

Efficacy of Gopyadi Ghrita Matra Basti in Parikarthika vis-a-vis Fissure-in-ano: A Randomized Single Group Clinical Study

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ABSTRACT

The disease *Parikarthika* is presented with *Karthanavat Peedana* in *gudapradesha* as the main symptom. *Parikarthika* is not explained as an independent disease in *Ayurveda*. It is explained as a *Vyapath* of *Vamana-Virechana* and *Basti* by both *Charaka* and *Susruta Acharyas*. *Parikarthika* can be correlated to Fissure-in-Ano, based on signs and symptoms.

Fissure -in-Ano is a condition characterised by excruciating pain, bleeding per rectum during and after defecation. The common cause is trauma due to passage of hard stools. Fissure-in-Ano is a medico-surgical condition. Medical treatment for Fissure includes Oral analgesics, anti-inflammatory drugs stool softeners, topical anesthetics, inj. Botulinum toxin and soothing agents, sitz bath and proper diet. Surgical management includes Lord's dilations, Sphincterotomy, Fissurectomy and Anal advancement flap surgery. All the conventional management has several drawbacks and side-effects. Commonly seen surgical complications are Infection and Abscess formation. Most of the contemporary treatment modalities are expensive and needs long stay in hospital.

In *Ayurveda Acharyas* have explained the use of *Madhura*, *Snigdha*, *Sheeta Dravyas* internally as well as locally in the form of *Piccha Basthi*, *Madhura Kashaya Dravya Siddha Basti*, *Yashtimadhutailabasti*, etc. The current study tries to explain the efficacy of *Gopyadi Ghrita* administered as *Matra Basti* in *Parikarthika* vis-a-vis Fissure-in-Ano.

Keywords: *Parikarthika*, Fissure-in-Ano, *Gopyadi Gritha*, *Matra Basti*.

INTRODUCTION

In the era of fast food, there is change or irregularity in diet and diet timings and also sedentary life style. In addition to change in diet and life style, one is always under mental stress. All these cause disturbances in the normal functioning of digestive system which results in many diseases amongst them *Guda vikaras* (Ano-rectal disorder) constitute an important group.

The disease *Parikarthika* is explained by *Acharya Sushrutain* 36th chapter of *Chikitsa Sthana*¹. The word *Parikarthika* comprises of two words, *Pari* (around) and *Karthika* (cutting pain).

Karthanavat Peeda is the main symptom of *Parikarthika*. *Parikarthika* is not explained as an independent disease in *Ayurveda Acharya Charaka* and *Vagbhata* used two words, "*Vikartika*" as well as "*Parikartika*" for denoting the condition². *Chakrapani* also opines the same.

Acharaya Dalhana has described the term *Parikartika* as a condition of *Guda* in which there is cutting pain and tearing pain³. Similarly *Jejjata* and *Todara* have clearly described *Parikartika* as a condition which causes cutting pain in anorectum. It is explained as a *Vyapath* of *Vamana* & *Virechana* and *Basti* by both *Charaka* and *Susruta Acharyas*. According to *Kashyapa*

Samhita, *Parikarthika* is prevalent in *Garbhinis*⁴. He has described it in three types viz. *Vataja*, *Pittaja* and *Kaphaja*. The terms like *Parikartika* and *Guda vidara* used at different instances can be considered as the disease Fissure in Ano based on signs and symptoms.

Fissure-in-ano is an elongated ulcer or crack in lower anal canal with, constipation, severe pain and streak of blood along with stool during defecation⁵. Based on clinical symptoms it is classified into two varieties; viz. acute fissure-in-ano and chronic fissure-in-ano. Comparatively pain is more in acute type of fissure⁶. The pain is so severe that patient develops fear for defecation and this further worsens the condition. Thus the life of the sufferer becomes miserable. Fissure-in-Ano comprises of 15% of Ano Rectal disorders. It is common in middle aged people, in women, commonly during Pregnancy and after delivery.

