

Evaluation Of Comparative Efficacy Of Karanjadi Ghruta Pichu, Yasthimadhu Ghruta Pichu And Jatyadi Ghruta Pichu In The Management Of Parikartika

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ABSTRACT

Background: Parikartika is a condition in which patient present with pain as if the anal canal is being cut around with scissors. It is one of most painful conditions occurring in the ano rectum. Parikartika(Fissure in ano) is most prevalent disease in anorectal disorders. The population suffers from proctologic pathologies at least once in their lives is about 30-40%, anal fissure comprises of 15.62% of anorectal disorders.[1] Incidence of anal often occur in adults aged 15 to 40. [2]

Aim and Objective: To compare the Efficacy of Karanjadi Ghruta Pichu, Yasthimadhu Ghruta Pichu and Jatyadi Ghruta Pichu in the Management of Parikartika. **Material and Method:** The present study is designed as a Randomized clinical trial in which 60 patients will be enrolled. Local application of Karanjadi Ghruta Pichu, Yasthimadhu Ghruta Pichu and Jatyadi Ghruta Pichu in Fissure in ano (Parikartika). **Assessment** will be done 0th, 7th day, 14th day, 21th day and follow-up on 15th and 30th day after completion of treatment. **Result:** The changes are expected to be observed in subjective and objective parameters such as Pain, Bleeding, Sphincter spasm and Healing of Parikartika. **Conclusion:** The study is expecting the nonsurgical management of fissure in ano with respect to the impact of Karanjadi Ghruta Pichu, Yasthimadhu Ghruta Pichu and Jatyadi Ghruta Pichu. The research is expecting to be baseline and benchmark of the prospective studies in Acute Fissure in ano (Parikartika)

KEYWORDS: Fissure in ano (parikartika), Karanjadi Ghruta, Yasthimadhu Ghruta and Jatyadi Ghruta

INTRODUCTION

Problem / population based brief description –Parikartika is a condition in which patient present with pain as if the anal canal is being cut around with scissors. It is one of most painful conditions occurring in the ano rectum. Parikartika(Fissure in ano) is most prevalent disease in anorectal disorders. The population suffers from proctologic pathologies at least once in their lives is about 30-40%, anal fissure comprises of 15.62% of anorectal disorders.^[1] Incidence of anal often occur in adults aged 15 to 40. ^[2]

Need for study – Fissure in ano is a tear in anoderm at or inside the anal verge which causes intense pain or/and bleeding after defecation. It induces high resting anal pressures and infrequent spontaneous relaxation of the internal anal sphincter, which can impede blood supply to the anoderm. Non-surgical treatments and surgical treatments like Lateral sphincterotomy, Anal dilation or Lord's operation are recommended for acute and chronic anal fissures.

All these methods of modern science have one or another drawback.

- Prolonged administration of NSAID like Ibuprofen, Diclofenac may suppress the symptom but causes gastric irritation.
- Application of Soothing ointments like Glyceryl trinitrate, Calcium channel blockers produces sufficient relaxation of the sphincter, but causes significant headache and recurrence rate is 50% in this particular method of management.
- Botulin toxin injection is costly and causes incontinence.

- Lateral internal Sphincterotomy - Soiling of the under clothes is the drawback.
- In surgical treatment complication being Hematoma, Abscess formation, recurrent ulcer formation and persistent mucous discharge.
- Most of the methods of treatment are expensive and requires at least some stay in the hospital.
- Lord's dilatation which is associated with the risk of transient fecal incontinence.

Thus the problem of complication after operation and recurrence after medical treatment of fissure-in-ano still gives a wide scope for deep consideration and thorough concentration to evolve newer methods of cure.

Numerous therapeutic modalities have been advocated by our Acharyas in the management of every disease. Shalya

Tantra provides various principles and treatment approaches for the management of different diseases which require medical, surgical or Para-surgical attention. According to Ayurved, methods of treatment are-

- Bhaishaja Karma -It is the first line of treatment. However, the Kshara, Agni & Shashtra karmas have certain limitations and complications.
- Application of Kshara on the fissure (Chronic) requires special equipment.
- During Agni karma, the accidental penetration deepens into the normal tissues accounts for infection poisoning and hematoma formation.

Increase incidence of the disease and no known satisfactory medication or procedure evolved given a motivation to find out a suitable solution. This is the reason that sufficient work is going on in this direction in many institutes throughout the country.

REVIEW OF LITERARY:

Parikartika (Fissure in ano) -According to clinical symptoms, the disease fissure-in-ano can categorized as acute and chronic. The main symptoms of this condition are Pain and Bleeding. In chronic cases hemorrhoids or a sentinel pile may be present. Itching at anal region may also involve.

