

## **THE EFFECT OF PRAPOUNDARIKADHYA TAILA IN THE MANAGEMENT OF PARIKARTIKA WITH SPECIAL REFERENCE TO ACUTE FISSURE IN ANO - A CONCEPTUAL STUDY**

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### **ABSTRACT**

Parikartika is most painful disease among the Gudagata Vikaras, Parikartika explained as one among Virechana Vyapat<sup>1</sup> and Basti Vyapat <sup>2</sup> by Bruhatrayi. Acharya Kashyapa explained Parikatika in Garbhini Chikitsadhyaya.<sup>3</sup> Parikartika is characterized with kartanavat vedana and daha in guda pradesh. Fissure in ano is presents with symptoms like anal spasm, pain during and after defecation, constipation and bleeding. The management includes mainly reducing pain and healing of the fissure in ano.Parikartika is cause due to vitiated vata and pitta dosha, Acharya Sushruta has explained to use taila or ghritha prepared with kashaya and madhura rasatmaka dravyas for basti. Yastimadhu is one such drug which has been explained to be used in Parikartika.<sup>4</sup> Matrabasti is type of anuvasana basti explained by Acharya Sharangadhara.<sup>5</sup> Prapoundrikadhya taila is explained by Acharya Charaka in Dwivraniya Chikitsa, which contains ingredients as Prapoundarika, Madhuka, Kakoli, Ksheerakakoli, Rakta Chandana and Sweta Chandana<sup>6</sup>. Based on the rasapanchaka it does daha prashamana and vrana ropana.

**Keywords:** Parikartika, Acute fissure in ano, Matrabasti, Ropana, Daha Shamana, and Prapoundarikadhya taila.

### **INTRODUCTION**

Parikartika is most painful disease among the gudagata vikaras. This is explained as one among Vamana Virechana Vyapat and Basti Vyapat by

Bruhatrayi. Acharya Kashyapa explained Parikatika as separate disease in Garbhini Chikitsadhyaya. Parikartika is characterized with

kartanavat vedana and daha in guda Pradesh.

Fissure in ano presents in two forms as acute and chronic and presents with symptoms like anal spasm, pain during and after defecation, constipation and bleeding. Anal fissure occurs in men 95% posteriorly, 5% anteriorly and in females 80% posteriorly, 20% anteriorly are common<sup>7</sup>. In acute fissure in ano conservative treatments are anal dilator, lubricants, analgesics and ointments. In Chronic fissure in ano surgeries are lateral anal sphincterotomy and fissurectomy.<sup>8</sup>

Parikartika is cause due to vitiated vata and pitta dosha, while explaining the chikitsa are piccha basti, anuvasana basti, pichu, parisheka and lepa with sneha dravyas, which pacify vata and pitta dosha is advised. Basti karma is the first line of treatment for vata pradhana dosha. For basti Acharya Sushruta has explained to use taila or ghrita prepared with kashaya and madhura dravyas. Yastimadhu is one such drug which has been explained to be used in Parikartika.

Prapoundrikadhya taila is explained by Acharya Charaka in Dwivraniya Chikitsa, based on the rasapanchaka madhura, kashaya and sheeta guna it

does daha prashamana and vana Ropana.

#### **AIMS AND OBJECTIVES:**

1. To evaluate the effect of Prapoundarikadhya taila matrabasti in the management of parikartika.
2. To review in detail about partikartika.

#### **REVIEW OF LITERATURE AND DRUGS**

- Description of Parikartika, nidana, lakshana and chikitsa are collected available in Ayurveda classics like Brihatrayi and Laghutrayi.
- Description of fissure in ano in surgical text books like S. Das and Bailey and Love's.

#### **DISEASE REVIEW**

##### **Nidhana:**

Persons who are krusha, ruksha and having sama dosha and indulge in the following some factors are more prone to Parikartika like excessive consumption of ati teekshna, ushna and lavana ahara, alpa ahara and upavasa, persons with mandagni,<sup>9</sup> malabaddhata, atisara and grahani. Virechana Vyapat, Basti netra vyapat is cause trauma. Constipation has been the most common aetiological factor in modern science.

