

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

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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 malhar 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, daruharidra, abhya, lodhra, have anti –microbial activity so prevent secondary 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. petroleum gelly moisturising and soothing action on skin lesion topically. **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 diltiazem 2% gel.

KEYWORDS: fissure, jatyadi tail malhar, deltiagem 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 petrolium 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

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- Andhale Avinash (1998): To study the Ropana effect of Darvi Tail Pratisarana on Parikartika, Ayurveda Mahavidyalay, Nasik.
- Dr. Bharat Rokade (2000): To study the effect of Darvi ghrut Pratisarana on Parikartika, Ayurveda Mahavidyala, Nasik.
- Thoshar Minal P. (2001): Role of Satavari Ghruta in Parikartika, R.K. Toshaniwal Ayurveda Mahavidyalay Amaravati University, Akola.
- Gautam Kumar (2003): Effect of Ropana Lepana and Vaisvanara Churna in the management of Parikartika (fissure-in-ano) Hyderabad.
- Pashmina B. Joshi (2004): Management of Parikartika (w.s.r.) to fissure-in-Ano with Dantyarita, Madhukadiyoga and Kshara Application, Jamnagar.
- Bhaisare S.D. (2004): Role of Yashtimadhu Siddha Tailam in the management of Parikartika- a comparative study, Akola.
- 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**

गंउवछंपजउंत्कनंवल्वदंउंदकंपहदंदं

+गंवछंअंद्यपजजपाछंवल्लंपजसंअंछंउंपज+गंडअं

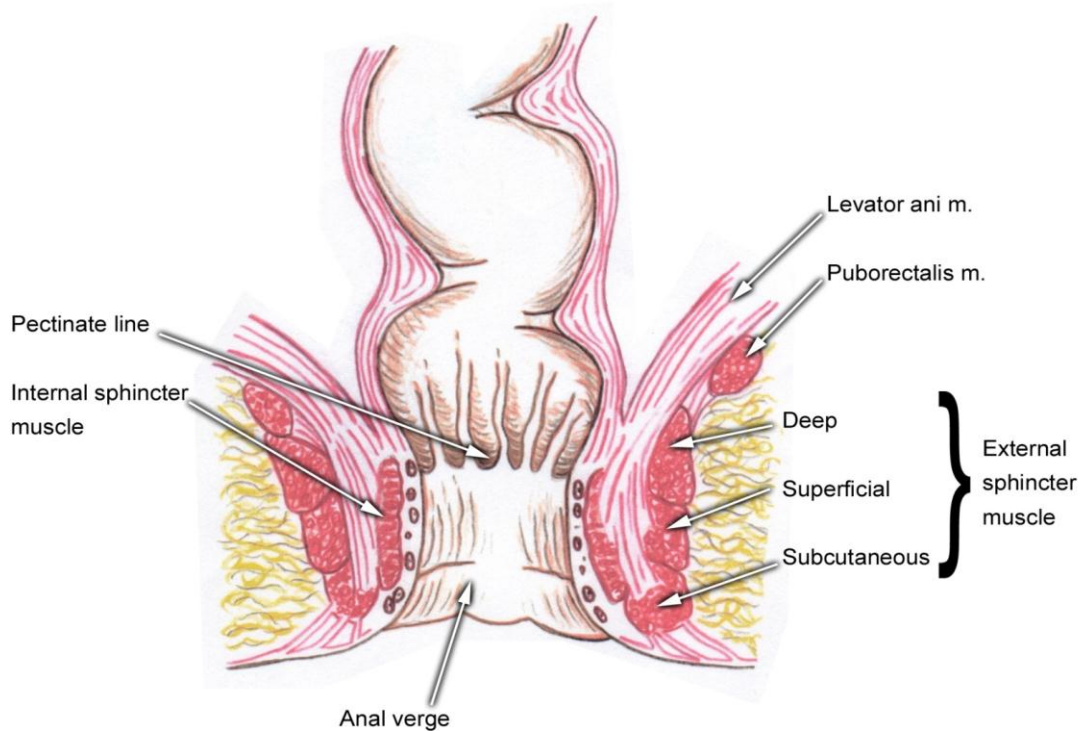
चप्जउंळंफंडपचःजपदंसंव्युकंल्लंचपतापज.िउंचंकलंपज

