

A case study on *Manjalkaram* (medicated alkaline lotion) in the management of *Powthiram* (fistula-in-ano)

Anpuchelvy Sritharan¹, Ganesh Sritharan², Sabaratnam Ganesan³

¹Unit of Siddha Medicine, University of Jaffna, Jaffna, Sri Lanka, ²Herbal Health Care Centre, Kokuvil, Jaffna, Sri Lanka, ³Siddha Dispensary, Jaffna Municipal Council, Nallur, Sri Lanka

Abstract

Background: Abscesses around the lower rectum and anal canal are known as anorectal abscesses. These are crucial as they often culminate in fistula-in-ano. Anorectal abscess and fistulas are one of the most frequent results in the manifestation of simple or complex and extensive fistulous tracts. *Karam* (herbo-mineral preparation) therapy is a Siddha parasurgical technique commonly used to cure anal disease.

Materials and Methods: *Manjalkaram* is a medicated alkaline lotion preparation that acts as herbal chemical cauterization agent to cure anal disease. A 60-year-old male patient, already treated with allopathy, experienced a recurrence of fistula-in-ano. The patient decided to get Siddha treatment and presented with the complaints of pain in the anal area, swelling, and discharge of pus with stool and mild irritation. The patient was diagnosed with fistula-in-ano. Purgatives were given the previous night to clean the bowel, and the following day, local cleaning was carried out by providing *Triphala* decoction as a herbal antiseptic lotion. A probe was inserted into the fistula, and a *Manjalkaram*-soaked medicated thread was inserted through the fistula and tied through an external opening to the internal opening with help of the probe. A *Manjalkaram*-soaked gauze (*Manjalkaraseelai*) was inserted and changed once in a week.

Result: Even though fistula-in-ano is very difficult to treat, the patient got completely healed within 2 months with the effect of *Manjalkaram* application.

Conclusion: *Manjalkaram* application is found to be an effective, time-saving, affordable, and acceptable treatment for fistula-in-ano.

Keywords: Fistula-in-ano, *Manjalkaram*, Siddha, *Triphala* decoction

Address for correspondence: Dr. Ganesh Sritharan, Herbal Health Care Centre, Kokuvil, Jaffna, Sri Lanka 4000.

E-mail: gsriharan09@gmail.com

Submitted: 29-Jul-2023, **Revised:** 04-Dec-2023, **Accepted:** 26-Mar-2024, **Published:** 30-Aug-2024

INTRODUCTION

Siddha medicine in South India and Sri Lanka (North and East) was established by Siddhars. According to Siddha, diseases occur due to vitiation of *Thirithodam*, namely, *Vatham*, *Pitham*, and *Kabbam*. The treatment

modality is classified into three types, namely, *Mannida maruthuvam*, *Vinnavar maruthuvam*, and *Asura maruthuvam*.^[1] Fistula-in-ano, termed as *Powthiram* in Siddha literature, is a chronic infection of the anal region with symptoms of blood and pus discharge, accompanied by pain, soiling of clothes, and discomfort, through an opening

Access this article online	
Quick Response Code:	Website: https://jrsm.in
	DOI: 10.4103/jrsm.jrsm_25_23

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

How to cite this article: Sritharan A, Sritharan G, Ganesan S. A case study on *Manjalkaram* (medicated alkaline lotion) in the management of *Powthiram* (fistula-in-ano). *J Res Siddha Med* 2024;7:42-6.