Fissure-in-ano occurs most commonly in midline posterior. In males, usually occur in midline posterior – 90%, and less common anteriorly – 10%. In females in midline posterior - 60% and anteriorly – 40%⁷.

The disease is also secondary to systemic conditions like ulcerative colitis, Crohn's disease, tuberculosis, etc. The disease also manifests as a delayed complication of surgical procedures like Haemorrhoidectomy and Fistulectomy, where too much of skin is removed. These factors along with improper food habits and changing life style have contributed a lot for alarming increase in the incidence of this disease.

This is a medico surgical condition. Medical management is often said to be conservative and surgical intervention is the ultimate choice in chronic ulcers. The treatment for acute fissure is most likely of conservative nature with oral painkillers, stool softeners, soothing ointments or injection of long acting anaesthetizing drug. Surgical procedures like Lords dilatation, Sphincterotomy, fissurectomy and excision of anal ulcer gives relief, but complications

like incontinence, stenosis and stricture formation are very common. Hence whether the Fissure in Ano has to be managed by medical treatment or surgical procedure is still debatable. In the past it is reported that after posterior Sphincterotomy about 40 percent cases complained of soiling of the under clothes. Many other surgeons have expressed similar opinion⁸.

An alarming rise in the incidence of the disease fissure-in-ano, complications of the surgical procedures and no known satisfactory remedies evolved in the management of fissure-in-Ano has provided scope for adopting principles of *Ayurvedic* management.

According to *Ayurvedic* literature, there are several methods of treatment i.e. *Bhaishaja*, *Kshara*, *Agni* and *Shastra Karma*⁹. Among them *Bhaishaja Karma* – medicinal treatment is the first line of treatment. Nowadays, various topical remedies are available for local application for wound healing in the market including for fissure-in-ano. In the present study, an effort was made to derive a standard and easily accessible treatment for fissure-in-ano from classical resources.

In this study *Gopyadi Ghritha* has been selected to evaluate its efficacy in *Parikartika*. *Gopyadi Ghritha* is mentioned in *Sahasra Yoga* in the context of *Marma Sthanagata Vrana*¹⁰. As *Guda* is one of the *Marmas*, *Gopyadi Ghritha* has been selected in the treatment of *Parikartika*. The ingredients of *Gopyadi Ghritha* are: *Ghritha*, *Krishna Sariva*, *Utpala Kanda*, *Maduka*, *Chandana*, *Nalpamara* (*Vata*, *Ashwata*, *Plaksha*, *Udumbara*, *Shrunaga*) & *Usheera*, *Durva*, *Dugda*. All the ingredients are having *Madura*, *Kashaya*, *Tikta Rasa*, *Snigda Guna* and *Sheeta Veerya*, so it acts as *Vrana Shodhaka*, *Ropaka* and *Stambaka* activities.

Objectives of Study: The main objectives of the study are-

1. To evaluate the effect of *GopyadiGhritha* in *Parikathika* vis-a-vis Fissure-in- Ano.
2. To study the disease *Parikarthika* in terms of its etiopathogenesis, clinical

manifestation with possible co-relation to the description available in Ayurveda and Modern literature on Fissure-in-Ano.

MATERIALS AND METHOD

Sample source: Patients from OPD and IPD Department of *Shalyatantra*, Ashwini Ayurvedic Medical College, Hospital and Research Centre, Tumkur, will be selected randomly for the study.

Method of collection of data: 30 Patients of *Parikarthika*, having inclusive criteria will be treated with *GopyadiGhritha*. Irrespective of sex, occupation and socio-economical status, after proper investigation from OPD/IPD of Ashwini Ayurvedic Medical College, Hospital and Research center, Tumkur. After careful scrutiny the patients will be registered under the present study.

Inclusion Criteria:

- History of Fissure-in-Ano less than one year.
- Patients between the age group of 15 to 60 yrs.
- Patients of both sex having clinical features of *Parikarthika*.
- Diabetics with Controlled blood sugar level (RBS) <180mg/dl.