ज् हंनकदंपठंउर्वधे डूँजपैतरूँनेकीडचपताज.दंउंपदंसंवैःडहं

अंलंनपअंल्लउठवठं / जं+पबैंबठंअंपज िं

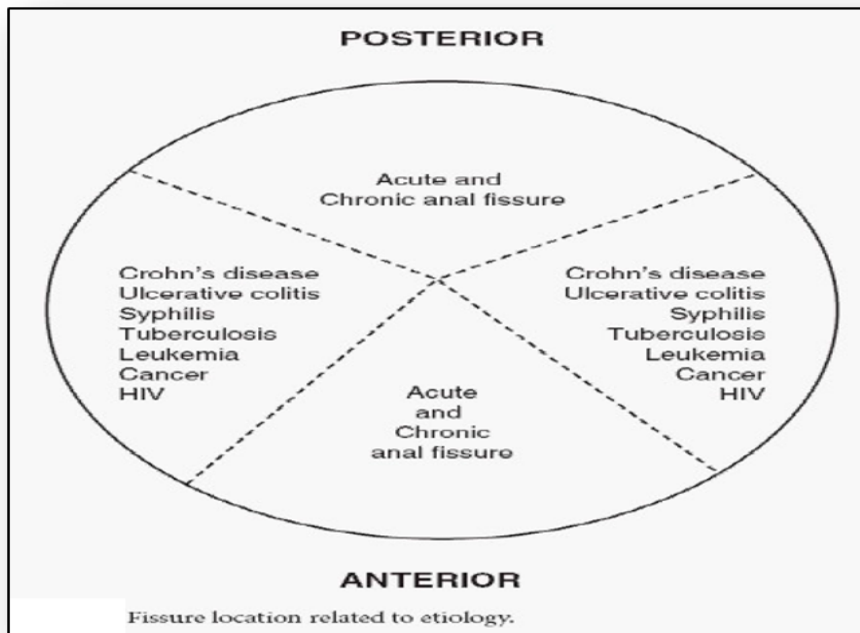
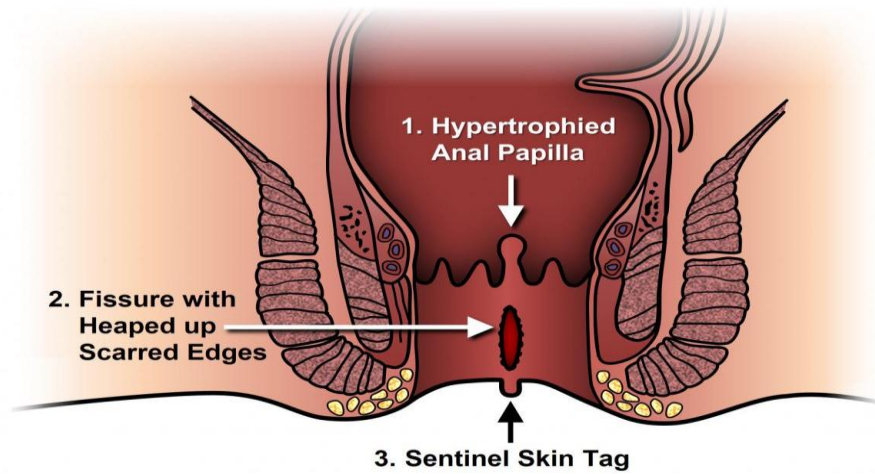
नण्पबंण 34}16

- 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

Chronic Anal Fissure



DRUG REVIEW

• JATYADI TAILA







रंजप्पदंडइंचज्वसंदडद दं/जउसैलं चंससंअंप्रीं /द्वंड उंफनाड नरुड व पदैव ाजातंवपीछं ि उंडपरंरुंड चक?उंड संवफृउंठलं दंप्संउंन:चसंउं? िी जन:द्वंडाड ेपतअं इंप्रंड दं/जउसैलं कंचलंवजी मजंपद ेउंठंहंपदं पचल्ज?अं जव्संड पअंचंबलंवजीं दंक्अुंछंव ेउंन:चददवं ेविज ाबलतंवपहंलनीं ेट्र ैचीतवलंन कहफंपअैवलंन बंअं पीप िी दंज्ञकदजगंजव कवीव अुंछंव कनलज्व चैलंजव िी ेण्डणुंणुणु]168दृ171ण

