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A clinical study on the efficacy of *Isabgol* as a *Pathya* along with *Yogabhyas* and *Yastimadhu Siddha Taila Matra Basti* in the management of *Parikartika* w.s.r. to Acute Fissure-in-Ano

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ABSTRACT

Swasthavritta Palana is the primary prevention mentioned in classics. By the practice of which an individual always lives with healthiness, a physician should instigate for such practice as because good health is the most desirable objects of human beings. This can be achieved by means of preventing diseases, preserving, and promoting health. The *Ahar-Vihar* which is beneficial and nutritional to the body and also give the happiness to the mind is known as *Pathya* and opposite to that is known as *Apathya*. *Acharaya Charaka* mentions that the people living in *Jangala Pradesha* are dry and they have dry food that vitiates *Vata* and produces *Vibanda* or constipation. *Acharaya Susruta* describes as *Pitta & Vata Dosha* predominance in *Parikartika*. Hence the proper and effective therapy is required for the treatment of anal fissure which is simple, safe and effective, without any complication, avoidance of incontinence of stool and recurrence at end of therapy. Still there is need of evaluation of certain drugs clinically on various scientific parameters which could be safe, effective, cheap & radially available in the management of *Parikartika*.

Key words: *Parikartika, Fissure-in-ano, Isabgol, Yastimadhu Siddha Taila, Matra Basti, Yogabhyas, Ayurveda.*

INTRODUCTION

The *Ahar-Vihar* which is beneficial and nutritional to the body and also give the happiness to the mind is known as *Pathya* and opposite to that is known as *Apathya*.^[1]

Acharaya Charaka mentions that the people living in *Jangala Pradesha* are dry and they have dry food that

vitiates *Vata* and produces *Vibanda* or constipation.^[2] *Acharaya Susruta* describes as *Pitta & Vata* Dosha predominance in *Parikartika*.

The *Vayu* and *Pitta* in the organism of an enfeebled person or of a person whose bowels can be easily moved or of a dry and arid temperament or afflicted with impaired digestive capacity, are deranged and aggravated by the use of any extremely sharp, hot, saline or dry (emetic or purgative) which give rise to a sort of cutting, sawing pain (*Parikartika*) in the anus, penis, umbilical region and the neck of the bladder (*Vasti*). The emission of flatus is arrested, the *Vayu* (wind) lies incarcerated in the abdomen and relish for food vanishes. The remedy consists in employing a *Piccha-Basti* with *Yashtimadhu* and black sesamum pasted together and dissolved in clarified butter and honey. The patient should be laved in cold water and be given his food with milk. *Anuvasana-Basti* with the cream of clarified butter or with oil cooked with *Yashtimadhu* should be employed.^[3]

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Fissure-in-ano is a most troubling and painful condition that affects a great majority of the population and occurs at any age irrespective of gender having prevalence rate approximately 30% to 40% of total ano-rectal diseases. While in present study patients with ano-rectal ailments i.e., bleeding, pain, prolapse and/or discharge per rectum were included, so the high prevalence of anal fissure was expected.^[4]

On the basis of the clinical symptoms the disease fissure-in-ano has been classified into two varieties; viz. Acute fissure-in-ano and Chronic fissure-in-ano. Either acute or chronic, pain and bleeding are the two main symptoms of this condition, Pain is sometimes untearable.

Hence the proper and effective therapy is required for the treatment of anal fissure which is simple, safe and effective, without any complication, avoidance of incontinence of stool and recurrence at end of therapy. Still there is need of evaluation of certain drugs clinically on various scientific parameters which could be safe, effective, cheap & radially available in the management of *Parikartika*.

The objective of this clinical study was to study the efficacy of *Isabgol* as a *Pathya* along with *Yogabhyas* and *Yastimadhu Siddha Taila Matra Basti* in management of *Parikartika* (Acute Fissure-in-Ano). In this study total 30 registered patients were randomly allocated into three groups. Among them 01 patients was dropped out from each group. In Group-A; *Isabgol* as a *Pathya* along with *Yogabhyas*, In Group-B; *Yastimadhu Siddha Taila Matra Basti* after hot sitz bath and Group C; *Isabgol* as a *Pathya* along with *Yogabhyas* and *Yastimadhu Siddha Taila Matra Basti* in management of *Parikartika* (Acute Fissure-in-Ano). The patients were assessed daily for 7 days for relief in signs and symptoms and followed up for one month.