Exclusion Criteria:

- History of Fissure-in-Ano more than one year.
- Patients having age below 15 year and above 60 yr.
- Parikarthika* associated with Piles, Fistula and other Ano-rectal disorder.
- Uncontrolled diabetes mellitus of RBS >180mg/dl.
- Patients having other systemic pathology (TB, HIV/AIDS, HBsAG, VDRL REACTIVE).
- Pregnancy.

Diagnostic Criteria: The diagnosis will be confirmed by the signs and symptoms and Examination of the anal region.

Investigations:

- Hb%, TC, DC, ESR, RBS, Urine Routine.
- HIV, HBsAG.

Ingredients of Gopyadi Ghritha:

- Nannari* [*Krishna sariva*]
- Nirkilangu* [*Utpala kanda*]
- Madhuka*
- Malayanju* [*Chandana*]
- Kukstha*
- Nalpamaranam Muttum* [*Vata, Ashwatha, Palaksha, Udumbara sringa*]
- Ramaccha* [*Usira*]
- Sneha Dravya:Go- Grita*
- Drava Dravya: Durva Swarasa* and *Go-Ksheera* as told in *Sahasra Yoga*.

All necessary ingredients are collected and were verified by *Dravya Guna* department. *Gopyadi Ghritha* was prepared as per standards in *Bhaishajya kalpana* department of Ashwini Ayurvedic College Pharmacy.

Intervention:

- Sample size : 30 Patients
- Drug : *GopyadiGrita*
- Procedure of administration :
MatraBasti - 50 ml is administered.

Materials required:

- Sterile gloves
- Sterile gauges-Q.S
- GopyadiGhritha*
- Vessel
- Stove
- Lukewarm water-Q.S
- Sterile kidney tray
- Disposable rubber catheter
- Glass rod
- Measuring Scale
- 50ml disposable syringe

Purva Karma:

- Required materials were kept ready.
- Procedure was explained to the patient and consent was taken.
- Patients are made to lie in left lateral position after passing natural urges.

PradhanaKarma:

- 50 ml of GopyadiGrita loaded into the disposable syringe.
- Fixed the rubber tube into the syringe and lubricated the tip of the tube and anal region.
- Administration of GopyadiGritha into the ano-rectal cavity after insertion of the rubber tube, then removed.

Paschath Karma:

- The buttocks of the patient are gently tapped with palms.
- Patient given supine position, then massage over the abdomen in anti-clock wise direction.
- Plain hot water sitz bath is advised twice daily for 8 days.
- Swadistha Virechana Churna ½ - 1 tsf with hot water. A/F at bed time for 15 days.

Assessment Criteria: Assessment will be made on the basis of subjective and objective parameters both before and after treatment.

Subjective Parameters:

A. SHULA [PAIN] (Assessed using Visual Analogue Scale)

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

B. DAHA [BURNING SENSATION]

- 0 - Absent
- 1 - Present

C. RAKTHA SRAVA [BLEEDING PER ANUM]

- 0 - Absent
- 1 - Present

D. KATINA MALA PRAVRITTI [HARD STOOLS]

- 0 - Absent
- 1 - Present

Objective Parameters:

A. SPHINCTER TONE

- 0-Normal
- 1-Spastic

B. LENGTH OF THE ULCER

- 0 - Healed ulcer

- 1 - 1 to 5 mm
- 2 - 6 to 10 mm
- 3 - > 10 mm

Duration andFollow up:

- Duration of treatment will be 8 days.
- Assessment of the treatment will be done on 1st, 8th, 15th& 21st day of treatment.
- Sitz Bath and Swadishtha Virechana Churna will be continued if required.

Over All Assessment:

- Poor response - <25% reduction in overall parameters.
- Moderate response - 26-50% reduction in overall parameters.
- Good response - 51-75% reduction in overall parameters.
- Excellent response - 76-100% reduction in overall parameters.

RESULT

Statistical Analysis:

The collected data was entered in excel sheet and then it was entered in SPSS Version 16.0.0 for statistical analysis.

