

### Research Article

## Efficacy of Yashtimadhu Gritha in Parikartika

Sheetal Sharma<sup>1\*</sup>

Associate Professor<sup>1</sup>, Department of Samhita & Siddhant

<sup>1</sup>SLN Ayurved College, Amritsar, Punjab-143009.

\* **Corresponding Author:** Dr. Sheetal Sharma, **E-mail:** [sheetalmirage@gmail.com](mailto:sheetalmirage@gmail.com)

Article Received on: 07/08/2020 Accepted on: 27/09/2020 Published on: 30/09/2020

### ABSTRACT:

The word *Parikartika* is combination of two words, *Pari* and *kartika*. *Pari* is prefix which means all around and *Kartika* is derived from *krit* verb; which means cut circumferentially so it is a disease where patients feel cutting pain all around his anus. *Parikartika* is not mentioned as a separate disease but kept as a *laskna* to various diseases and also as a complication resulted due to *shodana Chikitsa*. Present study was aimed to know the efficacy of *Yashtimadhu gritha* in *parikartika*.

**KEY WORDS:** Parikartika, Yashtimadhu Gritha

### INTRODUCTION:

Changing life styles, maximum work, sleepless nights, eating junk foods, holding natural urges, use of excessive laxative, stress all disturbs the natural equilibrium of the body causing so many diseases and one of the common consequence of all these is *malavibanda* or constipation. What a person does to get freshen up is to strain and this straining sometimes causes trauma in the lower end of anal canal. This trauma results into excruciating pain, sometimes burning and more trauma to tissue may cause longitudinal tear. When this tear is left untreated; pathology increases and time comes when a patients may see 2-3 drops of blood in the tissues. Whatever the condition may be, the pain and burning during and after defecation scare patient and he is afraid of passing stools. *Parikartika* can be related with fissure in ano which is also a common anorectal symptom. There is also a small longitudinal slit in the anoderm of distal anal canal which extends from anal verge proximally towards but not beyond dentate line. Also the reasons for acute fissure are trauma caused by passage of hard stool and sometimes due to diarrhea.

In *Ayurveda* detail of *Parikartika* is scattered here and there and the reason being is that it kept as a symptom to various diseases and a complication of various procedures like *virechan*, *basti* and also by the trauma caused by *vaidya*.

### *Parikartika in Samhitas* Charak Samhita,

*Acharaya charaka* has mention *Parikartika* as a *lakshna* of various diseases -

- *Udavarta*
- *Sehaj Arsha*
- *Vataj Arsha*
- *Kaphaj Arsha*
- *Vataj Grahni*
- *Vataj Pakva Atisaar*
- *Vataj Grahani*

As a complication of *shodan* therapy in *siddhisthan*

- Due to inappropriate administration of enema nozzle and effect in enema nozzle itself may cause this disease.
- As a complication of *niruha vasti*.
- As a excessive use of *Yapna basti*.

### *In Sushrut Samhita-*

*Acharaya* has mentioned *Parikartika* as a *purvaroop* of *Arsh* and when not cared properly it is a *laksna* of *Arsh*.

Complication of *shodhana Chikitsa*

- Vastivyapada (niruha) – if a ruksa vasti containing tiksna and Lavana drugs and administered in heavy doses, it may result into parikartika
- Shool is the main symptom in parikartika so vaata vitiation is there
- Trauma at Guda is a cause of parikartika during the procedure of basti and verchana complication happen because of rough and thick basti netra
- If vama and verechan with *Teeksan ushna* and *pittaprapakopka* medicine is given to patients having *mridu koshta* and *madagni* than *pittah* and *vatta prakopa* leadsto *Parikartika*, *atiyoga of verechana*

#### Ashtang Hridya –

*Acharya vagbhatta*, when the *vayu* got *avarna* of Mala, there is obstruction in the passage of *apan vayu* in *pakavasaya* and *Guda*.

#### Kasayap Samhita.

It has been discussed as a complication of *grabhini* in *khilasthan*.

In *Samprapti* of the diseases '*vitiation of vata*' is main.

#### Causative factor for parikartik.

When *purisha* is obstructed, the natural path of *Apan vayu* cause vitiation of *vatta* and consequently when *vatta* is localized in *twak* it becomes *ruksha* and shows the tendency of crack, if untreated disease progresses, *vayu* gets seated in the *rakht dhatu* and form a *vrana* and again if untreated, it reaches *Mansa Dhatu* it forms a knotty swelling.