INGREDIENTS OF JATYADI TAIL MALAHAR

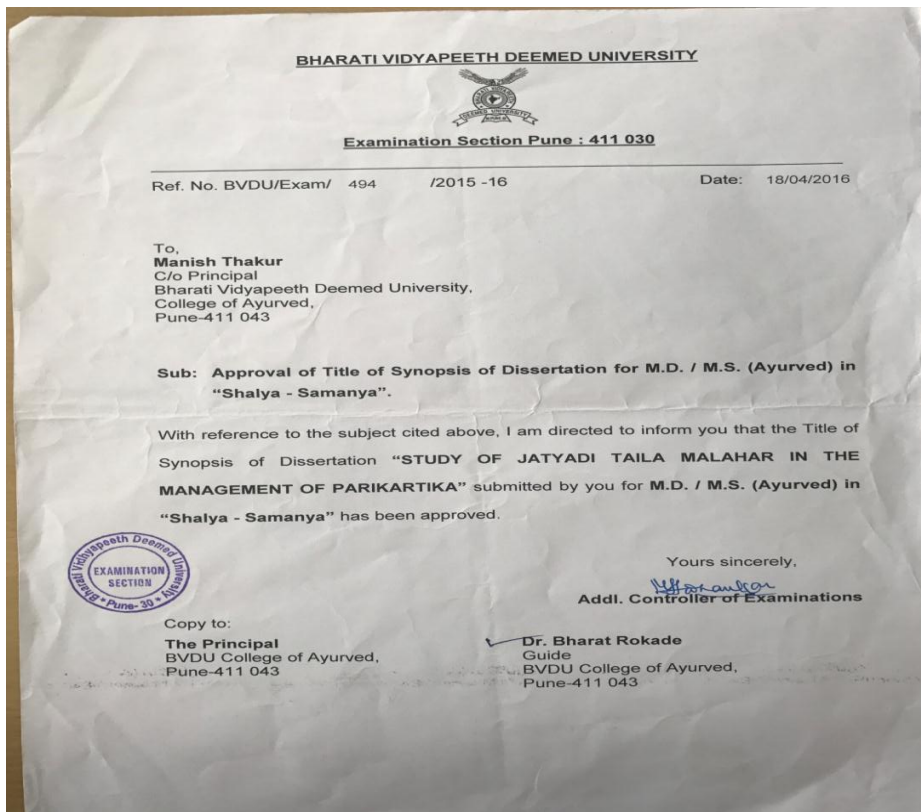
Dravya	Latin name	Rasa	Guna	Veerya	Vipaka	Karma
Jati	Jasmiun officinale	Tikta, Kashaya	Laghu, Snigdha	Ushna	Katu	Tridoshahara
Neem	Azadiracta indica	Tikta, Kashaya	Laghu	Sheeta	Katu	Kaphapittahara putihara
Patola	Tricosanthus dioca	Tikta	Laghu, ruksha	Ushna	Katu	Vatapittahara, vrana shodhana
Karanja	Pongamia pinnata	Tikta, katu	Laghu, teekshna	Ushna	Katu	Kaphavatahara
Siktham		Madhura	Snigdha, picchila	-	-	Sandhanakara, vranaropaka
Yashtimadhu	Glycciriza glabra	Madhuraa	Guru, snigdha	Sheeta	Madhuraa	Vatapittahara, dahashamana
Haridra	Curcuma longa	Tikta, katu	Laghu, ruksha	Ushna	Katu	Tridoshaghna,
Daruharidra	Berberwas arwastata	Kashayaa	Laghu, ruksha	Ushna	Katu	Kaphapittahara, shodhana
Kutaki	Picrorhiza kurroa	Tikta	Laghu, Ruksha	Sheeta	Katu	Bhedan, Lekhan Kaphapittahara
Manjwastha	Rubia cordifolia	Tikta, Kashaya	Guru, ruksha	Ushna	Katu	Kaphapittahara, vranaropaka
Padmakashth	Prunus cerasoides	Kashaya, Tikta,	Laghu,	Sheeta	Katu	Kaphapittahara, dahashamana
Lodhra	Symplocos recemosa	Kashaya	Laghu, ruksha	Sheeta	Katu	Kaphapittahara, vranaropaka
Haritki	Terminalia chebula	Kashaya	Laghu, ruksha	Ushna	Madhuraa	Tridoshahara, ropana, shodhana
Neelotpal	Stella nymphoeata	Madhura, Kashaya	Laghu Snigdha,	Sheeta	Madhuraa	Tridoshahara dahashamana,
Tutha	-	Madhura, Kashaya	Laghu, ruksha	Ushna	Katu	Lekhana
Sariwa	Hemidesmus indicus	Madhura, Tikta	Guru, Snigdha	Sheeta	Madhura	Tridoshahara
Kushta	Sassurea lappa	Tikta, katu	Laghu, ruksha	Ushna	Katu	Kaphavatahara, durgandhanashana
Til Tail	Sesamum Indicum	Madhura, Kashaya, Tikta	Guru, Snigdha	Ushna	Madhura	Tridoshahara

KARANJ

PHOTOS OF DRAVYA

	
JATI	YASHTIMADHU
	
NEEM	PATOL
	
KARANJ	SIKTHAM

	
<p>MANJISTHTA</p>	<p>HARITAKI</p>
 <p>Holisticonline.com</p>	
<p>HARIDRA</p>	<p>DARUHARIDRA</p>
	 <p>Product Local Name: Kaur Asli / Kutki Product English/Sanskrit Name: Picrorhiza kurroa / KUTKI Contact Person: Bilal Mahmood Email: bilalrhm200@gmail.com merajmedsare.net.pk Mobile #: 992-321-4793/145 992-300-1396/231 (You can SMS me as well) http://www.alibaba.com/members/bilalrhm200.html http://www.aliexpress.com/store/1458278823.html http://www.alibaba.com/contacts/contactus http://www.alibaba.com/contacts/contactus.html</p>
<p>PADMAKASHTA</p>	<p>KUTAKI</p>
	
<p>KUSHTA</p>	<p>NEELOTHPAL</p>




॥ पुष्यं पुष्यं विचिन्वीत मूलच्छेद न कारयेत् ॥

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दिनांक :
Date :

AUTHENTIC CERTIFICATE


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

“STUDY OF JATYADI TAILA MALAHAR GEL IN THE MANAGEMENT OF PARIKARTIKA WITH STANDARD TREATMENT”


