“STUDY OF JATYADI TAILA MALAHAR IN THE MANAGEMENT OF PARIKARTIKA”

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1Pg Scholar Shalya Tantra and 2Associate Professor,
Ganesh Niwas Ambeagoan Bk, Pune, Maharastra.

ABSTRACT

The primary of study was to evaluate fissure healing of the effect of jatyadi tail malahar and other adjuvant drug in parikartika (fissure in ano). i have total 60 patients of my case study for acute and chronic fissure in ano were taken for my study. among them in Group-A jatyadi tail malahar and Group-B diltiazem 2% gel. in symptom i.e. bleeding and pain. a better result in trail group A was observed so we can conclude that treatment given in trail group A was more efficient to treatment given control group B. the drug has not side effect and quite safe and easy to apply.

Method: Jatyadi tail malahar was applied at fissure site and anal verge twice a day. the application was done for 15 days in case of parikartika. Group A: 30 patients (jatyadi tail malahar). Group B: 30 patients (diltiazem 2% gel). Mode of Action: probably action of jatyadi tail malahar was good healer in fissure in ano. Neem, haridra, daruwaridra, abhya, lodhra, have anti –microbial activity so prevent secondry infection Manjwastha, sariva, karanj are varna sodhan properties. karanj, abhya have anti oxident and wound healing properties. kutaki improved re-epithelization. jati, patol, siktha have varna ropan properties. kustha has anti inflammatory action. madhuk has soothing effects. nelotpal has anti septic properties. tutha (cuso4)induced vascular endothelial growth. petrolium gelly moisturising and soothing action on skin lesion topicaly.

Conclusion: The present study we have two group in Group A (study group)fissure is healed earlier than Group B. healing of wound occurs within 15 days. which was statistically significant then GROUP B. pain was significantly reduced in Group A so here can be concluded that jatyadi tail malahar application after parikartika has proved. its efficacy in the management of parikartika as compared to deltiazem 2% gel.
KEYWORDS: fissure, jatyadi tail malhar, deltiarem 2% gel.

INTRODUCTION
Parikartika is a condition where the person experiences excruciating pain which is cutting type of pain in the Guda, Bastipradesha and surrounding area. Fissure in ano is defined as it is a small longitudinal ulcer in long axis of lower anal canal producing too much of pain. Change in life style i.e. sedentary work, consumption of fast food and spicy food, bakery product, long journey, shift duties etc. are the responsible factor according to Ayurveda. These factors causes Agnimandya, which are responsible for anorectal disease.

• Fissure in ano is defined as it is a small longitudinal ulcer in long axis of lower anal canal producing too much of pain when compared to its size which causes bleeding, pain and spasm. Hence we aim to heal the wound faster so that the complication can be minimized.

• Jatyadi Taila Malahar have soothing effect as well as healing properties. Jatyadi Taila Malahar fulfill these requirements very nicely by Shodhan and Vranaropan property resulting in removing the accumulated secretion in the fissure. It promotes healing, soothing and reduce the chances of secondary infections and other complications.

• The study of Jatyadi Taila has been carried out with various aspects in different diseases but in fissure in ano. Its Vedanasthapan, Vranaropan, and Raktastambhana properties has not been studied yet, hence this topic was been selected.

NEED FOR STUDY
In modern science surgery is one of the methods of treating fissure in ano. This causes surgical and anaesthesia stress and pain. But in this method there was no need of surgery or anesthesia. So we were inspired to select the role of local application of Jatyadi Taila Malahar in parikartika for my study purpose.

• The study of Jatyadi Taila pichu has been carried out in fissure in ano. Its Vedanasthapan, Vranaropan, and Raktastambhana properties has been studied, but as pichu was seen to be inconvenient for the patient to carry with his/her daily regime as it resulted in soaking of the clothes, and misplacement of the pichu as any sort of movement for done by the patient. so we tried to simplify the application of Jatyadi tail by preparing malahar through it which was convenient adding to it the petroleum jelly which held responsible for the good binding as well as soothing agent which was acting irrespective of the fissure and anal secretions.
AIMS AND OBJECTIVES

AIM

• Study the efficacy of Jatyadi Taila Malahara in cases of parikartika w.s.r. Fissure in ano.