In Ayurvedic text Parikartika has been present as complication of diseases such as VatikaJwara,^[3] Vatika Pakwa Atisara^[4] Sahaja Arsha,^[5] Kaphaja Arsha,^[6] Arsha Purvarupa,^[7] Udavarta^[8] and in Garbhani,^[9] unlawful administration of enema and purgatives also.^[10] It also includes the complications due to various procedures such as Vamana-Virechana-Vyapad, Basti Vyapad and Basti Netra Vyapad. Sushruta has explained cutting or burning pain in Guda, Medhra, Nabhi and Bastigriva with cessation of Apana.^[11] Kasyapa describe the Parikartikaas one having cutting and tearing pain in Guda pradesha, it is three types; Vata, Pitta and Kapha.^[12]

In Ayurveda a successful management of this condition has been described. The treatment of parikartika told in classics are pichabasthi, anuvasanabasthi, pichu, parisheka and local administration of snehadravya.^[13,14] No descriptions available in classics regarding surgical management of Parikartika.

Ayurvedic texts have mentioned specific treatment modality as Pichu application in the conservative management of Parikartika. Pichu being a modality of drug delivery that certainly increases the tissue contact time of medication and improve the bio availability. So a better therapeutic response could be expected through the Pichu application.

Review Analysis: Prisma Flow Chart

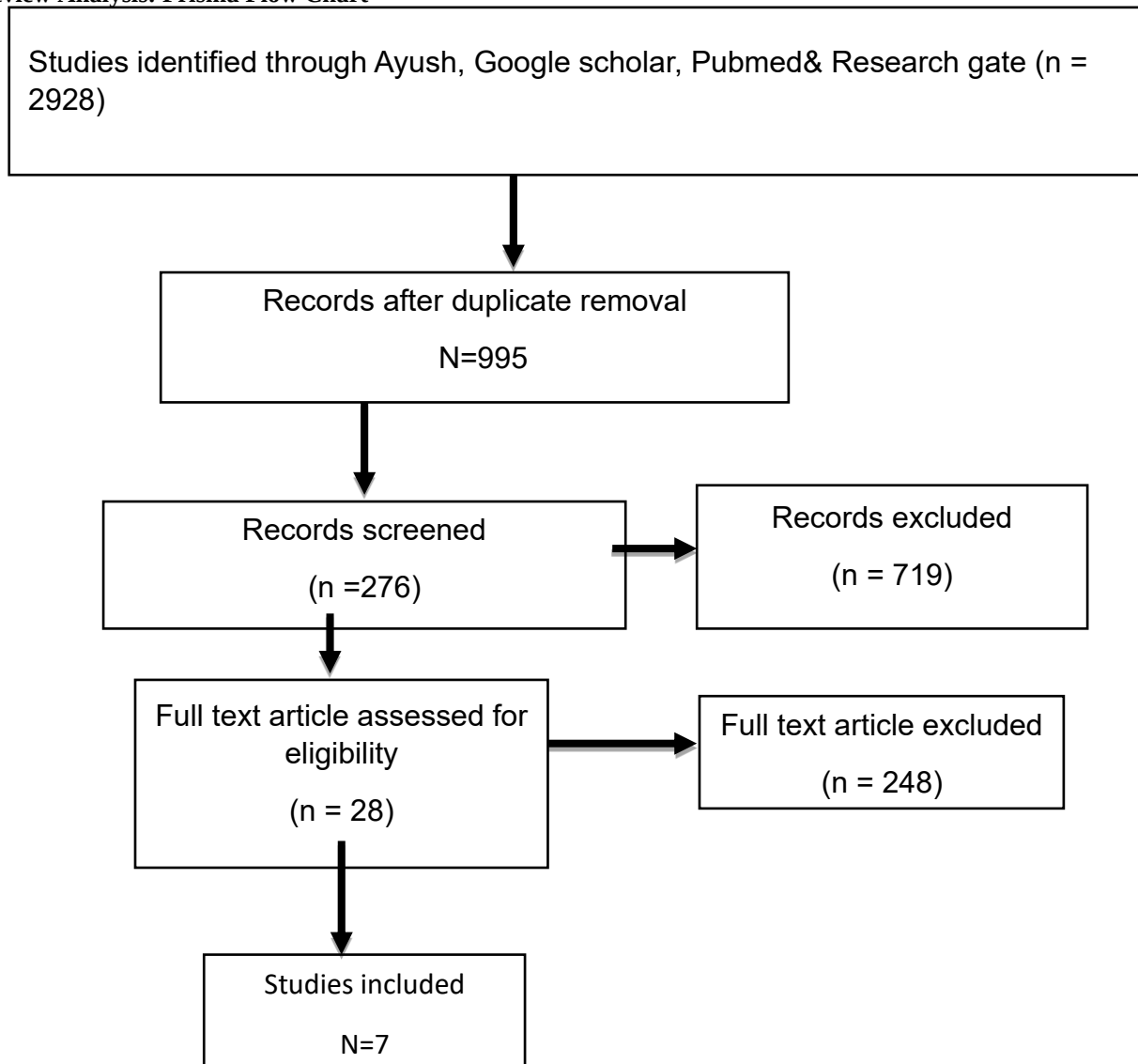


Chart no. 1 : Prisma Flow Chart

RESEARCH QUESTION –

Whether KaranjadiGhruta pichu is more efficacious than YasthimadhuGhruta pichu and equally efficacious as JatyadiGhruta Pichu in the management of Parikartika?

