EVALUATION OF YASHTIMADHU TAIL MATRABASTI EFFICACY IN THE TREATMENT OF ACUTE FISSURE IN ANO

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ABSTRACT

Background: Fissure in ano is one of the commonest ano-rectal disorders, notorious for the pain it causes. Currently many treatment modalities are available but not all of them are effective. The study conducted was aimed at evaluating the efficacy of Yashtimadhu Tail matrabasti in the treatment of acute fissure in ano. A single blind clinical study was conducted on 35 patients of acute fissure in ano and analysis revealed significant relief in symptoms of fissure in ano. Yashtimadhu Tail was prepared according to Sharangdhar madhyamkhand. It was administered in a dose of 30 ml as basti on day 1,3,5,7,9,12 and 15. The result was assessed before and after treatment and it was found that all the patients experienced relief from pain, pruritus, discharge, tenderness, condition of ulcer and constipation at the end of 18 days. Yashtimadhu Tail Matrabasti is economical and effective treatment for acute fissure in ano.

KEYWORDS: Yashtimadhu, Fissure in ano, Matrabasti.

INTRODUCTION

Pain is one of the most primitive human sensations. In fact, human beings are most of the times demotivated by pain. Pain originating from ‘Anus’ is most frustrating of these and it occurs due to ‘Fissure in ano’.

The so called modern and independent lifestyle has increased the incidence to a great extent. Although, there are many treatment modalities available for the disease, we need something that has a sustainable effect on both cause and effect of acute fissure in ano.
Acute fissure in ano is the most painful and most common among all anorectal diseases. In Ayurvedic literature Parikartika has been mentioned as one of complication of therapeutic enema (Bastivyapad) in Charak samhita, in pregnancy (Garbhini vyapad) in Kashyap samhita and also feature of diarrhoea (Vataja atisara) in Vagbhat. It is longitudinal ulcer in the lower part of the anal canal. Pain, burning sensation, with or without bleeding during defecation are Sign and Symptoms of fissure in ano.

Application of local anaesthetics, anal dilation, fissurectomy and sphincterotomy are generally in practice, laxative is prescribed to ensure that the motion is soft. However, these treatment procedures have their own limitation and also have complication like post-operative anal stenosis, incontinence etc. Hence, i have decided to take present study for more effective management of acute fissure in ano than existing line of treatment in present era.

AIMS AND OBJECTIVES
To assess the efficacy of Yashtimadhu Tail matrabasti in the treatment of acute fissure in ano.
1) To study the effectiveness of medical treatment in surgical ailments
2) To study the whether surgery can be avoided with Yashtimadhu Tail matrabasti in acute fissure in ano.

MATERIALS AND METHODS
Yashtimadhu tail was prepared as stated in Sharangadhar samhita madhyamkhand 9/1 in Department of Rasshatra, R.A.Podar Medical College (Ayu), Worli, Mumbai.

A total of 35 patients were selected for the study, out of which five patients did not complete the treatment. Hence, the findings of 30 patients were studied. All the patients in the study received 250 mg of Arogyavardhini vati twice a day. A few of them received Haritaki when required. Yashtimadhu tail matrabasti was administered on 1st, 3rd, 5th, 7th, 9th, 12th and 15th day using a syringe and simple rubber catheter no.14. The dose administered was 30 ml and length of catheter inserted inside the anal canal and rectum was upto 10 cm. Basti was administered after food and the patient was kept in the similar position for 10-15 minutes after basti. Every patient received 7 basti in total as described above. All the participants were examined every third day with following parameters.
Table no.: 1, Parameters

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<table>
<thead>
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<tbody>
<tr>
<td>1</td>
<td>Pain</td>
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<tr>
<td>2</td>
<td>Pruritus</td>
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<tr>
<td>3</td>
<td>Discharge</td>
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<td>4</td>
<td>Tenderness</td>
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<tr>
<td>5</td>
<td>Constipation</td>
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<tr>
<td>6</td>
<td>Condition of Ulcer</td>
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RESULTS AND DISCUSSION

