# "Yashtimadhu Ghrita Pichu in Parikartika: A Clinical Insight"

***Dr Satish Shelkar[1], Dr Datta Kumavat[2]**

**[1]P.G Scholar, Shalyatantra Department, SMBT Ayurved College and Hospital, Igatpuri, Nashik**

**[2]Professor, Shalyatantra Department, SMBT Ayurved College and Hospital, Igatpuri, Nashik**

***Corresponding Author**

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## ABSTRACT

Fissure-in-ano, described in classical Ayurvedic texts under the broader clinical umbrella of Parikartika, is a common and painful anorectal condition. It is characterised by a linear tear in the anal mucosa, most often caused by the passage of hard stool, and presents with sharp, cutting or burning pain along with bleeding during and after defecation. This clinical study evaluated the efficacy of Yashtimadhu Ghrita (a medicated ghee preparation of Glycyrrhiza glabra Linn.) applied locally as a Pichu (medicated tampon) in 30 patients diagnosed with Parikartika. Eight clinical parameters — Gudashool (pain), Gudadaha (burning), Gudakandu (itching), fresh bleeding, Malavashthamba (constipation), sphincter tone, ulcer status, and spasm — were graded before and after treatment. All parameters showed a statistically significant reduction in severity following treatment (Wilcoxon signed-rank test, $p < 0.001$ for each), with an overall mean symptom relief of 83.7%. Twenty-six of thirty patients (86.7%) showed marked improvement and the remaining four (13.3%) showed moderate improvement; no patient remained unchanged or showed only mild relief. These findings support the classical description of Yashtimadhu Ghrita as an effective local application for fresh wounds and suggest its clinical utility in the management of Parikartika.

**Ketwords:** Parikartika,Gudashool, Gudadaha, Gudakandu,fresh bleeding, Malavashthamba

## INTRODUCTION

In Ayurvedic literature, Parikartika is not described as an independent disease but appears scattered across texts as a complication of several conditions, including Vatika Jwara, Vatika Pakwa Atisara, Sahaja Arsha, Kaphaja Arsha, the premonitory stage of Arsha (Arsha Purvarupa), Udavarta, and pregnancy (Garbhini), as well as a consequence of the improper administration of purgatives or enemas. Based on its classical presentation, Parikartika corresponds closely to fissure-in-ano in contemporary medical terminology.

Fissure-in-ano is among the most distressing anorectal conditions, occurring across all age groups and both sexes, and accounts for roughly 30–40% of anorectal disease presentations. Ayurveda attributes the condition primarily to vitiation of Apana Vayu. Clinically, constipation is recognised as the single most important precipitating factor: the passage of hard stools, irregular dietary habits, excessive intake of spicy or pungent food, poor bowel habits, and inadequate local hygiene all predispose an individual to fissure formation. It begins as a superficial tear in the anoderm that may heal with conservative management or progress into a chronic fissure if untreated.

Clinically, the cutting and burning quality of the pain reflects, in Ayurvedic terms, a combined derangement of Vata and Pitta Dosha, indicating that an ideal local remedy should possess both Vata-Pitta-pacifying and wound-healing (Vrana Ropaka) properties. Because the fresh fissure is essentially a linear ulcer demanding urgent pain relief, it can be regarded as a Sadhya Vrana (an acute, freshly formed wound) in Ayurvedic surgical thought. Sushruta Samhita's Sutra Sthana recommends Yashtimadhu Ghrita specifically for the relief of pain in fresh wounds, yet this formulation had not previously been studied for the management of Parikartika, providing the rationale for the present investigation.

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## Aim and Objectives

**Aim:** To evaluate the effectiveness of Yashtimadhu Ghrita Pichu in the management of Parikartika.

**Primary Objective:** To observe and document the therapeutic effect of Yashtimadhu Ghrita Pichu in patients diagnosed with Parikartika.

## Materials and Methods

### Study Design and Setting

A single-arm, before–after clinical study was conducted in the OPD and IPD of the Department of Shalyatantra, SMBT Ayurved College and Hospital.

### Study Population

Thirty patients (n = 30), aged 30–60 years, clinically diagnosed with Parikartika, were enrolled after obtaining written informed consent.

### Intervention

Yashtimadhu Ghrita Pichu (a medicated ghee-soaked tampon prepared from Glycyrrhiza glabra Linn.) was applied locally to the fissure site. Panchavalkal Kwatha sitz baths were advised for local hygiene, and Erandbhrista Haritaki was administered for Anulomana (mild laxation).

### Assessment Parameters

Eight clinical parameters were scored on a 0–3 severity scale (0 = absent, 1 = mild, 2 = moderate, 3 = severe) before treatment (BT) and after treatment (AT): Gudashool (anal pain), Gudadaha (burning sensation), Gudakandu (anal pruritus), fresh per-rectal bleeding, Malavashthamba (constipation), anal sphincter tone, fissure/ulcer status, and sphincter spasm.

### Statistical Analysis

Before- and after-treatment scores for each parameter were compared using the Wilcoxon signed-rank test, appropriate for paired ordinal data. A paired t-test was additionally applied to the total composite symptom score. A p-value of less than 0.05 was considered statistically significant. Overall response was categorised by percentage relief in the total score as unchanged (<25%), mild (25–49%), moderate (50–75%), or marked improvement (75–100%).