AIMS AND OBJECTIVES

Aim

The main aim of the study is to evaluate the efficacy of *Isabgol* as a *Pathya* along with *Yogabhyas* and *Yastimadhu Siddha Taila Matra Basti* in management of *Parikartika* (Acute Fissure-in-Ano).

Objectives

1. To assess the efficacy of *Isabgol* as a *Pathya* along with *Yogabhyas* in Acute Fissure-in-Ano.
2. To assess the efficacy of *Yastimadhu Siddha Taila Matra Basti* in Acute Fissure-in-Ano.
3. To study the *Parikartika* (Fissure-in-Ano) in detail.
4. To find out a treatment therapy which is safe, economic, easy to prepare & easy to administer.
5. To find out a medical line of treatment for *Parikartika*.

MATERIALS AND METHODS

Sample Size

Total 30 subjects were selected randomly for the trail, with ages between from 18yrs to 60yrs (working age), irrespective of sex, religion etc.

Source of subjects

OPD & IPD patients of Dr. S. R. Rajasthan Ayurved University, Jodhpur, KaniRam SalagRam Tak Satellite Ayurved Hospital, Magra, Punjala, Jodhpur.

Protocol of Research

1. Consent of patient after making them aware of merits/demerits of trial with duration of the proposed trial.
2. Fulfillment of inclusion criteria.
3. Registration of the patients.
4. Investigations if required mentioned were advised to before presenting *Ayurvedic* formulation.
5. Data so available and deducted clinically was statistically analysed.

Informed Consent

The study had been explained clearly to the subjects and their signed, written informed consent was taken before starting the trial.

Selection Criteria

Inclusion Criteria

1. Subjects with classical signs and symptoms of Acute fissure-in-ano were included in the trial.
2. Subject who were ready to give written informed consent.

- Age between from 18yrs to 60yrs (working age).

Exclusion Criteria

- Who are not ready to give written informed consent.
- Patients suffering with Chronic fissure-in-ano.
- Fissure-in-Ano which developed because of some systemic diseases like IBD, Leukaemia etc.
- Other active ano-rectal diseases like internal Haemorrhoids, Fistula-in-Ano, Ano-ractal abscess, Rectal prolapse and Carcinoma.
- Blood Dyscrasias
- Uncontrolled Diabetes Mellitus, HIV, HBsAg positive patients.
- Faecal Incontinence.
- Patients with age below 18yrs. & above 60yrs.

Screening of the patients

- A disease specific proforma was prepared and the observations were recorded after doing General, Systemic and Local examinations.
- The patients were diagnosed on the basis of history, signs & symptoms and physical examination of *Parikartika* & presence of features of fissure-in-ano.
- Routine blood investigations like Hb%, TLC, DLC, CT, BT, ESR, RBS, HIV and HBs Ag were done if required patient before Clinical trial.

Study Type: Randomized Case Controlled Clinical study.

Study Design

- Randomized controlled Clinical study.
- 30 Subjects were selected randomly and divided into three Groups (Group A, Group B & Group C) with 10 subjects each for three different Groups.

In Group A : *Isabgol* as a *Pathya* orally along with *Yogabhyas* for 7 consecutive days.

In Group B : *Yastimadhu Siddha Taila Matra Basti* was administered for 7 consecutive days.

In Group C : *Isabgol* as a *Pathya* orally along with *Yogabhyas* & *Yastimadhu Siddha Taila Matra Basti* was administered for 7 consecutive days.

Hot Sitz bath was advised in all patients.

Pathya - Apathya

Avoid long sitting, break rest (*Jagarana*), non-vegetarian diet, much spicy, chillies, oily food, rich carbohydrate diet, long standing position.

Time Frame - 4 weeks (1 month) including follow-up.

Follow-Up - On second, third and fourth week.

Grouping and Posology

The selected patients were randomly divided in three groups, namely Group-A, Group-B & Group-C and examined clinically along with laboratory investigation.

