



Research Article

**EFFECT OF YASHTIMADHU SUPPOSITORY WITH COCOA BUTTER BASE IN THE PAIN MANAGEMENT OF PARIKARTIKA**

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ABSTRACT

*Parikartika* is one of the common ano-rectal anomalies observed in clinical practise. In Ayurveda *Samhitas*, this condition is mostly mentioned as an *Upadrava* of *Grahani*, *Atisara*, *Arshas* and as *Vamanavirechanavyapat*. '*Kartanavatvedhana*' is described as predominant symptom of *Parikartika* which means cutting type of pain in the anus. As per the description of signs and symptoms, *Parikartika* can be co-related to fissure-in ano in modern contexts. *Yashtimadhu* is the most widely used drug for *Parikartika*. *Acharya Susruta* has mentioned the drug *Yashtimadhu* in *Trividhakarma Adhyaya* in post-operative pain management and in treatment for *Parikartika* in *Vamana virechana vyapat*. *Yashtimadhu* in the form of *Thaila* and *Ghrita* are commonly used. Here, *Yashtimadhuchurna* was used to prepare a suppository with cocoa butter as its base for the management of *Parikartika*. **Objectives:** The objective of the clinical study is to evaluate any difference in the efficacy of *Yashtimadhu* suppository in treating *Parikartika*. **Materials and Methods:** The study was conducted as an open labelled, randomized, single arm clinical study. 40 Patients who are fulfilling the inclusion, exclusion, diagnostic criteria and complying with the informed consent was selected from OPD and IPD of Sri Jayendra Saraswathi Ayurveda College and Hospital [IEC NO- IEC/ SJSACH/ 09/2021, CTRI NO- CTRI/2021/07/035252]. Case proforma was prepared with all the appropriate details of the patient along with history and physical, rectal examination was done to diagnose *Parikartika*. Relevant laboratory investigations were performed. *Yashtimadhu* suppository was given twice per day for about 14 days to 40 patients along with 4 follow-ups once a week for one month after the treatment i.e., 7<sup>th</sup>, 14<sup>th</sup>, 21<sup>st</sup>, 28<sup>th</sup> day. The subjective parameter was pain and objective parameter were ulceration, sphincter tone. Grading was done according to the specified assessment criteria and was statistically analysed. **Results:** On completion of the study, statistical analysis was done on the data collected. The intervention, *Yashtimadhu* suppository showed significant difference in the outcome.

INTRODUCTION

Ayurveda is the 'science of life' which gives eternal health and longevity. There are eight branches of Ayurveda. According to *Acharya Susruta*, *Shalya Tantra* is the vital part that deals with the removal of all types of *Shalya* or pain causing factors from the body.

*Parikartika* is the very painful ano-rectal condition which is not mentioned as a separate entity, but it is mentioned as complication, signs and symptoms of certain conditions. *Parikartika* is derived from root word "*Parikrit*" which means to cut around whereas *Pari* means all around and *Kartanam* means the act of cutting.<sup>[1]</sup> The associated symptoms are burning sensation, bleeding while defecating.

Pain is the most troublesome discomfort in day to day life. *Parikartika* can be co-related to fissure-in ano, as the name indicates there will be crack in the mucosa of anus lining that affects majority of the population irrespective of the age and gender. Anal fissure is the mere modern terminology for *Parikartika*. In anal fissure there will be crack in the mucosal lining of the anus associated with cutting type