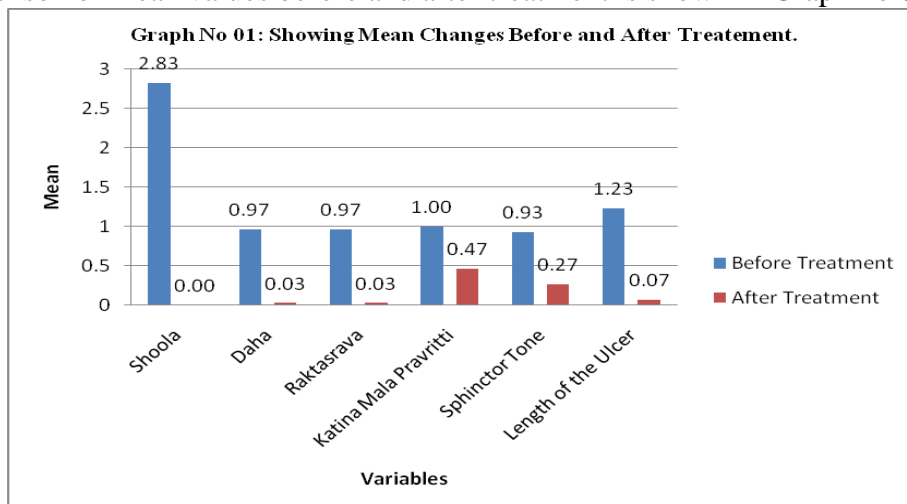
For the assessment of results during the treatment period, Subjective (Shoola, Daha, Raktasrava, Katina Mala Pravritti) and Objective (Sphinctor tone, Length of the Ulcer) parameters were considered.

Descriptive statistics before and after treatment is shown in Table no 01 and 02 respectively.

Subjective Criteria	Mean	Standard Deviation	Standard Error
Shoola	2.83	± 0.379	± 0.069
Daha	0.97	± 0.183	± 0.033
Raktasrava	0.97	± 0.183	± 0.033
Katina Mala Pravritti	1.00	± 0.000	± 0.000
Sphinctor Tone	0.93	± 0.254	± 0.046
Length of the Ulcer	1.23	± 0.430	± 0.079

Subjective Criteria	Mean	Standard Deviation	Standard Error
Shoola	0.00	± 0.000	± 0.000
Daha	0.03	± 0.183	± 0.033
Raktasrava	0.03	± 0.183	± 0.033
Katina Mala Pravritti	0.47	± 0.507	± 0.093
Sphinctor Tone	0.27	± 0.450	± 0.082
Length of the Ulcer	0.07	± 0.254	± 0.046

The comparison of mean values before and after treatment is shown in Graph no 01.