So in *parikartika* there is predominance of *vayu* but is associated with *pitta* says *Acharya Sushruta*. The pain

predominantly display a *vatika* character and *Daha* is a *pittaj* character.

None of the *Samhitas* described about the surgical management which clearly the surgical management which clearly indicates the Excellency of conservative treatment. Local application of *yastimadhu gritha* proved successful in managing symptoms of *parikartika*.

#### MATERIALS AND METHODS –

- Registered patients of shalya tantra Deptt. Were randomly selected.
- Written informed consent was taken from all patients.
- Total of 30 patients of either sex were selected.

#### Inclusion Criteria –

Patients having pain and burning in the anorectal region, patients having longitudinal tear posteriorly on anteriorly were taken.

Exclusion Criteria – prolapse rectum, 3<sup>rd</sup> and 4<sup>th</sup> degree pile masses, fistula in ano, chronic diseases, ulcerative colitis, diabetes mellitus and other systemic diseases.

#### Drug – Yastimadhu Gritha –

#### Dietary Regimen –

- Patients were advised to take a regular and proper fibrous diet with adequate quantity of water.
- Daily intake of 2 tsf isbgol husk three hours before dinner with two glasses of water.

#### Parameters of Assessment –

##### Pain:

Score	Grade
0	No cutting pain
1	Relieved in 1hour after defecation
2	Relieved in 2-4 hour after defecation
3	Present whole day

##### Guda Daha:

Score	Grade
0	No burning pain
1	Relieved in 1hr after defecation
2	Relieved after 4-5 hours after defecation
3	Present whole day.

##### Size of ulcer:

Score	Grade
0	No ulcer
1	Size of ulcer 1-4 mm
2	Size of ulcer 4-8 mm
3	Size of ulcer 9-12mm

**Raktsrava:**

Score	Grade
0	No bleeding
1	Single drop occasionally after defecation
2	5-10 drops after defecation
3	Profuse bleeding.

**Efficacy of Drug:**

Complete Remission	100% relief in signs and symptoms
Marked improvement	75-99% relief in signs and symptoms
Moderate improvement	50-74% relief in signs and symptoms
Mild improvement	24-49% relief in signs and symptoms
Unchanged	No change in signs and symptoms.

The patients were examined for thirty days and asked to give feedback of required information for filling observation in regular intervals of two follow ups.

**OBSERVATIONS AND RESULTS:**

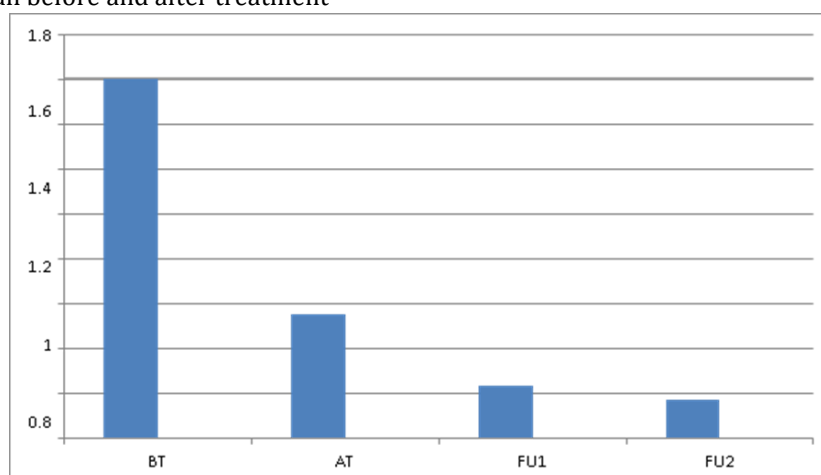
Distribution of patient according to pain

SYMPTOMS	MEAN				%	S.D.(+)	S.E(+)	T Value	P value
Pain	BT			BT-AT					
	1.60	At	0.55	1.10	68.75	0.05	0.01	11.00	<0.0001
		FU1	0.23	1.37	85.62	0.13	0.02	13.46	<0.0001
		FU2	0.17	1.43	89.37	0.18	0.03	13.81	<0.0001

Statistical analysis showed that the means score which has 1.60 before treatment was reduced to 0.50 after treatment with 68.75% improvement. After the first follow up it become 0.23 with 85.37% improvement and after second follow up it reduced to 0.17 with 89.3% improved. The change was statistically significant with <0.0001.