##### **Lakshana:**

One who having snigdha ahara, guru kosta and sama dosha and ruksha mrudukosta and alpabala persons or it expels impurity along with ama shortly

on reaching the anorectal region and then causes above said complaints like severe colic pain, cutting pain and fresh bleed discharge from anus.<sup>10</sup>

### Samprapti:



### Samprapti Ghataka

Dosha	: Vata & Pitta
Dushya	: Twak, Rakta and Mamsa
Agni	: Jatharagni
Dhatwagni	: Rakta & Mamsa

Ama : Dhatwagnimandya  
 Srotas : Purishavaha, Rakta & Mamsavaha Srotas  
 Srotodusti Prakar : Sanga  
 Udbhava Sthana : Pakwashaya  
 Sanchara Sthana : Gudagata Sira  
 Vyakta Sthana : Gudanalika  
 Roga Marga : Bahya  
 Sadhyasadhyata : Kasta Sadya  
 Swabhava : Chirakaleena

**Prakara:** <sup>11</sup>

In Kashyapa Samhita, Acharya Kashyapa has described it according to doshas in the chapter Garbhini Chikitsa which can be enlisted as

- ✓ Vatika Parikartika
- ✓ Paitika Parikartika
- ✓ Shelesmika Parikartika

**Chikitsa:**

Patients who are treated with picchabasti by Yastimadhu, krishnatila

kalka along with madhu and ghrita, Patient having food with milk anuvasana with ghritamanda or Yastimadhu sidda taila should be given internally and sprinkled with cold water.<sup>12</sup>

**DRUG REVIEW:**

Ingredients of Prapoundarikadhyataila explained in Acharya Charaka in Dwivraniya Chikitsa.

Sl.No	Ingredients	Latin Name	Used part	Quantity
1	Prapoundarika	Nelembo nucifera	Flower	1 Part (250gm)
2	Madhuka	Madhuka indica	Flower	1 Part (250gm)
3	Kakoli	Roscoea procera	Root	1 Part (250gm)
4	Ksheera kakoli	Lilium polyphyllum	Root	1 Part (250gm)
5	Sweta chandana	Santalum album	Heart wood	1 Part (250gm)
6	Raktachandana	Pterocarpus santalinus	Heart wood	1 Part (250gm)

7	Tila taila	Sessamum Indicum	Oil	4 (6000ml)	Part
8	Jala	-	-	16 (2400ltr)	Part

Taila was prepared according to Tailapaka vidhi mentioned in Sharangadhara Samhita, Madhyama Khanda.<sup>13</sup>

### **MATERIAL AND METHODS**

All the references regarding Parikartika are collected from Samhita and various textbooks.

- Concept of Parikartika and Prapoundarikadhya taila is studied in detail.
- Prapoundarikadhya taila is prepared under observation.

#### **Material required for clinical study:**

1. Syringe 50ml
2. Red rubber catheter, number 8.
3. Gauze
4. Gloves
5. Bowl
6. Torch
7. Whole towel

### **METHADODOLOGY**

#### **Method of preparation:** <sup>13</sup>

Classical preparation of sneha as explained in Sharangdhar Samhita.

- Yavakuta churna of above mentioned kwatha dravyas (1500gms) mixed with water (2400ltr) heated on mandagni till it reduced to one fourth quantity (6000ml).
- The prepared kwata was added with murchita tila taila (6000ml) and kalka dravya heated on mandagni till the sneha siddhi lakshana.
- Prepared Prapoundarikadhya taila (6 litre) is stored in air tight container.

#### **Procedure for Matrabasti**

##### **Purva Karma:**

1. Procedure is explained and informed written consent was taken.
2. Sthanika abhyanga followed by mrudu sweda over kati and udara pradesh.
3. The procedure was carried out in aseptic conditions.
4. Perianal region was cleaned by gauze.

##### **Pradhana Karma:**

1. Patient position - left lateral position.<sup>14</sup>
2. Basti was administered to patient at ardrpani (immediately after food).

3. Prapoundarikadhya taila matrabasti (lukewarm) was administered through anal route by syringe and sterile red rubber catheter no.8.

**Paschat Karma:**

1. Dry sterile gauze was kept.
2. After giving basti, tadana karma was done.
3. Mrudu abhyanga was done over the abdomen in anti clockwise direction.
4. Rest was advised for half an hour.

**Duration of Treatment:**

- Matrabasti was given once in a day for consecutive 07 days.

**Observations:**

1. Observation was done in following stages:

Before, after treatment and follow up.

