



Original Research Paper

“A CLINICAL STUDY OF MANJISTHADI TAILA MATRAVASTI AND LATERAL SPHINCTEROTOMY FOR THE MANAGEMENT OF PARIKARTIKA W.S.R TO ACUTE FISSURE IN ANO.”

Sahu Subodh Kumar¹, Singh Balendra², Baghel Dheeraj Singh³, Chandravanshi Satish Kumar⁴, Thakur Sewanti⁵, Vansjadiya Yukta⁶, Bitharu Pritish Ranjan⁷,

¹MS scholar, Department of Shalya Tantra, GAC, Raipur, C.G, India, subodhkumarsahu92@gmail.com

²Professor and HOD, Department of Shalya Tantra, GAC, Raipur, C.G, India, drbalendrasingh@gmail.com

³Reader, Department of Shalya Tantra, GAC, Raipur, C.G, India, dr.bagheldheeraj25@gmail.com

⁴Lecturer, Department of Shalya Tantra, GAC, Raipur, C.G, India, satishkwd.123@gmail.com

⁵MS Scholar, Department of Shalya Tantra, GAC, Raipur, C.G, India, tsewanti2021@gmail.com

⁶Vansjadiya Yukta, Assistance professor (Ayurveda Samhita & Siddharth), Murlidhar Ayurveda College Rajkot, Gujarat, vansjadiyayukta40922@gmail.com

⁷MD Scholar, Department of Ayurveda Samhita & Siddharth, GAC, Balangir, Odisha, India, ranjanprish00@gmail.com

Abstract

Introduction - Fissure-in-ano (*Parikartika*) is a very common anorectal problem across the world. Anal fissure is a linear or longitudinal shaped tear in the anal canal starting just below the dentate line extending to the anal verge.

Aims – The present study aims at to determine the clinical study of *Manjisthadi taila matravasti* and lateral sphincterotomy in the management of *parikartika* w.s.r to acute fissure in ano.

Material and methods- This study was conducted at Shalya Tantra OPD of NPA Govt Ayurveda collage, Raipur (C.G). Patients with fissure in ano, who were selected randomly in this study. The diagnosis was made on the basis clinical feature and anorectal examination which includes inspection, palpation, digital rectal examination and proctological examination.

Results-

Both treatment groups showed significant improvement in pain, bleeding per rectum, and constipation in patients with Acute Fissure-in-Ano (*Parikartika*). Group B (*Manjisthadi Taila Matravasti* and Lateral Internal Sphincterotomy) provided faster relief of pain and bleeding than Group A. Complete remission was observed in 75% of patients in Group A and 85% in Group B. The remaining patients in both groups showed marked improvement, with no treatment failures. Overall, the combination therapy was found to be more effective than *Matravasti* alone.

Conclusion –

Both *Manjisthadi Taila Matravasti* and *Manjisthadi Taila Matravasti* with Lateral Internal Sphincterotomy were effective in the management of Acute Fissure-in-Ano (*Parikartika*). However, the combination therapy provided faster relief of pain and bleeding with a higher complete remission rate (85%). Therefore, it can be considered a more effective treatment modality than *Matravasti* alone.

Keywords:- *Parikartika*, Fissure in ano, *Panchasakar churna*, *Manjisthadi taila*, *Matravasti*, Lateral internal sphincterotomy.

Introduction-

Fissure in ano is defined as longitudinal split within anoderm of the distal anal canal, which extends from the anal verge proximally towards, but not beyond, the dentate line¹. Fissure-in ano is a most prevalent anorectal condition in all over the world which causes considerable morbidity and affects the patient's quality of life to a great extent. The incidence of fissure in ano is 11%². Anal fissures can be acute or chronic. Acute fissures are a shallow tear in the ANO derm. Symptoms associated with acute fissures include anal pain, spasm, and/or

bleeding with defecation. Chronic fissures are present for more than 6 to 8 weeks. Features of a chronic fissure are exposed fibers of internal anal sphincters at the base, hypertrophied anal papilla proximally and a skin tag or sentinel pile distally³. The diagnosis can typically be confirmed by physical examination and Endoscopy in the office if tolerated by the patient. By gentle separation of the buttocks and examination of the anus, a linear separation of the ANO derm can be identified at the lower half of the anal canal⁴. Hyper tonicity of the internal anal sphincter, mucosal ischemia along the