OBJECTIVES

Statistically analyze the efficacy of Jatyadi Taila Malahara in parikartika based on collected data and clinical study.

PREVIOUS WORK DONE

• Dwivedi S. K. (1979): Role of Vatahara Tail Basti in the management of fissure in Ano, Faculty of Ayurveda Institute Of Medical Science B.H.U.
• Farande D. N. (1992): Role of Yashtimadhu Malahara in the management of Parikartika (fissure in Ano), Shri Ayurveda Mahavidyalaya, Nagpur.
• Andhale Avinash (1998): To study the Ropaṇa effect of Darvi Tail Pratisarana on Parikartika, Ayurveda Mahavidyalaya, Nasik.
• Dr. Bharat Rokade(2000): To study the effect of Darvi ghrit Pratisarana on Parikartika, Ayurveda Mahavidyalaya, Nasik.
• Kulkarni V. Vishwas (2004): Role of Madhuyashti Taila Basti in the management of Guda Parikartika

HYPOTHESIS

• H1- Local application of Jatyadi Taila Malahar in the management of Parikartika (fissure in ano) was effective / beneficial for the patient.

NULL HYPOTHESIS:- (H0)

• Local application of Jatyadi Taila Malahar in the management of Parikartika (Fissure-in-ano) was not effective for the patient.
DISEASE REVIEW

PARIKARTIKA MEANS

The parikartika was a condition where experience excruciating pain which was cutting type of pain, Bastipardesha anus surrounding area. Fissure In ano was defined as it’s a small longitudinal ulcer was long axis of lower anal canal producing too much pain when compared to its size.

ANATOMY OF ANAL CANAL
FISSURE-IN-ANO

DRUG REVIEW

- **JATYADI TAILA**

रंजपदउँच्चजस्तजस्त द/ज.ज.ज.त. सचांवरी भ/उ.उंकार लहलूव रर्मव ओनांतवरी भ/उंकार कक?उंकार नपीं उंकारलंक चक?उंकार संकुचजस्त देंशजस्तजस्त भ/उंकार लहलूव रर्मव ओनांतवरी भ/उंकार कक?उंकार नपीं उंकारलंक चक?उंकार संकुचजस्त देंशजस्तजस्त भ/उंकार लहलूव रर्मव ओनांतवरी भ/उंकार कक?उंकार नपीं उंकारलंक चक?उंकार संकुचजस्त देंशजस्तजस्त भ/उंकार लहलूव रर्मव ओनांतवरी भ/उंकार कक?उंकार नपीं उंकारलंक चक?उंकार संकुचजस्त देंशजस्तजस्त भ/उंकार लहलूव रर्मव ओनांतवरी भ/उंकार कक?उंकार नपीं उंकारलंक चक?उंकार संकुचजस्त देंशजस्तजस्त भ/उंकार लहलूव रर्मव ओनांतवरी भ/उंकार कक?उंकार नपीं उंकारलंक चक?उंकार संकुचजस्त देंशजस्तजस्त भ/उंकार लहलूव रर्मव ओनांतवरी भ/उंकार कक?उंकार नपीं उंकारलंक चक?उंकार संकुचजस्त देंशजस्तजस्त भ/उंकार लहलूव रर्मव ओनांतवरी भ/उंकार कक?उंकार नपीं उंकारलंक चक?उंकार संकुचजस्त देंशजस्तजस्त भ/उंकार लहलूव रर्मव ओनांतवरी भ/उंकार कक?उंकार नपीं उंकारलंक चक?उंकार संकुचजस्त देंशजस्तजस्त भ/उंकार लहलूव रर्मव ओनांतवरी
## INGREDIENTS OF JATYADI TAIL MALAHAR

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### PHOTOS OF DRAVYA

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AUTHENTIC CERTIFICATE

This is to certify that Dr. Manish Thakur of BVDU's college of Ayurveda, Karanj- Pune. He has selected the research topic for his project for M. S. (Shalya-Sanatana) degree which is as given below.

