

Role of *Til-Kalka Pichchaabasti* in *Parikartika* - A Case Study

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Abstract

Fissure-in ano is a very common and painful condition. It occurs most commonly in the midline posteriorly, the least protected part of anal- canal. Occurrence rate of posterior to anterior in males is 90:10 and in females 60:40. Common aetiological factors are constipation, sphincter spasm, anal stricture, hard stool etc. In today's era it is mainly a lifestyle disorder. In Ayurveda, it resembles with *Parikartika* (*S.Chi.34/3*). It is one of *koshthagat-vyadhi* with *vat-pitta* pathology (*S. Chi.34/16*). In classical texts of Ayurveda Acharya emphasize *pichchaabasti* in the treatment of *Parikartika* (*S.Chi.34/16*). Specially mentioned yog as *Madhu-Ghrit-Mulethi-Krishnatil kalka in pichchaabasti* was used. This yog acts with its laxative and healing property in fissure-in-ano. It also gives significant symptomatic improvement to the patient. Therefore, we conclude that use of *Piccha Basti* is good alternative therapy for fissure in ano.

Keywords

Parikartika, Koshthagat-vyadhi, vat-pitta, pichchaabasti



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INTRODUCTION

Fissure is an ulcer in longitudinal axis of lower anal canal. It is superficial, small but distressing lesion. It ends above at the dentate line. So whole of the anal fissure lies in the sensitive skin and that's why pain is the most prominent symptom. Acute fissure is a tear of the skin of lower half of the anal canal. Chronic fissure is a deep canoe-shaped ulcer with thick oedematous margins. Base consists of scar tissue and internal sphincter muscle. Because of the curvature of sacrum and rectum, hard faecal matter while passing down causes a tear in the anal valve leading to posterior anal fissure. Common causes are hard stool, constipation, diarrhoea, increased sphincter tone, trauma, STD, etc. *Aacharya Sushrut* mentioned *pichchaabasti* in the treatment (*Krishna til-kalka +madhu +ghrit +mulethi*) (*Su.Chi.34/16*).

CASE REPORT

A 35 years old female with complaints of painful defecation, hard stool, constipation intermittently, mild bleeding per rectum in streaks intermittently with severe headache, etc came to OPD. On examination a fissure was found at 6 and 12 o'clock position with no active bleeding but spasm present on per

rectal examination. The diagnosis was confirmed as fissure in ano. In this patient we preferred *Pichchaabasti* as a treatment of choice. Goghrit, Madhu, Krishna til-kalka, mulethi and about 60 ml pichchaabasti was given for 8 days to the patient as a treatment of choice.

Patient's well informed written consent was taken.

Following routine investigations were done-

Hb%, Random blood Sugar, bleeding time, clotting time, HIV-1&2, HBsAg.

Pradhan karma

Patient scheduled to attend OPD in the morning time after having light breakfast. The preparation of *Piccha Basti* was done by taking *Krishna til-kalka*(25mg) which was mixed with appropriate quantity of *madhu* and *ghrita* with *mulethi* and about 60 ml *pichchaabasti* was given to patient. After giving *Piccha Basti* instructions given to patient to lie down for 10 minutes. After that Patient was observed for vitals or any discomfort for at least one hour after *basti* procedure. Then She was asked to follow her routine work but to avoid strenuous works. This Same procedure followed for 8 days.

Assessment parameters**1. Pain -NRS-Numerical Rating Score**

- 0-1 No pain
- 2-3 Mild pain
- 4-5 Uncomfortable pain
- 6-8 Distressing pain
- 8-9 Intense pain
- 9-10 worst possible pain

Tenderness

- 0- Nil
- 1- Mild, elicited on much pressure
- 2- Moderate, elicited on moderate pressure

- 3- Severe, elicited even on slight touch

3. Headache

- 0- Nil
- 1- Mild
- 2- Moderate
- 3- Severe

4. Spasm

- 0- No spasm
- 1- Mild spasm
- 2- Moderate spasm
- 3- Severe spasm

OBSERVATION

Days	Basti in ml	Pain	Tenderness	Spasm	Headache
0	-	10	3	3	3
1	60	9	3	3	3
2	60	9	2	2	3
3	60	7	2	2	2
4	60	6	2	2	2
5	60	5	1	1	2
6	60	4	1	1	2
7	60	2	1	1	1
8	60	1	0	0s	0

DISCUSSION

Painful defecation is the main characteristic feature of fissure in ano. Due to severe pain patient avoids passing the stool, this worsens the condition. So our main aim was to heal the fissure groove by reducing the associated signs and symptoms. In this treatment

madhu works by its ropan property(Su.Su.45/132). Mulethi is pitta-rakta-vatnashak(Su.Su.38/35,36). Ghrit is pitta-vathar and sanskarasyanuvartanam (Cha. Su. 13/13,14). Til-kalka is vat-pittaghna and ropan in nature (Su. Chi. 1/66,67).

In this case study, it was observed that after 8 days of basti patient had significant relief

from signs and symptoms. Meanwhile after every basti procedures she was observed for her related complaints. After administration of 4 basti upto 8th day there was significant symptomatic relief. After local examination fissure groove found completely healed.

CONCLUSION

In this clinical study we found excellent results of *Piccha Basti* in fissure in ano. Eventually we found that the associated symptoms such as headache which was hampering the normal status of patient got relieved. As per Ayurveda the main pathology was *Apan Vayu vaigunya* , So after *anulomana* of *apan vayu* patient got significant relief in sign and symptoms.

So we can conclude that this can be an alternative therapy in the treatment of fissure in ano. Also surgery, which is treatment of choice in this can be avoided. If fissure in Ano remains untreated it leads to complications like sentinel tag, haemorrhoids, also can be avoided.

Therefore we conclude that use of *Piccha Basti* is good alternative therapy for fissure in ano.

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