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

Drug Name	Botanical Name	Name of Family	Parts/ Used
Jati	<i>Jasminum officinale</i> Linn.	Oleaceae	Flower
Nim	<i>Azadirachta indica</i> A. Juss.	Meliaceae	Leaves
Patol	<i>Trichosanthes dioica</i> Roxb.	Cucurbitaceae	Seeds
Karanja	<i>Pongamia pinnata</i> (Linn.) Merr.	Fabaceae	Seeds
Jeshthimadh	<i>Glycyrrhiza glabra</i> Linn.	Fabaceae	Rhizome
Haridra	<i>Curcuma longa</i> L.	Zingiberaceae	Rhizome
Danuharidra	<i>Berberis aristata</i> DC.	Berberidaceae	Roots
Katuki	<i>Picrorrhiza kaurroo</i> Royle.	Scrophulariaceae	Roots
Manjistha	<i>Rubia cordifolia</i> Linn.	Rubiaceae	Roots
Padmakashtha	<i>Prunus cerasoides</i> D. Don.	Rosaceae	Bark
Lodhra	<i>Symplocos racemosa</i> Roxb.	Symplocaceae	Wood
Haritki	<i>Terminalia chebula</i> Retz.	Combretaceae	Fruits
Nilofer	<i>Nymphaea stellata</i> Burm. f.	Nymphaeaceae	Roots
Sariwa	<i>Hemidesmus indicus</i> R. Br.	Asclepiadaceae	Roots
Kushtha	<i>Saussurea lappa</i> C. B. Clarke	Compositae	Rhizome
Tila Taila	<i>Sesamum indicum</i> Linn.	Pedaliaceae	Seed oil
Siktham As it is		Juice
Tutha	-----As it is-----		

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



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Dr. S. S. Deokule
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Inducare Pharma Pvt.Ltd C-34, MIDC Jejuri, Pune-412 303 Mob:-9881995700 / 9552000611 Mfg.Lic.No.PD/Ayu/005/05		Mfg.Process No:- 2713/17 Analysis No:- 2713/17
FINISHED GOODS ANALYSIS		
(This Certificate Issued as per Drugs & Cosmetics Act,1940 And Rules, 1945)		
Batch Name:- <i>Jalyadi malhar</i>	Sample Received Date:- <i>21.12.2016</i>	
Batch No:- <i>Testing 22/12/16</i>	Sample Testing Date:- <i>22.12.2016</i>	
Sample Size:- <i>5 kg Batch - 750mg</i>	Exp.Date:- <i>01.2019</i>	
PHYSICAL EXAMINATION:		
COLOUR : <i>Greenish Black</i>		
FEEL : <i> oily & smooth</i>		
TASTE : <i>Bitter</i>		
APPEARANCE : <i>clear, ointment</i>		
DENSITY : <i>1.0 - 1.24</i>		
PH : <i>6-8</i>		
OTHER SPECIFIC TESTS : <i>for Topical & Transdermal preparations:</i>		
<i>Viscosity : wslc.</i>	<i>microbiological study : wslc.</i>	
<i>Uniformity : wslc.</i>		
<i>Drug Release Test : wslc.</i>		
REMARK : The given finished product is comply / does not comply with " Inducare Pharma Pvt.Ltd " standards.		
Date : <i>01.01.2017</i>		Sign : <i>[Signature]</i> For Inducare Pharma Verified By : <i>[Signature]</i> Chairman

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.

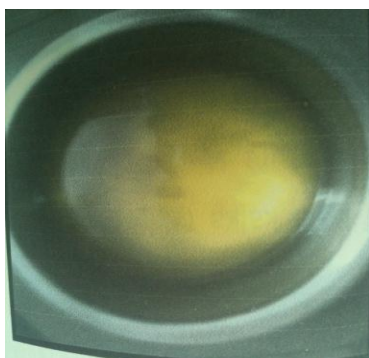
Topical Diltiazem reduces anal sphincter pressure for a prolong period and represents potential low side effects alternatives to other Topical Gel for the treatment of anal fissure.



PREPARATION OF JATYADI TAIL MALAHARA



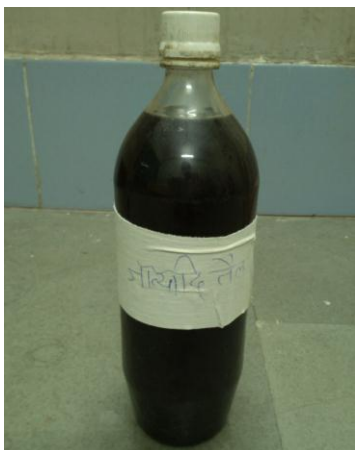
KWATH



TIL TAILA



KALKA



JATYADI TAILA



PETROLEUM JELLY



JATYADI TAILA MALHAR

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 Sharangadhara.

सांबंजनहंन. छंपतःलळंत्जडअंजळसंउंवांअंी
 बंजनहंन. छंवकृअंवेफलंडजेलांचसंवपदउंजंी
 पदपगांच्लं / अुंलंवजंवलंड / अुंलंकृअलंबंजनहंन. छंडी
 चंकपैल्लजडहंतिःअंभेंदवीडजवदळंअंफलंवजंी
 *पेंडणुंणु]2अ

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.