*Corresponding Author:

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posterior midline, chronic constipation and injury from hard stools are the factors causing development of fissure in ANO⁵. The reasoning behind addressing this condition is to decrease the tone of the internal anal sphincter, which in turn alleviates the spasm and enhances blood circulation. Among the surgical options available, the lateral internal sphincterotomy is considered the gold standard procedure. This technique is preferred for chronic fissures due to its effectiveness, safety, cost-effectiveness, and a reduced incidence of complications⁶.

In *Ayurveda parikartika* which refers to a condition in which patient experiences a sensation of pain as if the anal canal being cut around with scissors⁷. The word *parikartika* is combined of two word “*pari*” which means around the anus and “*kartika*” means the cutting pain. so literally *parikartika* is a condition in which there is a severe cutting pain around the anus⁸. In Ayurveda Parikartika is not mentioned as an independent disease but mentioned as complication of some other disease⁹. *Maharshi Caraka* has explained that *parikartika* is a complication of *vataja atishara*¹⁰ and It was explained as a complication of *Basti* in which one cause is due to trauma by *basti netra* and another is due to administration of *ruksha basti* which contains Teekshna and lavan dravyas in heavy doses, these are known as Bastivyapad¹¹. In *Sushruta Samhita* and *Ashtanga Sangraha*, *Parikartika* is mentioned as *purvarupa* of *arsha*¹².

Acharya Kashyapa has mentioned *parikartika* as separate disease by in the context of *garbhini vyapada*. He also explained three types according to *Dosha* predominance i.e. *Vataj*, *Pittaj* and *Kaphaj*. In acute condition the prevalent dosha is *vata* and *dushya* are *twak*, *rakta* and *mamsa* in the area of anal canal, which gets involved gradually according to the progress of disease¹³.

Constipation has been the most common etiological factor. There are no clear guidelines for conservative management of anal fissure. The goal of fissure management is to break the cycle of anal sphincter spasm allowing improved blood flow to the fissured area in order to promote the healing of fissure¹⁴. In *Bhaisajya Ratnavali*, *Acharya Govind Das Sen* has mentioned so many *vrana ropak taila* for ulcer, *Manjisthadi taila*¹⁵ is one of them which was given in the form of *matravasti*. *Manjisthadi Taila* have good *Vrana ropaka* and *Vedana shamak* properties. In acute fissure in ano symptoms having sphincter tone increase which appear as *sannirudha guda* or increase sphincter tone. *Acharya Susruta* has mentioned that the treatment of *sannirudh guda* as like *nirudha prakash* such as *shastra karma* and *srota vivardhana* for the management of *sannirudha guda*. So I will treat fissure in ano with lateral sphincterotomy for *srota vivardhana*.

Aims and objectives

Aims –

A clinical study of *Manjisthadi taila matravasti* and Lateral sphincterotomy for the management of *parikartika* w.s.r to acute fissure in ano.

Objectives –

- To study the literature review of *parikartika* (Fissure in Ano) according to *Ayurveda* & modern science.
- To evaluate the efficacy of *Manjisthadi taila matravasti* in the management of *parikartika*.
- To report any ADR (adverse drug reaction) related with administration of *Manjisthadi taila matravasti*.

Material and methods:-

Source of Data

a. **Literary Source:** All the available Ayurvedic, modern literature and contemporary texts and also includes the journals and internet sources about the disease and drugs was reviewed and documented.

b. **Pharmaceutical Source:** The *Manjisthadi taila* selected for the present research work was prepared at the department of Rasashastra and bhaisajya kalpana, NPA Govt. Ayurvedic college, Raipur, chhattishgarh Triveni and after the durg authentication by DTL, Raipur, chhattishgarh.

c. **Clinical Source:** Diagnosed patients were selected randomly from Shalya tantra OPD and IPD of Shri Khudad Dungaji Govt Ayurvedic Hospital, Raipur.