HYPOTHESIS – KaranjadiGhrutapichu is more efficacious than YasthimadhuGhruta Pichu and equally efficacious as JatyadiGhruta Pichu in the management of Parikartika.

NULL HYPOTHESIS – KaranjadiGhrutapichu is not more efficacious than YasthimadhuGhrutapichu and not equally efficacious as JatyadiGhruta Pichu in the management of Parikartika.

AIMS & OBJECTIVES

- To assess the efficacy of KaranjadiGhruta Pichu in the management of Parikartika.
- To assess the efficacy of YasthimadhuGhruta Pichu in the management of Parikartika.

➤ To assess the efficacy of JatyadiGhruta Pichu in the management of Parikartika

Drug Review; KaranjadiGhruta^[16]

DRUG NAME	RASA	GUNA	VEERYA	VIPAKA	KARMA	PHORMACOLOGICAL ACTIVITIES
KARARANJA (<i>Pongamia pinnata</i>)	Tikta, Katu, Kashaya	Laghu, Tikshna	Ushna	Katu	Kapha- vatashamakVranasothahara, Raktashodhaka,	Antibacterial, sedative, wound healing
JATI (<i>Jasminum officinale</i>)	Tikta, Kashaya,	Laghu, Snigdha Mridu	Ushna	Katu	Tridoshashamak Vranashodhaka, Vranaropaka, Vednasthapana	Antibacterial, anti inflammatory, ulcer healing
PATOLA (<i>Trichosanthes dioica roxb</i>)	Tikta	Laghu, Snigdha ,	Ushna	Katu	Tridoshashamak Vedanasthapana, Vranashodhana-ropana, Sothahara ,Krimighna	Antibacterial, antifungal
NIMBA (<i>Azadirachta indica</i>)	Tikta, Kashaya	Laghu	Sheeta	Katu	Kaph-Pitta shamakVranaropana, Jantughna, Shothaghna, Raktashodhaka	Anti inflammatory, Analgesic, antimicrobial, antifungal
HARIDRA (<i>Curcuma longa</i>)	Tikta, Katu	Ruksha, Laghu	Ushna	Katu	Tridoshashamak Vranaropana, Vranashodhana, Raktaprashadan, Shothaghna	Anti bacterial, anti - inflammatory, , antihistaminic
DARUHARIDRA (<i>Berberis arisata</i>)	Tikta Kashaya	Ruksha, Laghu	Ushna	Katu	Kapha-pitta shamakVedanasthapana, Vranashodhana- ropana, Raktashodhaka,	anti-inflammatory, local anaesthetic, anticoagulant
MADHUCHHISTA (wax)	Madhura Kashaya,	Guru, Snigdha Mridu	Sheeta	Katu	Pitta Shamak, Jantughna, Vranaropakna, Sandhaniya	Anti inflammatory, anti- bacterial, anti- microbial
YASHTIMADHU (<i>Glycyrrhiza glabra</i>)	Madhura	Guru, Snigdha	Sheeta	Madhura	Vata-pitta shamak Dahashamaka, Vedanasthapana, Shothahara,	antiulcer, antioxidante,anti- inflammatory
KATUKA (<i>Picrorhizakurroa</i>)	Tikta	Laghu, Ruksha	Sheeta	Katu	Kapha-Pitta shamak Shothahara, Dahaprasamana, ,Shothhara	Anti-inflammatory, antioxidant, antibacterial
PRIYANGU (<i>Callicarpa macrophylla</i>)	Tikta Kashaya Madhura	Guru Ruksha	Sheeta	Madhura	Trido Shashamak Dahaprashamana VedanasthapanaRaktashodhaka, Stambhak	Anti-inflammatory
KUSHA (<i>Desmostachyabipin nata</i>)	Madhura, Kashaya	Laghu, Snigdha	Sheeta	Madhura	TridoshashamakDahaprasamana, RaktapittaShamaka, Raktadoshahara,	Diuretic, laxative, aphrodisiac activity
JALAVETASA (<i>Salix tetrasperma</i>)	Kashaya, tikta	Laghu	Sheeta	Katu	Kapha-Pitta shamak Vedanasthapana, DahaprasamanaRaktastambhan	Analgesic ,
MANJISHTHA (<i>Rubia cordifolia</i>)	Madhura, tikta, kashaya	Guru, ruksha	Ushna	Katu	Kapha-Pitta shamakVranaropana Shothahara, Krimighna	Antioxidant, , anti-inflammatory,
CHANDANA (<i>Santalum album</i>)	Tikata, madhura	Laghu,r uksha,	Sheeta	Katu	Kapha-Pitta shamakDahaprashmana, Durgandhahara, Twagdoshahara	Anti-bacterial, antiviral, anti-oxidant,
USHIR (<i>Vetiveriazanioides</i>)	tikta, madhura	Laghu, snigdha	Sheeta	Madhur	Vata-pitta shamakaDahaprashmana, Raktaprasdana, Raktastambhaka,	Antifungal
KAMALA (<i>Nelumbo nucifera</i>)	Kashayama dhura, tikta	Laghu, snigdha,	Sheeta	Madhura	Kapha-pitta shamakaDahaprasmana, Stambhana Shonitasthapana	Analgesic, haemostatic, anti-inflammatory
SARIVA (<i>Hemidesmus indicus</i>)	Tikta, madhura	Guru, snigdha	Sheeta	Madhura	Tridoshashamaka Raktashodhaka, Shothahara, Dahaprasmana	Bacteriostaticantibacteria l, anti-inflammatory,
TRIVRITA (<i>Operculinaturpethu m</i>)	Katu, tikta, kashaya	Laghu, ruksha,	Ushna	Katu	Pitta- kaphasanshodhanaShothahara, Bhedana, Rechana	Antibacterial, anti- inflammatory,