**STUDY OF JATYADHI TAILA MALAHR GEL IN THE MANAGEMENT OF PARIKARTIKA WITH STANDARD TREATMENT**

Under this study the specimen which he has submitted to me for the botanical authentication were identified & confirmed as:

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<th>Drug Name</th>
<th>Botanical Name</th>
<th>Name of Family</th>
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<td>Cucurbitaceae</td>
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<td>Kargaja</td>
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<td>Jeggihamah</td>
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<td>Hirdra</td>
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<td>Kotaki</td>
<td>Persicaria barbata Roy.</td>
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<td>Majjutha</td>
<td>Rubia cordifolia Linn.</td>
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</table>

The authentication of the drugs were done by using the Botanical parameters such as organoleptic, macroscopic (organ & Sense), microscopic, Histochimical & Physicochemical evaluation. The herbal drug samples were submitted in an organ form and are identified as above. This is for information & necessary action.
MATERIAL AND METHODS

STUDY DESIGN

INCLUSION CRITERIA

• Patients having Parikartika (Fissure in ano)
• Age:- No age limit
• Sex:-Both sex was included

EXCLUSION CRITERIA

• Patients having Parikartika (Fissure in Ano) secondary to known case of Ulcerative colitis, Crohn’s disease, Syphilis and Tuberculosis, Malignancy was excluded.
• Patients with uncontrolled systemic disease like Diabatis was excluded.
• HIV positive patients are also excluded.

METHOD OF ADMINISTRATION
• Jatyadi Tail Malahara was applied at fissure site and anal verge twice a day. The application was done for fifteen days in cases of parikartika (Fissure in ano).

METHOD OF SELECTION OF PATIENTS
– Study included total 60 patients. Each group contains 30 patients.
– Separate case papers designed for evaluation of each patient.
– Daily O.P.D. and I.P.D. based patients, diagnosed as cases of acute and chronic fissure in ano considered for study.
– Follow up done on 0, 3rd, 5th, 7th, 10th, 15th day and observations was recorded in tabular form.

SELECTION OF PATIENT
Group A: Jatyadi Tail Malahara application for parikartika.
• No. of Patients :: 30 patients.
• Duration :: 15 Days.

Group B: patients with application of Diltiazem 2% gel.
• No. of Patients :: 30 patients.
• Duration :: 15 Days.

MATERIAL
Group A – Jatyadi Taila Malahar.
Material used for Group A i.e. Jatyadi Taila Malahar.
• Jatyadi Taila Malahar
• Gauze piece
• Cotton
• Gloves
• Torch
MATERIAL

Group B – DILTIAZEM 2% GEL

Topical gel of calcium channel blocker Diltiazem decreases anal sphincter pressure and heal anal fissure without side effects.

Topical Diltiazem reduces anal sphincter pressure for a prolong period and represents potential low side effects alternatives to other Topical Gel for the treatment of anal fissure.

PREPARATION OF JATYADI TAIL MALAHARA

KWATH  TIL TAILA  KALKA
SNEHAPAK- In present study Jatyadi Tail is used. The Tail kalpana is one of the unique features of Ayurvedic chikitsa called as Snehakalpana in Sharangadhara Samhita. Which explains the complete manufacturing process.

Jatyadi Tail was prepared by standard methods explained in Sharangadharma.

Kalka (1 part) + Tail (4 Part) + Water (16 part) ↓

Boiled on low Flame (Mandagni) ↓

Boiled till 1/4 th of the total mixture remained ↓

Added sama bhaga of petrolium jelly ↓

Mardan of the above mixture was done in mixing machine ↓

Jatyadi Tail Malahara

The end point / stage was dicided on following tests
Snehasiddhi - Pariksha
- Agni Pariksha - Siddha Tail was sprinkled over Agni (flame) it burns without creating any noise.
- Fen Pariksha - 'Fenaudgam' i.e. formation of air bubbles in the boiling mixture of Snehapaka, was the end of Tail siddhi.
- Kalka Varti Pariksha - When the Tail was fully siddha then the kalka dravya from the mixture was taken and rolled between two fingers, it acquires a cylindrical shape (varti) and was not broken into pieces. Ishta (proper) Gandha (Odour) Varna (colour) and Rasa (taste) formation take place only after complete siddhi of the Tail. Then Add sama Bhaga of petrolium jelly.

METHOD OF APPLICATION OF JATYADI TAILA MALAHAR
Group A
- After the first defecation in the morning hours, diagnosed and selected patient was given lithotomy position and Malahar was applied to the fissure with the right hand index finger and patient was asked to rest for 2 minutes.
- This process was followed by patient every day after every sitz bath.
- Initially the patient was asked to take rest from work, have fibrous diet and warm milk, but after follow up the patient with good prognosis was allowed to do his daily chores with the Malahar applied.

