Acute Management of Parikartika (fissure in ano) by Tila Taila Matra basti: Case study.
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ABSTRACT

In today's modern lifestyle which is more over sedentary life having more diseases than ever, one of them is fissure in ano caused by many reasons such as low fibre diet, non-vegetarian diet, low physical activity, junk food, irregular meals, stress which all causes irregular bowel movements and constipation leads to the passage of hard stool causing erosion and deep tear through the skin of anal margin extending in to anal canal which named as parikartika i.e. fissure in ano. In this study a single case was taken to treat the acute stage of fissure in ano with tila taila matra basti for 3 days only. Assessment was done on the basis of acute pain, burning sensation, spasm, itching, constipation (hard stool). The acute stage was controlled in 1 hour to 2 days.

Keywords: parikartika, tila tail, matra basti, fissure in ano.

INTRODUCTION

The earliest reference of parikartika is available in Sushrut Samhita, Charak Samhita, Kashyap Samhita. In modern science it is correlated with fissure in ano. Now a days in this modern era due to many reasons there is an improper bowel movements and constipation leads to hard stool and it tears through the skin of the anal margin extending to anal acanal forming fissure in ano. Fissure in ano is a very common condition leading to acute pain lasting for a day to 1 hour, with burning, spasm, itching. The cutting pain gives an acute illness with cessation of food intake in the fear of pain during and after defecation. In present day the management done by laxatives-purgatives, sitz bath, anti-inflammatory, local anaesthetic agents give temporary relief and takes a longer duration to get rid of the symptoms. So warmed 50 ml basti of tila tail for three consecutive days with conservative management. Tila taila basti had many
effects vatanashaka, daha shaman, vranaropana, relieving of spasm, malbaddhata, marmaghata as stated in texts.

Hence an effort has been made to evaluate the study of Tila taila matra basti for three days in parikartika with special reference to fissure in ano.

**AIMS AND OBJECTIVES**
To study the efficacy of TILA TAILA MATRA BASTI in the acute management of Parikartika with special reference to fissure in ano.

**MATERIAL AND METHODS**

A) Material
1) Tila Taila for basti.
2) Sinhanaad guggul -2 bid postmeal
3) Triphala churna -1 tsf postmeal

B) Method
1) Patient was given 50 ml warmed matra basti on three consecutive days
2) Tab Sinhanad Guggul 2Bid and Triphala 1 tsf both postmeal with warm water.
Advised to take light meals with warm water, and bed rest for 3 days…

**CASE REPORT**
A 25 year student came to us with the complaints of..
1) kartanvat vedana (Excruciating Pain)
2) Guda-pradesh daha (Burning pain)
3) Malavastambha (Constipation)
4) Stambhan (spasm)
5) Sarakta malpravrutti (Bleeding PR).

Past history
Patient was having similar complaints with frequent intervals and had taken the medicine for same
From ayurved as well as allopathy doctors, he had got some relief from the same.

History of present illness
Patient had the above complaints before 3 days and had treatment for the same from allopathy medicine and was not satisfied so came to me in acute stage of excruciating pain, burning, constipation (not gone for defecation from yesterday), mild bleeding PR

O/E
a) Nadi-96/min
b) Mala-Malavsthamba, sarka

c) Mutra-Prakrut
d) Jivha-Saam
e) Agni-Kshudhamandya
f) Shabda-Prakrut
g) Sparsh-Prakrut
h) Druka-Prakrut
i) Akruti-Madhyam
j) Bala-madhyam
k) BP-130/90 mm of Hg

L/E
A) Fissure seen with difficulty due to severe spasm and pain on examination
B) PR examination was not possible due to spasm and pain..
C) Mild bleed during examination.
HETU
Irregular meals, sabudana, junk food, fast food, frequent tea, divaswap, late night sleep, no physical activity all of this caused vata, pitta prakopa with stroavrodh, malbaddhata (hard stool) and straining caused Parikartika (fissure in ano).

SAMPRAPTI
Vikrut aahar vihara sevan

\[
\begin{align*}
0 & \rightarrow \\
\text{Strotodushti} & \\
\text{Malbaddhata} & \\
\text{Straining during defecation} & \\
\text{Fissure in ano} & \\
\text{Pain, burning, spasm, bleeding} & 
\end{align*}
\]

Figure 1. Schematic diagram of Parikartika (Fissure in ano)

TREATMENT
1. Nidanparivarjan Chikitsa - Advised all the food and lifestyle changes.
2. Tila taila matra basti 50 ml for three days
3. Tab Sinhannad guggul 2 bid with warm water
4. Triphala churna 1 tsf with warm water

Advised for warm water and rest for three days.

Results
1) First day-
Tila taila was given as a stat dose of matra basti til tail and we found that after 20 minutes he was able to sit properly, tachycardia was down, BP also settled on normal, pain was relieved up to 70%.

2) Second day-
Pain was on lower side, burning relieved remarkably, no bleed, PR allowed by little finger, wound showed no acute bleed and was soft with healing tendency, spasm was relieved for 50%, stool softening and pain during and after was reduced up to 70% and was very comfortable.

3) Third day-
Patient allowed for PR, pain and burning was almost relieved, no pain and burning after defecation, no bleed, no spasm, stool soft and happy for discomfort was relieved.

DISCUSSION
Fissure in ano is caused by various factors of vikrut aahar vihara and excess stress which results in altered bowel movements and constipation with hard stool which on straining while defecation forms an acute
Ulcer leading to pain, burning, bleeding, spasm giving rise to severe discomfort and acute illness to visit a hospital. The present management of modern medicine and some of the ayurved medicine are not able to give the immediate relief and which will leave the patient in discomfort with the above complaints for about 5 -7 days partly relieved. In the present study we have seen immediate and promising relief of pain which is the main complaint is relieved in 20 -30 minutes and when continued for three days it had given very god results in reducing bleeding, spasm, softening of stools, the burning symptom which we thought will not be reduced but that also was on lower side because of lubrication and relieving of spasm the wound showed healing signs which resulted in relieving burning. Other than the above symptoms we got a added benefit of matra basti in having sound sleep of the patient which he was not having from 3 days.

**CONCLUSION**

In the above study it is found that the matra basti stat and for two days is good line of management for parikatika (Fissure in Ano). The main symptom of pain and burning was relieved immediately after 20-30 minutes which gave a positive approach and support of the patient towards the management. The pain and burning during and after defecation was relieved markedly so he had food consumption which he had reduced from 2 days in fear of pain during and after defecation. The study is in the favour of matra basti stat and for 2 days and a wide study should be done on the same.

**REFERENCES**


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