**Diagram A**

On the basis of mean before and after treatment



Distribution of patient of *parikartika* according to pain.

**GUDA DAHA –**

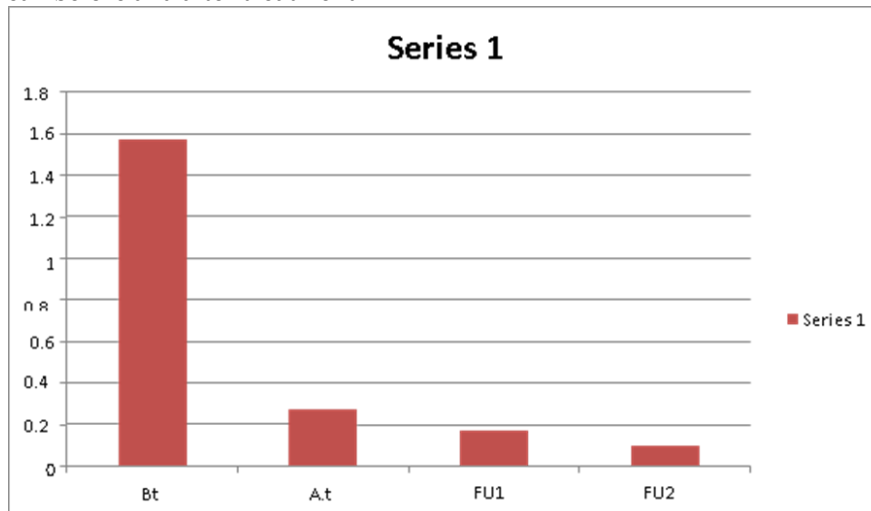
Distribution of patient according to *Guda Daha*

SYMPTOM	MEAN				%	S.D.(+)	S.E(+)	Tvalue	P value
GUDA DAHA	BT 1.57	A.T	0.27	1.30	82.80	0.05	0.01	13.30	<0.0001
		F.U.1	0.17	1.40	89.17	0.12	0.02	13.61	<0.0001
		FU2	0.10	1.47	93.63	0.19	0.03	14.06	<0.0001

Statistical analysis showed that the means score which has 1.57 before treatment was reduced to 0.27 after treatment with 82.80% improvement. After the first follow up it become 0.17 with 89.17% improvement and after second follow up it reduced to 0.16 with 93.63% improved. The change was statistically significant with  $<0.0001$ .

#### Diagram B

On the basis of mean before and after treatment



Distribution of patients according to Guda daha.

#### RAKTSTRAVA –

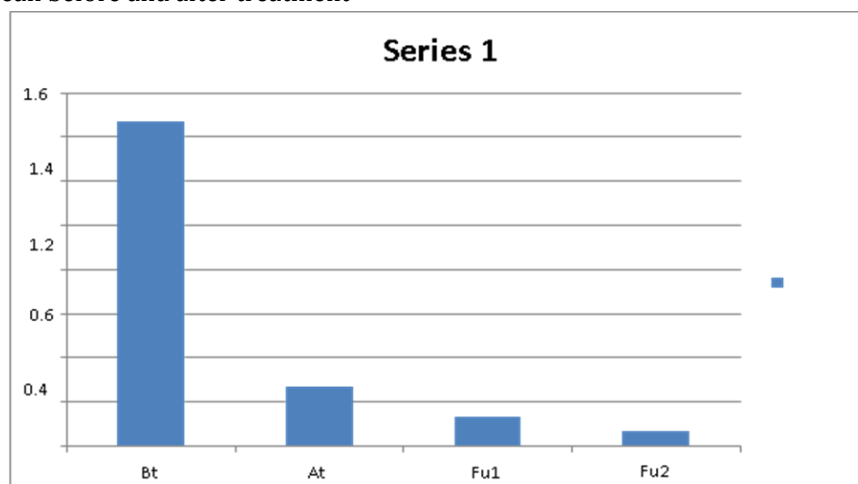
Distribution of patient according to Raktstrava

SYMPTOMS	MEAN				%	S.D.(+)	S.E(+)	T value	P value
	BT	AT		BT-AT					
Raktstrava	1.47	0.27		1.20	81.63	0.12	0.02	16.15	<0.0001
		FU1	0.13	1.34	91.15	0.22	0.04	13.35	<0.0001
		FU2	0.07	1.40	95.23	0.32	0.05	13.61	<0.0001

Statistical analysis showed that the means score which has 1.47 before treatment was reduced to 0.27 after treatment with 81.63% improvement. After the first follow up it become 0.13 with 91.15% improvement and after second follow up it reduced to 0.07 with 95.23% improved. The change was statistically significant with  $<0.0001$ .

