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Editorial ...

President Says...

My dear colleagues,

At the outset, let me express my sincere thanks to all of you for electing me President of this very prestigious All India organization, National Integrated Medical Association in this 53rd Annual Central Council Meeting, held on Sunday 27th March, 2011 at Chandrapur, Maharashtra.

I hereby congratulate all my colleague office-bearers for getting elected unanimously.

Ours is a big organization representing thousands of qualified integrated medical graduates serving to preserve the health of the people in nooks and corners of our country. I am extremely happy to have this opportunity to serve for the needs and activities of our movements and can undertake effectively only and only with your help.

Our main aim should be let Integrated Medicine and integrated medical graduates get recognized by all the authorities at Government, non-government and social organization levels by their own merits. We will have to work hard to get amendments done in our Central Council Acts and State acts for the integrated practice which is very important.

Our strength is our membership. So, bring all your colleagues in the flow of our association. Make them life members, activate them to participate in each and every programme of ours.

NIMA Journal is published every month and is an official organ of our association. It informs you about the activities of the association (State and Local branches) various Govt. Notifications at different levels, legal matters the obstacles occurred and the progress of our association, informative case-studies and research work done. I request all to read the journal regularly remain in touch and send your remarks regularly. Journal is available for our members by sending a nominal subscription.

The Mutual Benefit Scheme is one of the best schemes provided for the financial assistance to the members. Through this scheme, we provide financial assistance to the families of the deceased members of the scheme, to the member himself in case of grave illness or permanent disability. The more the membership, the more will be the financial assistance. I hereby request all to join this scheme at the earliest.

The CCIM election process may start soon in many states. I hereby appeal all to stay firmly behind all the NIMA candidates' contesting the election and make them successful. This is the need of the hour.

Friends, this prestigious association is formed by you, for you and is now of you. I give a big salute to all those seniors who have dedicated their valuable year of youth, their energy, in constructing and developing this organization. I am highly proud of all the previous presidents for keeping all their office-bearers active.

You might be having some expectations from me. What are they? Please propose your progressive thought, your expectations, your difficulties and send to me with suggestions, if any. Always remain in touch with your branch. You may write or phone me also without any hesitation.

So, I look forward for your response and wish you all a happy, healthy and peaceful new year.

— **Dr. D. G. Kadam**
President, NIMA–Central Council

Please note that our Journal being National it is printed in English & Hindi Only.

"Impact of 'Phytotherapy' in The Management of Parikartika (Fissure-in-ano)

— Dr. Amarprakash P. Dwivedi

Abstract

Anal fissure (parikartika) is the most painful and commonest condition among all ano rectal diseases. Most of the anal fissures are caused by stretching of the anal mucosa beyond its capability. The aetiology is still a matter of conjecture; however it is assumed that strenuous evacuation in constipation causes longitudinal ulceration in the lower part of the anal canal which refuses to heal. Long standing fissure requires surgical intervention like anal dilatation, fissurectomy and sphincterotomy for the permanent cure. However, these treatment procedures have their own limitations and also have complications like post operative anal stenosis, sphincter incontinence etc.

Fissure-in-Ano can definitely be co-related with 'Parikartika' which have been described as one of the complications of therapeutic enema (Virechana vyapat), in Pregnancy (Garbhini vyapat) and also in Diarrhea (vataja Atisara) contexts etc. So it is basically a symptom rather than a disease, which is very painful condition due to somatic nerve supply to the part.

Keeping in view the limitations of Modern science and to provide a cost effective, simple, ambulatory and effective medical management, the present study has been carried out to evaluate the clinical efficacy of 'Raktachandana ghritha' - Locally and 'Haritaki churna' - Internally in the management of 'Parikartika'.

A single blind clinical study was conducted on 30 patients of Parikartika (Fissure in ano) & the statistical analysis of study revealed that pain was reduced in 65% cases, Spasm relieved in 60%, bleeding reduced 42%, Ulcer healed in 71% & Constipation corrected in 67% patients. Thus, the study observations showed that the trial drug is significantly effective in relieving the clinical symptomatology of parikartika.