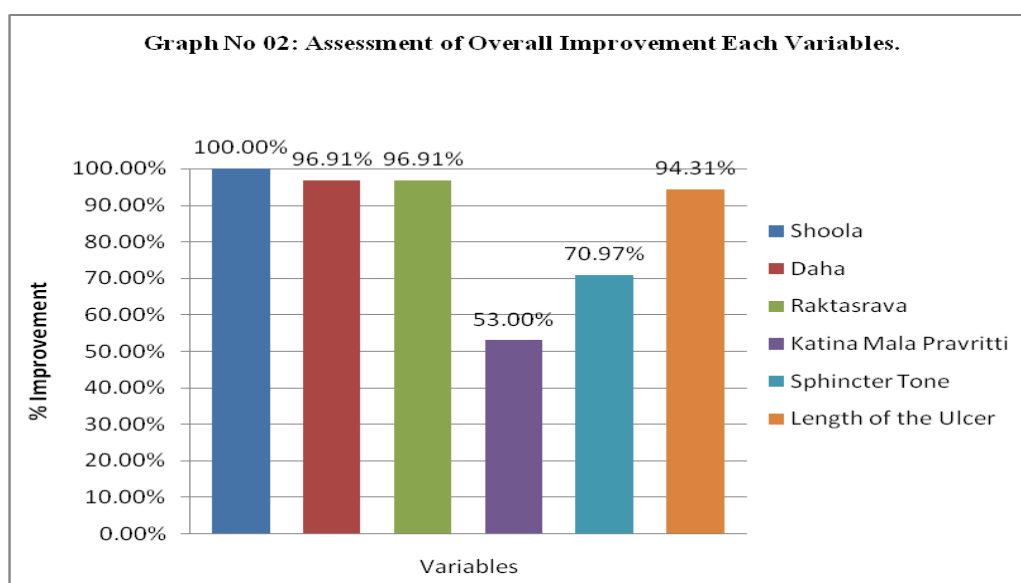


Since it is a single group pre and post design study. To compare Pre and Post readings of the data in the group Paired Sample t test was used and its interpretations are shown in Table no 03.

Variables	Mean	Standard Deviation	Standard Error	t Value	sig. (2 tailed)
Shoola	2.833	± 0.379	± 0.069	40.941	0.00 (p<0.05)
Daha	0.933	± 0.254	± 0.046	20.149	0.00 (p<0.05)
Raktasrava	0.933	± 0.254	± 0.046	20.149	0.00 (p<0.05)
Katina Mala Pravritti	0.533	± 0.507	± 0.093	5.757	0.00 (p<0.05)
Sphinctor Tone	0.667	± 0.479	± 0.088	7.616	0.00 (p<0.05)
Length of the Ulcer	1.167	± 0.379	± 0.069	16.858	0.00 (p<0.05)

Overall Assessment of the study is shown in Table No 04 and Graph no 02.

Variables	Pre Mean	Post Mean	Mean % Change
Shoola	2.83	0.00	100.00%
Daha	0.97	0.03	96.91%
Raktasrava	0.97	0.03	96.91%
Katina Mala Pravritti	1.00	0.47	53.00%
Sphincter Tone	0.93	0.27	70.97%
Length of the Ulcer	1.23	0.07	94.31%
Average	1.32	0.145	85.35%



DISCUSSION

Parikartika is the disease characterized by cutting type of pain in the anal region. It literally means to cut circumferentially or to cut all around. *Parikarthika* is explained in various Ayurvedic literatures, it has been described as a complication of *Virechana*, *Basti* and also *VamanaKarma*. But the fact that the occurrence of *Parikartika* as a sequel of *Atisara*, *Jvara*, *Garbha* etc. was also explained. Scattered explanation of *Parikarthika* is available in all *Brihatrayis* and *Laghutrayis*. *Kashyapa* has explained 3 types of *Parikarthika* occurring in *Garbhini*.

A properly classified documentation of *Nidana*, *Samprapti*, and *Rupa* etc. of *Parikartika* is not available at any single place in *Samhitas*. Even then many *Nidana* that may produce *Parikartika* are described by *Acharyas* which are scattered in the texts. The *nidanans* can be compiled under the headings of *Nijanidanans*, *Nidanarthakaranidanans* and *Agantujanidanans*. In common *tikta*, *katu*, *ruksha*, *teekshna*, *ushnaahara*, excessive travelling, long standing & sitting and *Vibanda* (Hard Stools) are seen in causation of *Parikarthika*. Mainly *Vata* and *Pitta* doshavitiation is said to be involved in the *Samprapti* of *Parikarthika*.

Kartnavatvedana, *daha in guda*, *raktasrava*, *adhmana*, *katina mala pravritti* are the common symptoms seen in *Parikarthika*. *Charaka* and *Vagbhata* opine that *Parikarthika* is a symptom in *VatajaAtisara* due to trauma by hard stools¹¹. *AcharyaKashyapa* has explained 3 types of *Parikarthika* in relation to *Garbhini* as *Vataja*, *Pittaja* and *Kaphaja*. The description of doshic involvement in the development or treatment of *Parikarthika* is the speciality of *KashyapaSamhita* that needs separate consideration since pain is the predominant character of this ailment.