METHOD OF SELECTION OF PATIENTS
- Study will include total 60 patients.
Group A = Trial Group 30 patients - Jatyadi Taila Malahar.
Group B = Control Group 30 patients - Diltiazem 2% gel.
- A separate case paper was designed for evaluation of patient.

ASSESSEMENT CRITERIA
SUBJECTIVE
- Gudagata Shoola (Pain): Assessment of pain gradation before and after treatment based on visual analogue scale (VAS).
- Gudagata Rakta-srava (Bleeding): Assessment and gradation of bleeding was based on self-assessment score.
OBJECTIVE
Size of ulcer

GRADATIONS OF PARAMETERS

Subjective Criteria
1) Pain: Pain was assessed on the basis of visual analogue scale (VAS). Before treatment and after treatment score was noted on every follow up.

![Visual Analogue Scale (VAS)](image)

2) Gudagata Rakta Srava (P/R Bleeding)
   - No bleeding - 0
   - Bleeding with stool - 1

Objective Criteria
1) Size of Ulcer
   - Large > 1cm - 3
   - Medium < 1cm - 2
   - Small < 5mm - 1
   - No ulcer - 0

TYPE OF STUDY
- Selection of 60 patients of any age group was done randomly.
- Entire study was based on clinical findings.
- Finding all aseptic precautions.

PLACE OF WORK
Clinically diagnosed patients have been randomly selected from the O.P.D. and I.P.D. ShalyaTantra Department Bharati Vidyapeeth deemed university college of Ayurved and Hospital, Dhankawadi, Pune-Satara Road Pune-411043.
PROGRESS DATA

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Ongoing</th>
<th>Completed</th>
<th>Dropped</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A (Trial group)</td>
<td>0</td>
<td>30</td>
<td>9</td>
<td>39</td>
</tr>
<tr>
<td>Group B (control group)</td>
<td>0</td>
<td>30</td>
<td>8</td>
<td>38</td>
</tr>
<tr>
<td>TOTAL</td>
<td>0</td>
<td>60</td>
<td>17</td>
<td>77</td>
</tr>
</tbody>
</table>

BEFORE

OBSERVATION

• ACC. TO AGE
• In Group A, 8 (26.7%) patients belongs to age group 20-30 years, 9 (30%) belongs to 30-40 years, 3 (10%) belongs to 40-50 years, 4 (13.3%) belongs to 50-60 years, 6 (20%) belongs to 60-70 years.
In Group B, 13 (43.3%) patients belong to the age group 20-30 years, 10 (33.3%) belong to 30-40 years, 2 (6.7%) belong to 40-50 years, 2 (6.7%) belong to 50-60 years, and 3 (10%) belong to 60-70 years.

**ACC. TO GENDER**

In Group A, 16 were male and 14 were females while in Group B, 12 were male and 18 were females.

**ACC. TO RELIGION**

In Group A, 16 were Hindu and 14 were Muslim while in Group B, 12 were Hindu and 18 were Muslim.
ACC. TO OCCUPATION

- In Group A Maximum 10 (33%) patients were housewives also in Group B, maximum patients 12(40%) were housewives.

ACC. TO FOOD HABIT

- In Group A 20 patients were having mixed diet and 10 were having veg diet.
- and in Group B, 18 patients were having mixed diet and 12 were having veg diet.
ACC. TO HABITAT

- In Group A, 6 patients were from rural and 24 from urban while in Group B, 17 were from rural and 13 from urban.

ACC. TO AGNI

- In Group A, 14 patients had Manda Agni, 9 were having Sama Agni, 7 were having Visham Agni while in group B, 10 were having Manda Agni, 5 were having Sama Agni and 15 were having Visham Agni.
ACC. TO GUDAGATA SHOOLA

- Since observations are on ordinal scale, we have used Wilcoxon Signed Rank test to test the efficacy in Group A and Group B. From above table we can observe that P-Values for Group A and Group B are less than 0.05 hence we conclude that effect observed in both groups are significant. Further we can observe that effect observed in Group A was 95.1% and Group B was 89.7%.