around the anus. It has an agonizingly recurrent nature as the infection is difficult to be eliminated.^[2] Abscesses around the lower rectum and anal canal are known as anorectal abscesses, which often culminate in fistula-in-ano. Anorectal abscess and fistulae are one of the most frequent results in the manifestation of simple or complex and extensive fistulous tracts; these two conditions are regarded as the constituents or phases of the same disease, and hence these anorectal abscesses are termed as fistulous abscesses. However, for practical and therapeutic reasons, they are to be considered separately. Fistula implies a chronic granulating tract connecting two epithelial-lined surfaces, which can be either cutaneous or mucosal. In the case of an anal fistula, it is a single tract with an external opening in the skin of the perianal region and an internal opening in the modified skin or mucosa of the anal canal or rectum. Most fistulae occur after drainage of a previous anorectal abscess, but not all abscesses are complicated with a fistula.^[3] Additionally, not all patients with a previous history of fistula show sepsis and abscesses caused by fecal anaerobes, which do not result in fistula.^[4] Despite this observation, there is overwhelming evidence that the majority of anal fistulae are associated with sepsis in the inter-sphincter plane caused by infection in the anal canal.^[5] *Karam* therapy is a Siddha parasurgical technique commonly used to cure anal diseases^[6] in which prepared *Manjalkaram* (medicated alkaline lotion) is used for healing. *Manjalkaram* acts as an herbal chemical cauterization agent and cures anal disease.^[7] Agathiar, Therayar, and Bogar have described this disease in their classical Siddha texts.^[8] *Agathiyar* described treatment modalities to treat different types of wounds. *Karam* (corrosive drugs) is *Thirithosam*; hence, as a single drug, it acts on all *Thirithodam* imbalances. *Agathiyar*, as a Siddha surgeon, narrated *Kara* techniques and their uses for different types of wounds.^[6] Several corrosive gauzes are named based on their color such as green, yellow, black, and blue corrosive plasters in Siddha medicine. Similarly, corrosive liquids are used to clean ulcers, named by their color. All are indicated for external use in chronic ulcers.^[6] So far, there have been no research reports regarding their use in actual practices. Application of *Karam* to heal chronic ulcers is one among the 32 forms of external therapies and procedures in Siddha medicine. *Agathiyar Ranavaithiyam* and *Agathiyar Rananoal* are some of the ancient texts of Siddha Medicine that provide details of the preparation of corrosive gauzes.^[7] This study was performed to perceive the clinical efficacy and safety assessment of *Manjalkaram* (medicated alkaline lotion) in the management of *Powthiram* (fistula-in-ano) as mentioned in Siddha.

Patient information

A 40-year-old male patient with symptoms of pain in the anal area, swelling, and discharge of pus with stool and mild irritation for 2 years presented to the outpatient department of Herbal Healthcare Centre, Kokkuvil, Jaffna/Sri Lanka. The patient did not have any other illnesses, such as type 2 diabetes and systemic hypertension. Past history of similar illnesses in his family was not found.

Timeline

The patient was included in this study after obtaining informed consent on July 10th 2022. Fulfilling a study period of 90 days of treatment, the expected outcomes were measured, and the patient was followed-up for a period of 6 months.

Diagnostic assessment

A 40-year-old male patient had been experiencing pain in the anal area, swelling, and discharge of pus with stool, as well as mild irritation in that area for the past 2 years. Per rectal examination by using the probing method diagnosed the condition as fistula-in-ano. The patient was screened, and his vital signs were normal and psychologically stable.

Therapeutic intervention

The instruments used were a lithotomy table; a portable spot light lamp; a *Karam* dressing trolley with different drums containing sterile cotton and gauze; an instrument trolley having various probes, artery forceps, scissors, proctoscope, surgical blades, plain forceps and mosquito forceps, and surgical gloves; and a tray containing *Manjalkaram* lotion, sterile plain thread, and gauze. Siddha medicines, sterilizer, and *Nadi swetha yandra* with a warm water container attached to the table for pain relief with vapor fermentation during or after the application of *Karam* were also included. The patient was asked to take hot sitz bath before *Manjalkaram* application.

Preparation of *Manjalkaram*^[8]

Ingredients

Curcuma longa powder, yellow oxide of arsenic (synthetic), yellow arsenic trisulfide, galena sulfide (lead ore), limestone, sulfate of zinc, and resin of *Shorea robusta*.

An equal quantity of each ingredient was taken, and the total weight of the sterile thread/ gauze was taken. Ingredients were mixed and ground into powder form, mixed with sterile water or glycerin to get semisolid liquid form and then sterile thread/gauze was soaked to prepare the medicated thread and *Manjalkaraseelai* [Figure 1].



Figure 1: *Manjalkaraseelai* (yellow corrosive gauze)

Preoperative procedure

The *Manjalkaram* application can be safely performed on all types of patients, including hypertensive, diabetics, and those suffering from heart disease. Before the procedure, full information of the patient was taken. After taking written informed consent from the patient, systemic and local examination was performed. Enema, to purge and evacuated the loaded rectum, was given early morning as a preparation for the operation. After proper bowel evacuation, the patient was taken to the recovery room. The perianal region is cleaned with an antiseptic lotion (*Triphala* decoction).

Operative procedure

Under local anesthesia, index finger is introduced in the anus and probe (*Eshani yantra*) was put in the tract from skin side and other end of the probe should brought out through another opening with the help of finger in anus *Manjalkaram* soaked thread was inserted through eye of the probe and both thread ends tied tightly. If tract has not perforated the mucous membrane and end of the probe is felt by the finger. In this type fistulae *Manjalkaram* soaked gauze (*Manjal karaseelai*) is inserted. The thread was drawn from another opening. Tie the thread with three secure knots [Figures 2–5].