ASSESSMENT CRITERIA**SUBJECTIVE**

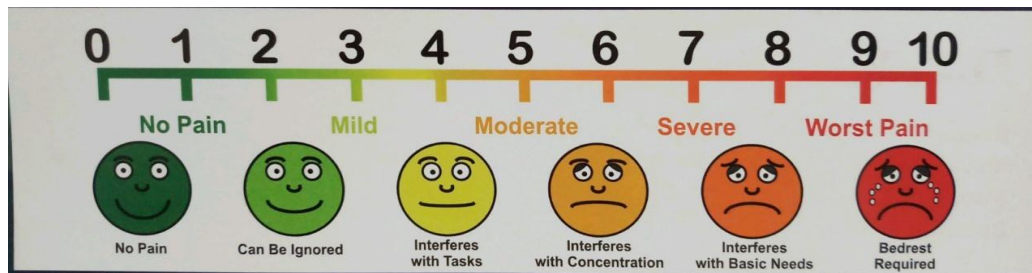
- Gudagata Shoola (Pain): Assessment of pain gradation before and after treatment based on visual analogue scale (VAS).
- Gudagata Rakta-srava (Bleeding): Assessment and gradation of bleeding was based on self-assessment score.

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.

**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

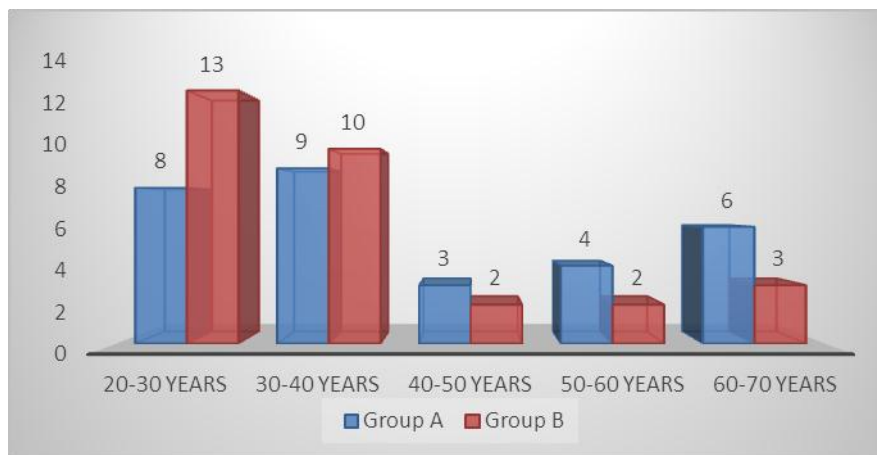
- Selection of 60 patients of any age group was done randomly.
- Entire study was based on clinical findings.
- Finding all aseptic precautions.

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

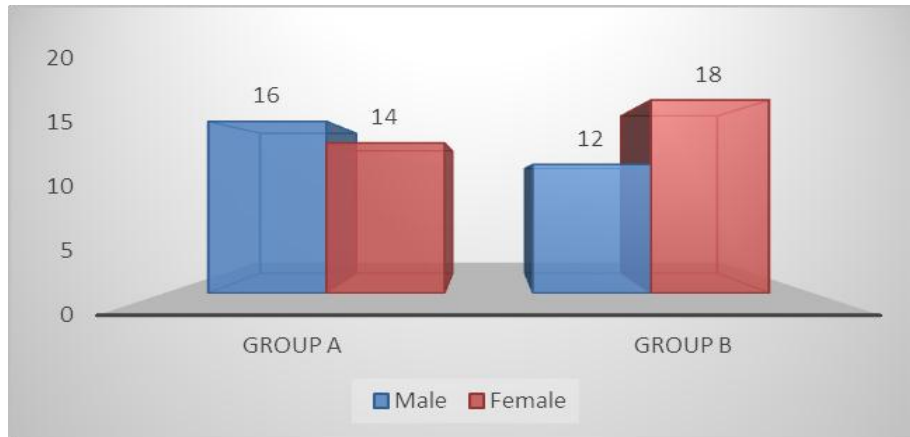
Particulars	Ongoing	Completed	Dropped	Total
Group A (Trial group)	0	30	9	39
Group B (control group)	0	30	8	38
TOTAL	0	60	17	77