#### Diagram C

On the basis of mean before and after treatment



Distribution of patient of *Parikartika* according to *Raktstravsa*.

#### Size of ulcer:

Distribution of patient of *Parikartika* according to size of ulcer

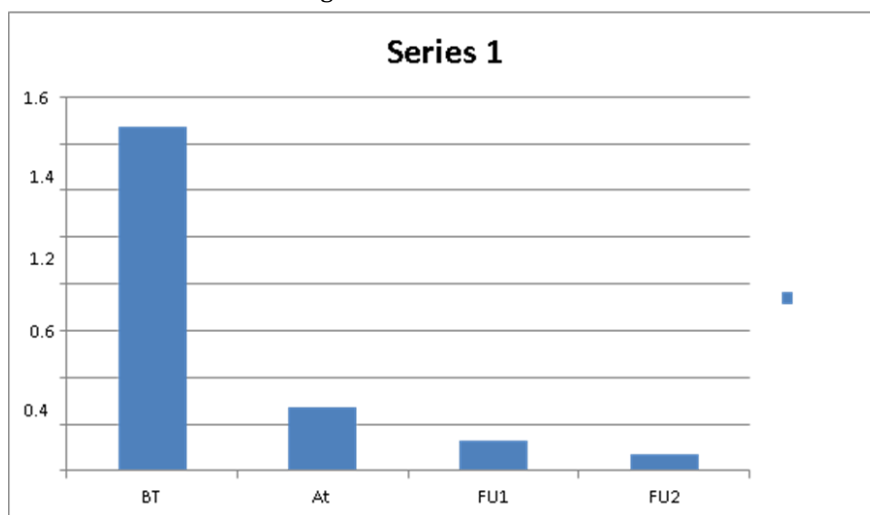
SYMPTOMS	MEAN				%	S.D(+)	S.E(+)	T value	P value
Size of ulcer	BT			BT-AT					
	1.93	AT	0.63	1.30	67.35	0.06	0.01	15.27	<0.0001
		FU1	0.47	1.40	75.64	0.21	0.04	15.83	<0.0001
		FU2	0.30	1.63	84.45	0.31	0.05	14.54	<0.0001

Statistical analysis showed that the means score which has 1.93 before treatment was reduced to 0.63 after treatment with 67.35% improvement. After the first follow up it become 0.47 with 75.64% improvement and after second follow up it reduced to 0.30 with 84.45% improved. The change was statistically significant with <0.0001.

#### Diagram D

On the basis of mean before and after treatment

Distribution of patient of *Parikartika* according to size of Ulcer.



CATEGORY	NO. OF PATIENTS	PERCENTAGE
Complete remission	0	0%
Marked improvement	30	100%
Moderate improvement	0	0%
Mild improvement	0	0%
Unchanged	0	0%

#### DISCUSSION:

Probable mode of Action of *Yastimadhu* Ghrit

- *Acharaya* Charak has explained that a drug may act either by means of *dravaprabhav* or by means of *gunaprabhava* and sometimes by both and break the pathology of disease.
- In *parikartika yastimadhu*, *Gritha* was used locally to get relief from the local symptoms in the *guda*. Single drug works on the principle of *rasa*, *guna*, *veerya*, *vipak* and *prabhav* and when composed drug

formulation is used, it acts by many ways to dissolve pathology and the formulation used must possess *vyadhi pratyanyika* properties for that particular diseases.

- *Gogritha* is *madhur* in Ras and *vipak* and is useful in thousands of diseases after it gets its *sanskar-anuvartan* by various means. *Acharaya Vagbhat* also has same opinion.