Thirty five patients were selected for the study, of which 5 patients could not complete the treatment. Following guidelines were followed to assess the outcomes.
1) Complete cured, relieved and improved.
   A) Completely cured: All the signs and symptoms completely relieved after 18 days treatment.
   B) Relieved: After end of 18 days, the fissure bed is healthy but not completely healed. All the other complaints have disappeared.
   C) Improved: Fissure bed is healthy, pain for less than half an hour after defecation other symptoms relieved.
2) Severe, Moderate and Mild pain:
   A) Severe pain: Pain lasting for up to one hour after defecation
   B) Moderate pain: Pain lasting for up to half an hour after defecation
   C) Mild pain: Pain lasting for less than half an hour after defecation
3) Severe, Moderate and Mild pruritus:
   A) Severe pruritus: Itching all the day with short or no intervals
   B) Moderate pruritus: Itching in morning and evening
   C) Mild pruritus: Occasional itching
4) Severe, Moderate and Mild tenderness:
   A) Severe tenderness: Up to one hour after defecation
   B) Moderate tenderness: up to half an hour after defecation
   C) Mild tenderness: Less than half an hour after defecation

After completion of 18 days of treatment, following observations were noted.
1. Pain was relieved in all 30 patients.
2. 19 patients out of 30 were having pruritus before treatment. All of them experienced relief in pruritus.
3. Discharge – out of 30 patients only 6 patients having discharge before treatment. All of them were completely relieved from the symptoms.
4. Tenderness – 29 patients were having tenderness, all of them were completely relieved from it.

5. Constipation – All 24 patients experienced relief from constipation after treatment.

Status of Fissure bed:
All the 30 patients had fissure, out of which 22 patients healed and remaining 8 were healing and healthy.

Table no. : 2, Percentage of Clinical feature before treatment

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Clinical feature</th>
<th>No. of Patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pain</td>
<td>30</td>
<td>100 %</td>
</tr>
<tr>
<td>2</td>
<td>Pruritus</td>
<td>19</td>
<td>63.33 %</td>
</tr>
<tr>
<td>3</td>
<td>Discharge</td>
<td>06</td>
<td>20 %</td>
</tr>
<tr>
<td>4</td>
<td>Tenderness</td>
<td>29</td>
<td>96.67 %</td>
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<tr>
<td>5</td>
<td>Constipation</td>
<td>24</td>
<td>80 %</td>
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<tr>
<td>6</td>
<td>Ulcer</td>
<td>30</td>
<td>100 %</td>
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</tbody>
</table>

Table no.: 3, Percentage of Relieved Clinical feature after treatment

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Clinical feature</th>
<th>No. of Patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pain</td>
<td>30</td>
<td>100 %</td>
</tr>
<tr>
<td>2</td>
<td>Pruritus</td>
<td>19</td>
<td>100 %</td>
</tr>
<tr>
<td>3</td>
<td>Discharge</td>
<td>06</td>
<td>100 %</td>
</tr>
<tr>
<td>4</td>
<td>Tenderness</td>
<td>29</td>
<td>100 %</td>
</tr>
<tr>
<td>5</td>
<td>Constipation</td>
<td>24</td>
<td>100 %</td>
</tr>
<tr>
<td>6</td>
<td>Ulcer healed</td>
<td>22</td>
<td>73.33 %</td>
</tr>
<tr>
<td>7</td>
<td>Ulcer in healing stage</td>
<td>08</td>
<td>26.67 %</td>
</tr>
</tbody>
</table>

Ayurvedic literature describes Fissure in ano as parikartika in complications of basti, virechan, Jwar, Atisaar and pregnancy. Acharya Kashyap has classified it according to Doshas.

Acharya Sushrut has described parikartika as Vata-Pitta dominant disease. Yashtimadhu is one of the best medicines for Pitta. It is Vranropak and Anuloman. Til taila is best medicine for vata. This study observed that 80% of the patients included in the study were between the age group 21 to 40 years. All the patients had pain as a prime symptom. 83.33 % patients had fissure at 6 o'clock and remaining at 12 o'clock position. 80% patients in the study were married.

No patient required surgery after treatment.
In this study Arogyavardhini was included as it is Agnidepan, because agnidushti is the prime reason of Parikartika.

CONCLUSION

Matrabasti with Yashtimadhu tail is cost effective and potent treatment for fissure in ano. Average period for relief in symptoms of Fissure in ano was 12 days, which is less than the period required for surgery and post-operative care.

The matrabasti can be administered at home by relatives, thus reducing the time, cost and enhancing acceptance of the treatment further.

The surgery can be avoided with Yashtimadhu tail matrabasti in acute fissure in ano.

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