GO-GHRITA	Madhur	Guru, snigdha, sheeta	Sheeta	Madhura	Tridoshashamaka Vranaropaka, Vranashodhak, Vranavedanashamaka	Antioxidant, inflammatory, microbial	anti-anti
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Drug Review; YasthimadhuGhruta^[17]

DRUG NAME	RASA	GUNA	VEERY A	VIPAKA	DOSHA KARMA	Other properties
MADHUKA (<i>Glycyrrhiza Glabra</i>)	Madhura	Guru, Snigdha	Sheeta	Madhura	Vata Pitta Shamana Vedanasthapana, Shotha hara, Dahashamaka	Antiulcer, anti-inflammatory
GHRUTA (<i>Butyrumdepartum</i>)	Madhura	Guru, Snigdha, Mridu	Sheeta	Madhura	Vata- Pittahara	Antioxidant, anti-inflammatory,

Drug Review; JatyadiGhruta¹⁸

DRUG NAME	RASA	GUNA	VEERY A	VIPAKA	KARMA	PHARMACOLOGICAL ACTIVITIES
JATI (<i>Jasminum officinale</i>)	Tikta, Kashaya	Laghu, Snigdha Mridu	Ushna	Katu	Tridosha Shamana, Kandughna, Vranashodhana, Vranaropana	Antibacterial, antiseptic
NIMBA (<i>Azadirachta indica</i>)	Tikta, Kashaya	Laghu	Sheeta	Katu	Kaph-Pitta shamak Vranaropana, Jantughna, Shothaghna, Raktashodhaka	Anti inflammatory, Analgesic, antimicrobial, antifungal
PATOLA (<i>Trichosanthes dioica roxb</i>)	Tikta	Laghu, Snigdha,	Ushna	Katu	Tridoshashamak Vedanasthapana, Vranashodhana-ropana, Sothahara, Krimighna	Antibacterial, antifungal
KATUKI (<i>Picrorhizakurroa</i>)	Tikta	Laghu, Ruksha	Sheeta	Katu	Kapha-Pitta shamak Shothahara, Dahaprasamana, ,Shothhara	Anti-inflammatory, antioxidant, antibacterial
DARUHARIDRA (<i>Berberis arisata</i>)	Tikta Kashaya	Ruksha, Laghu	Ushna	Katu	Kapha-pitta shamak Vedanasthapana, Vranashodhana-ropana, Raktashodhaka,	anti-inflammatory, local anaesthetic, anticoagulant
HARIDRA (<i>Curcuma longa</i>)	Tikta, Katu	Ruksha, Laghu	Ushna	Katu	Tridoshashamak Vranaropana, Vranashodhana, Raktaprasadhan, Shothaghna	Anti bacterial, anti-inflammatory, , antihistaminic
SARIVA (<i>Hemidesmus indicus</i>)	Tikta, madhura	Guru, snigdha	Sheeta	Madhura	Tridoshashamaka Raktashodhaka, Shothahara, Dahaprasmana	Bacteriostaticantibacterial, anti-inflammatory,
MANJISHTHA (<i>Rubia cordifolia</i>)	Madhura, tikta, kashaya	Guru, ruksha	Ushna	Katu	Kapha-Pitta shamak Vranaropana Shothahara, Krimighna	Antioxidant, anti-inflammatory,
KUSHA (<i>Desmostachya bipinnata</i>)	Madhura, Kashaya	Laghu, Snigdha	Sheeta	Madhura	Tridoshashamak Dahaprasamana, Raktapitta Shamaka, Raktadoshahara,	Diuretic, laxative, aphrodisiac activity
YASHTIMADHU (<i>Glycyrrhiza glabra</i>)	Madhura	Guru, Snigdha	Sheeta	Madhura	Vata-pitta shamak Dahashamaka, Vedanasthapana, Shothahara,	antiulcer, antioxidante, anti-inflammatory
KARANJA BEEJ (<i>Pongamia pinnata</i>)	Katutiktakasya	Laghu, teekshna	Ushna	Katu	Kaphavata Shamana Kustaghna	Anti inflammatory, blood purifier
TUTHA (<i>Copper Sulphate</i>)	Katu, Kashaya, Madhura	Laghu	Ushna	Katu	Kaphavata Shamana Vranashodhana, Ropana, Kriminashaka	Antibacterial, Antiseptic

