

## COMPARATIVE CLINICAL STUDY OF LAGHU PANCHMOOL KWATHA AVAGAHA SWEDA AND HOT WATER SITZ BATH IN THE POSTOPERATIVE PAIN MANAGEMENT OF ANORECTAL SURGERIES

Dr. Km Mamta\*<sup>1</sup>, Prof. Dr. A. Jayaram<sup>2</sup>, Dr. Ishan Parashar<sup>3</sup>

<sup>1</sup>P.G Scholar, P.G Dept. of Shalya Tantra, VYDS Ayurveda Mahavidhyalaya, Khurja, U.P.

<sup>2</sup>Professor and Guide, P.G Dept. of Shalya Tantra, VYDS Ayurveda Mahavidhyalaya, Khurja, U.P.

<sup>3</sup>Assistant Professor and Co- Guide, P.G Dept. of Shalya Tantra, VYDS Ayurveda Mahavidhyalaya, Khurja, U.P.

Article Info: Received: 29 April 2026,

Revised: 19 May 2026,

Accepted: 09 June 2026

\*Corresponding Author: Dr. Km Mamta

P.G Scholar, P.G Dept. of Shalya Tantra, VYDS Ayurveda Mahavidhyalaya, Khurja, U.P.



### Citation:

Dr. Km Mamta<sup>1</sup>, Prof. Dr. A. Jayaram<sup>2</sup>, Dr. Ishan Parashar<sup>3</sup>. (2026). Comparative Clinical Study Of Laghu Panchmool Kwatha Avagaha Sweda And Hot Water Sitz Bath In The Postoperative Pain Management Of Anorectal Surgeries. International Journal of Clinical and Pharmaceutical Innovations, 1(3), 119-123.

DOI: <https://doi.org/10.5281/zenodo.20691658>

Copyright © Creative Commons Attribution 4.0 (CC BY 4.0)

### ABSTRACT

**Introduction:** Parikartika is most common ano-rectal disorder. The text of parikartika is mentioned in Samhita. In this disease there are symptoms such as bleeding per rectum, constipation, burning sensation around anal region. In the case study for administration over Postoperative pain management in fissurectomy i.e. Parikartika (chronic anal fissure). Panchsakar churna acts as laxative and helps to relieve constipation and laghu panchmool kwatha avagaha sweda to postoperative pain management. **Materials and Methods:** patients diagnosed operated case of Anorectal surgeries will be selected randomly from the O.P.D. & I.P.D. of PLRD hospital attached to Vaidya Yagya Dutt Sharma Ayurveda Mahavidyalaya, Khurja. **Observation and results:** assessment criteria with subjective parameters shool (pain), kandu (itching), burning sensation and objective parameters such as srava (discharge), shopha (inflammation) Results were obtained by statistical analysis Discussion. Post operative pain which seriously affects people health, disturbs daily routine life and also increase the cost of treatment, therefore this study safier, affordable available modalities and to pacify measureable pain, this study is proposed to reduce post operative distress.

**KEYWORDS:** Parikartika, Chronic Anal Fissure, Fissurectomy, Postoperative Pain Management, Panchsakar Churna.

### INTRODUCTION

In modern medicine, parikartika is associated with fissure-in-ano, with cutting and searing pain at Gudda (anal region), which is described as a result of some disorders or as an obstacle to some, Panchakarma treatment.<sup>[1]</sup> It was not described in extensively in classical Ayurvedic texts such as Bruhatrayi. It is mostly discussed as a complication of Virechana and Atisar.<sup>[2]</sup> A fissure in ano is a crack or tear in the anal canal's mucocutaneous junction. It produces acute discomfort during defecation with the passage of small amounts of blood, i.e blood streaks. Fissure in ano primarily, is of two types

viz. Acute and chronic. Secondly it is caused due to other diseases.<sup>[3]</sup> Contributing factors include prolonged constipation, spasm of the internal sphincter, surgical disaster during haemorrhoids surgery and anal stenosis, which can lead to anal fissure. Secondary factors such as Crohn's illness, Ulcerative colitis, Syphilis, HIV, Tuberculosis, and even pregnancy have all been blamed for the disease fissure-in-ano development. Acute fissure in ano usually responds well to conservative treatment, but when it gets converted into chronic fissures which is generally associated with the tag it needs surgical intervention. Currently, treatment for anal fissures

comprises laxatives, topical anesthetic agents, antibiotics, and painkillers. If this treatment fails, the patient is advised to undergo surgery, which has its own set of restrictions. As a result, despite numerous changes in conservative and surgical improvements, controlling anal fissures remains a difficulty even for skilled anorectal surgeons.<sup>[4]</sup>