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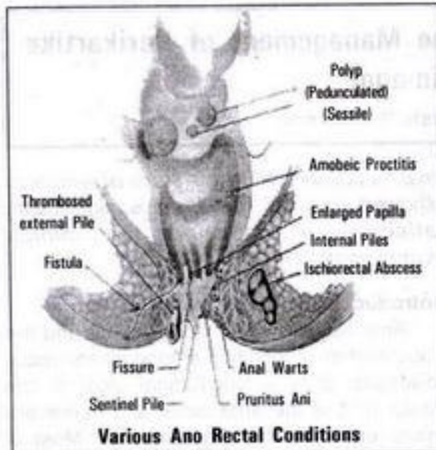
Introduction

Anal fissure is the most painful and the most common condition among all ano rectal diseases. It is a longitudinal ulcer in the lower part of the anal canal and males are more prone to this than females. Most of the anal fissures are caused by stretching of the anal mucosa beyond its capability either due to hard stool or in diarrhea. Due to constant fecal contamination in diarrhea and strenuous evacuation in constipation it refuses to heal. The sentinel tag formed by the chronicity of the ulcer also prevents the fissure from healing. Pain, burning sensation with or without little bleeding during defecation (streaks of blood with stool) are indication of fissure.

In Ayurvedic literature 'Parikartika' has been mentioned as one of the complications of therapeutic enema (Virechana vyapat), in Pregnancy (Garbhini vyapat) and also in Diarrhea (vataja Atisara) contexts etc. So it is basically a symptom rather than a disease, which is a very painful condition due to somatic nerve supply to the part.

The acute fissure is a superficial splitting of the anoderm characterized by severe pain, sometimes associated with bleeding per rectum during or after defecation and may heal with conservative management. Once the fissure is recurrent in nature or chronic surgical intervention is essential for the permanent cure. Infection of the sentinel pile that develops at the lower end of the fissure at the anal verge may lead to the formation of a superficial fistula. Application of local anesthetics, anal dilatation, fissurectomy and sphincterotomy are generally in practice. Laxatives are prescribed to ensure that the motion is soft.



Various Ano Rectal Conditions

However, these treatment procedures have their own limitations and also have complications like post operative anal stenosis, sphincter incontinence etc. Keeping in view such problems and to provide a cost effective, simple, ambulatory and effective medical management, the present study has been carried out to evaluate the clinical efficacy of 'Raktachandana ghritha'- Locally and 'Haritaki churna'- Internally in the management of 'Parikartika'.

Material & Method

Type of Study : Open non- comparative single blind clinical study

Place of Study : Dr. D. Y. Patil Ayurvedic Hospital, Nerul, Navi Mumbai.

Sample size : 30 patients .

Duration of treatment : 15 days

Follow up : Every 15 days up to three months.

Criteria of selection : Clinically diagnosed case of anal fissures between the age group of 15-60 years irrespective of sex(Either sex) were taken for the study.

Criteria of exclusion

Fissures associated with Malignancy, HIV, Diabetes, Tuberculosis, Pregnancy

Trial drugs

- Raktachandana Ghrit: Local application 3 times/day with clean finger especially before and after passage of stools.
- Haritaki Churna: 3 gm at bed time with lukewarm water orally.

Diet : Advised to reduce spices, coffee, oily, cold beverages, constipating food such as maida, pasta, potato, white bread, non vegetarian diet and to have sufficient dietary roughage like fruits, vegetables, whole meal bread along with plenty of water, daily butter milk and milk at bed time.

Assessment criteria

The cardinal features of anal fissures like pain, anal spasm, bleeding, ulceration and constipation were categorized each clinical symptomatology in to Mild, Moderate and Severe grade and a scale from 1, 2, 3 was given respectively and the results were assessed individually and overall treatment response was also noted

Mild grade = score 1, **Moderate grade** = score 2, **Severe grade** = score 3

❖ Percentage of relief = $\frac{\text{BT score-AT score}}{\text{BT score}} \times 100$

- **Complete relief :** 100% disappearance of symptoms and absence of complications and recurrence.
- **Marked relief :** about 75% disappearance of known symptoms and absence of complications and recurrence.
- **Moderate relief :** About 50% relief in presenting symptoms and some recurrence of fissure.
- **Mild relief :** 25% and above relief in presenting symptoms with negligible change in the ulceration or fissure.
- **No relief :** No relief in presenting symptoms and no change in the ulceration of the fissure.
- **Withdrawal :** i) Discontinuation of treatment during the trial, ii) development of any complications, iii) aggravation of the disease symptoms and iv) any side effect of the trial drugs.