Methods of collection of data:- For the present pilot study 15 patient of either sex were selected randomly from the Shalya Tantra OPD of NPA Govt Ayurveda collage, Raipur (C.G). The patient was selected on the basis of clinical features, history taking and the physical examination (Per rectal examination), which were noted in a special case perfoma. Selected patients were noted before, during and after the proposed treatment and the changes in the parameters were documented in Case Proforma. Clinical study was conducted on diagnosed cases after obtaining voluntary informed consent.

Criteria for selection of the patients –

- **Study Design** – Non- randomized
- **Study type** – Interventional
- **Purpose**- Treatment
- **Control**- Open
- **Duration**- 28 days
- **Number of group** – 2
- **Sample size** – 20 Patients in each group

Inclusion criteria:-

- Patient of age between 18-60 years irrespective of gender.
- Patient who will be diagnosed with symptoms of Parikartika (Fissure in Ano) as like Excruciating pain (Kartanvat vedana) in anal region during and after defaecation, bleeding per anum, constipation, burning sensation, longitudinal ulcer.
- Acute solitary fissure will be included.
- Fissure in ano without sentinel piles.

Exclusion criteria:-

- Patient below age of 18 and more than 60 years.
- Fissure in ano associated with Ano-Rectal abscess.
- Fissure in ano associated with Fistula in ano.
- Fissure in ano associated with Tuberculosis, Anal Malignancy.
- Immunological disease like Crohn's disease, Ulcerative colitis.
- STDs, HIV, HBsAg, Hepatitis.
- Uncontrolled case of Diabetes mellitus and Hypertension were also excluded from the study.
- Pregnant women.

Method of administration of Matravasti:-

The procedure of administration of *Basti* in general can be divided into three stages, as follows:

1. *Poorva karma*
2. *Pradhan karma*
3. *Pashchat karma*

Poorva Karma:-

- Explain the patient about the procedure.
- Advised for take light food before the procedure.
- Part preparation.
- Written inform consent.
- Material required – Disposable Syringe (50ml), Rubber catheter (8 no.), Disposable gloves, *Saindhava lavana* (125mg), *Satapushpa powder* (125mg), Disposable sheet.
- Patient preparation- Local *abhyanga* and *nadi swedana* over the abdomen, groin, and buttocks.
- Preparation of *Matravasti* – 60 ml of lukewarm *Manjisthadi taila* was taken along with *Saindhava lavana* and *Satapushpa powder* mixed well with help of *khalwa yantra*. Homogenous mixture was prepared and filled into the syring. Then the rubber catheter was fixed to tip of syring.

Pradhan Karma:-

The patient was advised to lie down on the OT table in the left lateral position with his left leg placed straight and the right leg flexed at the hip and knee and it was draw upto the chest. Body was draped and the buttock and anal region are exposed. *Manjisthadi taila* was applied to the anus by finger in a small amount. Sixty milliliters of lukewarm *Manjistadi taila* was taken in a disposable syringe and a rubber catheter lubricated with *Manjisthadi taila* was attached to the disposable syringe. After expelling the air from the disposable syringe, the rubber catheter was passed through the anus of the patients up to the length of 4 inches. The patient was asked to take deep breaths and to lie still while the catheter, and the drug were introduced. The total amount of *taila* was not administered in order to avoid the entrance of *Vayu* into the *pakwashaya*. This procedure was repeated for 7 days.

Pashchat Karma:-

After the administration of *matravasti*, the patient was advised to lie in supine position with the arms and legs spread out freely over the table. Both legs were raised for few minutes so as to raise the waist and gently tapped over the hips. Simultaneously, gentle taps were also given on his soles and over the elbow and palms so that the *matravasti* would spread throughout the body and be retained for the required period.

After *matravasti* patient was advised to take *Panchasakar churna* in bed time with luke warm water daily (If required).

Method of Lateral sphincterotomy:-

The procedure will be divided in to 3 steps-

1. *Poorva karma* (Preoperative Procedure)
2. *Pradhan karma* (Operative Procedure)
3. *Pashchat karma* (Postoperative Procedure)

Preoperative Procedure:-

It includes preparation in relation to the patient and procedure -

- Detailed history and clinical examination
- Digital rectal examination (often limited due to pain)
- Explain the patient about the procedure.
- Part preparation
- Bowel preparation.
- Instruments preparation
- Informed consent explaining the risk.
- Inj. TT - 0.5ml IM for sensitivity.
- Inj. Lignocaine 0.3ml ID for sensitivity.

