

**KSHAR-KARMA IN THE MANAGEMENT OF GUDABHRAMSHA (RECTAL PROLAPSE)
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ABSTRACT

Rectal prolapse is a disorder in which the rectum slips out of place from the muscles and ligaments that hold it in place. It is referred to as rectus intussusceptions because the rectus folds over on itself as it travels through the pelvic diaphragm and eventually exits the anal canal. There are two types of rectal prolapse: mucosal (Partial) and full thickness (Complete). Partial rectal prolapse is characterised as merely the mucosa and submucosa of the rectal wall protruding through the anus and measuring less than 3.75 cm in length. This Study was conducted to develop a economic, conducive para surgical procedure in the management of rectal prolapse (Gudabhramsha). Rectal prolapse is surgically treated today using more intrusive techniques rather than the older encirclement techniques. Study was conducted on a male patient aged 37 yrs, diagnosed as Partial rectal prolapsed using a slit proctoscope and applicator. *Teekshna Apamarga Pratisarneeeya Kshara* was administered circumferentially on the rectal mucosa after the prolapse was reduced. *Kshara* was left on for two minutes until the colour turned to *Pakwa Jambuphala Varna*, after which *Nimbu Swarasa* was used to clean the area. *Matravasti* with *Yashtimadhu Ghrita* twice a day for 7 days from first day of post procedure followed by with *Changeri Ghrita* twice a day for 15 days was given. It can be stated that *Kshara karma* in rectal prolapse is a comfortable, day-care operation that is also reasonably priced because the patient experienced relief from rectal prolapse symptoms during the follow-up period. Thus, it can be recommended as an emerging alternative to surgery.

KEYWORDS: *Rectal prolapse, Pratisarneeeya Kshara, Kshara-Karma, Matravasti etc.***INTRODUCTION**

Gudabhramsha in Ayurveda is the condition that is comparable to rectal prolapse. The rectum-located disturbed vata (*apana vayu*) is the cause of *gudabhramsha*. The three main contributing factors of *gudabhramsha* are *agnidusti* (impaired digestive fire), *vata vitiation*, and *mamsadhatu kshaya* (depletion of muscle tissues). Rectal prolapse is of two types—mucosal (partial) and full thickness (complete).^[1] Partial rectal prolapse^[2] is defined as “When only rectal wall mucosa and submucosa comes out through the anus and length of such prolapsed segment is less than 3.75 cm”. Complete rectal prolapse or prociencia^[3] is defined like “When all the three layers of the rectal wall i.e., rectal mucosa, submucosa and muscular layer comes out through the anus and length of such prolapsed segment is more than 3.75 cm”. 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 third and fourth decade of life. In young children, mucosal prolapse is most common. In adults, prolapsed mucosa is associated with 3rd degree haemorrhoids and in older patients, commonly it is a result of a weak anal sphincter.^[4]

In modern literature for partial rectal prolapse conservative treatment like digital reposition, sclerotherapy and surgical management Thiersch's operation are described.^[5] Eighty five percent of adults with full thickness rectal prolapse. The main aim of surgery for rectal prolapse are to restore the normal anatomy and to reduce symptoms. Various surgical techniques are described for the management of rectal prolapse; these techniques include trans-abdominal, trans-perineal, and even trans-anal approaches. However,

there is still no universal agreement on which techniques are more effective for the management of rectal prolapse. Although abdominal techniques produce better results than perineal approaches, there is a chance of various consequences (including impotence, pelvic haemorrhage, and pelvic abscess). So, perineal approaches may be selected alternatively to reduce the associated complications. These perineal techniques typically have a lower recurrence rate and a worse functional outcome, but they also have fewer post-operative pain and problems and a shorter hospital stay. And these perineal approaches also carry a risk of complications (faecal incontinence, anal stenosis etc.).