Table 1: Grouping and posology

Group	A	B	C
Name of Therapy / Drug	<i>Isabgol</i> as a <i>Pathya</i> along with <i>Yogabhyas</i>	<i>Yastimadhu Siddha Taila Matra Basti</i>	<i>Isabgol</i> as a <i>Pathya</i> along with <i>Yogabhyas</i> & <i>Yastimadhu Siddha Taila Matra Basti</i>
Number of Patients	10	10	10
Type of Study	Open RCCS	Open RCCS	Open RCCS
Duration of therapy / Drug Trial	7 Days	7 Days	7 Days
Dose	10gms	30ml	10gms + 30ml
Duration	1 times / day	1 times / day	1 times / day
Anupana	Milk	-	Milk
Route	Oral	Anal	Oral & Anal
Randomization	Simple random sampling	Simple random sampling	Simple random sampling

* RCCS - Randomized Controlled Clinical study.

Assessment Criteria

(a) Subjective Criteria

- The improvement in the patient were assessed mainly on the basis of relief in the signs and symptoms of the disease.
- To assess the effect of therapy, all the signs and symptoms were given scoring depending upon their severity.

A special scoring pattern were adopted for the symptoms.

Pain (VAS Score)

Table 2: Pain-in-ano

SN	Explanation	VAS Score	Grade
1.	No Pain	0	0
2.	Mild Pain	3	1
3.	Moderate Pain	6	2
4.	Severe Pain	8	3
5.	Worst Pain Possible	10	4

Bleeding P/R

Table 3: Bleeding Per Rectum

SN	Explanation	Grade
1.	No Bleeding	0
2.	Bleeding in the form of Streak	1
3.	Bleeding in the form of Drops	2
4.	Bleeding in the form of splash in the Pan	3
5.	Bleeding in form of Stream	4

Burning Sensation

Table 4: Burning sensation-in-ano

SN	Explanation	Grade
1.	No complain of Burning sensation	0
2.	Negligible Burning sensation	1
3.	Occasional and tolerable to Burning sensation	2
4.	Constant and tolerable to Burning sensation	3

5.	Intolerable Burning sensation makes the patient uncomfortable and makes the patient to rush for medical help.	4
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(b) Objective Criteria

Assessment of the therapy were also carried out by comparing the Before Treatment and After Treatment, values of Objective Parameters.

Tenderness

Table 5: Tenderness-in-ano

SN	Explanation	Grade
1.	No Tenderness	0
2.	Pain on deep palpation	1
3.	Pain on light pressure	2
4.	Pain on touch	3
5.	Patient does not allow palpation due to pain even on touching of under clothes and difficulty in sitting.	4

Sphincter Spasm

Table 6: Sphincter spasm-in-ano

SN	Explanation	Grade
1.	Absent	0
2.	Present	1

(c) Assessment of overall effect of the therapy

The total effect of treatment had been assessed in the terms of complete remission, marked improvement, moderate improvement, mild improvement, and no changes.

Table 7: Assessment of overall effect of the therapy

SN	Change	Explanation	Grade	Results
1.	No change	Up to 25% relief in signs and symptoms	0	Not Significant
2.	Mild Improvement	26-50% relief in the signs and symptoms	1	Quite Significant
3.	Moderate improvement	51-75% relief in the signs and symptoms	2	Significant

4.	Marked Improvement	Above 76%	3	Very Significant
5.	Complete Remission	100% relief in the signs and symptoms	4	Extremely Significant

OBSERVATIONS

Regarding demographic analysis, the (23.33 %) majority of patients, i.e., the highest in the age group of patients, were 30-39 years. In this study, (76.66 %) patients, i.e., the highest in the Sex group of patients, were Male. In this study, (83.33 %) patients, i.e., the highest in the Religion group of patients, were Hindus. In this study, (26.66 %) patients, i.e., the highest in the Occupation group of patients, were Students. In this study, (83.33 %) patients, i.e., the highest in the Socio-economical group of patients, were Middle class. In this study, (73.33 %) patients, i.e., the highest in the Marital Status group of patients, were Married. In this study, (80 %) patients, i.e., the highest in the Education group of patients, were Literate. In this study, (70 %) patients, i.e., the highest in the *Agni* group of patients, were *Mandagni*. In this study, (66.66 %) patients, i.e., the highest in the *Deha Prakriti* group of patients, were *Vata-Pittaja*. In this study, (73.33%) patients, i.e., the highest in the Bowel habit group of patients, were Constipated. In this study, (53.33%) patients, i.e., the highest in the *Nidra* group of patients, were *Alpa Nidra*. In this study, (53.33%) patients, i.e., the highest in the Built group of patients, were Normal built. In this study, (46.66%) patients, i.e., the highest in the *Koshtha* group of patients, were *Krura*. In this study, (73.33 %) patients, i.e., the highest in the *Mala Pravriti* group of patients, were *Alpa mala pravriti*. In this study, (83.33 %) patients, i.e., the highest in the Family History group of patients, were Absent F/O. In this study, all patients were Absent history of past illness. In this study, (53.33 %) patients, i.e., the highest in the Addiction group of patients, were Tea addict. In this study, all patients were present Subjective parameters such as; Pain in ano, Bleeding per rectum and Burning sensation in ano. In this study, (40 %) patients, i.e., the highest in the Pain in ano group of patients, were Moderate pain in ano. In this study, (50 %) patients, i.e., the highest in