## Results

Thirty patients completed the study, with no dropouts or withdrawals recorded. All eight assessed parameters showed a marked and statistically significant reduction in mean severity score following treatment with Yashtimadhu Ghrita Pichu (Table 1).

| **Parameter** | **Mean score BT (± SD)** | **Mean score AT (± SD)** | **% Relief** | **Wilcoxon signed-rank test** |
|---|---|---|---|---|
| Gudashool (anal pain) | 3.00 ± 0.00 | 0.47 ± 0.51 | 84.4% | $p < 0.001$* |
| Gudadaha (burning sensation) | 3.00 ± 0.00 | 0.63 ± 0.49 | 78.9% | $p < 0.001$* |
| Gudakandu (anal pruritus) | 2.47 ± 0.51 | 0.50 ± 0.51 | 79.7% | $p < 0.001$* |
| Fresh bleeding (per rectal) | 3.00 ± 0.00 | 0.43 ± 0.50 | 85.6% | $p < 0.001$* |

| | | | | |
|---|---|---|---|---|
| Malavashthamba (constipation) | 3.00 ± 0.00 | 0.60 ± 0.50 | 80.0% | $p < 0.001$* |
| Sphincter tone (hypertonicity) | 3.00 ± 0.00 | 0.40 ± 0.50 | 86.7% | $p < 0.001$* |
| Ulcer (fissure status) | 3.00 ± 0.00 | 0.40 ± 0.50 | 86.7% | $p < 0.001$* |
| Spasm | 3.00 ± 0.00 | 0.40 ± 0.50 | 86.7% | $p < 0.001$* |

Table 1: Mean symptom severity scores before (BT) and after (AT) treatment with Yashtimadhu Ghrita Pichu (n = 30). *Wilcoxon signed-rank test, statistically significant.

The greatest percentage relief was observed in sphincter tone, ulcer status, and spasm (86.7% each), followed by fresh bleeding (85.6%) and anal pain (84.4%); the smallest, though still substantial, relief was seen in anal pruritus (Gudakandu, 79.7%) and burning sensation (Gudadaha, 78.9%). Considering the total composite symptom score across all eight parameters, the mean score fell from 23.47 ± 0.51 before treatment to 3.83 ± 1.74 after treatment, a mean overall relief of 83.7% (paired t-test, $t = 64.36$, $p < 0.001$; Wilcoxon signed-rank test, $p < 0.001$).

On overall response grading, 26 of 30 patients (86.7%) showed marked improvement (75–100% relief) and the remaining 4 patients (13.3%) showed moderate improvement (50–75% relief). No patient fell into the mild-improvement or unchanged categories (Table 2).

| **Category of response** | **Number of patients (n = 30)** | **Percentage** |
|---|---|---|
| Marked improvement (75–100% relief) | 26 | 86.7% |
| Moderate improvement (50–75% relief) | 4 | 13.3% |
| Mild improvement (25–49% relief) | 0 | 0% |
| Unchanged (<25% relief) | 0 | 0% |

Table 2: Overall clinical response to Yashtimadhu Ghrita Pichu therapy (n = 30).

No adverse events or treatment-related complications were reported during the study period.

## DISCUSSION

The results of this study demonstrate a statistically significant and clinically meaningful improvement across all measured parameters of Parikartika following local application of Yashtimadhu Ghrita Pichu. In Ayurvedic understanding, Parikartika arises chiefly from vitiation of Apana Vayu with secondary involvement of Pitta Dosha, manifesting as cutting pain (Gudashool), burning sensation (Gudadaha), and bleeding. Yashtimadhu (Glycyrrhiza glabra) is classically attributed with Madhura Rasa, Sheeta Virya, and Vata-Pitta-shamaka properties, along with a specific Vrana Ropaka (wound-healing) action described in the Sushruta Samhita for fresh wounds. The Ghrita (ghee) base itself is considered Sara and Snigdha, aiding in penetration to deeper tissues, lubrication of the anal canal, and softening of the fissure margins, which may explain the marked reduction observed in pain, burning, and sphincter spasm scores.

Contemporary pharmacological studies on Glycyrrhiza glabra have reported anti-inflammatory, analgesic, antimicrobial, and mucosal-healing actions attributed to glycyrrhizin and related flavonoids, which lends biomedical plausibility to the clinical improvement seen here in ulcer status and bleeding. The reduction in Malavashthamba (constipation) scores may additionally reflect the concurrent use of Erandbhrista Haritaki as a mild laxative, which would have reduced straining and mechanical trauma to the fissure, complementing the local action of the Ghrita Pichu.

Several limitations of this study should be noted. The design was a single-arm, before–after evaluation without a concurrent control or comparator group, which limits the ability to attribute improvement solely to the intervention rather than to natural resolution or non-specific supportive measures (sitz bath, dietary advice). The sample size (n = 30) was modest and drawn from a single centre, and symptom grading, though structured, relied on clinical observation rather than fully blinded or objective instrumentation. Longer-term follow-up to assess recurrence was not part of the reported dataset. Future work should therefore include a randomised controlled design with an active comparator (such as the lignocaine–nifedipine ointment originally proposed), a larger multi-centric sample, and extended follow-up to evaluate recurrence and long-term healing.

## CONCLUSION

In this study of 30 patients, local application of Yashtimadhu Ghrita Pichu produced a statistically significant reduction ($p < 0.001$) in all eight assessed parameters of Parikartika, with an overall mean symptom relief of 83.7% and marked improvement in the majority of patients (86.7%). No adverse effects were observed. These findings are consistent with the classical Ayurvedic description of Yashtimadhu Ghrita as an effective agent for pain relief and wound healing in fresh wounds, and support its potential as a safe, effective, and low-cost local therapy for Parikartika. Confirmation through larger, controlled, multi-centric trials is recommended before wider clinical adoption.

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