**Follow-Up:**

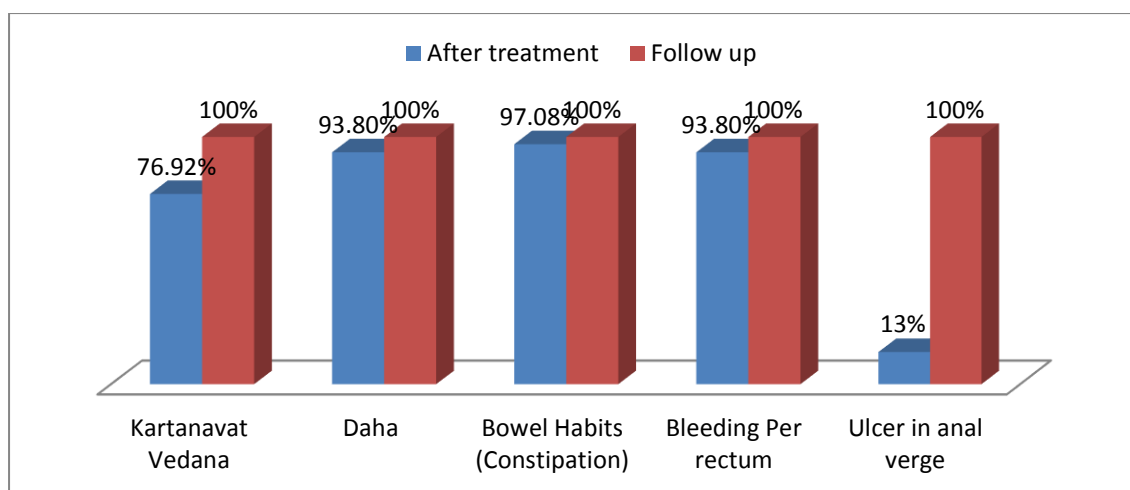
After completion of the treatment patient was asked to report for follow-up on 15<sup>th</sup> day.

**Assessment Criteria:**

The results of treatment were assessed on the basis of subjective & objective criteria by a suitable grading to each parameter.

**OBSERVATION AND RESULT**

Result	After Treatment (7 <sup>th</sup> day)	Follow up(15 <sup>th</sup> day)
<b>Kartanavat vedana</b>	76.92%	100%
<b>Daha</b>	93.8%	100%
<b>Bowel habits</b>	97.08%	100%
<b>Bleeding per rectum</b>	93.8%	100%
<b>Ulcer in anal verge</b>	13%	100%



## DISCUSSION

Among Astanga Ayurveda, Shalyatantra is one among them it deals with the etiology, diagnosis, prognosis, prevention and treatment of diseases which are aharaja and viharaja etiological factor considered to precipitate the clinical entity of fissure in ano.

Parikartika is cause due to vitiated vata and pitta dosha, while explaining the chikitsa are piccha basti, anuvasana basti, pichu, parisheka and lepa with sneha dravyas, which pacify vata and pitta dosha is advised. Basti karma is the first line of treatment for vata pradhana dosha. Acharya Sushruta has explained basti to use taila or ghruta prepared with kashaya and madhura dravyas. In modern science fissure in ano is treated by surgical, parasurgical and conservative methods. The

suitable conservative treatments are anal dilator, lubricants, analgesics and ointments.

### Probable mode of action of prapoundarikadhy taila

- In Parikartika, vata and pitta dosha are aggravated which causes increase in the pain, burning sensation and bleeding per rectum.
- The drugs of Prapoundarikadhy taila are having madhur rasa, laghu, snigdha, pichhila guna ,sheeta verya and madhura vipaka, thus acts as pitta and vata hara, daha prashamana and vrana ropaka.
- Chandana is having the tikta and madhura rasa which acts as ropaka.
- Kashaya rasa will do the ropana, rakta sthanbhana karma and sheeta veerya drugs shows daha prashamana effect.
- Laghu, snigdha, pichhila guna softens the stool.

- Murchita tila taila acts as Yogavahi in bringing out on pharmacological actions in the formulation.

### CONCLUSION

In present era, the disease Parikartika is very common in the human population due to sedentary life style and unwholesome dietary factor. Fissure in ano is very painful and unstable condition. Healing of ulcer is not only the intension along with reduce the pain, burning sensation and relieving the constipation. Hence Prapoundarikadhya taila needs to be explored by scientific research. It is having vrana ropana and dahashamaka property by the ingredients.

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