the Bleeding per rectum group of patients, were bleeding in the form of streak. In this study, (50 %) patients, i.e. the highest in the Burning sensation group of patients, were Occasional and tolerable to Burning sensation & Constant and tolerable to Burning sensation. In this study, all patients were present Objective parameters such as; Tenderness and Sphincter Spasm in ano. In this study, (66.66 %) patients, i.e., the highest in the Site of fissure in ano group of patients, were Posterior site of fissure in ano. In this study, (63.33 %) patients, i.e., the highest in the Tenderness group of patients, were Pain on touch.

RESULTS

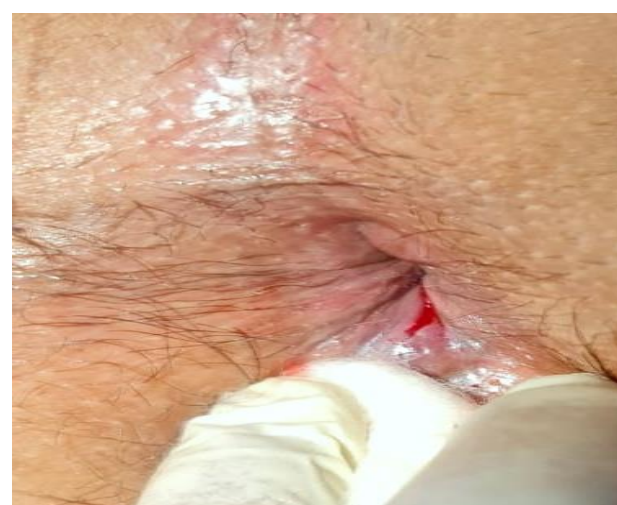


Fig. 1: Before Treatment - Acute Fissure-in-ano at 6'O clock Position



Fig. 2: After Treatment - Complete Remission of Acute Fissure-in-ano

Table 8: Showing the Statistical analysis Overall response of Isabgol as a Pathya orally along with Yogabhyas for 7 consecutive days on 10 Patients of Group A

Group A	Mean			% of improvement	S.D.	'p'	Result
	B. T. (+)	A. T. (-)	Mean Diff				
Pain-in-Ano	26	04	2.20	84.6	0.4216	0.0195	VS
Bleeding P/R	18	03	1.50	83.3	0.5270	0.0101	VS
Burning Sensation	24	05	1.90	79.1	0.3162	0.0029	VS
Tenderness	30	09	2.10	70	0.5676	0.0173	S
Sphincter Spasm	10	05	0.50	50	0.5270	0.0313	QS

In this Table showed the Percentage of Pain-in-ano Relief was 84.61 % and the effect of the therapy was Very Significant (VS) at 'P' = < 0.0195.

In this Table showed the Percentage of Bleeding P/R Relief was 83.33 % and the effect of the therapy was Very Significant (VS) at 'P' = < 0.0101.

In this Table showed the Percentage of Burning Sensation Relief was 79.16 % and the effect of the therapy was Very Significant (VS) at 'P' = < 0.0029.

In this Table showed the Percentage of Tenderness Relief was 70 % and the effect of the therapy was Significant (S) at 'P' = < 0.0173.

In this Table showed the Percentage of Sphincter Spasm Relief was 50 % and the effect of the therapy was Quite Significant (QS) at 'P' = < 0.0313.

Table 9: Showing the Statistical analysis Overall response of Yastimadhu Siddha Taila Matra Basti was administered for 7 consecutive days on 10 Patients of Group B

Group B	Mean			% of improvement	S.D.	'p'	Result
	B. T. (+)	A. T. (-)	Mean Diff				
Pain-in-Ano	26	05	2.10	80.76	0.3162	0.0029	VS
Bleeding P/R	16	02	1.40	87.50	0.5164	0.0302	VS
Burning Sensation	26	03	2.30	88.46	0.4830	0.0569	VS
Tenderness	30	08	2.20	73.33	0.4216	0.0117	S
Sphincter Spasm	10	05	0.50	50	0.5270	0.0313	QS

In this Table showed the Percentage of Pain-in-ano Relief was 80.76 % and the effect of the therapy was Very Significant (VS) at 'P' = < 0.0029.