The *samprapti* of *Parikarthika* involves *Vata* and *Pitta prakopa*, *rakta* and *mamsadusti*, *malabdhata* and *kshata* in *gudapradesha*¹². Hence the treatment has to be aimed at *Vata* and *Pitta shamana*,

Rakta&Mamsaprasadana, *Vatanulomana* and *Vranaropana*. The disease clinically presents with *Vedana*, *Malabaddhata* and *raktasrava*. So *Deepana-Pachana*, *Vedana Shamana*, *Mala Nissaraka* and *RaktaSthambana* drugs are to be used. *Charaka* and *Sushrutha* have explained *Pichhabasti*, *AnuvasanaBasti* in the treatment of *BastiUpadravajanyaParikarthika*^{13,14}. Locally for *Vrana Ropana* the principle of *Vrana Chikitsa* has to be adopted. *Ropana* of *Vrana* is achieved by application of *tailas* like *Jatyaditaila*, *Kaseesaditaila*, *Doorvaditaila* etc. The majority of the cases who suffered from *Parikarthika* did also suffer from chronic constipation. And that may be the reason that *Acharyas* have advised *Bastikarma* in the treatment aspect of *Parikarthika*.

The Anal fissure or fissure-in-ano has been described as an acute superficial break in the continuity of the anoderm (anal skin) usually in the posterior midline of the anal margin. An anal fissure is a site of chronic ulceration of the skin of the anal canal, often with haemorrhoids or hypertrophied anal papilla at its upper end. More commonly occurs in the Posterior midline of the Anal canal.

In this work an effort has been made to study the efficacy of *Gopyadi Gritha* administered as *Matra Basti* by observing and comparing the effects before and after the treatment. All the 30 cases selected for clinical study approached for the treatment for pain, burning, bleeding from anus and constipation hence the study was mainly aimed at giving symptomatic relief and healing of the *Parikarthika Vrana*. The signs and symptoms like *Shoola*, *Daha*, *Rakthasrava*, *Katinamalapravritti*, Sphinctor tone, and Length of the ulcer were observed and evaluated before and after the treatment.

Gopyadi Gritha is explained in *Sahasrayoga*, *ParisisthaPrakaranaTaila* in the context of *MarmasthanagataVrana*. The ingredients of *GopyadiGhritha* are: *Ghritha*, *Krishna Sariva*, *Utpala Kanda*, *Maduka*,

Chandana, Nalpamara (Vata, Ashwata, Plaksha, Udumbara Shruna), Usheera, Durva, and Dugda.

Discussion on Lakshanas:

- **Shoola:** Among 30 Patients, 5(16.7%) had moderate pain, and 25(83.3%) had severe pain. As this a Shoolapradanavyadithese types of pains are observed. Secondly the pain is due to vrana which is present in the very sensitive part.
- **Daha:** Among 30 Patients, 29(96.7%) had Daha and 1(3.3%) did not had daha as complaint. Daha is due to the Pitta Pre-dominancy and Vrana.
- **RakthaSrava:** Among 30 Patients, 29(96.7%) had Rakthasrava and 1(3.3%) did not had rakthasrava as complaint.100%). Due to Vibandha the Kathina mala causes laceration in the ulcer. From these lacerated wounds bleeding occurs. When laceration is superficial streak wise bleeding was seen. In deep laceration drop wise or syringing type of bleeding is observed.
- **KatinamalaPravritti:** Among 30 Patients, all of them reported with katinamalapravritti as complaint. Vibandha is due to Mandagni, AvaraAbhyvahanana and Jarana Shakti and Ama formation. The hard stool causes trauma to the anal mucosa resulting into pain. Trauma of hard stool will in turn provoke vatadosha. The Pain is so agonizing that the patient dreads his visits to the toilet and tends to avoid passing stool, as a result in some cases remains constipated for several days. This further aggravates the symptoms when he eventually has to pass stool.
- **Sphincter Tone:** Among 30 Patients, 28(93.3%) had Spastic Sphinctertone and 2(6.7%) had Normal tone.Spasm in the anal sphincter (Valve of the anal canal) and sphincter mechanism(regular contraction & relaxation) contribute in the development of fissure and also in preventing the healing process.