ACC. TO GUDAGAT RAKTAstraVA

- Since observations are on ordinal scale, we have used Wilcoxon Signed Rank test to test the efficacy in Group A and Group B. From above table we can observe that P-Values for Group A and Group B are less than 0.05 hence we conclude that effect observed in both groups are significant. Further we can observe that effect observed in Group A was 95.7% and Group B was 94.7.
COMPARISON BETWEEN GUDGATA SHOOLA, RAKTA STRAVA AND SIZE OF ULCER

• For comparison between Group A and Group B, we have used Mann Whitney U test. From above table we can observe that P-Values for all parameters are less than 0.05 hence we conclude that there was significant difference in Group A and Group B. Further we can observe that Mean rank of Group A was greater than Group B. Hence Group A was more effective than Group B.

DISCUSSION
• Fissure was found to be very common disease.
• Parikartika disease affects persons irrespective of sex. In my study I found more male patients than female. As far as age was concerned, the occurrence of the parikartika was very common in age group 25 yrs to 35 yrs.
• Change in life style i.e. sedentary work, consumption of fast food and spicy food, bakery product, long journey, shift duties

GUDAGATA RAKTA STRAVA
Due to hard stool causes laceration in the ulcer. From this lacerated wounds bleeding occurs. When laceration was superficial streak wise bleeding was seen. In deep laceration drop wise of bleeding was observed. in group A 12 patients shows this symptom before treatment which was totally cured after the treatment and no rakta strava seen. In Group B 14 patients shows this symptom before treatment after treatment 10 patients are completely cured and 4
patients shows minimum bleed. Further I can observed that effect observed in group A was 95.7% and Group B was 94.7%. So Group A shows significant results than group B.

DISCUSSION RELATED TO DISEASE

GUDAGATA SHOOLA

The majority of the patients were having Gudagata shoola. The hard stool causes trauma, to the anal mucosa resulting into pain. Trauma of hard stool will in turn provoke vata dosha. By using Wilcoxon signed rank test to test the efficacy in group A and Group B. I can observed that P-Values for Group A and Group B are less than 0.05 hence I conclude that effect observed in Group A and Group B Are significant. Group A was 95.1% and Group B was 89.7%. Group A shows the highly significant Value than Group B.

SIZE OF ULCER

By using Wilcoxon signed rank test to test the efficacy in Group A and Group B. I can observed that P-Values for Group A and Group B are less than 0.05 hence I concludes that effect observed in both group are significant. Further I can observed in Group A was 93.7% and Group B was 72.3%. Group A shows the highly significant Value than Group B. In present study Jatyadi Tail Malahar has shown wound contraction from 3rd day in group A while in group B contraction started the 5th day of induction of wound as compared to group B.

• **Site of Ulcer:** out of 60 patients, 20 patients had anterior ulcer (66.7%), 38 patients were having posterior ulcer (88%), and 01 patients were having lateral position (5%), the incidence of posterior ulcer was high i.e. 38 (88%).

• **Food Habit:** Group A 20 patients belonged to mixed food habits (66.7%). And 10 were having veg. diet(33.3) and Group B 18 patients were having mixed diet(60%) and 12 were having veg diet(40%). the spicy, fried, less fibers leads to vataprakopa, agnimandya and vibandha. hence who consume mixed diet was more prone to develop this disease.

• **Occupation:** Out of 60, in Group A, the 10 (33%) patients were having occupation of housewifes. In Group B, maximum patients 12(40%) were housewife. Observation pertaining to occupation in the present study strongly suggests that tedious work, poor nutrition, unawareness of the disease, not seeking early medical advice all these will contribute to the formation of the disease.
• **Age:** In the present study, it was found that out of 60 patients, Group A, 09 (30%) patients were in the age group of 31-40 years. The affliction of the disease was more common 31-40 years. And Group B, 10 (33.3%) patients were in the age group of 31-40 years. These age group persons are maximum exposed to aetiological factors hence the more incidence was seen middle age group. The findings in this study substantiate that incidence of parikartika was the disease of middle age persons.