In this Table showed the Percentage of Bleeding P/R Relief was 87.50 % and the effect of the therapy was Very Significant (VS) at 'P' = < 0.0302.

In this Table showed the Percentage of Burning Sensation Relief was 88.46 % and the effect of the therapy was Very Significant (VS) at 'P' = < 0.0569.

In this Table showed the Percentage of Tenderness Relief was 73.33 % and the effect of the therapy was Significant (S) at 'P' = < 0.0117.

In this Table showed the Percentage of Sphincter Spasm Relief was 50 % and the effect of the therapy was Quite Significant (QS) at 'P' = < 0.0313.

Table 10: Showing the Statistical analysis Overall response of Isabgol as a Pathya orally along with Yogabhyas & Yastimadhu Siddha Taila Matra Basti was administered for 7 consecutive days on 10 Patients of Group C

Group C	Mean			% of improvement	S.D.	'p'	Result
	B. T. (+)	A. T. (-)	Mean Diff				
Pain-in-Ano	26	04	2.20	84.61	0.4216	0.0195	VS
Bleeding P/R	16	01	1.50	93.75	0.7071	0.0616	VS
Burning Sensation	24	02	2.20	91.66	0.4216	0.0334	VS
Tenderness	27	05	2.20	81.48	0.4216	0.0036	VS
Sphincter Spasm	10	03	0.70	70	0.4830	0.0078	S

In this Table showed the Percentage of Pain-in-ano Relief was 84.61 % and the effect of the therapy was Very Significant (VS) at 'P' = < 0.0195.

In this Table showed the Percentage of Bleeding P/R Relief was 93.75 % and the effect of the therapy was Very Significant (VS) at 'P' = < 0.0616.

In this Table showed the Percentage of Burning Sensation Relief was 91.66 % and the effect of the therapy was Very Significant (VS) at 'P' = < 0.0334.

In this Table showed the Percentage of Tenderness Relief was 81.48 % and the effect of the therapy was Very Significant (VS) at 'P' = < 0.0036.

In this Table showed the Percentage of Sphincter Spasm Relief was 70 % and the effect of the therapy was Significant (S) at 'P' = < 0.0078.

Table 11: Showing the Total symptoms Score of % of Improvement in Groups A, B & C.

Total Symptoms Score	Score – B.T. (+)	Score – A.T. (-)	% of Improvement	Results
Group A	108	26	75.92	VS

Group B	108	23	78.70	VS
Group C	103	15	85.43	VS

The total symptom score in-group A, before treatment was 108 which was reduced to 26 after treatment thus 75.92 % relief was obtained Result was Very Significant (VS). In group B total symptom score was 108 before treatment which was reduced to 23 after treatment and gives 78.70 % relief was obtained Result was Very Significant (VS). In group C total symptom score was 103 before treatment which was reduced to 15 after treatment and gives 85.43 % of total relief Result was Very Significant (VS).

Table 12: Showing the Assessment of Overall Effect of the Therapy for Group A

Changes	No Change	Mild Improvement	Moderate Improvement	Marked Improvement	Complete Remission
Grade	0	1	2	3	4
No. of Patients	00	02	03	02	03
% of Patients	00	20	30	20	30

Table 13: Showing the Assessment of Overall Effect of the Therapy for Group B

Changes	No Change	Mild Improvement	Moderate Improvement	Marked Improvement	Complete Remission
Grade	0	1	2	3	4
No. of Patients	00	02	05	02	01
% of Patients	00	20	50	20	10

Table 14: Showing the Assessment of Overall Effect of the Therapy for Group C.

