

AYURVEDIC MANAGEMENT OF RECTAL PROLAPSE***Dr. Sunil Kumar Pandey**

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ABSTRACT

Gudabhransa is a very common disease of anorectal region and its description in ayurveda presence since ancient classic in very practical approach. Today it is correlated with prolapsed of rectum. The main complain in prolapse of rectum is that something is coming out per rectum during defecation. It may come out spontaneously even on standing, walking or coughing. The term gudabhransa is made of two words "the guda" & "bhransa". Guda denotes ano rectal site of body and bhransa have meaning of displacement of an entity from its normal position. So literally the gudabhransa is a disease in which displacement of guda from its normal position either part of rectal wall or whole rectal wall prolapsed through anal opening. This article

covers the causes, pathology, clinical presentation and ayurvedic management of rectal prolapse (gudabhransa).

KEYWORDS: Rectal prolapse, gudabhransa, ksharsutra, thiersch operation, musaka taila, changerighrita.

INTRODUCTION

Prolapse of rectum is defined as protrusion of the mucous membrane or the entire rectum outside the anal verge.^[1] This condition is seen at the extremes of life in children between 1 to 3 years and in the elderly after 40 years of age.^[2] It is of two type's partial and complete prolapse. In partial prolapse the protrusion is between 1.25–3.75 cm outside the anal verge. It is usually a mucosal prolapsed. This is due to imperfect support of the rectal mucosa by submucosa which is made up of loose ariolar tissue.^[3] Complete Prolapse is also called as procidentia. It is defined as protrusion of the rectum for more than 3.75 cm outside the anal

verge. Very often, it is the entire rectum which protrudes out on straining, sometimes with the peritoneal sac. Very often, it is associated with prolapsed uterus.

CAUSES

1. In infants, it is due to undeveloped sacral curve and in children it can be secondary to habitual constipation.
2. It can follow after an attack of excessive straining or whooping cough.
3. In adults it is common in females probably due to "Torn Perineum".
4. It can follow an attack of diarrhoea resulting in loss of fat in the ischiorectal fossae which supports the rectum.
5. Common in elderly women who are multipara. Probably it is due to repeated birth injury to the perineum causing damage to the nerve fibers. As age advances muscles become weak, added by fatty degeneration of the muscle, resulting in a prolapse rectum.
6. Excessive straining causing weakness of the supports of the rectum.
7. Defective collagen maturation resulting in failure of rectal support by levators and pelvic fascia.
8. Presence of deep recto vesicles pouch and excessive mobility of the rectum (mesorectum) predisposes to the prolapse of the rectum.

Clinical features

1. Constipation is an important feature of the rectum prolapse.
2. Excessive mucous discharge causing irritation to the perianal skin.
3. On asking the patient to strain at stool, the rectum descends down, which clinches the diagnosis.
4. Rectal examination: lax anal sphincter and wide gaping on straining.

Treatment

1. Digital reposition: in infants, partial prolapse is temporary – the mother is advised to push the proplase inside after lubricating with lignocaine gelly.
2. Injection of ethanalamine oleate into the submucosa of the rectum. It causes aseptic fibrosis. Thus, mucosa gets tethered to the outer layers.
3. Partial prolapse can be excised, after applying Goodsall's ligature.

Surgical procedures**Perineal procedures****Thiersch wiring**

In this operation, a steel wire or a thick silk suture is applied all around the anus after reducing the prolapse. The knot is tightened around a finger. Patients with poor surgical compliance benefit from this operation. However, breakdown of the wire, perianal sepsis and anal stenosis are the complications.

Abdominal procedure

1. Well's operation
2. Ripstein's sling operation
3. Mesh rectopexy
4. Lahaut's operation

Ayurvedic Management

Sushruta & vagbhata described the detail of management of gudabhransa & presenting a proposal that first of all to reposition the protruded guda and then done conservative treatment.

(a) Reposition of the prolapse guda

The view of sushruta & vagbhata are that after doing svedana, snehana of protruded guda, pushed inside gradually in its normal position, then apply gophana bandha (i.e.T. bandage-leather having a hole in centre for passing flatus) & then do repeated fomentation locally.

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(b) Conservative treatment

In this various drug preparations are used for management of Gudabhransa as follows –

i. Musaka Taila

Mahat pancamula & Rat devoid of intestines should be cooked in milk which is utilised for processing oil with vata alleviating drugs. This oil by intake and anointment, cure prolapse rectum even if difficult.