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of pain, burning sensation and bleeding, elongated ulcer. 95% of anal fissures in men are posterior, 5% are anterior. 85% of anal fissures in females are posterior, 20% are anterior. Anterior anal fissures are common in females.<sup>[2]</sup> Fissure-in ano is classified into two based on severity- Acute and Chronic which occurs due to several etiological factors like constipation, passing hard stools. Acute fissure is a deep tear in the anal canal with surrounding oedema and inflammatory induration. It is associated with spasm of the anal sphincters. Acute fissure in later stage, lead to chronic fissure, it will gradually develop into a deep undermined ulcer with continuing infection and oedema. This ulcer stops above at the pectinate line. Below, there will be hypertrophied anal papilla and skin tag known as sentinel pile. This is a longitudinal ulcer in the anal canal posteriorly situated in majority of cases.<sup>[3]</sup> Patients who are suffering from *Parikartika* will suffer severe cutting type of pain in the anus which affects their day to day routine. The people affected have to endure severe pain, burning sensation, on and off bleeding while passing stools, slight difficulty along with pain in sitting posture, feeling like as if they are passing 'shards of glass or razor blades'<sup>[4]</sup>. This ano-rectal disease can affect all the age group irrespective of gender. In Ayurveda classics, *Parikartika* is not mentioned as a separate entity but mentioned in different contexts. *Parikartika* is mentioned as *Upadrava* of *Vatikapakwaatisara*,<sup>[5]</sup> *Arshas*<sup>[6]</sup> and *Udavarta*.<sup>[7]</sup> The condition is also stated in *Arshapurvarupa*<sup>[8]</sup> and *Vamanavirechanavyapat*.<sup>[9]</sup> *Acharya Dalhana* mentioned it as cutting and tearing pain.<sup>[10]</sup> According to *Acharya Charaka*, *Parikartika* is the sharp cutting or sawing pain with bloody mucosal discharge along with discomfort in peri-anal region. The pain will persist before and after defecation as per *Acharya Susruta*. *Acharya Kashyapa* classified *Parikartika* into three types - *Vataja*, *Pittaja*, *Kaphaja*. The pain is classified according to the *Doshik* predominance<sup>[11]</sup>. Various treatment modalities have been mentioned for *Parikartika* in both Ayurvedic and allopathic system of medicine. In Allopathic practice, common treatments of fissure-in ano are oral pain medication, laxatives, local anaesthetic agents which may cause side effects if used continuously. Surgical procedures mentioned are Lord's anal dilatation, fissurectomy, sphincterotomy for fissure-in ano<sup>[12]</sup>. As pain killers have its own complications like side effects, reoccurrence and most of the surgeries lead to post-operative pain, Ayurvedic treatment for *Parikartika* is beneficial and more effective. The cutting pain and burning pain are the cardinal symptom of *Parikartika*. Hence the involvement of *Vata* and *Pitta Dosh* is evident. So, formulations which are having the potency of *Vata Pitta Shamaka*, *Vrana Ropaka* can be used locally for better relief. According to Ayurvedic treatment modalities, *Acharya Susruta* has mentioned

the drug *Yashtimadhu* in *Trividhakarma Adhyaya* in post-operative pain management<sup>[13]</sup> and in treatment for *Parikartika* in *Vamanavirechanavyapat*<sup>[14]</sup>. Many research works are done in managing *Parikartika* using *Yashtimadhu* as *Taila* and *Ghrita* along with other ingredients like *Dhatri*, *Tila* and *Ksheera*. *Yashtimadhu* having its properties such as *Vedanasthapana*, *Shonithsthapana*, *Rasayana*, *Vranashodhana* and *Ropanagunas*<sup>[15]</sup> will be helpful to alleviate the pain in *Parikartika*. This study is mainly concentrated in the pain management of *Parikartika*. No study has been conducted by using *Yashtimadhu churna* as a single drug in suppository form with cocoa butter as its base. Anal suppository is a small capsule like formulation designed for insertion into anus, where it will get melted and absorbed. Suppositories are the simple formulation which is easy to administer, easy to prepare, cost effective. This study is to determine the effect of *Yashtimadhu churna* as a suppository form which has *Vedhanasthapana*, *Shonithsthapana*, *Vranashodhana*, *Ropana*, *Vranashothahara* properties in the pain management of *Parikartika*.

#### AIMS AND OBJECTIVES

- To review the available literature of *Parikartika* in Ayurvedic contexts.
- To review the available literature of fissure-in ano in modern view.
- To evaluate the effect of *Yashtimadhu Churna* with cocoa butter as a suppository in management of pain in *Parikartika*.
- H<sub>0</sub> - *Yashtimadhu* suppository will not be effective in the management of pain in *Parikartika*.
- H<sub>1</sub> - *Yashtimadhu* suppository will be effective in the management of pain in *Parikartika*.

#### MATERIALS AND METHODS

##### Study Design

A randomized open labelled single arm clinical study.

##### Source of Data

Information was collected from Ayurvedic classic literatures- *Bruhtrayees*, *Laghutrayees*, other Ayurvedic available texts. Modern literatures, relevant contemporary literature along with the pertinent, past and present research works.