Changes	No Change	Mild Improvement	Moderate Improvement	Marked Improvement	Complete Remission
Grade	0	1	2	3	4
No. of Patients	00	01	02	03	04
% of Patients	00	10	20	30	40

Table 15: Showing the Assessment of Overall Effect of the Therapy for All Group A, B and C

Change	Grade	Group A		Group B		Group C		Total	
		No.	%	No.	%	No.	%	No.	%
No change	0	0	00	0	00	0	00	0	00
Mild improvement	1	02	6.66	02	6.66	01	3.33	05	16.66
Moderate improvement	2	03	10	05	16.66	02	6.66	10	33.33
Marked improvement	3	02	6.66	02	6.66	03	10	07	23.33
Complete remission	4	03	10	01	3.33	04	13.33	08	26.66

The table no. 15 reveals the results of study in 30 patients of *Parikartika*. It clearly shows that 00 (00 %) patients were No change, 05 (16.66 %) patients were Mild improved., 10 (33.33 %) patients were Moderately improved while 07 (23.33 %) patients showed Marked improved and 08 (26.66 %) patients

were Complete Remission. From the present study, it can be concluded that in Group - A 03 patients (10 %) were completely cured and 01 patients (3.33 %) were completely cured in Group - B, and Group - C 04 patients (13.33 %) were completely cured; whereas in 02 patient (6.66 %) marked improved was seen in Group-A and in 02 patients (6.66 %) marked improved were found in Group-B and Group-C 03 patients (10 %) were marked improved. Moderate improvement was seen in 10 %, 16.66 % and 6.66 % in Group-A, Group-B and Group-C respectively. Mild improvement was seen in 6.66 %, 6.66 % and 3.33 % in Group-A, Group-B and Group-C respectively. None patient was remained No changed in groups A, B & C.

DISCUSSION

The objective of this clinical study was to access the efficacy of *Isabgol* as a *Pathya* along with *Yogabhyas* and *Yastimadhu Siddha Taila Matra Basti* in management of *Parikartika* (Acute Fissure-in-Ano). In this study total 30 registered patients were randomly allocated in to three groups. Among them 01 patients was dropped out from each group. In Group-A; *Isabgol* as a *Pathya* along with *Yogabhyas*, In Group-B; *Yastimadhu Siddha Taila Matra Basti* after hot sitz bath and Group C; *Isabgol* as a *Pathya* along with *Yogabhyas* and *Yastimadhu Siddha Taila Matra Basti* in management of *Parikartika* (Acute Fissure-in-Ano). The patients were assessed daily for 7 days for relief in signs and symptoms and followed up for one month.

After interpretation of findings recorded in Proforma, the observations and result were presented in tabular form. The data was analyzed statistically by applying 'Wilcoxon signed rank test' and 'Mann Whitney Rank Sum test' to draw scientific conclusion.

Overall response of *Isabgol* as a *Pathya* orally along with *Yogabhyas* for 7 consecutive days for Group A has been studied in around 10 patients of *Parikartika*. In both subjective criteria and objective criteria this therapy offered an (75.92 %) Very significant relief.

Overall response of *Yastimadhu Siddha Taila Matra Basti* was administered for 7 consecutive days for Group B has been studied in around 10 patients of

Parikartika. In both subjective criteria and objective criteria this therapy offered an (78.70 %) Very significant relief.

Overall response of *Isabgol* as a *Pathya* orally along with *Yogabhyas* & *Yastimadhu Siddha Taila Matra Basti* was administered for 7 consecutive days for Group C has been studied in around 10 patients of *Parikartika*. In both subjective criteria and objective criteria this therapy offered an (85.43 %) Very significant relief.

Isabgol as a Pathya: This formulation is explained in the treatment of *Amlapitta*. *Malabaddhata* is a condition established due to impairment of *Samaana* and *Apana Vata* there by vitiating *Jatharagni*. *Isabgol* is a key drug with a property to bring the vitiated *Agni* to normalcy by checking the *Vata Gati*. Conservative measures include avoidance of constipation by means of *Mrudu Rechakas* to enable the passage of soft stools. Repeated anal trauma by passage of hard faeces can be avoided by laxatives such as *Isabgol* especially suitable for they tend to produce soft easily passable motions. *Teekshna Rechaka Dravyas* must be avoided since frequent passage of loose stools causes agony intern worsens the condition.

Yogabhyas (Yoga Protocol for Acute Fissure-in-Ano): The conceptual background of *Yoga* has its origins in ancient Indian philosophy. There are numerous modern schools or types of *Yoga* (i.e., Iyengar, Viniyoga, Sivananda, etc.), each having its own distinct emphasis regarding the relative content of physical postures and exercises (*asanas*), breathing techniques (*Pranayama*), deep relaxation, and meditation practices that cultivate awareness and ultimately more profound states of consciousness. The application of *Yoga* as a therapeutic intervention, which began early in the twentieth century, takes advantage of the various psychophysiological benefits of the component practices.