**BEFORE****AFTER****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.

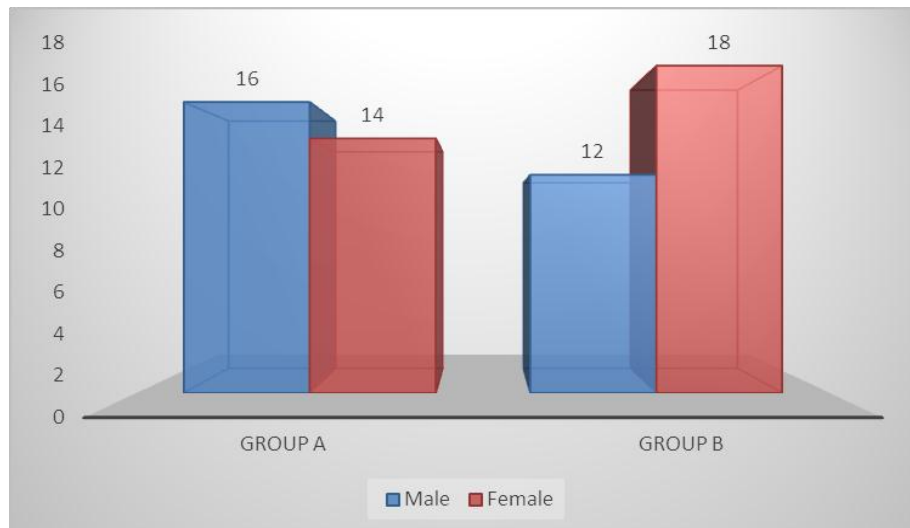
- In Group B, 13 (43.3%) patients belongs to age group 20-30 years, 10 (33.3%) belongs to 30-40 years, 2 (6.7%) belongs to 40-50 years, 2 (6.7%) belongs to 50-60 years, 3 (10%) belongs to 60-70 years.

ACC. TO GENDER



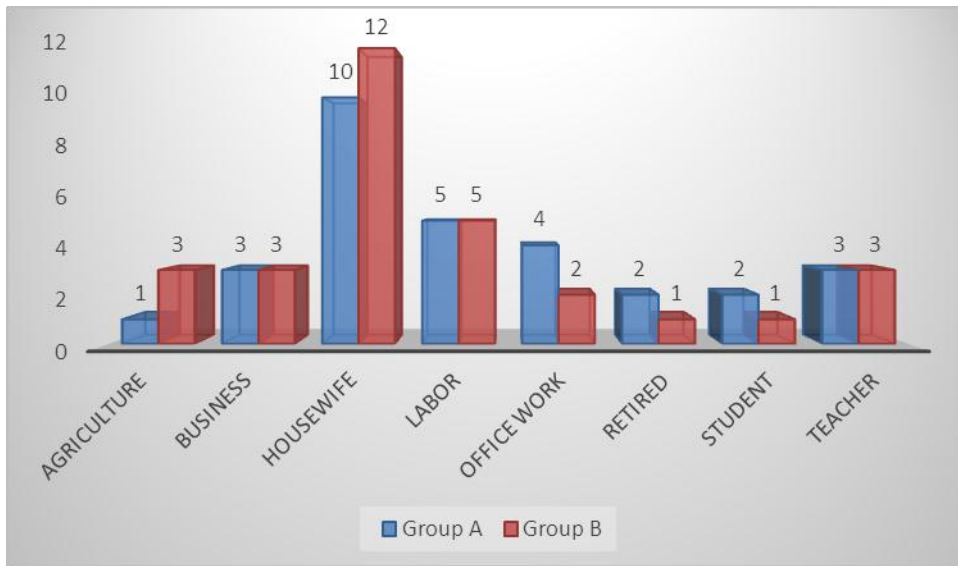
- In Group A, 16 were male and 14 were females while in group B, 12 were male and 18 were females.

ACC. TO RELIGION



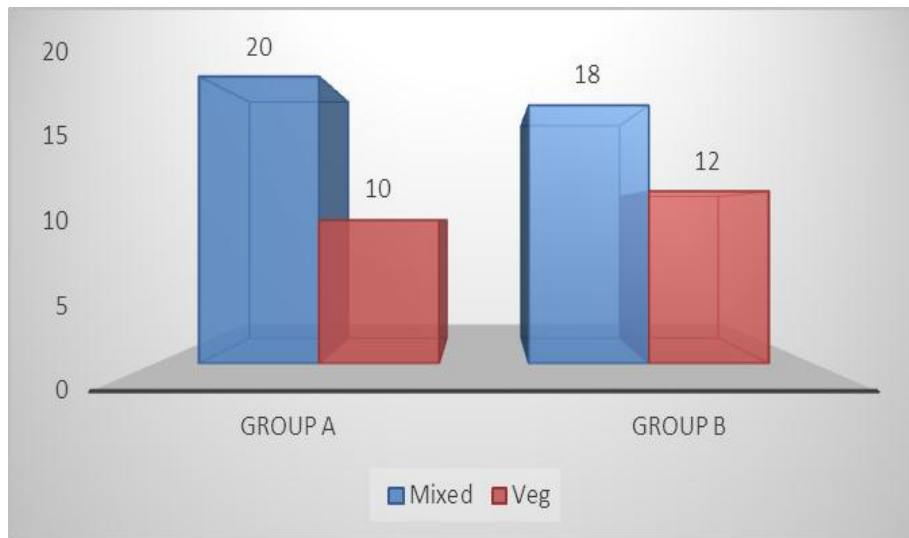
- In Group A, 16 were Hindu and 14 were Muslim while in Group B, 12 were Hindu and 18 were Muslim.