##### Source of Drug

*Yashtimadhu Churna* was procured and prepared from the SJSACH pharmacy. Drug authentication was obtained from Department of *Dravya Guna* before starting the clinical trial. Raw cocoa butter was purchased at local vendor.

##### Selection of Patients

40 patients who are fulfilling the inclusion, exclusion, diagnostic criteria and complying with the informed consent was selected from OPD and IPD of Sri Jayendra Saraswathi Ayurveda College and Hospital.

**Drug Review****Ingredients**

- *Yashtimadhu Sukshma Churnam*
- Cocoa butter

**Yashtimadhu**<sup>[16]</sup>**Botanical Name:** *Glycyrrhiza glabra***Family Name:** Fabaceae**Classical name:** *Madhuyasti***Sanskrit names:** *Madhuyasti, Yastimadhu-Yastimadhuka, Madhuka, Klitaka-Klitanaka.*

*Charaka* described two varieties of *Yashti-Anupaja* and *Sthalaja*. *Charaka* included *Kleetaka* under *Phalini Varga*. In *Nighantu*, *Kleetanaka* and *Madhulika* are the synonyms given for *Jalaja-Yashti*. Kaviraj Virajacharana opines that *Yashti* is the only one plant and according to its distribution people classified this into different varieties.

Chakrapani quotes the opinion of Sushruta according to which laxative property is attributed to fruit of *Yashti* though root is extensively used. *Charaka* attributes *Medhyarasayana* action to *Yashti-churna*. In Unani system of medicine *Yashtimadhu* is categorized under 3 varieties – *Misariya, Arabiya, Turushkiya*.

**Table 1: Yashtimadhu Ingredients**

<b>Kula</b>	<i>Shimbikul</i>
<b>Upakula</b>	<i>Aparajitha</i>
<b>Upakula Gana Acharya Charaka</b>	<i>Khantya, Jivaniya, Sandhaniya, Varnya, Kanthya, Kandugna, Mutravirechaniya, Shonithsthapanana, Chardinigrahana, Snehopaga, Vamanopaga, Asthapanopaga, Purishavirajaniya, Dahaprasamana</i>
<b>Acharya Susruta</b>	<i>Kakolyadi, Sarivadi, Anjanadi, Vachadi, Brihatyadi, Utpaladi, Nyagrodhadi</i>
<b>Rasa</b>	<i>Madhura</i>
<b>Guna</b>	<i>Guru, Snigdha</i>
<b>Virya</b>	<i>Sheeta</i>
<b>Vipaka</b>	<i>Madhura</i>
<b>Dosa Karma</b>	<i>Vata Pitt Ahara</i>
<b>Sthanika Karma (Bahya)</b>	<i>Doshasamaka Keshya, Vedhanasthapanana, Shoth Ahara, Chedana, Vranaropana</i>
<b>Dhatu Karma</b>	<i>Balavarnakrit, Cakshushya, Vrishya, Rasayana, Raktapradhana</i>
<b>Roga Karma</b>	<i>Chardi, Sosha, Trsna, Vranashodana, Vatarakta, Sadhyovrana, Kshata</i>

**Major Chemical Components**

Glycyrrhizin, Glycyrrhizic Acid, Glycyrrhetic Acid, Liquirtin, Isoliquirtin, Neoisoliquirtin, Liquiritogenin, Isoliquiritogenin, Glabrine, Licuraside, Licochalcones A & B, Hispaglabrine A & B, Licoricidin, Glabrene, Liquiritic Acid, Glabrolide.

- Glycyrrhizin showed anti-arthritis and anti-inflammatory effect on formaldehyde-induced rat-paw oedema in adrenalectomized rats. It was found to potentiate the anti-arthritis action of hydrocortisone in rats (Gujral et al., 1961a).
- The anti-inflammatory activity of glycyrrhetic acid and its diacetate was similar to that of hydrocortisone on formalin-induced arthritis in albino rats (Tangri et al., 1964).
- Glycyrrhetic acid protected guinea pig against bronchospasm induced by histamine or 5-HT. It significantly lowered plasma corticosterone concentration although adrenal weight remained unaltered (Tangri et al., 1968).
- The oral administration of powdered root in 5 cases of pemphigus, who had been kept free from bullae with prednisolone, could considerably reduce the

dose of prednisolone without reappearance of the lesions (Saxena et al; 1965a).