RESULT

Postoperative management

Changing of the medicated thread was done once in a week, on the seventh day. The new thread was tied in the lateral or



Figure 2: Probing of the *Powthiram*

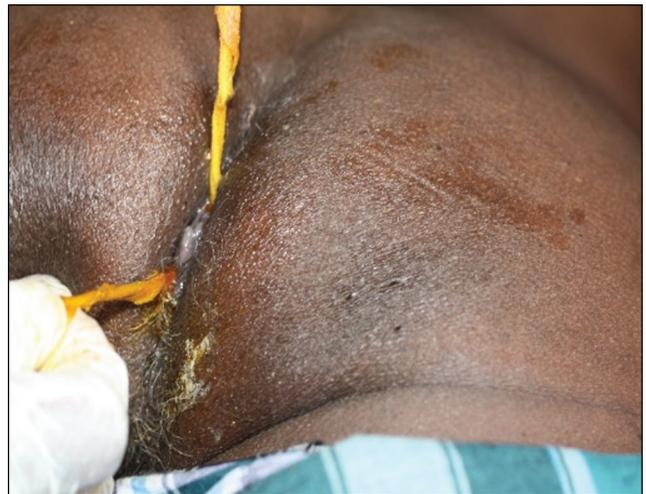


Figure 3: Application of *Manjalkaraseelai* by the probing method



Figure 4: Changing the *Manjalkaraseelai*

outer side of the older thread near the previous knot. The other side of the knot thread is held with an artery forceps. It is changed by withdrawing the older thread outside the anus, and after cutting the older thread, a new thread was tied in the tract. The procedure was performed quickly, and care was taken to avoid pulling on the thread while holding it. The tie of the thread was not tight or loose but just approximated



Figure 5: Before and after the treatment

as a tightly tied thread gives pain or loosely tied thread does not enhance the cutting and debridement properly.

The patient was advised *Amanakku ennai* (castor oil) application before defecation. It was applied with the help of rubber catheter no-3 and a 5-mL plastic syringe.

Hot sitz bath was suggested daily after defecation. A plastic container is fitted in an armed chair which contained medicated water (composition unknown). The patient was asked to sit in for fomentation and pelvic bath for 15 min or more according to requirement. This treatment helps clean the wound, relieve the pain, and helps reducing the inflammation of local tissues.

Patient was advised

1. To stay ambulated (stay active like walking) during the whole treatment.
2. To avoid foods that cause constipation.
3. To avoid prolonged sitting as well as standing during the treatment.
4. To avoid long distance traveling and driving.
5. To keep the anal region clean and do proper dressing.

DISCUSSION

To achieve the treatment, it was necessary that surgeons having knowledge and experience of *Manjalkaram* therapy and the surgical procedure should treat. Surgical interventions such as fistula wound management and fistulotomy have proven to be ineffective due to high rates of recurrence and postoperative complications. Under these circumstances, *Manjalkaram* therapy offers a good way of hope. *Manjalkaram* therapy also dissolves tough fibrous tissue, ultimately drains exudates, and creates a

healthy base for healing. *Manjalkaram* therapy remains indirectly enhance the contraction of the fistula and sinuses of the wound. *Karam* remains of the tracts, therefore acting directly on the diseased area. *Kara nool* dissolves the tough fibrous tissue and chemically removes all the infection from the tract, allowing the fistulous tract to collapse and heal. *Kara nool* performs cutting of the fistula tract due to the mechanical pressure from tightening the thread at each seating. This action allows slow cutting of the fistula tract and simultaneous healing of the wound from behind.

Benefits of this therapy

1. It is an outpatient treatment.
2. Only 30 to 45 min is required for the primary procedure.
3. Hospital stay is usually not required.
4. Minimal bed rest is required after the procedure.
5. The patient can resume his/her daily routine within 3 to 5 days.
6. The recurrence rate is very less after *Kara nool* treatment.

CONCLUSION

The fistula-in-ano was completely healed within 2 months with *Manjalkaram* application. Even though the fistula-in-ano is very difficult to treat, this *Manjalkaram* application proves to be an effective, time-saving, affordable, and acceptable treatment for fistula-in-ano. Hence, fistula-in-ano can be managed effectively with *Manjalkaram* application. This case study showed effective fistula wound debridement action of *Manjalkaram*. Therefore, further research is necessary to standardize the preparation of the *Karam* protocol of application. There is much scope for further research in this field for betterment of patient and their wellbeing.