Therefore, a safe and effective therapy strategy for rectal prolapse is required. This strategy should have a low postoperative morbidity, comorbidities, and recurrence rate. Acharya *Sushruta* has described *Kshara-karma* as a para surgical procedure. *Pratisaraneeya Kshara-karma* is described as a para surgical procedure in *Arsha Chikitsa*, in the context of '*Bhrashtaguda*' (Rectal Prolapse) which is said to be the effective someone.^[6] Taking into account all of the aforementioned information, the current study will be designed to determine the effectiveness of *Kshara karma* as a parasurgical therapy in the treatment of *Gudabhamsha* (Rectal Prolapse).

CASE REPORT

A male patient of 37 years age came to OPD of State Ayurvedic Dispensary, Ballia/Bareilly (U.P) with complaint of some mass coming out from anal verge during defecation for previous 10 years. Gradually, the prolapsed mass get reduced spontaneously after defecation. Patient also had difficulty to control defecation urge and was complaining of mucus discharge from anal verge since previous 10 years. Patient did not have any complaint of bleeding per rectum and painful defecation/pain at perianal region.

- No history DM/HTN/TB/Thyroid dysfunction.
- No any history of surgical intervention.
- No history of any drug allergy/addiction.

Patient was examined thoroughly and vitals were taken. Local examination was performed which revealed Partial rectal prolapse, around 2-3 cm in length.

General condition - fair

Blood Pressure - 110/70 mmHg

Pulse Rate - 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^[7] treatment was planned.



PROCEDURE

- Inj. Tetanus toxoid I/M prophylaxis was given and written informed consent was taken before *Kshara karma*.
- The surgical procedure was done under local anesthesia. *Kshara-karma* was done in single sitting with 2 times applications of *kshara* on the same area.

- *Pratisrneeeya Teekshna Kshara*^[8] of *Apamarga* was applied on the partial prolapse of rectum circumferentially with the help of slit proctoscope and applicator, after reducing the prolapse. pH of *Kshara* was 13.5.
- *Kshara* was kept for 100 *Matrakaala* i.e., 2 minutes till color of rectal mucosa changed like *Pakva Jambu-Phala Varna*.^[9] After that washed with Lemon juice.
- This process was repeated 4 times to cover whole circumference of the rectal mucosa.
- *Matravasti* with 20 ml *Yashtimadhu ghrta*^[10] was given twice a day for 7 days followed by *Matravasti* with 20 ml *Changeri ghrta*^[11] twice a day for 15 days.
- Patient was advised restricted diet (*pathya-apthya ahara-vihara*) and regular follow up after discharge.
- Oral medications, *Triphala guggulu*.^[12] 500mg tablets twice daily.
- Isabgola husk 3 tea spoons at bed time with luke warm water was given for 30 days.



FOLLOW UP

- Weekly & Regular follow up was done for 2 months.
- The patient was satisfied with the treatment.
- No complaint of prolapse, incontinence and stenosis was seen.
- No pain was persisted during and after defecation.
- Only blackish, blood mixed mucous discharge per anum and mild burning sensation, which were cured after continuous use of *Matravasti*.

RESULT

Rectal prolapse and associated symptoms significantly improved. No rectal prolapse was complained by the patient during follow up periods. Patient was able to control the stool. There was no prolapse of rectum on straining. Associated symptoms of rectal prolapse were decreased.



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.^[13] *Kshara-karma* is a new treatment for rectal

prolapse that can be suggested as an alternative to surgery because it has few post-operative consequences. Surgery is the only effective treatment for rectal prolapse, but it has limits. *Kshara Karma* is a cost-effective, convenient day operation that can be carried

out under local anaesthesia with only minor aftercare complications that are hardly noticeable.

The most likely mechanism of action for *Pratisarneeeya Kshara* is that it produces a chemical burn on prolapsed rectal mucosal folds, causing cicatrization (in the process of wound healing) and maybe strengthening the anorectal ring. Study on large sample is needed to establish the effect of *Kshara-karma* in rectal prolapse.

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