

PARASURGICAL APPLICATION OF APAMARGA KSHARASUTRA (MODIFIED THIERSCH'S TECHNIQUE) IN THE MANAGEMENT OF GUDABHRANSA (PARTIAL RECTAL PROLAPSE)

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ABSTRACT

In the *Brihatrayee of Ayurveda* Classics like *Acharya Sushruta*, *Acharya Charak* and *Acharya Vagbhatt* described *Gudabhransa* under the heading of *Kshudra roga*, *Vaman Virechan vyapat* and *Atisara chikitsa* respectively. *Ksharasutra* treatment is very much popular in the treatment of Anorectal diseases and seeing the Operative procedure like Thiersch's operation for Rectal Prolapse, application of *ksharasutra* is modified encircling the anus and found to be more encouraging. 4 patients were being treated parasurgically by this technique. The Standard *Ksharasutra* which is made up in a 20 No. surgical linen coated with *Guggulu* (*Commifera guggulu*), *Apamarga* (*Achyranthes aspera* L.) and powder of turmeric (*Curcuma longa*.) was encircled beneath deep fascia under the skin of the anus. 50% of the

patient got completely relieved easily by this technique and other patient had complication like inflammation, recurrence, burning, pain etc.

KEYWORDS: *Kshar sutra*, Medicated Seton, *Gudabhransa*, *Bhagandar*.

INTRODUCTION

The anorectal diseases have been known since 3 thousands of years. The word "prolapse" means a falling down or slipping of a body part from its usual position *Acharya Sushruta* has described as *gudabhransa* (Rectal prolapse) in detail its nomenclature, sign and symptoms in which patient becomes weak and lusterless and due to excessive straining during defecation or having diarrhea and internal part of Guda comes out. Rectal prolapse is common in older adults who have a long-term history of constipation or a weakness in the pelvic floor muscles.

It is more common in women than in men, and even more common in women over the age of 50 (postmenopausal women), but occurs in younger people too. Rectal prolapse is also seen commonly in the patient who has long history of constipation or chronic diarrhea, Long-term history of straining during bowel movements, Aged people also prone for this disease. Rectal prolapse is classified as Incomplete or mucosal prolapsed and Complete prolapse or procidentia is due to (i) laxity of pelvic floor,(ii) excessively deep retrovesical or rectouterine pouch,(iii) inadequate fixation of the rectum in its presacral bed.

Treatment includes diet and lifestyle changes to treat chronic constipation – for example, more fruit, vegetables and wholegrain foods, increased fluid intake and regular exercise.

Surgical treatment includes thiersch's operation in which modern surgeon encircled non-absorbable thread under the cutaneous deep fascia of anus and gives side effect in some cases like wound infection, fistula formation. Seeing the adverse effect a modification has been done in Thiersch operation, in place of Seton, *Kshara sutra* is applied. Previously modification of the thiersch operation done by *Ayurvedic* surgeon by applying *ksharasutra* shown encouraging result as compared to Thiersch operation.

MATERIAL AND METHODS

Patients were selected from the OPD /IPD of the CARIDD, Kolkata. The study carried out at the Hospital of our Institution, from January 2014 to September 2016.

Inclusion criteria

The patient were selected on the basis of protrusion of intestinal contents in anal region and diagnosed as Partial rectal prolapse or Mucosal prolapse.

Exclusion criteria

The Patients were excluded those previously treated, with co morbid conditions like Diabetes mellitus, Tuberculosis and Immune compromised patients and the patients of complete Rectal prolapse.

OBSERVATION AND RESULT

The patients were treated with Kshar sutra under Local Anesthesia. During this period of ligation patient was advised to take Triphala guggulu and Local application of Jatyadi taila with Sitz bath for a period of 15 minutes. Conventional Ksharasutra prepared by taking linen thread No.20 coated with the latex of *Snuhi* (*Euphorbia nerifolia* L.), alkali of *Apamarga*

(*Achyranthes aspera* L.) and powder of turmeric (*Curcuma longa*.). *Ksharasutra* made up of Guggulu instead of Latex of *Snuhi*, is also an alternative to Conventional *Ksharasutra*. The standard operating procedure (SOP) of *Ksharasutra* preparation has been developed and well-practiced in India.

Surgical Techniques and Steps

Patients were placed in lithotomy position. An endoscope view of proctodeum by proctoscope or anal speculum was performed in all cases to exclude other pathology. All cases were operated under Local/Regional Anesthesia. The Operative procedure has been performed under local infiltration of 10 ml of 2% xylocaine.