**Patient's Name:** Mrs. Shayma w/o Mr. Arif Khan  
**Age/Sex:** 30/F  
**Religion:** Muslim  
**Social Status:** Middle class **Occupation:** Housewife  
**Marital status:** Married **Address:** Umralla  
**OPD NO:** 28151  
**Reg. NO:** 3862

### CHIEF COMPLAINTS

1. Constipation: 60 days on and off
2. Bleeding per rectum: 07 days
3. Pain/Burning sensation during defecation: 30 days

### HISTORY OF PRESENT ILLNESS

- Mode of onset - Gradual
- Nature of pain – Continuous
- Aggravating factors – Passing hard stool, constipation, straining during defecation
- Relieving factors – Passing soft stool, Use of laxatives or stool softeners, Rest
- Progression- Increasing
- Previous treatment taken- Stool softeners, analgesics, and local ointment
- Any incision & drainage history-no
- History of trauma-no
- Associated systemic symptom- burning sensation and occasional bleeding per rectum

### PAST HISTORY

- H/O Diabetes Mellitus – No
- H/O Hypertension - No
- H/O Tuberculosis - No
- Previous anorectal disorders – fissure
- Previous similar complaints – Yes
- Previous Surgery – Yes No

**DRUG HISTORY:** History of taking analgesics and stool softeners **HISTORY OF ALLERGY:** no history of drug allergy **DIAGNOSIS AND SURGERY DONE:** Chronic fissure in ano with santinal tag at 6 o'clock position.

### PERSONAL HISTORY

- Appetite (Kshudha) – Decreased
- Dietary Habits – Mixed
- Addictions – Spicy food
- Bowel Habit – Constipated
- Micturition – Normal
- Sleep (Nidra) – Disturbed
- Mental Status – Anxious
- Personal Hygiene – Average

**FAMILY HISTORY:** No history of similar complaint or anorectal disorders in family.

### EXAMINATION OF PATIENT GENERAL EXAMINATION

B.P. (mm Hg)-128/80mmHg Pulse rate -76/min  
 SPO<sub>2</sub>-99%.  
 Temperature -98.2<sup>0</sup>F Respiratory Rate – 18/min

### SYSTEMIC EXAMINATION

Respiratory system: bilaterally chest clear, no added sound  
 Cardio vascular system: no murmur sound  
 Gastro intestinal system: per abdomen soft Genito Urinary system: NAD  
 Central Nervous system: conscious and well oriented

### LOCAL EXAMINATION

#### 1. Inspection

- Site of wound: linear ulcer present at posterior midline of anal canal
- Swelling: Present
- Pain: Present
- Signs of secondary infection: Present

#### 2. Palpation

- Tenderness: Present
- Induration: Absent (extent)

#### 3. Per Rectal Examination

- Sphincter tone: Increased
- Tenderness inside anal canal: Present

### 1. DASHAVIDHA PARIKSHA

- Prakriti- dvandaja
- Vikriti- lakshan nimita
- Sara- Madhyama
- Samhanana- madhyama
- Satmya- Sarvarasa Satmya
- Sattva- madhyama
- Pramana- madhya
- Ahara Shakti- madhyama
- Vyayama Shakti- madhyama
- Vaya- madhyama

### 2. ASHTAVIDHA PARIKSHA

Nadi – regular Mala - saam Mutra – samanya  
 Jihva - saam Shabda – spashta Sparsha - usna Drik – prakruta  
 Aakruti – madhyam

### 3. SAMPRAPTI GHATAK

**Dosha** – vata-pitta

**Dushya** -twaka,mamsa,rakta **Srotas** – purishvaha  
**Srotodushti** -sanga, vimargaman **Roga Marga** –bahya

**Udbhava Sthana** - pakwashaya

**Samprapti** - Nidana Sevana →Vata-Pitta  
 prakopa→Agnimandya

→purishwaha srotodushti → Vibandha→ Excessive straining during defecation→ Tear in Gruda Pradesh→Sphincter spasm +

Rakta dusti

→Parikartika.