Financial support and sponsorship

Self-sponsored.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Uthamarayanan KS, Siddhar aruvai maruthuvam. India, Tamil Nadu: Dept. of Indian Medicine & Homeopathy; 2018. p. 25-28, 44-48.
2. Abcarian H, Dodi G, Girona J, Kronborg O, Parnaud E, Thomson JP, et al. Fistula-in-ano. Int J Colorectal Dis 1987;2:51-71.
3. Eisenhammer S. The anorectal fistulous abscess and fistula. Dis Colon Rectum 1966;9:91-106.
4. Gupta R. Comparative study of the effect of modified Kshar sutra with standard Ksharsutra in the treatment of fistula-in-ano. Int Ayurvedic Med J 2014;2:649-58.

5. American Society of Colon & Rectal surgeons. Abscess and fistula expanded information. Available from: <https://fascrs.org/patients/diseases-and-conditions/a-z/abscess-and-fistula-expanded-information>. [Last accessed on 07 Apr 2023].
6. Joseph TJ. Manjal kara cheelai in treatment of chronic ulcers. 2nd National conference on Siddha medicine for All Ages; Tirunelveli: 2002.
7. Jeyavenkatesh J, Ilango V, Rojaramani, Saravanapandian P, Senthinathan S. Clinical and Experimental approach for Karanool Sigitchai in Velimoolam (External haemorrhoid) and Pouthiram (Low anal fistula). Unit of Siddha Medicine, University of Jaffna: Proceedings of National Research Conference and Exhibition on Indigenous Medicine 2017 [NRCEIM 2017]; 27-29 January 2017.
8. Agathyar. Agathiyar rana nool. 2nd ed. Chennai: India Medicine & Homeopathy; 2007. p. 106.

हिंदी सारांश

पोथिरम (फिस्टुला-इन-एनो) के प्रबंधन में मंजलक्काराम (औषधीय क्षारीय लोशन) पर एक केस अध्ययन

निचले मलाशय और गुदा नहर के आसपास के फोड़े को एनोरेक्टल फोड़ा के रूप में जाना जाता है। ये महत्वपूर्ण हैं क्योंकि इनकी परिणति अक्सर फिस्टुला-इन-एनो में होती है। एनोरेक्टल फोड़ा और फिस्टुला सरल या जटिल और व्यापक फिस्टुलस ट्रीट की अभिव्यक्ति में सबसे अधिक बार होने वाले परिणामों में से एक हैं। कारम (हर्बो-मिनरल प्रिपरेशन) तेरेपी एक सिद्ध पैरा सर्जिकल तकनीक है जिसका उपयोग आमतौर पर गुदा रोग के इलाज के लिए किया जाता है। मंजलक्काराम एक तैयार औषधीय क्षारीय लोशन है जो शरीर से बीमारी को ठीक करने के लिए हर्बल रासायनिक शमन एजेंट के रूप में कार्य करता है। एक 60 वर्षीय पुरुष रोगी, जिसका पहले से ही एलोपैथिक उपचार के साथ इलाज किया जा चुका था, उनको फिस्टुला-इन-एनो की पुनरावृत्ति का अनुभव हुआ। रोगी ने सिद्ध उपचार लेने का फैसला किया और गुदा क्षेत्र में दर्द, सूजन और मल के साथ मवाद निकलने और हल्की जलन की शिकायत की। रोगी को फिस्टुला-इन-एनो नामक बीमारी का पता चला। आंत साफ करने के लिए पिछली रात परगटिव दिया गया और अगले दिन हर्बल एंटीसेप्टिक लोशन के रूप में त्रिफला काढ़े से स्थानीय सफाई की गई। जांच को फिस्टुला में डाला गया और मंजलक्काराम भिगोए हुआ औषधीय धागा फिस्टुला के माध्यम से डाला गया और जांच की मदद से बाहरी उद्घाटन के माध्यम से आंतरिक उद्घाटन तक बांध दिया गया। मंजलक्काराम भिगोया हुआ गाँज (मंजालककारसीलई) डाला गया और सप्ताह में एक बार बदला गया। हालांकि फिस्टुला-इन-एनो का इलाज करना बहुत मुश्किल है, लेकिन मंजलक्काराम के प्रभाव से मरीज 2 महीने के भीतर इस स्थिति से पूरी तरह ठीक हो गया। मंजलक्काराम का उपयोग फिस्टुला-इन-एनो के लिए एक प्रभावी, समय बचाने वाला, किफ़ायती और स्वीकार्य उपचार पाया गया है।