Sikta/MADHUCHH ISTA (wax)	Madhura Kashaya,	Guru, Snigdha Mridu	Sheeta	Katu	Pitta Shamak, Jantughna, Vranaropakna, Sandhaniya	Anti inflammatory, anti-bacterial, anti- microbial
GO-GHRITA	Madhur	Guru, snigdha, sheeta	Sheeta	Madhura	Tridoshashamaka Vranaropaka, Vranashodhak, Vranavedanashamaka	Antioxidant, anti-inflammatory, anti microbial

MATERIAL AND METHODS

Trial group– Application of KaranjadiGhruta Pichu after hot water sitz bath two times for 21 days or complete healing of wound whichever is earlier.

Control group -1. Application of YasthimadhuGhruta Pichu after hot water sitz bath two times for 21 days or complete healing of wound whichever is earlier.

Control group -2. Application of JatyadiGhruta Pichu after hot water sitz bath two times for 21 days or complete healing of wound whichever is earlier

Drug Source

The ingredients of research drug Karanjadi Ghruta will be procured from reliable source or will be purchased from authenticated vender. Authentication of drug will be done by Drayvaguna department. Raw drugs will be standardized as per API or Analytical labs as MGACH&RC and central Research lab of Jawaharlal Nehru Medical College Sawangi Meghe Wardha. And the preparation will be done under Department of Rasashashtra.

Detail of Drug Preparation

Karanjadighruta will be prepared by guideline of sneha-kalpna given by AFI.^[20] kalka of Karanjadi (1 part) go-ghrita (4 part) kwatha of Karanjadi (16part) will be used as drava-dravya while preparing Karanjadighrut continuous heated and when siddhilakshan will appear. i.e free from water, no cracking sound on fire, froth appearance desired color odor taste of drug will be observed then Madhu (1part) added then the ghruta will be collected. Ghruta will be prepared in Rasa Shala of MGACH&RC under supervision of subject experts.

Inclusion criteria for patient selection-

1. Parikartika (Acute Fissure in Ano) patients who clinically diagnosed / confirmed by inspection.
2. Patients' age- between 18 and 60 years in either sex.
3. Fissure-in-Ano patients of with controlled systemic diseases like Diabetes; and Hypertension
4. Willing full to participate and able to complete the study period.

Exclusion criteria of patient selection-

1. Parikartika (Fissure in Ano) present with secondary condition as Ulcerative colitis, Chron's disease, Syphilis and Tuberculosis.
2. Patients with systemic disease like Diabetes and Hypertension which is uncontrolled.
3. Patients with HIV and HbsAg positive.
4. Any condition which may jeopardize the study.

Withdrawal Criteria:

1. If any serious condition develops
2. If symptoms aggravates, which requires urgent treatment, necessitating the institution of new modalities of treatment?
3. Non-compliance of the treatment regimen- less than 80% compliance

Posology in detail—

Karanjadi ghruta, Yasthimadhu ghruta and Jatyadighruta will apply locally at anal canal at the site of Parikartika for 21 days or complete healing of wound whichever is earlier.

Note: Pichu application will do for first 7 days on OPD basis to educate and training the patient. After 7 days procedure will be carried by patient himself or herself at their residence.

Ethical considerations-

All Ethical issues were considered and have been incorporated in the study after discussing with supervisor, mentor and coordinator of MGACHRC in the scientific review committee presentation.

Intervention period in days: 21days.

Follow up: On days 15th and 30th day after completion of treatment.

Primary Outcomes:

Karanjadi Ghruta will be useful for the management of fissure in ano which will reduce pain, itching, bleeding from anal

canal and burning sensation and at the same time it will boost the healing process.

Secondary Outcomes:

If local application of KaranjadiGhruta is proven more effective than local application of Jatyadi Ghruta then it might replace widely used for local application of creams. KaranjadiGhruta will be Cost Efficacy, safe, easy administrable by patients.

Schedule of enrollment, interventions: Medications will be applied daily two times a day for 21 days. Assessment will be done on day 0, 7, 14, 21 and follow up after intervention will be taken on day15 and 30 after completion of treatment.

Recruitment: Patients will be recruited by simple random sampling using a computerized table method and will be enrolled.

Implementation

Principal investigator will register subject.