Observation and Results

1. Males were more affected than females.
2. The incidence was more in 31-45 years of age followed by 15-30 years.
3. Patients up to 1 year duration were more compared to other categories.

4. Maximum patients were of sedentary habits.

5. Non vegetarian patients with irregular bowel habits were more affected.

6. As far as body constitution (prakriti) is concerned 'Pittaja' was more susceptible to the disease followed by 'Vataja' prakriti.

7. As regards nature and position of anal fissure, more patients were chronic in nature and had 6' O clock position followed by 12' O clock position.

8. It is observed that the 60% patients showed no complications and 30% patients showed sentinel tags.

9. In regards to clinical symptomatology almost all patients were having pain, spasm, bleeding, ulceration and constipation.

The observations shown in Table 1&2.

10. In regards to progress of the treatment response of each clinical symptom is concerned 71% patients showed healing in ulceration, 67% patients were relieved from constipation 65% cases showed relief in pain and 42% patients got relief in bleeding (Table 3).

*Note: The overall treatment response among the cases studied is detailed in Table 4

Table - 1

Distribution of patients according to age, sex, chronicity of disease, prakriti, occupation, dietary and bowel habits etc.

Parameter	Patients	
	No.	%
Sex wise distribution		
Male	21	70%
Female	09	30%
Age group (in year)		
15-30	08	27%
31-45	17	57%
46-60	05	16%
61 & above	00	0%
Chronicity		
Up to 1 year	14	47%
1 to 2 years	10	33%
2-3 years	04	13%
Above 3 years	02	07%
Sarira prakriti		
Vataja	11	37%
Pittaja	17	57%
Kaphaja	02	07%
Occupation		
Active	09	30%
Sedentary	21	70%
Dietary habits		
Vegetarian	10	33%
Non-Vegetarian	20	67%
Bowel habits		
Regular	08	27%
Constipation	22	63%

Discussion and Conclusion

Anal fissure (parikartika) is the most painful and commonest condition among all ano rectal diseases. Most of the anal fissures are caused by stretching of the anal mucosa beyond its capability. The aetiology is still a matter of conjecture; however it is assumed that strenuous evacuation in constipation causes longitudinal ulceration in the lower part of the anal canal which refuses to heal.

If the acute fissure does not heal readily, certain secondary changes develop. One of the most striking features is swelling in the lower end of the fissure forming sentinel tag is due to a low grade infection and lymphatic edema and often the tag has a very inflamed, tense and edematous appearance. Later it may undergo fibrosis at the level of the anal valve. This condition is referred to as a hypertrophied anal papilla.

In addition, longstanding cases may develop fibrous indurations in the lateral edges of the fissure. In chronic stage the non healing ulcer becomes fibroses resulting in a rather spastic, tightly contracted internal sphincter. At any stage frank suppuration may occur and extend in to surrounding tissues forming an intersphincteric abscess or a peri anal abscess leads to a low inter-sphincteric fistula.

Table - 2

Distribution of patients according to previous h/o. treatment, clock position, associated complications etc.

Parameter	Patients	
	No.	%
Previous history of treatment		
- Fresh	07	23%
- Medical	21	70%
- Operation	02	07%
Position of anal fissure		
- 6' O Clock	14	47%
- 12' O Clock	08	27%
- 3' O Clock	05	17%
- 8' O Clock	02	06%
- 9' O Clock	01	03%
Associated complications		
- Sentinel Tag	09	30%
- Abscess	00	0%
- Fistula	03	10%
- Nil	18	60%

The application of 'Raktachandan Ghritha' relieves the burning sensation immediately. Also, it relieves the spasticity, tight contraction of the internal sphincter and acts as Anti inflammatory (shothaghna), wound healing (vrana ropana) and anti infective (krimighna), which helps in relieving pain, spasm, ulceration and local infection in due course of time. Inflammation and lymphatic edema are also reduced by the therapeutic and soothing effect of Ghrita. Moreover due to its unctuous nature it acts as a lubricant in the anal canal thus helps in smooth passage of the stool, which prevents further damage to the anoderm.