- The anti-inflammatory response of *G.glabra* was found to be equivalent to that of oxyphenbutazone. It appeared to possess a more potent anti-pyretic and anti-exudative activity in comparison to oxyphenbutazone (Saxema et al; 1970).
- Glycyrrhizin showed a significant anti-diuretic effect in rats and rabbits on oral and parenteral administration (Gujral et al; 1961c).
- Glycyrrhetic acid drops were found to be of definite therapeutic value on 32 cases of allergic conjunctivitis both in acute and chronic cases (Saxena et al; 1965b).
- Glycyrrhetic acid showed an antipyretic activity similar to that of sodium salicylate on rectal temperature of normal and pyretic rats (Saxena & Bhalla. 1968)

## Cocoa Butter<sup>[17]</sup>

### Synonyms

Theobroma oil, cocoa butter, cocoa beans, semina theobromatis.

### Biological Source

It is obtained from roasted seeds of Theobroma cacao Linn. belonging to family Sterculiaceae.

### Geographical Source

Cocoa is cultivated in Brazil, Sri Lanka, Philippines, Curacao, Mexico, West Africa (Ghana, Nigeria) and some parts of India.

### Description

Cocoa butter is the fat from the Theobroma cocoa. It may be obtained either by expressing the oil from the seeds or by the solvent extraction. Chemically, it is a mixture of triglycerides of saturated and unsaturated fatty acids, primarily stearic, palmitic, oleic, lauric, and linoleic. It is solid in room temperature but melts at the body temperature with the melting point of 31 degree to 34°C. The specific gravity of the melt is 0.858 to 0.864. Cocoa butter is non-irritant to sensitive membrane tissues. It is also an excellent emollient and is used alone or in topical skin products for this property. Cocoa butter has a solidification temperature 12°C to 13°C below its melting point. This makes it easy to pour suppositories before the base solidifies<sup>[18]</sup>. In many previous Research works in Ayurveda, cocoa butter has been used for the preparation of suppository.<sup>[19, 20]</sup>

### Preparation

- Cocoa seeds contain nearly 50% of cocoa butter.
- The seeds are separated from pods and are allowed to ferment.
- Fermentation process takes place at 30-40 degree Celsius in tubes, boxes or in the cavities made in the earth for three to six days and during fermentation the colour of the seeds changes from white to dark reddish brown due to enzymatic reaction.
- If the seeds are not subjected for the process of fermentation and dried in sun, then they are more astringent, bitter tasting and of less value.
- After fermentation, the seeds are roasted at 100-140 degree Celsius to remove acetic acid and water present in the seeds and facilitate removal of seed coat also.
- The seeds are cooled immediately and are fed into nibbling machine to remove the shells followed by winnowing.
- The kernels are then fed into hot rollers which yield a pasty mass containing cocoa butter.
- The pasty mass is further purified to give cocoa butter.

### Characteristics

Cocoa butter is yellowish white solid and brittle below 25 degree Celsius. It has pleasant chocolate odour and taste. It is insoluble in water but soluble in chloroform, petroleum ether, ether and benzene. Specific gravity ranges from 0.858 to 0.864, melting point between 30 degree Celsius and 35 degree Celsius, refractive index varies from 1.4637 to 1.4578, saponification value is 188-195 and iodine value 35-40.

### Chemical Constituents

It consists of glycerides of stearic (34%), palmitic (25%), oleic acid (37%) acids, and small amount of linoleic acids and arachidic acid. Glyceride structure is responsible for non-greasiness of product.

### Uses

It is used as an emollient, as a base of suppositories and ointments, manufacture of creams and toilet soaps. It reduces the formation of stretch marks during pregnancy by keeping the skin supple. It is used as an ingredient in lotion bars, lip balms, body butters, soaps and belly balms for expectant mothers.

### Drug Preparation

For the preparation of suppository, cocoa butter was melted by double boil method. Then *Yashtimadhu Churna* was added to it in the ratio 2:1. The formulation is then poured in the mould of anal suppository which is cone shaped and measures around 2-4cm length and refrigerated at 3 to 5 degree. Suppositories were stored in an aseptic environment. It was used whenever needed after bringing it to normal room temperature.