- The *samskaraamuvartan* quality of *gritha* creates good medium for absorption and transportation of ayurvedic formulations.
- Also *goghrith* has soothing affect and it forms early ephthelization wound.
- *Yastimadhu* has good *roopanya* and *varniya* qualities.
- *IT* has *madhur rasa*, *sheet virya* and *madhu vipak* and it is *vatta- pitta* and *Kapha shamak*. Also *kwath* of *yastimadhu* is advised in *pitta dosha pradhan vrana* to subside buring.
- In *parikartika* there is predominance of mainly two - *vata dosha* which causes pain and *pitta dosha* which cause burning or *Daha*. For relief of these symptoms, a drug which is *vata shamak* and *pitta shamak* is always beneficial. *Sodium Glycyrrhizate* in *yastimadhu* possess antiulcer activity and it stimulate skin repair.
- So the formulation of *yastimadhu* and *grith* gave wonderful results in healing the local ulcer, burning and pain in *Guda* by being *roopak*, *Dahashamak*, *vata pita shamak* and *vedna shamak*.

#### CONCLUSION:

*Parikartika* is known for its reoccurrences because a little change in *aaharvihaar* creates the same pathology which causes *Malvibhanda* and resulting into straining and which causes pain and *daha*. So one must be vigilant about his way of living and way of eating, also conservative treatment is found capable of reducing diseases symptoms.

#### Acknowledgment:

Nil

#### Conflicts of interest: Nil

#### REFERENCES:

- [1] Dr. Brahmanand Tripathi, Agnivesha, *charak Samhita Hindi Commentary Charak Chandrika part -II* chaukamba Surbharti prakashan Varanasi 2002, Chikstasthan 28/7 976.
- [2] Dr. Brahmanand Tripathi, Agnivesha, *charak Samhita Hindi Commentary Charak Chandrika part -II* chaukamba Surbharti prakashan Varanasi 2002, Siddisthan 5/5 1225.
- [3] Kaviraj Ambikadutt Shastri Maharishi Sushruta, Sushruta Samhita of Acharya Samhita Varanasi Chaukhamba Sanskrit Sansthan 2007 Chikisthasthan 35/32 155.
- [4] Kaviraj Ambikadutt Shastri Adi Maharishi Sushruta, Sushruta Samhita of Acharya Samhita Varanasi Chaukhamba Sanskrit Sansthan 2007 Chikisthasthan 34/8 148.
- [5] Dr. Brahmanand Tripathi, *Hindi Commentary Nirmala* chaukamba Sanskrit Prathisthan 2007, Uttartantra 55/8 777.
- [6] G D Singhal Sushruta Samhita First Edition English Commentary Chaukhamba Sanskriti Prakashan Nidhansthan 2/9/10 19:39
- [7] Dr. Brahmanand Tripathi, Vagbhata Astanga Hridyam Hindi Commentary Nirmala, chaukamba Surbharti prakashan Delhi 2003, Nidhanstan 16/40 541.
- [8] Dr. Brahmanand Tripathi, Agnivesha, *charak Samhita Hindi Commentary Charak Chandrika part-II* chaukamba Surbharti prakashan Varanasi 2002, Chikstasthan 14/8 1117 pno 490, 513, 514.
- [9] Dr. Brahmanand Tripathi, Agnivesha, *charak Samhita Hindi Commentary Charak Chandrika* chaukamba Surbharti prakashan Varanasi 2002, Chikstasthan 19/5 670.
- [10] Dr. Brahmanand Tripathi, Agnivesha, *charak Samhita Hindi Commentary Charak Chandrika* chaukamba Surbharti prakashan Varanasi 2002, Chikstasthan 15/62 561.
- [11] Dr. Brahmanand Tripathi, Agnivesha, *charak Samhita Hindi Commentary Charak Chandrika* chaukamba Surbharti prakashan Varanasi 2002, sid-distasthan 12/30 1340.
- [12] Dr. Brahmanand Tripathi, Agnivesha, *charak Samhita Hindi Commentary Charak Chandrika part -II* chaukamba Surbharti prakashan Varanasi 2002, Siddisthan 6/61/62/67 1241.
- [13] G D Singhal Sushruta Samhita First Edition English Commentary Chaukhamba Sanskriti Prakashan Delhi 1973 Nidhansthan 1/25/26 16:17.
- [14] Dr. Brahmanand Tripathi, Agnivesha, *charak Samhita Hindi Commentary Charak Chandrika part -II* chaukamba Surbharti prakashan Varanasi 2002, Chikstasthan 26/7 864.

#### Cite this article as:

Sheetal Sharma, Rajashree Chitre, Efficacy of Yashtimadhu Gritha in Parikartika, ADJIM 2020: 5(3), p. 06-11.