In most cases of anal fissure, the prime cause is constipation and hard stool. The 'Haritaki churna' was administered internally to all the patients, which exhibits laxative action and enhances bowel movements and helps in smooth evacuation thus also relieves the pain and spasm during defecation.

The combination of trial drugs would acts systemically and locally on anal fissures and will help in the significant reduction of the clinical symptomatology to give relief to the patients.

Table - 3

Incidence and treatment response according to individual clinical symptom with grade

Clinical symptoms	Mild grade		Moderate grade		Severe grade	
	No. of cases		No. of cases		No. of cases	
	BT	AT	BT	AT	BT	AT
Pain	10	01	15	06	05	02
Spasm	16	06	08	04	06	02
Bleeding	22	12	08	05	00	00
Ulceration	21	08	07	02	02	0
Constipation	08	00	10	03	12	05

Mild score = 1, Moderate score = 2, severe score = 3, BT = Before Treatment, AT = After Treatment

$$\% \text{ of relief} = \frac{\text{BT score} - \text{AT score}}{\text{BT score}} \times 100$$

- % of relief in Pain : 65%
- % of relief in Spasm : 60%
- % of relief in Bleeding : 42%
- % of relief in Ulceration : 71%
- % of relief in Constipation : 67%

*Table - 4

Overall treatment response according to clinical symptomatology

Clinical symptoms	Result of treatment					Total Pts
	Complete relief	Marked relief	Moderate relief	Mild relief	No relief	
Pain	09 (30%)	11 (36%)	05 (17%)	03 (10%)	02 (07%)	30
Spasm	07 (23%)	12 (40%)	08 (27%)	03 (10%)	00 (0%)	30
Bleeding	01 (3%)	09 (30%)	10 (33%)	07 (24%)	03 (10%)	30
Ulceration	10 (33%)	11 (36%)	07 (24%)	02 (7%)	00 (0%)	30
Constipation	15 (50%)	09 (30%)	04 (13%)	02 (7%)	00 (0%)	30

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Dr. P. N. Awasthi Memorial Foundation

As you all are aware Dr. P. N. Awasthi was founder President, father figure of NIMA passed away on 1st October 2010. We have decided to form Dr. P. N. Awasthi Memorial Foundation.

The first meeting was held on 25th February 2011. The result of which is given in March Issue of JNIMA on Page No. 15. The second meeting was held on 6th April 2011 where it was decided to name it as, **"Dr. P. N. Awasthi Memorial Foundation."**

A Working Committee was formed for the purpose as follows:

President	: Dr. S. P. Kinjawadekar
Secretary	: Dr. A. M. Raut
Treasurer	: Anand Awasthi, S/o. Dr. P. N. Awasthi
Vice-Presidents	: Dr. S. I. Nagral Dr. P. H. Kulkarni
Jt. Secretaries	: Dr. R. J. Mehta Dr. B. I. Dalal

The following members have donated for the Awasthi Memorial Foundation.

Dr. S. P. Kinjawadekar	1,500
Dr. A. M. Raut	1,000
Dr. Kishor Mankad (Ahmedabad)	2,000
Dr. B. I. Dalal	1,500
Dr. S. M. Parkar	1,000
Dr. Nirmala Jhaveri	5,000
Dr. H. M. Adhvaryu	1,000
Dr. S. S. Mavlankar	1,000
Dr. K. N. Saraf	1,111

In last issue of JNIMA it was mentioned to draw cheque in the name of Dr. P. N. Awasthi Memorial Fund. But as decided in the 2nd meeting the name is kept as "Dr. P. N. Awasthi Memorial Foundation" - so cheque/DD should be drawn in favour of **"Dr. P. N. Awasthi Memorial Foundation"** and send to Secretary, **Dr. A. M. Raut, at Devi Chhaya, 2nd Floor, Old Prabhadevi Road, Mumbai 400 025.**