### Procedure Review

- Patients who are under inclusion criteria, who signed in the consent form was selected
- The procedure that has to be done was explained to the patient
- Patient was made to lie in lithotomy position.
- Inspection, palpation was done
- Digital examination: It was done wearing disposable gloves. Patient was instructed to open his/her mouth and breathe in and out deeply.
- Patient's anus was cleaned with antiseptic solution.
- *Yashtimadhu* suppository was inserted into the anus after defecation and covered with cotton swab.

### Diagnostic Criteria

Based on the history and per rectal examination findings, sign and symptoms- cutting type of pain, pain during defecation, passage of bright streaks of blood along with stool or seen in the tissue paper, tight sphincter tonicity, *Parikartika* was diagnosed.

**Plan of the Study**

**Inclusion Criteria**

- Patient diagnosed with *Parikartika*/fissure-in ano
- Irrespective of gender and age

**Exclusion criteria**

- Crohn’s disease
- Congenital anomalies of rectum, anal canal
- All malignancies, all sexually transmitted diseases
- AIDS, TB, Hepatitis B
- Uncontrolled diabetes mellitus, hypertension.

**Assessment Criteria**

- Pain
- Ulceration in anus
- Tight sphincter tone

**Subjective Criteria**

Pain was assessed based on the following scoring pattern.<sup>[21]</sup>

- 0 – No pain
- 1 – Pain remains only during defecation
- 2 – Pain remains 1-2 hours after defecation
- 3 – Pain remains 4-6 hours after defecation
- – Pain remains 24 hours

**Objective Criteria**

**Ulceration in Anus**

- 0 – No tearing

**Effect of *Yashtimadhu* Suppository on Subjective and Objective Parameters**

**Pain**

- 1 – Mucosal tearing less than 1cm
- 2 – Mucosal tearing greater than 2cm
- 3 – tearing upto pectinate line

**Sphincter Tone**

During P/R examination,

- 0 – Index finger insertion to anal canal without any pain or discomfort
- 1 – able to admit index finger with tolerable pain
- 2 – able to admit little finger with tolerable pain
- 3 – Pain by touching perianal area. Not possible to perform examination<sup>[22]</sup>

**Duration of the Study**

*Yashtimadhu* suppository was administered daily twice for a period of 14 days.

**Follow up**

Follow up for once a week for one month– 7<sup>th</sup>, 14<sup>th</sup>, 21<sup>st</sup>, 28<sup>th</sup> day.

**Investigation**

- Hb %
- TC
- DC
- ESR
- HIV
- HbsAg

**Table 2: Assessment on the Effect of *Yashtimadhu Churna* Suppository on Pain**

	Mean Rank	Chi-Square	P Value
Pain day 1	7.95	254.601	<0.001
Pain day 5	6.98		
Pain day 10	5.63		
Pain day 14	3.38		
Pain 1 <sup>st</sup> follow up	3.03		
Pain 2 <sup>nd</sup> follow up	3.03		
Pain 3 <sup>rd</sup> follow up	3.01		
Pain 4 <sup>th</sup> follow up	3.01		

There was a statistically significant difference in pain with treatment,  $\chi^2 (2) = 254.601, p = <0.001$ . The mean rank has a steady fall from day1 to 4<sup>th</sup> follow up. Pain at day 14 indicating a 65% reduction in mean rank from day 1.

**Ulceration**

**Table 3: Assessment on the Effect of *Yashtimadhu Churna* Suppository on Ulceration**

	Mean Rank	Chi-Square	P Value
Day 1	7.89	249.086	<0.001
Day 5	6.79		
Day 10	5.69		
Day 14	3.56		
1 <sup>st</sup> follow up	3.00		
2 <sup>nd</sup> follow up	3.08		
3 <sup>rd</sup> follow up	3.00		
4 <sup>th</sup> follow up	3.00		

There was a statistically significant difference in pain with treatment,  $\chi^2(2) = 249.086$ ,  $p = <0.001$ . The mean rank has a steady fall from day 1 to day 14 then showing a slight increase from first follow up to 2<sup>nd</sup> and stabilizes at 3 points. AT indicating a 62.1% reduction in mean rank from day 1.