**Vyadhi Swabhava** –chronic, kashtasadhya

## INVESTIGATIONS

| Parameters              | Value | Unit                       | Comment |
|-------------------------|-------|----------------------------|---------|
| 1.Haemoglobin           | 12.3  | Gm/dl                      |         |
| 2.Total leukocyte count | 7900  | / cubic mm                 |         |
| 3.Differential count    |       | %                          |         |
| Lymphocytes             | 29    | %                          |         |
| Eosinophils             | 03    | %                          |         |
| Basophils               |       |                            |         |
| Monocytes               | 00    | %                          |         |
|                         | 02    | %                          |         |
| 4.ESR                   | 17    | Mm in 1 <sup>st</sup> hour |         |
| 5. RBS                  | 113   | Mg/dl                      |         |
| 7. B.T.                 |       | 4:15min                    |         |
| 8. C.T.                 |       | 8:10min                    |         |
| 9. P.T.                 |       | 13 sec                     |         |
| 10. INR                 |       | 0.8                        |         |
| 11. HIV                 |       | Non reactive               |         |
| 12.HBsAg                |       | Non reactive               |         |
| 13. HCV                 |       | Non reactive               |         |

### AIM

To Assess the potency of Laghu Panchmool Kwatha Avagaha Sweda and Hot Water Sitz Bath in post operative pain management of Anorectal surgeries.

### OBJECTIVES

To study the effect of Laghu Panchmool Kwatha Avgahan Sweda in post operative pain management of Anorectal surgeries.

### MATERIALS AND METHODS

#### 1. MATERIALS

**SUBJECT** – patients diagnosed operated case of Anorectal surgeries will be selected randomly from the O.P.D. & I.P.D. of PLRD hospital attached to Vaidya Yagya Dutt Sharma Ayurveda Mahavidyalaya, Khurja.

**DRUG** - Kwatha will be prepared from Laghu Panchmool Yavkut. (Kwatha kalpna according, SARANGADHAR)

**DRUG PREPARATION**-Laghu Panchmool Yavkut is boiled with 16 times of water in an earthen pot, over a mild fire till the liquid is reduced to 1/8 of the original quantity.

#### TOOL AND EQUIPMENTS

gas stove, stainless steel vessel, ulukhala yantra, Ladle, khora clothes, big bath tub, thermometer, towel.

#### 2. METHOD

patients are randomly selected from PLRD Hospital as research subjects.

### DIAGNOSTIC CRITERIA

Diagnosis will be made on the basis of clinical presentation Post operative pain of Anorectal surgeries.

### INCLUSION CRITERIA

- 1] Age-16 to 60 years, of either gender.
- 2] Patients who have given informed and written consent to participate in the trial.
- 3] Patients undergone for Anorectal surgery (haemorrhoidectomy, fistulectomy, fistulotomy, fissurectomy)

### EXCLUSION CRITERIA

- 1] Not willing to consent.
- 2] Any other condition, which the Principal Investigator thinks may jeopardize the study.

### WITHDRAWAL CRITERIA

- 1] In the event that a serious condition or serious adverse effects arise during the course of the trial.
- 2] If patients choose to withdraw from the clinical trial.

### CLINICAL STUDY

**Purva Karma:** Warm Laghu Panchmool Kwatha for sitz bath is prepared and filled in the bath tub so that the patient hips are covered. All essential are kept ready.

**Pradhan Karma:** The patient is advised to submerge the hips into bath tub with warm (40°C) Laghu Panchmool Kwatha / Hot water with his leg apart and place outside the tub and the patient is advised to maintain the position for 15-20 minutes.

**Paschat Karma:** After the procedure, the patient is asked to tap the area dry with a towel.

**OBSERVATION**

| Parameters                                  | 0 days | 5 <sup>th</sup> days | 10 <sup>th</sup> days | 15 <sup>th</sup> days |
|---|--------|----------------------|-----------------------|-----------------------|
| <b>A. Subjective</b>                        |        |                      |                       |                       |
| i. Postoperative Pain (Shoola)              | 3      | 2                    | 1                     | 1                     |
| ii. Postoperative Discomfort (Itching)      | 3      | 2                    | 1                     | 0                     |
| iii. Postoperative Burning sensation (Daha) | 3      | 2                    | 1                     | 0                     |
| <b>B. Objective</b>                         |        |                      |                       |                       |
| <b>Vrana Shodhana</b>                       |        |                      |                       |                       |
| i. Postoperative Discharge (Srava)          | 2      | 2                    | 1                     | 0                     |
| <b>Shothahara</b>                           |        |                      |                       |                       |
| ii. Postoperative Inflammation (Shopha)     | 3      | 2                    | 1                     | 0                     |