Operative procedure:-

Patient positioning- Lithotomy

Anesthesia- Local anesthesia, Spinal or General anesthesia (depending on patient factors)

Surgical steps

- **Painting and draping** – Also called skin preparation. This is the process of cleaning the patient's skin around the operative site by using an antiseptic solution like povidone- iodine, chlorhexidine. Draping is the placement of sterile sheets or covers around the surgical site after painting.
- **Identification of intersphincteric plane** - The intersphincteric groove between IAS and EAS is palpated.
- **Incision** - A small incision is made in intersphincteric groove at the lateral position (commonly left side at 3 o'clock position)
- **Division of Internal anal sphincter** -The lower one-third to one-half of the internal sphincter fibers are pulled out with the help of curved artery forcep and carefully divided by using scissors or scalpel.
- **Hemostasis-** Minimal bleeding; controlled by pressure or electric cautery or suture.
- **Closure** - Open technique:- wound left open.

- Closed technique:- incision is minimal and often not sutured.

- **Anal packing** – For control bleeding.

Post operative procedure:-

- Laxatives and liquid diet after 6 hours of procedure.
- Sitz bath with luke warm water (once or twice a day)
- Daily dressing with antiseptic solution like Povidone Iodine.
- *Panchasakar churna*- 5gms HS/SOS with lukewarm water was adviced for laxative.
- Analgesic was adviced the day after operation (only if needed).

Investigation:-

CBC, ESR, BT, CT, Blood sugar (PP and F), HIV, HbsAg, RFT, ECG, RFT, Chest X-ray (if required)

Grouping –

Total 40 patients have been non-randomized selected for detailed study. Those 40 patients were divided non-randomised into two groups containing 20 patients on each group.

Group A- *Matravasti* of *Manjisthadi taila* in the management of *parikartika*.

Group B - Both Lateral sphincterotomy and *matravasti* of *Manjisthadi taila* in the management of *parikartika*.

Posology:-

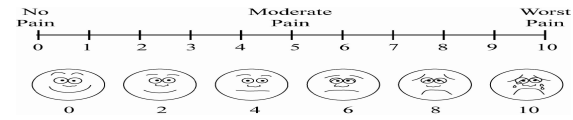
Sl. no	Group	Advice	Form/route/frequency	Duration	Follow up (During treatment)	Follow up (Post treatment)
1	A	<i>Matravasti</i> with <i>Manjisthadi Taila</i>	Rectal route for 7 days	28 days	Once in 7 days	Once in 15 days for 1 month
2	B	<i>Matravasti</i> and Lateral Sphincterotomy	Rectal route for 7 days <i>matrabashti</i>	28 days	Once in 7 days	Once in 15 days for 1 month

Assessment criteria:-

1. Pain (*Kartanavat vedana*)
2. Constipation (*Vivandha*)
3. Bleeding (*Rakta srav*)

Measuring scale of assessment criteria:

- 1) **Pain on VAS** – as the sufferer himself expressed the pain in his own term, so this was graded, starting from mild to severe as per with the visual analogue scale (VAS).



Symptoms	Grade
No pain (Patient free from pain)	0
Mild pain - between 1-3 mark on scale (pain that can be easily ignored)	1
Moderate Pain-between 4-6 mark on scale (pain that can not be ignored)	2
Severe pain-between 7-10 mark on scale (pain that can not be ignored, needs treatment)	3

2. Constipation

Symptoms	Grade
No constipation (passing normal stool daily)	0
Mild (passing hard stool & with straining intermittently)	1
Moderate (stool pass with the use of laxative)	2
Severe (stool pass with the use of digital evacuation)	3