- A stab incision is given at 12 o'clock position. *Kshara sutra* is inserted from that opening and taken out from other side, i.e., 6 o'clock.
- Similarly, the procedure is repeated for opposite side. Then an index finger is inserted in the anal canal and thread is assessed and tightened.
- A knot is tied at the 6 o'clock position. Then, local dressing has been done with betadine solution and T bandage was tied with rubber tube in anal canal.
- This procedure is considered as modified Thiersch technique by the application of *Apamarga Ksharasutra*. i.e., "Encirclement of Anal Canal by *Kshara sutra*" (EACKS)

Post-Operative regime: The patient is advised to have sitz bath twice a day started from the next day morning of operation. Ambulation of the patients is made as a routine to encourage all the patients to remain as active as possible and to lead a normal life. The patients are advised to take easily digestible diet along with adjuvant therapies if required. Method of Assessment Criteria During the trial and follow-up study, the patients of prolapsed rectum were assessed on the basis of subjective and objective parameters such as pain, discharge, tenderness, and sphincter tone. The total information of subjective or objective assessment preoperatively or postoperatively has been done in a systemic and scientific manner on regular information.



- Post operative life style– including high-fibre diet, drinking plenty of water and getting regular exercise
- Change to toileting habits – such as not straining when trying to pass a bowel motion. This may require using fiber supplements or laxatives.

Taking care at home after surgery for rectal prolapsed: Operated Patients advise to take rest and also advise not to lift heavy article or not straining on toilet. Patients should take appropriate steps to prevent constipation by taking high-fiber foods and drinking plenty of water. 50% of the patient got completely relieved easily by this technique and other patient had complication like inflammation, recurrence, burning, pain etc.

Table 1: Observation on Sign and Symptoms of the patients.

Symptoms	Mean score	
	BT	AT
Tenderness	++	+
Discharge	+++	+
Pain	++	+
Burning Sensation	++	+
Itching	++	+
Smell	+/-	0

DISCUSSION

Kshara Sutra Therapy is an unique therapy in the field of treatment of Anorectal disorder. *Acharya Sushruta* (1200 BC) described four-folded line of approach as *Bhaisaja chikitsa*, *Kshara karma*, *Agni karma*, and *Shashtra karma*.^[1,2,3,4] Among all these therapies, *Kshara karma* has become very useful and recently modified method of treatment for selected anorectal diseases. Rectal prolapse is defined as the herniation of rectum outside through anal orifice anus. It is subdivided into partial and complete prolapsed.^[4,6,10] The term *procedentia* refers to the complete variety. Rectal bleeding and mucoid discharge are frequent symptoms. Incontinence is frequently associated with this condition. The main clinical feature of rectal prolapse is a protruding of mass following defecation. Rectal bleeding may be noted following bowel activity. Rectal prolapse frequently is accompanied by a mucoid discharge. Ayurveda creates some opportunities to manage rectal prolapsed.^[9,10] Rectal prolapse can be correlated with the clinical features of *Gudabhramsa*. Management of *Gudabhramsa* is described in *Ayurvedic* literature as different modality. In Thiersch operation, we use Seton or non-absorbable thread which usually causes wound infection, fistula formation, and thus not always accepted by various patients as foreign body retained inside forever can cause pain,

discharge, etc.; therefore, a modification has been done in Thiersch operation. In place of Seton, *Kshara sutra* is applied.

CONCLUSION

This EACKS involves minimal degree of surgical trauma and can be performed on OPD basis also. It should be tried in the rural areas where minimal surgical facilities are available functional results, and the benefits versus the advantages and disadvantages of the surgical technique. *Ayurveda* creates some opportunities to manage rectal prolapse. Rectal prolapse can be correlated with the clinical features of *Gudabhramsa*. Management of *Gudabhramsa* is described in *Ayurvedic* literature as different modality. In Thiersch operation, we use Seton or non-absorbable thread which usually causes wound infection, fistula formation, and thus not always accepted by various patients as foreign body retained inside forever can cause pain, discharge, etc.; therefore, a modification has been done in Thiersch operation. In place of Seton, *Kshara sutra* is applied. The process is given a term called as EACKS as *Kshara sutra* is applied at the level of anal canal, after reduction of the prolapse, which is then made taut to prevent further prolapsed.

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