Groups

3 Groups each with minimum of 60 patients.

Methodology

After selection, each participant will be tested individually and selected according to selection criteria. They are divided into three groups. In first two groups (60, 60 participants in each group) we will apply *YasthimaduGhruta* and *Jatyadi ghruta* as a standard drug and in other group (60 participants) will apply *KaranjadiGhruta* for 21 days. After inclusion in study protocol each participant will receive the respective treatment from day one for 21 days. In person assessment will be taken on 0th, 7th, 14th and 21th day. After completion of the treatment for 21 days and after that each participant will be assessed with Ayurvedic and modern parameters. Individuals, who will miss even 1 application of drug in total 21 days, will be dropped out from the clinical study. Post treatment follow up will be taken for next 30 days.

Group	Sample size	Intervention	Dose and Frequency	Assessment	Total Duration	Follow up
Group A	60	Karanjadi Ghruta	Twice a day	0 th , 7 th , 14 th , 21 th	21days	15 & 30 th day
Group B	60	Jatyadi Ghruta	Twice a day	0 th , 7 th , 14 th , 21 th	21days	15 & 30 th day
Group C	60	Yasthimadhu Ghruta	Twice a day	0 th , 7 th , 14 th , 21 th	21days	15 & 30 th day

Data collection tools and process Place

The Subjects will be recruited from Shalya tantra OPD and IPD of Mahatma Gandhi Ayurved College, Hospital & Research Centre, Salod (H), Wardha

ASSESSMENT CRITERIA-

- Assessment of fissure **healing status** by physical examination with photographic evidence.
- **Spasm (Sphincter tone)** assessed by Physical examination & self gradation method.
- Status of **P/R Bleeding** assessed by Examination and interrogation.
- **Pain** assessed by visual analogs scale (VAS scale)

GRADING OF ASSESSMENT; Objective Parameters

1. HEALING	GRADINGS
Complete Healed	0
Partially healed present with granulation	1
Cleaned wound present with slough	2
Wound with discharge	3

2. SPASM (SPHINCTER TONE)	GRADINGS
1 finger can pass	0

Finger can be pass but severe pain present	1
finger cannot be pass	2

; Subjective parameters

BLEEDING P/R	GRADINGS
Bleeding Absent	0
Bleeding - up to 10 drops	1
Bleeding - up to 20 drops	2
Splash in pan	3

PAIN	GRADINGS
No Pain	0
Mild	1
Moderate	2
Severe	3

No Pain

GRADINGS OF ASSESSMENT CRITERIA:

S. NO.	RELIEF / WITHDRAWAL	DESCRIPTION
1	Complete Relief	More than 75 % result
2	Marked Relief	More than 50% and up to 75 % result Absence of recurrence and complication

3	Moderate Relief	More than 50 % result Presence of complication & recurrence
4	Mild Relief	25 % and above result Presence of negligible change in the ulceration
5	No Relief	No relief in presenting symptoms No change in the ulceration
6	Withdrawal	Discontinuation of the treatment Development of complications Aggravation of symptoms

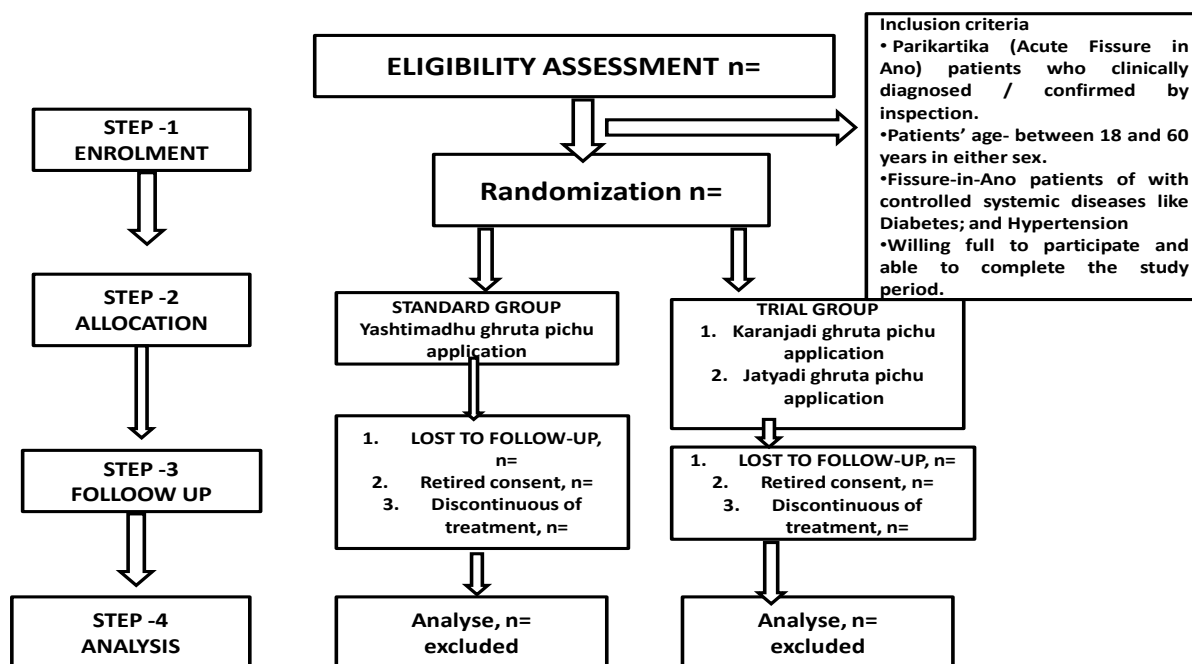
SCOPE AND IMPLICATIONS OF THE PROPOSED STUDY

Results of study will give a wide scope for Parikartika management with better efficacy of drug in a easy applicable method.