ACC. TO OCCUPATION

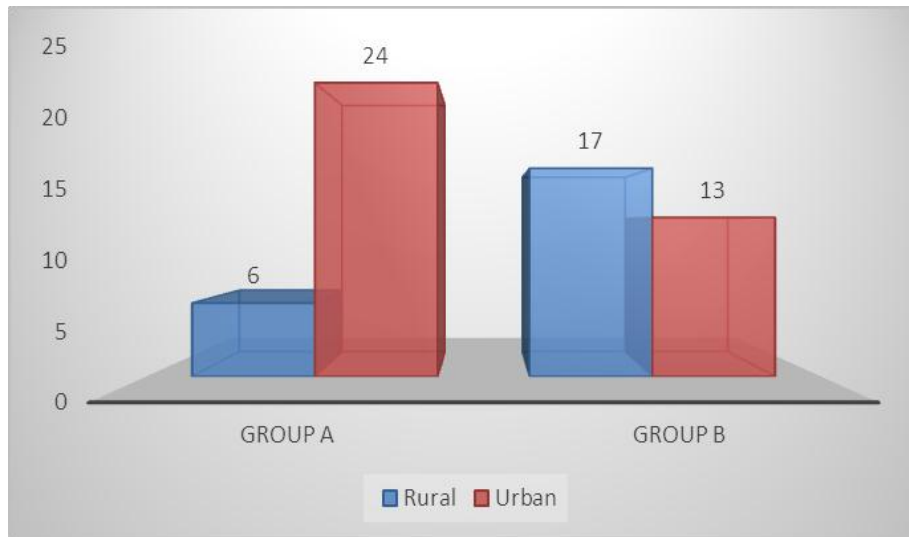


- In Group A Maximum 10 (33%) patients were housewives also in Group B, maximum patients 12(40%) were housewives.

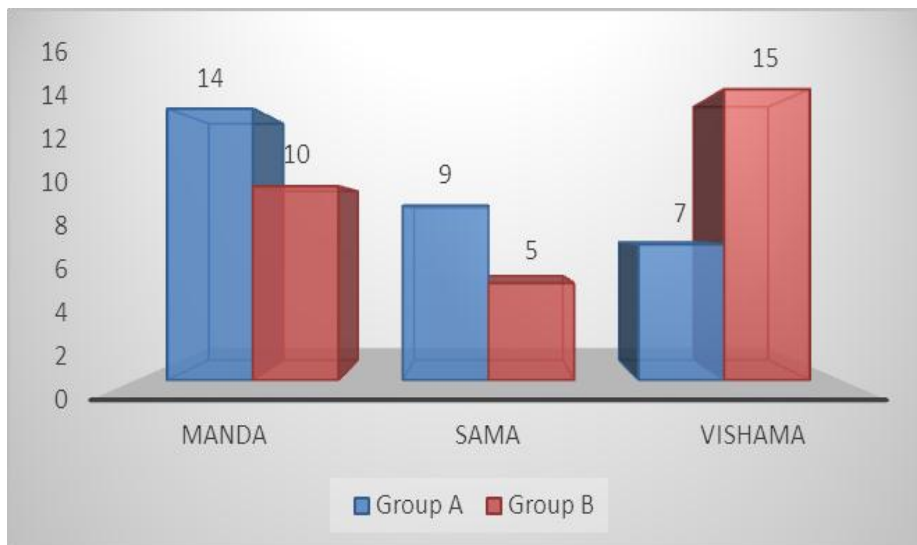
ACC. TO FOOD HABIT



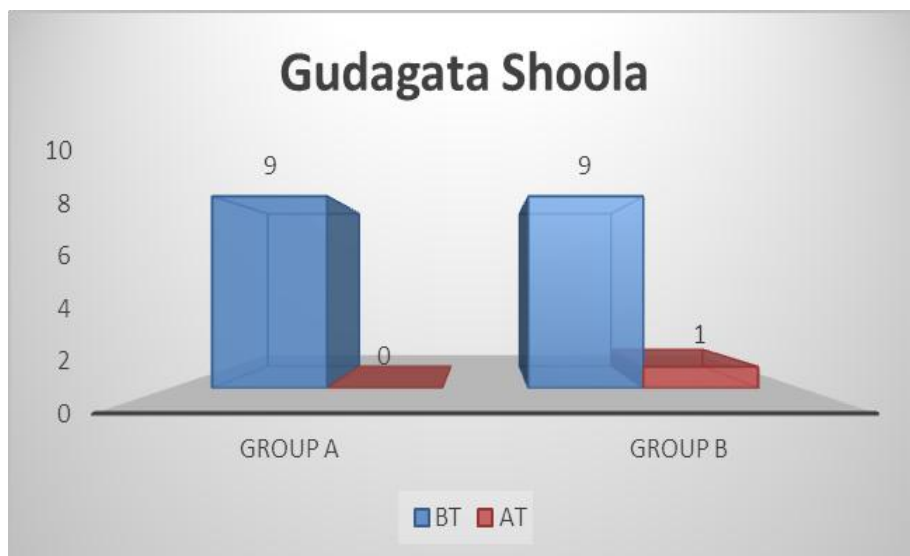
- In Group A 20 patients were having mixed diet and 10 were having veg diet.
- and in Group B, 18 patients were having mixed diet and 12 were having veg diet.

