



## AYURVEDIC APPROACH IN THE MANAGEMENT OF RECTAL PROLAPSE (GUDABHRAMSHA): A REVIEW

Dr. Neerja Jain<sup>\*1</sup> Dr. Manoj Kumar Chaurasiya<sup>2</sup> and Prof. P. Hemantha Kumar<sup>3</sup>

<sup>1</sup>PG Scholar (2nd year) Scholar, Department of Shalya Tantra, NIA, Jaipur.

<sup>2</sup>Junior Resident (3rd year), Department of Shalya Tantra, IMS, BHU.

<sup>3</sup>Prof. and Head of department of Shalya Tantra, NIA, Jaipur.

\*Corresponding Author: Dr. Neerja Jain

PG Scholar (2nd year) Scholar, Department of Shalya Tantra, NIA, Jaipur.

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### ABSTRACT

Rectal Prolapse is the condition in which rectum is displaced from its original position due to weakening of ligaments and muscles that support the rectum. It is considered as intussusceptions of rectum that is rectum folds on itself and passes through the pelvic diaphragm and ultimately comes out of the anal canal. Rectal prolapse is of two varieties—mucosal (Partial) and full thickness (Complete). When only mucosa and sub mucosa of the rectal wall comes out through the anus and length of such prolapsed segment is less than 3.75 cm, then it is defined as partial rectal prolapse. This Study was conducted to develop a cost effective, conducive parasurgical procedure in the management of rectal prolapse. The surgical treatment of rectal prolapse evolved from historical encirclement procedures to the current invasive ones. Study was conducted on a female patient aged 42 yrs, diagnosed as Partial rectal prolapse. *Teekshma Apamarga Pratisarneeeya Kshara* was applied circumferentially on rectal mucosa by using a slit proctoscope and applicator, after reducing the prolapse. *Kshara* was kept for 2 minutes till the colour changed to *Pakwa Jambuphala Varna*, then the area was washed with *Nimbu Swarasa*. *Matravasti* with *Yashtimadhu Ghrita* twice daily for 7 days from first post procedure day followed by with *Changeri Ghrita* twice daily for 15 days was given. Patient had relief from symptoms of rectal prolapse during follow up period, So it can be concluded that *Kshara karma* in rectal prolapse is a conducive, day care procedure and cost effective. So it can be recommended as an emerging alternative to surgery.

**KEYWORDS:** Rectal prolapse, *Pratisarneeeya Kshara*, *Kshara Karma*.

### INTRODUCTION

Rectal prolapse is the condition which can be correlated to Gudabhrumsha in Ayurveda. Gudabhrumsha is due to deranged vata situated in rectum (apana vayu). Agnidusti (impaired digestive fire), vata vitiation and mamsadhatu kshaya (depletion of muscles tissues) can be considered as the root cause for gudabhrumsha.

Rectal prolapse is of two varieties—mucosal (Partial) and full thickness (Complete).<sup>[1]</sup> When only mucosa and submucosa of the rectal wall comes out through the anus and length of such prolapsed segment is less than 3.75 cm, then it is defined as partial rectal prolapse.<sup>[2]</sup> When all the three layers of the rectal wall i.e. mucosa, submucosa and muscular layer comes out through the anus and length of such prolapsed segment is more than 3.75 cm, then it is defined as complete rectal prolapse or prociencia.<sup>[3]</sup>

Rectal Prolapse primarily affects the elderly people. This condition is also seen in infants and children. Overall

incidences are 4.2 per 1000 population. In persons older than 65 years incidence is 10 per 1000 population. Rectal prolapse condition occurs more often in extremes of life, complete rectal prolapse is found chiefly in elderly female patients and the incidence is maximal in the fifth decade and upwards. In men though the incidence is much lower, rectal prolapse presents throughout of age range or may be more common in the second and third decade of life. Mucosal prolapse is most common in young childrens. In adults, prolapsed mucosa is associated with 3rd degree haemorrhoids and in older patients it may occurs as a result of a weak anal sphincter.<sup>[4]</sup> For partial rectal prolapse conservative treatment like digital reposition, sclerotherapy and surgical management thiersch's operation are described in modern literature.<sup>[5]</sup> (85 % of adults with full thickness rectal prolapse). The goals of surgery for rectal prolapse are to restore the normal anatomy and to minimize symptoms. Variety of surgical procedures are described for the management of rectal prolapse which can be performed via trans-abdominal approach, trans-perineal approach, even trans-anal approach, but still there is no

globally agreed consensus as to which procedures are more effective for the management of rectal prolapse.