TRANSLATORY COMPONENT CONCEPTUALIZED

Results of study will give direction for choosing more efficacious drug to be used for Parikartika as well as easy method of drug application in Parikartika management.

CONSORT FLOW CHART



28/08/2020

Datta Meghe Institute of Medical
Sciences Deemed to be University,
Sawangi (Meghe)Wardha

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Principal investigator will do decoding of data

Statistical methods: Wilcoxon signed-rank test, Mann Whitney U test, student's t-test and the software will be used in the study.

Ethics and Dissemination: Approval from the Institutional Ethical Committee has been taken.

REF No.: MGACHRC/IEC/MAY-2022/487.

Consent or assent: The written consent will be taken from the patient before starting the study. During the study the confidentiality of each patient will be maintained.

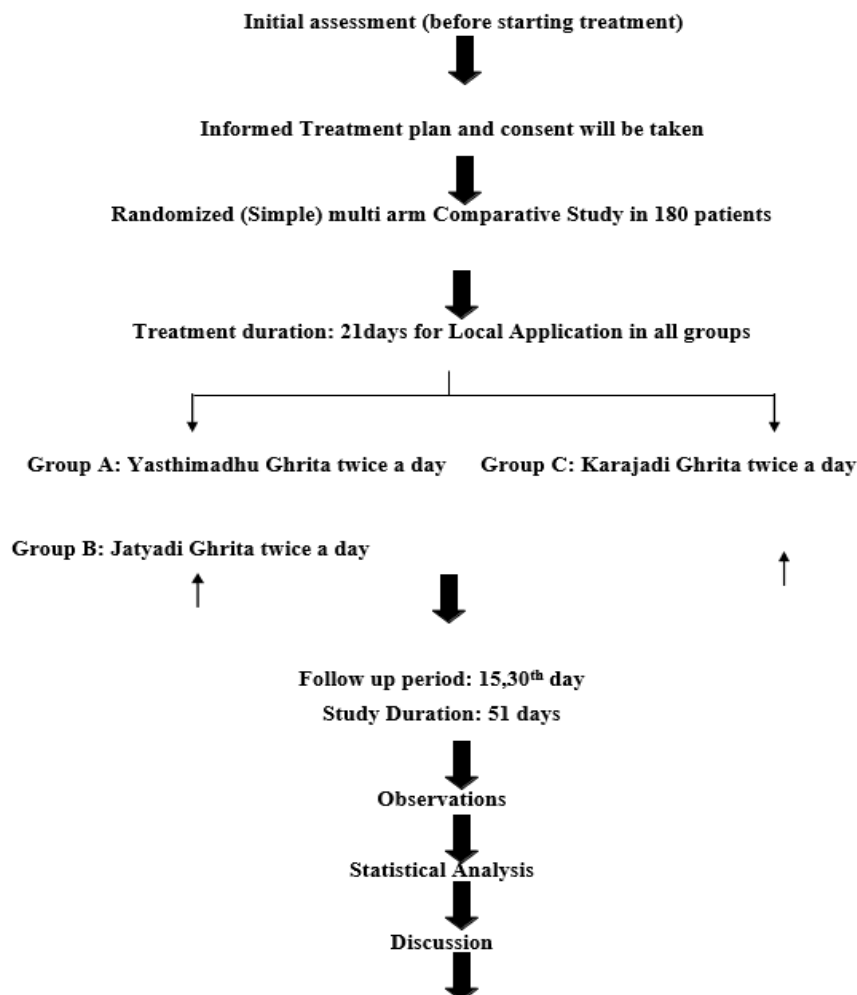
Dissemination policy: The data will be disseminated by paper publication. Authorship eligibility guidelines and any

intended use of professional writers

Informed consent materials: With all the information model consent form and other related documentation will be given to participants.

Observation and results: Will be drawn after analysis.