**POSTOPERATIVE 3PAIN(SHOOLA)**

| GRADING | PAIN   |
|---------|--|
| 0       | No pain  |
| 1       | Mild pain (mild pain remain whole day with no disturbance in routine work)           |
| 2       | Moderate pain (pain remain moderate whole day with some disturbance in routine work) |
| 3       | Severe pain (pain remain severe whole day unable to do anywork)                      |

**POSTOPERATIVE DISCOMFORT (ITCHING)**

| GRADING | KANDU  |
|---------|--|
| 0       | Absent (No discomfort/ itching)  |
| 1       | Mild localised discomfort (leading to occasional itching)  |
| 2       | Moderate localised discomfort (frequent itching sensation during the day)  |
| 3       | Severe localised discomfort (Continuous itching sensation throughout the day and night leading to severe discomfort) |

**POSTOPERATIVE BURNING SENSATION (DAHA)**

| GRADING | BURNING  |
|---------|--|
| 0       | No Burning sensation   |
| 1       | Burning sensation in the affected area occasionaly               |
| 2       | Continuous burning sensation in the affected area during the day |
| 3       | Severe burning sensation leading to disturbed sleep at night     |

**POSTOPERATIVE DISCHARGE (SRAVA)**

| GRADATION | SRAVA (ml)   |
|-----------|--|
| 0         | No discharge   |
| 1         | Mild minimal staining of the dressing                            |
| 2         | Moderate staining that required 1-2 dressing change in a day     |
| 3         | Severe, profuse discharge that needs frequent change in dressing |

**POSTOPERATIVE INFLAMMATION (SHOPHA)**

| GRADATION | SHOPHA   |
|-----------|--|
| 0         | No swelling                                    |
| 1         | Slight swelling but no pain                    |
| 2         | Visible swelling with mild pain/tenderness     |
| 3         | Marked swelling, pain with severe inflammation |

**Result:** patient was examined before, during and after the intervention as per the case sheet format given in the annexure. Assessments were done on 0th, 5th, 10th and 15th day, both subjective and objective criteria were recorded accordingly.

The data recorded are presented. Significant improvement was observed in all the parameter.

**CONCLUSION**

Even though, there are varieties of anti-inflammatory,

analgesic drugs available in general and gel, ointments as local to reduce post operative pain, but they all are having one or the other side effects. Among them the most common acute complications like bleeding, infection, urinary retention and Pelvic sepsis, which may result in morbidities and even mortality, which is relatively rare. In Ayurveda, Vata mitigating drug is widely used among them laghu panchmool<sup>[5]</sup> is known to be effective in managing pain. In Laghu Panchmool, Trikantaka, Brhati, Kantakari, Prsniparni, Salaparni are enlisted which has potent Vatashamak and Shoolhar

properties.<sup>[6]</sup> hence, it may be an ideal choice in post operative pain management of Anorectal surgeries.

#### REFERANCE

1. Yadavaji Trikamji Acharya, Sushruta Samhita of Sushruta, Vol II. Chikitsasthan, Varanasi, Chaukhambaorientalia, 2002; page.no. 207-8.
2. Yadavaji Trikamji Acharya, Sushruta Samhita of Sushruta, Vol II. Chikitsasthan, Varanasi, Chaukhambaorientalia, 2002; page.no.288.
3. Das Somen, concise Text book of Surgery, 9th ed. Kolkata: Das SomenPublisher, 2016; p1083-1084.
4. Das Somen, A concise Text book of Surgery. 9th ed. Kolkata: Das Somen Publisher, 2016; p 1083-1084.
5. Sushrut Samhita by Ambika dutt shastri sutra sthana 38/67.
6. त्रिकण्टकबृहतीद्वयपृथक्पण्यो त्रिदारिगन्धा चेत्रत कनीयः ॥ (सु० सू० ३८/६७)
7. Sushrut Samhita by Ambika dutt shastri sutra sthana 38/68.
8. कषायत्रतक्तमधुिं कनीयः पञ्चमूलकम् । ितघ्नो त्रपत्तशामनो ब्रौहणो बलिर्द्धनम् ॥ (सु० सू० ३८/६८)