ACC. TO HABITAT

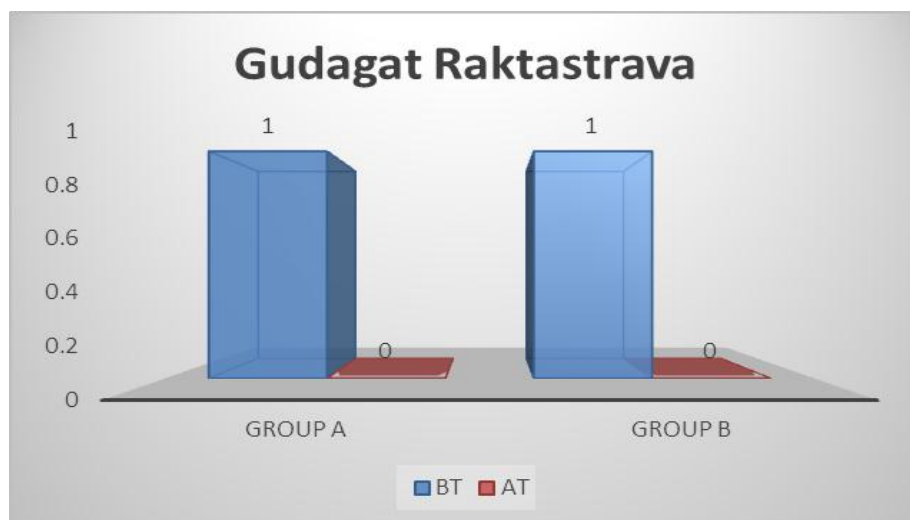
- In Group A, 6 patients were from rural and 24 from urban while in Group B, 17 were from rural and 13 from urban.

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.

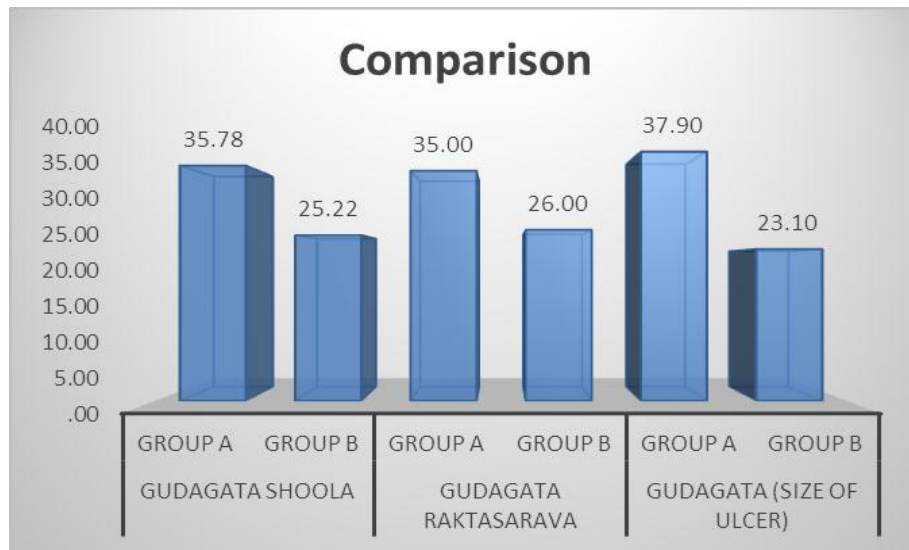
ACC. TO GUDAGATA SHOOLA

- 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, RAKTASTRAVA 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 RAKTASHRAVA

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 raktastrava 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 housewives. 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 exercise, etc. which aggravates the doshas, leading to manifestation of parikartika

DISCUSSION

- In two symptoms 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 Secondary 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 Lesion 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 prolonged 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

- ca.sau. :- carkx saU~asqaana
- ca.iva. :- carkx ivamaanasqaana
- ca.Saa. :- carkx SaarIrsqaana
- ca.ica. :- carkx icaikxtsaasqaana
- A.=.saU. :- AYTAMga =dya saU~asqaana
- A.=.{. :- AYTAMga =dya {ttarsqaana
- A.=.ina. :- AYTAMga =dya inadanasqaana
- A.=.ica. :- AYTAMga =dya icaikxtsaasqaana
- A.saM.saU. :- AYTAMga saMga`h saU~asqaana
- BaO.r. :- BaOYajya rtnaavalal
- Saa.saM. :- SaarMgaQar saMihtaa
- Baa.pa`.ina. :- Baava pa`kxaSa inaGaNTu
- ra.ina. :- raja inaGaNTu
- ina.r. :- inaGaNTu rtnaakxr
- cak`x :- cak`xpaaNaidtta iTkxa
- r.r.sa. :- rsa rtna samaucyaya
- yaa.o.r. :- yaaoga rtnaakxr
- kxa.saM.iKa. :- kxaYyapa saMihtaa iKalasqaana