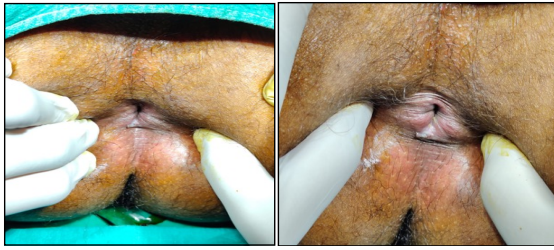
3. Bleeding

Symptoms	Grade
No bleeding	0
Mild (blood streak with defecation)	1
Moderate (drop wise bleeding during defecation)	2
Severe (drop wise bleeding during and after defecation)	3

CASE STUDY -1

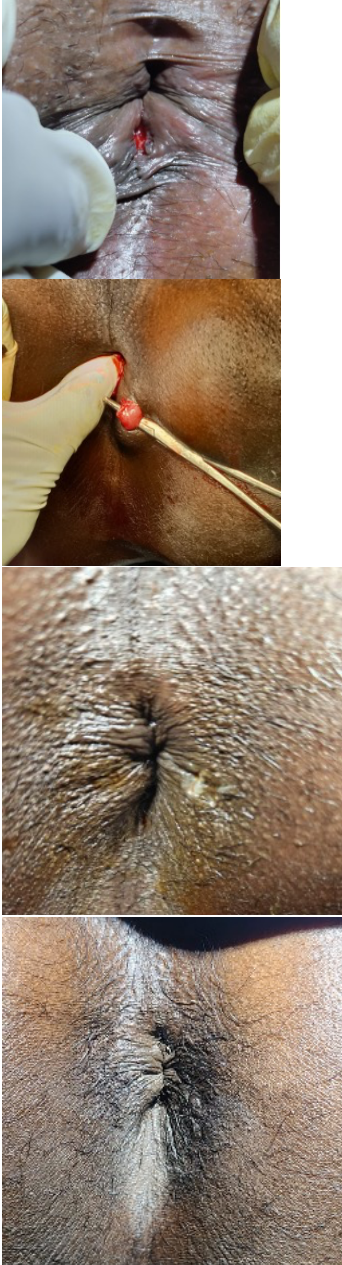
The patient was treated *Manjisthadi taila matravasti* for 7 days.





CASE STUDY-2

The patient was treated Lateral Sphincterotomy and *Manjisthadi taila matravasti* for 7 days.



OBSERVATION & RESULTS:-

The comparative analysis of Group A (*Manjisthadi Taila Matravasti*) and Group B (*Manjisthadi Taila Matravasti* with Lateral Internal Sphincterotomy) in the management of Fissure-in-Ano (*Parikartika*) revealed that both treatment

modalities produced marked improvement in all major clinical parameters.

With respect to pain (table no-1), Group B showed greater reduction than Group A throughout the study. A statistically significant difference was observed on the 14th day ($p = 0.041$), indicating faster pain relief in Group B. However, the differences at the 7th, 21st, and 28th days were statistically non-significant ($p > 0.05$), suggesting that by the end of the treatment period both groups achieved comparable pain relief.

Regarding bleeding per rectum (table no-2), Group B demonstrated significantly greater improvement at the 7th day ($p = 0.033$), indicating earlier control of bleeding. Although Group B maintained slightly better mean improvement at the 14th, 21st, and 28th days, these differences were statistically non-significant ($p > 0.05$). Thus, both groups were equally effective in controlling bleeding by the completion of therapy.

In the assessment of constipation (table no-3), progressive improvement was observed in both groups during the study period. No statistically significant difference was noted between the two groups at any follow-up interval ($p > 0.05$), indicating that both treatment modalities were equally effective in relieving constipation associated with fissure-in-ano.

The overall clinical outcome (table no-4) demonstrated excellent therapeutic efficacy in both groups. In Group A, 75% of patients achieved complete remission, while 25% showed marked improvement. In Group B, 85% of patients achieved complete remission, and 15% showed marked improvement. No patient in either group fell into the categories of moderate improvement, mild improvement, or non-response.

