.

Advised to take light meals with warm water, and bed rest for 3 day

CASE RERPORT

A 28 year male patient came to us with the complaints of-

- 1) kartanvat vedana (Excruciating Pain)
- 2) Sarakta malpravrutti (Bleeding PR).
- 3) Gudapradesh daha (Burning sensation)
- 4) Malavastambha. (Constipation)

Past history

patient has been experiencing constipation along with pain and a burning sensation in the perianal area during and after bowel movements for the past week. Initially, the pain was mild to moderate, lasting for about 15 minutes after defecation, but it has progressively worsened over the last three

days, persisting for up to half an hour post-defecation. The patient has also noticed blood streaks in the stool. Despite using analgesics for relief, the pain returns after

O/E

- a) Nadi - 98/min
- b) Mala - Malavsthamba, sarakta malapravrutti
- c) Mutra - Prakrut
- d) Jivha - Saam
- e) Agni - Kshudhamandya
- f) Shabda - Prakrut
- g) Sparsh - Prakrut
- h) Druka - Prakrut
- i) Akrti - Madhyam
- j) Bala - madhyam
- k) BP-130/80 mm of Hg

L/E

- Fissure detection was challenging due to severe spasms and pain during examination.
- PR examination couldn't be conducted properly due to spasms and pain.
- Mild bleeding occurred during the examination process.

HETU

Irregular meals, sabudana, junk food, fast food, frequent tea, divaswap, late night sleep, no physical activity all of this caused vata, pitta prakopa with stroavrodh, malbaddhata (hard stool) and straining caused Parikartika (fissure in ano).

SAMPRAPTI

Nidan sevana (Ruksha, ati ushna ahara and jagarana) → Vitiation of vata-pitta dosha → Reaches guda pradesha, medra pradesha → again does apana vayu avarodha → Constipation → straining during defecation → resulting in cracks over anal region and blood streaks → Parikartika.

TREATMENT

1. Nidanparivarjan Chikitsa- Advised all the food and life style changes accordingly.
2. Tila taila matra basti 50 ml for three consecutive days
3. Tab Triphala guggul 2bid with warm water.
4. Gandharv Haritaki churna 1 tsp with warm water at bedtime
5. Advised for warm water and rest for three days.

RESULTS

- Initially administered Tila taila matra basti showed rapid improvement: reduced tachycardia, significant pain relief (60%), and improved ability to sit comfortably within 20 minutes.
- Subsequent day: Lower pain levels, remarkable reduction in burning sensation, no bleeding, PR allowed, wound healing well, reduced spasm by 50%, softened stool with 70% less pain during and after defecation.

- By the third day: PR possible with almost no pain or burning, no bleeding, spasm resolved, soft stool, and significant overall comfort improvement.

DISCUSSION

Anal fissures can be caused by various factors such as diet, lifestyle habits, and stress, leading to altered bowel movements and constipation. This can result in the formation of painful ulcers during defecation, causing discomfort, bleeding, and spasms. While modern treatments may not always provide immediate relief, an ayurvedic approach has shown promising results in reducing pain within 20-30 minutes and improving other symptoms like bleeding and spasm over three days. Additionally, incorporating matra basti has also helped in improving sleep quality for patients. Integrating different treatments can lead to more effective management of anal fissures.

CONCLUSION

The study indicates that using matra basti for two days is an effective management strategy for parikartika (Fissure in Ano). Patients experienced rapid relief from pain and burning, encouraging their adherence to treatment and alleviating their fear of discomfort during defecation. These positive results warrant more extensive research into the efficacy of matra basti for managing parikartika.

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