**Sphincter Tone**

**Table 4: Assessment on the Effect of Yashtimadhu Churna Suppository on Sphincter Tone**

	Mean Rank	Chi-Square	P Value
Day 1	7.79	222.520	<0.001
Day 5	6.41		
Day 10	5.39		
Day 14	4.10		
1 <sup>st</sup> follow up	3.78		
2 <sup>nd</sup> follow up	3.01		
3 <sup>rd</sup> follow up	2.76		
4 <sup>th</sup> follow up	2.76		

There was a statistically significant difference in sphincter tone with treatment,  $\chi^2(2) = 222.520$ ,  $p = <0.001$ . The mean rank has a steady fall from day 1 to 4<sup>th</sup> follow up. Sphincter Tone at 4<sup>th</sup> follow-up indicating a 54.2% reduction in mean rank from day 1

**Overall Assessment**

**Table 5: Overall Assessments**

Parameter	Effect of the Treatment
Pain	65%
Ulceration	62.1%
Sphincter tone	54.2%

Pain was managed in 65%, ulceration was moderately healed in 62.1% and sphincter tone was moderately normalized in 54.2%.

**RESULTS AND DISCUSSION**

**Effect on Pain**

There was a statistically significant difference in pain with treatment,  $\chi^2(2) = 254.601$ ,  $p = <0.001$ . The mean rank has a steady fall from day 1 to 4<sup>th</sup> follow up. Pain at day 14 indicating a 65% reduction in mean rank from day 1.

A Wilcoxon signed-rank test showed that a treatment did elicit a statistically significant change in pain in individuals. All group comparisons from day 1 showed a statistically significant change. Pain values are found to decrease from G4 to G0 in all the patients, pain values remained a constant across all the follow ups.

**Effect on Ulceration**

There was a statistically significant difference in ulceration with treatment,  $\chi^2(2) = 249.086$ ,  $p = <0.001$ . The mean rank has a steady fall from day 1 to day 14 then showing a slight increase from first follow

up to 2<sup>nd</sup> and stabilizes at 3 points. AT indicating a 62.1% reduction in mean rank from day 1.

A Wilcoxon signed-rank test showed that a treatment did elicit a statistically significant change in ulceration in individuals. All group comparisons from Day 1 showed a statistically significant change. Ulceration values are found to decrease from G4 to G0 in all the patients, ulceration values almost remained a constant across all the follow ups.

**Effect on Sphincter Tone**

There was a statistically significant difference in sphincter tone with treatment,  $\chi^2(2) = 222.520$ ,  $p = <0.001$ . The mean rank has a steady fall from day 1 to 4<sup>th</sup> follow up. Sphincter Tone at 4<sup>th</sup> follow-up indicating a 54.2% reduction in mean rank from day 1.

A Wilcoxon signed-rank test showed that a treatment did elicit a statistically significant change in pain in individuals. All group comparisons from day 1 showed a statistically significant change. Sphincter Tone values is found to decrease from G4 to G0 in all the patients, values slightly increasing from day 14 to follow-up.

**Images of Yashtimadhu Suppository with Ingredients**



Figure 1: *Yashtimadhu*



Figure 2: *Yashtimadhu churna* and Cocoa butter



Figure no 3: *Yashtimadhu Suppository*



Figure no 4: Before treatment Figure no 5: After treatment

## CONCLUSION

In this clinical study, the efficacy of *Yashtimadhu* suppository in the management of pain in *Parikartika* (fissure-in ano) showed statistically significant result.

- *Yashtimadhu* suppository showed significant effect in *Parikartika* especially pain.
- The objective parameters are ulceration, sphincter tone. Sphincter tone of the patients in this study were found to be least improved. Since *Yashtimadhu* suppository mainly focuses on the pain, it doesn't showed much impact on the sphincter tone. So, along with *Yashtimadhu* suppository one should give *Anulomana* e.g., *Triphala choorna* which helps in relieving the constipation.
- Since it relieves pain in the *Parikartika*, it can be used in the other ano-rectal conditions i.e., post-operative pain management in haemorrhoidectomy or any after any other surgical conditions too.

- The recurrence of symptoms was found in most of the patients even after follow-ups showed the temporary effect of the *Yashtimadhu* suppository due to the recurrent nature of the *Parikartika* (fissure-in ano). So, *Anulomana chikitsa* also plays a significant role to relieve *Parikartika*.
- Rectal Suppositories are the simple formulation which is easy to administer, easy to prepare, cost effective.
- It can be carried easily if packed in aluminium foil sheet. The main focus of the suppository is the pain management and can be used whenever required.

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