{khjs egRipewya ewf"kdka pkU=oftZrke~~ AA iDRok rfLeu~ ipsrSya okr?kzkS"k/kla;qre~ AA xqkHkza'kfena d'PNa ikukH;MXkr~ izlk/k;sr~AA (Su.Ci.20/62,63).^[6]

ii. Changerighrita (A.H.Ci 9/48)

Is a ghratapaka made by milk and contains changeri, kola, curd and ghee (all one prashtha), Snuhi (kudava) & taken orally.

XqknHkza'k;ks;qZT;kRI{khja lkf/kra gfo% AA jls dksykEypkMXs;ksZnZf/kz fi'Vs p ukxjs A (A.H.Ci 9/48).^[7]

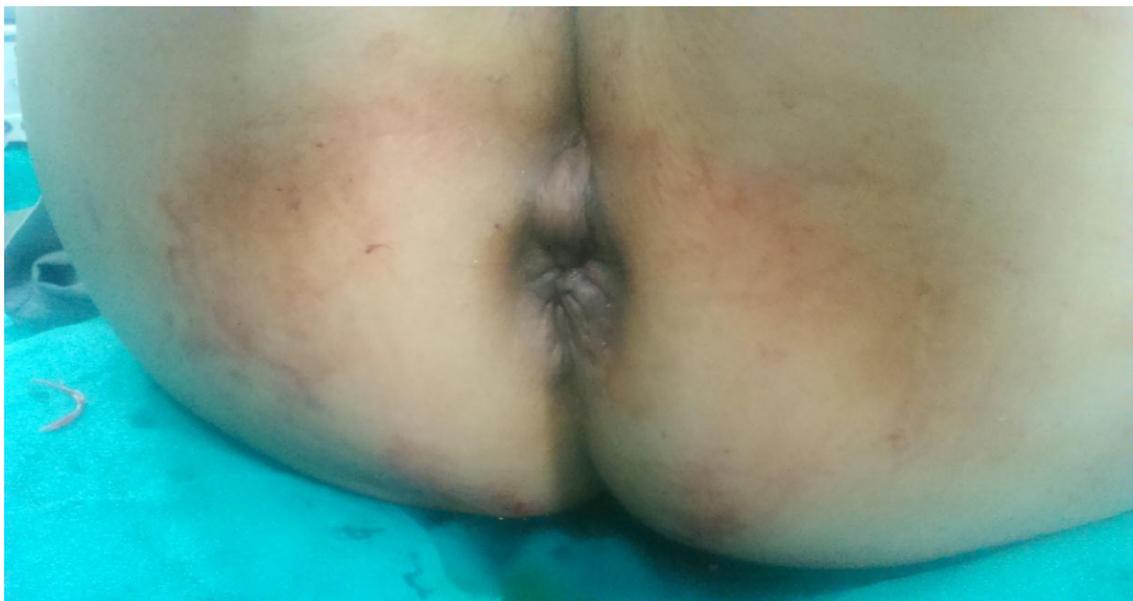
iii. Anuvasana vasti

may be given with ghrita fortified with Dashamula or vaca or citaraka or, Madhura or Alma rasa drugs kalka etc.

Modified Thiersch operation

Today practically modified thiersch operation by ksharasutra application is performed having excellent effect in management of partial prolapse of rectum. Kshara sutra is a medicated thread (Seton) coated with herbal alkaline drugs like Apamarga (Kshara –ash of *Achyranthus aspera*), Snuhi (*Euphorbia neruifolia*) latex and haridra (*Curcuma longa*) powder in specific order.





CONCLUSION

Gudabhransa is treated by conservative, surgical and parasurgical(kshar sutra) method. kshar sutra is one of the effective method to treat it. Gudabhransa is prevented by avoid straining, regulate bowel habit, sits bath, treat the basic causative factors e.g. colitis, diarrhoea, constipation, treat the pelvic floor deformity, musculature weakness etc., treat the associated diseases as prolapse pile mass, haemorrhoids, chronic fissure in ano, fistula in ano etc.

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6. Sushruta samhita chikitsa asthan 20/62, 63.
7. Astang hridya chikitsa asthan 9/48.