Yastimadhu Siddha Taila Matra Basti: There is cutting and burning pain in ano predominantly present in a pattern in *Parikartika* as the disease is *Vata- Pitta* predominant. *Yastimadhu* being *Vata- Pitta Shamaka* helped to relieve both these symptoms. In the patients

Yastimadhu also has *Vrana Shodhana* (wound cleansing) and *Vrana Ropana* (wound healing) properties that helped for healing of fissure wound.

Ushna Jala Avagaha Sweda (Hot Sitz Bath): In *Abhyanga*, *Parisheka*, *Lepa* and *Avagaha Sweda* the *Veerya* of the *Dravya* enters the body through the *Roma Kupas* present in the *Twacha*. The *Jala* used for *Avagaha Sweda* is Luke warm. Heating the tissues increases metabolic activity, increases blood flow in turn improves the venous return and stimulates neural receptors. Heat appears to produce definite sedative effects and muscle relaxation. Because of these factors *Avagaha Sweda* relieves *Vedana* and also acts as wound cleaning process.

CONCLUSION

There is no description of *Parikartika* as an independent disease in any of the *Ayurvedic* texts. The disease *Parikartika* has similarity with the disease Fissure-in-Ano of Modern medical science. On the basis of causes and pain dominant symptoms of *Parikartika* described by *Sushruta*, this disease resembles with disease fissure-in-ano. According to chief complaints of the patients, *Parikartikka* is found as *Vata-Pitta Pradhaana* disease which is as similar to classics. Majority of the patients were in the middle age group of Males, Middle class, non vegetarians (mixed), Married. Persons having *Mandagni* & Constipated, and the individuals indulging themselves in sedentary type of work. Majority of the patients had small Ulcer. Posterior midline position was the most common position. Repeated anal trauma by passage of hard faeces can be avoided by *Isabgol* especially suitable for they tend to produce soft easily passable motions. *Yogabhyas* increases blood flow throughout your body, which may aid in healing the fissure. *Yogabhyas* also promotes regular bowel movements. Complete remission of symptoms of *Parikartika* was more in patients treated with *Group C* than *Group A* & *Group B* treated patients. The pain and spasm of anal sphincters, which is main contributing factor for pain in fissure- in- ano can be relieved effectively by the *Isabgol as a Pathya* along with *Yogabhyas* and application of *Yastimadhu Siddha Taila Matra Basti*.

Rakta Srava, can be effectively relieved by this treatments Group A, Group B and Group C but more effectiveness by Group C. During treatment period of 7 Days as well as follow up period of one month, no adverse effect of any drugs was noticed. Wound healing was achieved effectively by these treatment Protocols. In this study we found a treatment therapy which is safe, economic, easy to prepare & easy to administer and effective in the management of *Parikartika* (Acute Fissure-in-ano). Thus, null hypothesis (H_0) is rejected and alternative hypothesis (H_1) is accepted that is both the interventions *Isabgol* as a *Pathya* along with *Yogabhyas* and *Yastimadhu Siddha Taila Matra Basti* there was significant difference in between the effective in symptomatic relief in *Parikartika* (Acute fissure-in-ano). From the present study it can be concluded that *Isabgol* as a *Pathya* along with *Yogabhyas* and *Yastimadhu Siddha Taila Matra Basti* (Group C) have proved more effective in the management of *Parikartika* (Acute Fissure-in-ano).

REFERENCES

1. Agnivesha, Revised by Charaka and Dhradabala; Charaka Samhita; 4th Ed, Varanasi; Chaukhambha orientalia publishers; 1994; Pp-738, (Charaka Shamhita Sutra Sthana 25/45).
2. Agnivesha, Revised by Charaka and Dhradabala; Charaka Samhita; 4th Ed, Varanasi; Chaukhambha orientalia publishers; 1994; Pp-738, (Charaka Shamhita Kalpa Sthana 01/07).
3. Sushruta; Sushruta Samhita; with the Nibandha sangraha commentary of Sri Dalhana charya; Reprint edition, Edited by Jadavaji Trikamji Acharya, Varanasi; Chaukhambha orientalia publishers; 2003; (Sushrta Shamhita Chikitsa Sthana 34/16).
4. <https://www.google.com/fissure prevalence>.

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