- **Length of the Ulcer:** Among 30 Patients, 23(76.7%) had ulcer of size 1-5mm, and 7(23.3%) had ulcer sized 6 to 10 mm. The incidence of medium sized ulcers is more.

Discussion on Results: Comparison of Variables within the Group – Pre and Post Treatment: (Shown in Table No 03)

- **Shoola:** there was statistically significant difference before and after treatment. There was 100.00% improvement in the Mean change after treatment with a t value of 40.941, p value < 0.05 (p0.00) and Mean 2.833± 0.379. Thus we can say there was excellent response of treatment in *Shoola*.
- **Daha:** there was statistically significant difference before and after treatment. There was 96.91% improvement in the Mean change after treatment with a t value of 20.149, p value < 0.05 (p0.00) and Mean 0.933± 0.254. Thus we can say there was excellent response of treatment in *Daha*.
- **Rakthasrava:** there was statistically significant difference before and after treatment. There was 96.91% improvement in the Mean change after treatment with a t value of 20.149, p value < 0.05 (p0.00) and Mean 0.933± 0.254. Thus we can say there was excellent response of treatment in *Rakthasrava*.
- **KatinamalaPravritti:** there was statistically significant difference before and after treatment. There was 53.00% improvement in the Mean change after treatment with a t value of 5.757, p value < 0.05 (p0.00) and Mean 0.533± 0.507. Thus we can say there was moderate response of treatment in *KatinamalaPravritti*.
- **Sphincter Tone:** there was statistically significant difference before and after treatment. There was 70.97% improvement in the Mean change after treatment with a t value of 7.616, p value < 0.05 (p0.00) and Mean 0.667± 0.479. Thus we can say there was good

response of treatment in Sphincter Tone.

- **Length of the Ulcer:** there was statistically significant difference before and after treatment. There was 94.31% improvement in the Mean change after treatment with a t value of 16.858, p value < 0.05 (p0.00) and Mean 1.167 ± 0.379 . Thus we can say there was excellent response of treatment in Length of the ulcer.

Overall within the group there was significant difference between before and after treatment in all the Subjective and Objective variables as per the results of Paired Sample t Test results as described above. Overall average there is 85.35% improvement after the treatment which shows excellent response to the trail treatment.

Probable Mode of Action: The healing of fissure is different from the healing of any other ulcer because in the former there is constant contamination of the wound by faeces and its frequent friction with the mucosa while there is continuous spasm of the sphincteric muscle. They are the important factors which keep a fissure away from normal healing. At the cell surface, lipid soluble drugs penetrate into cell more rapidly than water soluble drugs and enter the circulation quickly.

Gritha is one among the 60 *Upakramas* told by *Acharya Sushruta* for *Vranashodhana* and *ropana*. *Go-Gritha* is used as a *snehadravya* for the preparation of *Gopyadi Gritha*. *Gopyadi Gritha* is told as the *chikitsa* for *Marmasthanagata Vranaby Sahasrayoga*.

The formulations were administered as *Matrabasti* which might have done the lubrication of the anal canal and softened the hard stools as it is a kind of retentionema.

The patient of *Parikathika* will have *Shoola*, *daha*, *raktasrava*, *katinamalapravriti* & *gudavidara*. Here the modes of action of the ingredients are discussed. The ingredients of *Gopyadi Ghritha* are: *Ghritha*, *Krishna Sariva*, *Utpala*

Kanda, *Maduka*, *Chandana*, *Nalpamara* (*Vata*, *Ashwata*, *Plaksha*, *Udumbara*, *Shruna*) & *Usheera*, *Durva*, *Dugda*.