Table No-1

Pain	Mean		Z value	p value	Remark
	Group A	Group B			
Difference At 7 Days	0.95	1.15	1.613	0.107	NS
Difference At 14 Days	1.60	1.95	2.046	0.041	S
Difference At 21 Days	2.05	2.20	0.885	0.376	NS
Difference At 28 Days	2.15	2.20	0.284	0.776	NS

Table No-2

Bleeding	Mean		Z value	p value	Remark
	Group A	Group B			

Difference At 7 Days	0.95	1.25	2.137	0.033	S
Difference At 14 Days	1.30	1.60	1.236	0.217	NS
Difference At 21 Days	1.45	1.65	0.773	0.440	NS
Difference At 28 Days	1.45	1.65	0.773	0.440	NS

Table No-3

Constipation	Mean		Z value	p value	Remark
	Group A	Group B			
Difference At 7 Days	0.55	0.70	0.967	0.333	NS
Difference At 14 Days	1.25	1.20	0.313	0.754	NS
Difference At 21 Days	1.65	1.70	0.333	0.739	NS
Difference At 28 Days	1.70	1.85	0.940	0.347	NS

Table No-4

Overall Relief	Group A		Group B	
	No. of Patients	Percentage	No. of Patients	Percentage
Complete remission (100% relief)	15	75	17	85
Marked improved (75% - 99%)	5	25	3	15

improvement)				
Moderately improved (50% - 75% improvement)	0	0	0	0
Mildly improved (25% - 50% improvement)	0	0	0	0
Not responded (Negligible < 25%) improved	0	0	0	0
Total	20	100	20	100

DISCUSSION

The present study was conducted to compare the therapeutic efficacy of *Manjisthadi Taila Matrabasti* (Group A) and *Manjisthadi Taila Matrabasti* combined with Lateral Internal Sphincterotomy (Group B) in the management of *Parikartika* (Acute Fissure-in-Ano). The findings demonstrate that both treatment modalities were highly effective in reducing the major clinical symptoms of fissure-in-ano, namely pain, bleeding per rectum, and constipation, thereby promoting fissure healing and improving the quality of life of patients.

Pain is the cardinal symptom of fissure-in-ano and is mainly caused by spasm of the internal anal sphincter, which leads to reduced blood supply and delayed wound healing. In the present study, both groups showed progressive reduction in pain throughout the treatment period. However, Group B demonstrated significantly greater pain relief on the

14th day ($p = 0.041$), indicating that the earlier and greater pain relief in Group-B may be due to the addition of Lateral Internal Sphincterotomy, which rapidly relieves internal anal sphincter spasm and improves blood supply to the fissure. *Manjisthadi taila Matrabasti* provides *vatahara*, *sothahara* (anti-inflammatory), and *ropana* (wound-healing) effects in both groups. Thus, the combined therapy offers faster symptomatic relief, although both treatment modalities are effective in achieving complete pain relief by the end of the study.

Bleeding per rectum is another common symptom resulting from repeated trauma to the fissure during defecation. Group B showed significantly better control of bleeding on the 7th day ($p = 0.033$), indicating faster healing of the fissure due to early reduction in sphincter spasm and improved vascular perfusion. However, by the 14th, 21st, and 28th days, both groups exhibited similar improvement, and the differences became statistically non-significant. This suggests that although LIS accelerates early healing, *Manjisthadi Taila Matrabasti* alone is also effective in controlling bleeding by promoting tissue repair and reducing inflammation.

Constipation is an important predisposing and aggravating factor in fissure-in-ano because hard stools repeatedly traumatize the fissure and delay healing. Both groups showed steady improvement in constipation during the study period, with no statistically significant difference between them at any follow-up. *Manjisthadi taila matrabasti* in both groups exerts *Sneha*, *Vatahara*, and *Anulomana* effects, which soften the stool, facilitate easy defecation, and reduce straining. Although LIS in Group B helps by relieving sphincter spasm and reducing pain during defecation, the additional benefit in relieving constipation was not statistically significant. Thus, both treatment modalities were found to be equally effective in improving constipation associated with fissure in ano.