STUDY DESIGN



DISCUSSION

- Most ingredients of Karanjadi Ghrita like karanja, jati, patola, nimba, haridra, daruharidra, yasthimadhu, manjisstha have vrana shodana and ropana properties.
- Maximum contents of this drug were having tikta and kashaya in rasa. Tikta and kashaya rasa promote the granulation of tissue and wound healing by his shodhana and ropana properties.
- According to Ayurveda Vidradhi has raktaja vikara and most of contents like karanja, jati, patola, nimba, haridra, daruharidra, katuka, priyangu, kusha, jalavetasha, manjistha, chandana, ushira, kamala, shariva have useful in raktaja vikara due to their rakata shodana properties.
- These drugs also effected on vedana (pain) because karanja, jati, patola, nimba, haridra, daruharidra, yasthimadhu, priyangu, kusha, jalavetasha have vedana-sthapana properties.
- According to Ayurveda pain is caused by vata and aggravation of vata has controlled by ushna properties drugs like karanja, jati, patola, haridra, daruharidra are the ushna in virya.
- These drugs also helps to reduce shotha (inflammation) because of karanja, jati, patola, nimbi, haridra, daruharidra, yasthimadhu, manjistha, shariva, trivarita have shothahara qualities.
- Nimba, yasthimadhu, katuka, priyangu, jalavetasha, chandana, ushira, kamala, shariva have seeta in virya and they will reduce burning sensation at wound area by their daha shamaka property.
- Karanjadi Ghrita has stopped bacterial growth and their toxicity by the jantughna and vishaghna properties of contents.

- Karanjadi Ghrita has also helpful in reducing the scar of wound because jati, patola, haridra, daruharidra, yastimadhu, manjistha, chandana, ushira having vranya property.

Treatment of Fissure in ano is described in two headings namely conservative management and surgical management. Conservative management is helpful in acute fissure in ano whereas in case of chronic Fissure in ano surgical management is of more help. Acharya Sushruta has mentioned lepa specifically in diseases of marmadesa and Guhyadesa for the purpose of Vranaropana, Vranasodhana, Dahashamana and Rujaharana. So for the present study Pich is taken up for Parikartika which has an easy approach and heals the ulcer. Other form of treatment includes Basti, oral medicines in the form of Peya, Yusha, Choorna, Ksheerapaka by different Acharyas. Along with medicines, diet regimen also has an important role to play. Inclusion of fiber rich diet, green leafy vegetables and fruits in the diet is very important to avoid Constipation. Intake of plenty of fluid prevents the formation of hard stools and helps in the easy evacuation of stools. Apart from diet, exercises are also needed for preventing constipation. Avoiding sedentary life style, driving two wheelers for long distance, sitting at a place and working for long hours, also can prevent the occurrence of Parikartika. Sitz bath with warm water helps in relieving the spam of the sphincter muscles and reduces the pain.

CONCLUSION

- Parikartika defined as “Parikartikakartikaravedana” means cutting type of pain along with burning sensation, bleeding per rectum.
- On the basis of location, nature of pathology and features, Parikartika can be correlated to Fissure in ano in the modern parlance.
- The incidence is predominantly seen in the young age group between 28-38 years.
- The present study, 60 patients of Parikartika will randomly assign into three groups A, B and C. In Group “A” Local application with Yasthimadhu ghruta and in Group B Local application with Jatyadi ghruta and in Group C Karanjadi ghruta were applied twice a day for 21 consecutive days.
- In the present study, Fissure-in-ano was present commonly at 6 o’clock position and most of the time it was a single fissure.
- From the observations we can see that constipation is one of the main causes of Parikartika. Though there are many causes for constipation, dietary habits play a major role. It was seen that the incidence of the disease was more in people who were non vegetarians. The lack of soluble fiber in the diet is a main concern in non-vegetarian food.
- Those Ahara, Viharaja, nidana as mentioned in the classics holds good even today, as majority of patients in the study had the habit of indulging in Ruksha Teeksha aahara, Vishamashana, Vegdharana, adhika Yaan was observed.
- From overall observation in the study it can be emphasized that there is major role of Vataprakopa in samprapti.
- The effect of the treatment in both the groups has shown statistically highly significant results.
- The effect of treatment was statistically non-significant between the Groups A and B on Pain, Constipation, Bleeding, Burning sensation, Tenderness and Tonicity.
- Sitz bath with luke warm water after defecation also helped in reducing pain and tenderness.
- Triphalachurna administered internally facilitated easy bowel movement thus reducing pain during defecation.
- The present research work was aimed to find out the effect of Karanjadi ghruta, Yasthimadhu ghruta and Jatyadi ghruta administered as Local application in Parikartika.
- Local application with Karanjadi ghruta, Yasthimadhu ghruta and Jatyadi ghruta and with any other internal medicine can be taken up as a study.
- Comparative study of Karanjadi ghruta, Yasthimadhu ghruta and Jatyadi ghruta Pichu in Parikartika can be taken up for study.

Scope and Implication of proposed study Scope

Local application of KaranjadiGhruta can be a viable alternative to the commonly used creams for local use.
Local application of KaranjadiGhruta would be cost-effective, clean, and simple to apply to patients.

Implication

If the significance of local application of KaranjadiGhruta is discovered, it will be commonly used as a local application in fissure in ano.

GANTT CHART; QUARTERLY SCHEDULING OF RESEARCH WORK

TASK	1	2	3	4	5	6	7	8
1. Review of literature								

2. Material collection								
3. Pharmaceutical & Analytical study								
4. Clinical study								
5. Data collection & analysis								
6. Writing rest of thesis								
7. Thesis submission								

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