Most of the drugs like *Sariva*, *Utpala*, *maduka*, *nalpamara* are having the property of *Madhura-Kashaya rasa*, *Sheeta Veerya*, *Snighda*. It possesses *vatashamaka*, *pittashamaka*, *raktastambaka*, *vranashodhana* and *vranaropanaproperties*. These properties might have helped in relieving burning sensation and pain.

The *sthambhakaguna* of these drugs along with *sheetaveerya* might have helped in controlling the bleeding quickly. Its *Pittahara* and *Shotahara* action might have reduced pruritisani. Recent researchers have shown that most the drugs that are used here have Ani-inflammatory, Anti-microbial, and analgesic properties.

Shwetha Candana used as *kalkadravya* is well-known for its *Pittahara* and *ropana* properties¹⁵. *Doorva Swarasa* is known for its *pittahara*, *vranaropana* and *rakthastambaka* property which might have helped in healing the ulcer and stop bleeding thus reducing the pain¹⁶.

Ksheera is having *vatapittahara*, *jeevaniya*, *rakthapittahara* and *mrudhurechaka* properties which might have helped in relieving burning sensation, constipation, pain. *Madhura rasa*, *snigdha guna* and *dhathuwardhaka* properties of milk might have helped in healing the fissure quickly.

Gritha is having *Madhura rasa*, *sheetaveerya*, *vata-pittahara*, *ropana* and *vishahara* properties¹⁷. Mainly *Gritha* is said to be *Yogavahi* (Catalyst). It accelerates the healing process. Because of these qualities it might have helped in local soothing and healing of the ulcer.

Ushna Jala Avagahasweda: In *Abhyanga*, *Parisheka*, *lepa* and *Avagahasweda* the *Veerya* of the *dravya* enters the body through the *romakupas* present in the *twacha*. In this study plain water is used for *Avagaha Sweda*. Sitz bath helps to relieve the congestion and oedema by aiding venous return from the perineal

area. It help in reducing the spasm by relaxing the anal sphincters, there by promotes pain relief. Also sitz bath helps in keeping the affected area clean, which inturn helps in healing of the fissure.

Swadista Virechana Choorna: This formulation is explained in *Rasatantrasara*, mainly indicated in *Arshas*, *Vibandha* and *Ama*. *Malabaddhata* is a condition established due to impairment of *samana* and *Apanavata* there by vitiating *Jataragni*. *SwadistavirechanaChoorna* is a key drug with a property to bring the vitiating Agni to normalcy by checking the *vatagati*. It also helps in relieving the *katinamalapravrutti* & *vibandha*.

On the basis of discussion done and result of this study *GopyadiGritha* can be recommended for *Matra Basti* specially when performed for the management of *Parikarthika*.

CONCLUSION

Parikarthika is a disease with Kartanavat Vedana in Guda Pradesh, which is similar to the site of fissure-in-ano. *Vata* and *Pitta Dosha* have dominancy in the development of the disease *Parikarthika*, but *Vata* is predominant. Sedentary life style, improper diet habits and stressful life, in the modern era, is having a key role in occurrence of the disease *Parikarthika* (fissure-in-ano). Fissure-in-ano was present commonly at 6 o'clock position and most of the time it is a single fissure only. However the fissure at 12 o'clock or at other site may also be found either alone or in combination. Excessive consumption of *Lavana*, *Katu*, *Tikta*, *Ruksha*, *Ushna Ahara* and irregular diet and diet timings are the main precipitating factors of this condition. For the management *Gopyadi gritha* was administered as *Matra Basti* for a period of 8 days. The most evident symptom like pain, burning sensation, bleeding and spasm of anal sphincter etc shown effective results after the treatment and follow-up. There was 100.00% improvement in *shoola*, 96.91% improvement in *daha*, 96.91% in

raktasrava, 53.00% improvement in *Katinamalapravrutti*, 70.97% improvement in sphincter tone, and 94.31% improvement in length of the ulcer. Overall average there was 85.35% improvement after the treatment which shows excellent response to the trail treatment. Hence *GopyadiGritha* can be recommended for *Matra Basti* specially when performed in the management of *Parikarthika*.

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