**Gender:** Out of 60 patients maximum were female 42 (58.5%). This was probably because of females are mostly exposed to nidana of parikartika (vatavardhaka) like traveling, irregular food habits, deliveries, lack of exercwase, etc. which aggravates the doshas, leading to manifestation of parikartika

**DISCUSSION**

• In two symptom i.e. bleeding and pain - better result in trial group was observed, so we can conclude that treatment given in trial group was more efficient to treatment given to control group.
• The Drug has no side effects and was quite safe and easy to apply.
• From the socio-economic view, the drug was relatively cheap, easy to prepare and was one of the good ambulatory type of treatment.

**PROBABLE MODE OF ACTION OF JATYADI TAILA MALAHAR**

• Probably action of Jatyadi Taila Malahar was good healer in fissure in ano.
• Neem, Haridra, Daruharidra, Abhaya, Lodhra have Anti-Microbial Activity So Prevent Scondry Infection.
• Manjwastha, Sariva, Karanj, are Varna Sodhana Properties.
• Karanja And Abhya Have Anti Oxidant And Wound Healing Properties.
• Kutaki Improve Re-Epithelization.
• Jati, Patol, Siktha Have Varna Ropan Properties.
• Kustha Has Anti-Inflammatory Action.
• Madhuk Has Soothing And Healing Action On Skin Lession Topically.
• Nelotpal Has Anti-Septic Properties.
• Tutha (CUSO4)-Induced Vascular Endothelial Growth.
MODE OF ACTION
• Diltiazem 2% gel topical work in anal fissure by blocking the action of calcium on blood vessels of anus. As a result, blood vessels are relaxed. Diltiazem was a calcium channel blocker, its peripheral and coronary vasodilator. Calcium channel blocker cause smooth muscle relaxation by blocking slow l-type calcium channel so act on smooth muscle relaxant.

MECHANISM OF ACTION OF DILTIAZEM 2% GEL
• Topical gel of calcium channel blocker Diltiazem decreases anal sphincter pressure and heal anal fissure without side effects.
• Topical Diltiazem 2% reduces anal sphincter pressure for a prolong period and represent potential low side effect alternatives to other Topical Gel for the treatment of anal fissure.

CONCLUSION
• The following are the advantages of the Jatyadi Tail Malahar in fissure in ano.
• In the present study we have two groups
• In group A (Study group) fissure was healed earlier than group B.
• Healing of wound occurs within 15 days which was statistically significant than group B.
• Pain was significantly reduced in group A (Study group)
• So, here can be concluded that Jatyadi Tail Malahar application after Parikartika has proved its efficacy in the management of Parikartika (Fissure in ano) as compared to diltiazem 2% gel.

SCOPE FOR FURTHER STUDIES
• The efficacy of Jatyadi Tail Malahar was completely depends on the potency of ingredients hence standardization and analysis of Jatyadi Tail Malahar has to be done.
• By appropriate scientific parameters, an effort has to be made to Study the local changes brought by the application of Jatyadi Tail Malahar and effect of parikartika (fissure in ano).

ANNEXURE ABBREVIATIONS
• maa. ina :- maaQava inadana
• sau. sau. :- sauEa`uta saU~asqaana
• sau.Saa. :- sauEa`uta SaarIrsqaana
• sau.ina. :- sauEa`uta inadanasqaana
• sau.ica. :- sauEa`uta icaikxtsaasqaana
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- ca.sau. :- carkx saU~asqaana
- ca.iva. :- carkx ivamaanasqaana
- ca.Saa. :- carkx SaarIrspaana
- ca.ica. :- carkx icaikxtsaasqaana
- A.=.saU. :- AYTaMga =dyu saU~asqaana
- A.=.\{. :- AYTaMga =dyu \{tarsqaana
- A.=.ina. :- AYTaMga =dyu inadanasaqaana
- A.=.ica. :- AYTaMga =dyu icaikxtsaasqaana
- A.saM.saU. :- AYTaMga saMga`h saU~asqaana
- BaO.r. :- BaOYajya rtñaavalaI
- Saa.saM. :- SaarMgaQar saMihtaa
- Baa.pa`ina. :- Baava pa`kxaSa inaGaNTu
- ra.ina. :- raja inaGaNTu
- ina.r. :- inaGaNTu rtñaakxr
- cak`x :- cak`xpaaNal dtta iTkxa
- r.r.sa. :- rsa rtña samaucyaya
- yaaao.r. :- yaaoga rtñaakxr
- kxa.saM.iKa. :- kxaYyapa saMihtaa iKalasqaana