The results of abdominal approaches are superior to those of perineal approaches but they carry a risk of varieties of complications (impotence, pelvic bleeding and pelvic abscess). So alternatively, perineal approaches may be selected to reduce the associated rate of complications. These perineal approaches generally results in less post-operative pain and complications and a reduced length of hospital stay but also carry a higher recurrence rate and poorer functional outcome. And these perineal approaches also carry a risk of complications (faecal incontinence, anal stenosis etc.).

So there is a need to establish a safe and effective treatment modality for the management of rectal prolapse which should carry less postoperative morbidity, complications and recurrence rate.

*Sushruta* has described *Kshara karma*, which is one among the Para surgical procedure. Among Para surgical procedures, *Pratisaraneeya Kshara Karma* is described in *Arsha Chikitsa*, in the context of '*Bhrashtaguda*' (Rectal Prolapse) which is said to be the effectivenessone.<sup>[6]</sup> Keeping all the above facts into consideration, the present study will be planned to find the efficacy of *Kshara karma* as a Para surgical procedure in the management of *Gudabhramsha* (Rectal Prolapse).

## CASE REPORT

A female patient aged 42 yrs. came to *Shalya Tantra* OPD, National Institute of Ayurveda Jaipur with complaints of something comes out during defecation, difficulty to control the defecation urge and bleeding per anum (on and off) for 10 yrs. Patient was not a k/c/o DM, HTN. Patient was thoroughly examined and vitals were taken. Local examination was performed which revealed Partial rectal prolapse, around 2-3 cm in length. Patient was diagnosed Partial rectal prolapse and admitted in female *Shalya Tantra* ward.

General condition - fair

B.P- 110/70 mmHg

P.R- 82/Min

Temperature-Afebrile

## Investigations

Routine investigations viz. Hb gm % TLC, DLC, ESR, RBS, HIV, HBsAg, RFT, ECG, Chest X -Ray PA view, Urine-Routine/Microscopic were done. All investigation were WNL.

## Treatment Plan

*Kshara karma*.<sup>[7]</sup> treatment was planned.

## Procedure

Tetanus toxoid prophylaxis was given and written informed consent was taken before *Kshara karma*. The procedure was performed under local anaesthesia.

*Kshara karma* was done in single sitting with 2 applications of *kshara* on the same area. *Teekshna Apamarga Pratisrneeeya Kshara*.<sup>[8]</sup> application was done on the partial prolapse of rectum circumferentially using a slit proctoscope and applicator, after reducing the prolapse. *Kshara* was kept for 2 minutes (100 *Matrakala*) till colour of rectal mucosa changed to *Pakwa Jambuphala Varna*, then washed by distilled water and then neutralize by the application of lemon juice. The process was repeated 4 times to cover whole circumference of the rectal mucosa. pH of *kshara* used was 13.5. *Matravasti* with *Yashtimadhu ghrita*.<sup>[10]</sup> 20 ml was given twice daily for 7 days followed by *Matravasti* with *Changeri ghrita*.<sup>[11]</sup> 20 ml twice daily for 15 days.

Patient was advised *pathya-apthya ahara-vihara* and regular follow up on discharge. Oral medications, *Triphala guggulu*.<sup>[12]</sup> 500mg tablets twice daily, Isabgola husk 3 tea spoon at bed time with luke warm water was given for 30 days.

## Follow Up

Regular follow up was done weekly for 2 months. On follow up patient was satisfied with the treatment. There was no complaints of prolapse, incontinence and stenosis. There was no pain during and after defecation. There was only blackish, blood mixed mucous discharge per anum and mild burning sensation which were cured after continuous use of *Matravasti*.

## RESULT

Significant improvement was observed in the symptoms of rectal prolapse. No rectal prolapse was complained during follow up periods. Patient was able to control the stool. On straining, there was no prolapse of rectum. No any side effect or complication was complained during treatment and follow up periods.

## DISCUSSION AND CONCLUSION

Despite a successful operation to treat rectal prolapse and careful management with the regulations of bowel habit, a small proportion of patients will have persistence of symptoms.<sup>[13]</sup> As surgery is an ultimate treatment in rectal prolapse with its own limitations, where *Kshara karma* can be recommended as an emerging alternative to surgery with minimal post procedure complications. *Kshara karma* is a conducive, day care procedure and is very cost effective, which can be performed under local anaesthesia with minimal and trivial postprocedure. Complications which are negligible.

The probable mode of action of *Pratisaraneeya Kshara* is, as it creates a chemical burn on prolapsed rectal mucosal folds which causes cicatrization (in wound healing process) and may strengthen the anorectal ring. Study on large sample size is needed to establish the effect of *kshara karma* in rectal prolapse.

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