Assessment of the overall clinical outcome revealed excellent results in both groups. Complete remission was achieved in 75% of patients in Group A and 85% in Group B, while the remaining patients in both groups showed marked improvement. No patient exhibited only mild or moderate improvement, and none failed to respond to treatment. These findings indicate that both treatment modalities are highly effective in the management of acute fissure-in-ano. However, the higher complete remission rate and earlier relief of pain and bleeding observed in Group B suggest that the therapeutic effect of *Manjisthadi Taila Matrabasti* may be attributed to its *Vrana-Ropana* (wound-healing), *Shothahara* (anti-inflammatory), *Vedanasthapana* (analgesic), and *Vata-Pitta Shamaka* properties, which promote fissure healing,

reduce inflammation, and facilitate painless defecation. Lateral Internal Sphincterotomy complements these effects by relieving internal anal sphincter spasm, reducing anal canal pressure, improving local blood circulation, and accelerating fissure healing.

***Manjisthadi Taila*¹⁷:-**

Manjisthadi Taila is the one which is having the properties like *vedana shamak*, *vrana ropaka*, *vrana sodhak*, *vatanulomaka*, *daha shamak*, *sothaghna*. *Manjisthadi taila* contains drugs like *Manjistha*, *Raktachanda*, *Murva* and *Tila taila*. *Manjistha* has the properties like *vrana ropaka*, *vedana shamak*, *sothagna* so it helps in wound healing and reduced the pain. Due to the predominance of *kasaya rasa* in *Manjistha*, it will help in *rakta stambhana* which will lead to arrest the bleeding. *Manjistha* has the alkaloid like rubimallin which is an anti-inflammatory agent. Sitosterol and daucosterol possess antibacterial activity. Rubiacordone is reported to have considerable antimicrobial activity against gram negative bacteria like *Bacillus subtilis*, *Streptococcus faecalis* and *Bacillus cereus*. The root extract of *R. cordifolia* was reported as an effective wound healing principle in experimental models as wound healer. *Raktachandan* has the properties like *vrana ropaka*, *daha shamak*, *seetala*, *soumya* and *sothagna*, so it helps in the reducing the burning sensation. *Raktachandana* contains chemical constituents like Triterpenes steroids, terpenoids steroid which has properties like antifungal, anti-bacterial, wound healing, antiulcer. *Murva* has the properties like *krimighna* and *anulomana*, so it helps in prevent any infection in the ulcer and *anulomana* of *apana vayu* and *mala*. *Murva* contains chemical constituents like Polyoxypregnane glycoside such as Tenacigenoside, Tenacissocide-C, H, Tenacigenosides K, G, Marsdenoside B, H, has the properties like Analgesic activity, anti-inflammatory activity, and antioxidant activities. *Tila taila* has the properties of *vedana sthapak*, *vata hara*, *vrana sodhana*, *vrana ropana*, so it helps in the *anulomana* of the *apana vata*, restore the normal sphincter tone, reduced pain and prevent constipation. *Tila taila* contains chemical constituents like sesamol, sesamin, which has the properties like antioxidant and anti-inflammatory, wound healing and mild antibacterial quality.

***Panchasakar churna*¹⁸:-**

Mala baddhata (Constipation) is caused mainly by *vata dushti* and is classified as *vaat pradhan* and *vaat kapha pradhan*. *Pancha sakaar churna* has pacifying action on both the doshas. It is advisable to use *anulomana dravyas* for the treatment of *malabaddhata*.

CONCLUSION

The present comparative clinical study concludes that both *Manjisthadi Taila Matrabasti* (Group A) and *Manjisthadi Taila Matrabasti*

combined with Lateral Internal Sphincterotomy (Group B) are effective treatment modalities for the management of *Parikartika* (Acute Fissure-in-Ano). Both groups demonstrated significant improvement in the major clinical symptoms, including pain, bleeding per rectum, and constipation, with excellent overall healing outcomes.

Therefore, it can be concluded that while *Manjisthadi Taila Matrabasti* alone is an effective conservative treatment for acute fissure-in-ano, the combination of *Manjisthadi Taila Matrabasti* with Lateral Internal Sphincterotomy provides faster symptom relief, earlier wound healing, and better overall clinical outcomes. Hence, the combination therapy may be considered a more effective treatment approach, particularly in patients with severe pain, marked sphincter spasm, or those requiring rapid recovery.

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18. A REVIEW ON PHARMACOLOGICAL
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Jyoti Rathi, Hemlata Harish Shende 2,
Sameeksha Santosh Gurav 3*, Santosh K
Gurav 4