

AYURVEDIC AND MODERN APPROACH OF GUDBHRAMSHA (RECTAL
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ABSTRACT

Rectal prolapsed is a circumferential descent of rectum (bowel) through the anal canal. Rectal prolapse may be partial or complete. Complete prolapse is called **proctidentia**. It is the condition in which rectum is displaced from its original position due to the weakening of ligaments and muscles that support the rectum. It commences as a rectal intussusceptions. In ayurveda, it is described as Gudbhramsha and caused by excessive straining and diarrhoea. There are several treatment available in ayurveda which can help in early resolution of disease or reduce the chances of having surgery for correction. In this review article we assess the various treatment modalities available in ayurveda along with contemporary medical science which can be used in better management of rectal prolapse.

KEYWORDS: Rectal Prolapse, Gudbhramsha, proctidentia.**INTRODUCTION**

Rectal prolapse is when the rectal walls have prolapsed to a degree where they protrude out the anus and are visible outside the body. Rectal prolapse can be primary or result from a pull through procedure. Although it can occur in newborns and in older children, most cases occur in toddlers, especially at the time of toilet training. Patient usually present between the ages of 2 and 5 years. In adults it is common in females (6:1) common in multiparas. The patient may describe the sudden appearance of a fleshy ring of tissue at anus while wiping or a small amount of blood in the toilet bowl. There is often a significant history of straining and previous constipation. Complete prolapse manifests with an intussuscepted segment of rectum outside the anal verge. The prolapsed segment can become quite congested when the condition is chronic, it appears as blue or red mass at or near the anal opening. Irritation of the mucosa leads to local bleeding and mucus formation. The surgical intervention for structural repair is having its own limitations and it does not give satisfactory results even at the hands of expert surgeons. Impaired bowel movement and recurrence is the main disadvantage of fixation and resection operations.

In ayurveda, rectal prolapse is described as Gudbhramsha. Acharya Sushruta described Gudbhramsha as a Kshudra Roga. In Charaka samhita and Ashtang Hridaya it is described as the complication

of Atisara (diarrhoea) and as a symptom of excessive purgation. Due to long term diarrhoea and frequent straining rectum becomes weak and rectal prolapse occurs. Ayurvedic management can regain the functional integrity of rectum and anal canal and thereby prevent further recurrence of the disease.

Classification

It can be differentiated into partial and complete prolapse of rectum.

Partial rectal prolapse: THE Mucous membrane and submucosa of the rectum protrude outside the anus for approximately 1-4cm. When the prolapsed mucosa is palpated between the finger and the thumb, it is evident that it is composed of no more than a double layer of mucous membrane.

*The condition occurs most often at extremes of life-in children between 1 and 3 years of age, and in elderly people. However, in recent years it seems to have become problems in middle aged women as well.

Complete rectal prolapse (Proctidentia): It is less common than the partial variety. The protrusion consist of all layers of the rectal wall and is usually associated with the weak pelvic floor. It is more than 4 cm and commonly as much as 10-15cm.

*Complete prolapsed is uncommon in children. In adults, it can occur in any age, but it is more common in the elderly. Women are six times more often affected than men.

Causative Factors

In infants direct downward course of rectum due to absence of sacral curve. Diminished support of anal mucosa due to poor resting anal tone. In children after an attack of diarrhoea, severe whooping cough, loss of weight resulting in reduced fat in ischioanal fossae. In adults associated with 3rd degree haemorrhoids, torn perineum in females, straining from urethral obstruction in males, atony of anal sphincters in old age or previous surgery.

Jataragni (digestive fire), Apana vayu and Mamsa Dhatu (muscle tissue) plays an important role in the aetiopathogenesis of Gudabhrmsha. Since Gudabhrmsha occurs as a consequence of long term diarrhoea, Agnimandya (impaired digestion) can be considered as the predisposing factor for protrusion of rectum. Guda (rectum) is the seat of Apanavayu, which is concerned with excretion of urine, faeces and helps in expulsion of foetus during delivery. So factors which vitiate apanavayu cause various diseases in Gudapradesha including Gudabhrmsha. Mamsadhatu gives Bala (strength) and its action is Deha Alepa (covers the body) and nourishes Medodhatu (adipose tissue). Guda is a Mamsa Marma (a vital spot which is predominant in muscle tissue). Thus the depletion of Mamsa and Medas will make the muscles and ligaments supporting the rectum weak and it will lead to gradual displacement of rectum.

Clinical Presentation

- History of mass per anum, which can be observed when child is allowed to strain in squatting position.
- It is pink in colour and circumferential
- Constipation (58%)
- Fecal incontinence
- Mucus discharge
- Bleeding (rare)

Investigations

- Barium enema
- Sigmoidoscopy
- Anal manometry
- Defecography

Differential diagnosis

- Rectosigmoid intussusceptions
- Third degree piles
- Large rectal polyp

Treatment

In infants and young children

1. Digital reposition

2. Submucous injections if digital reposition fails after 6 weeks trial, injection of 5% phenol in almond oil are carried out under general anaesthesia
3. Surgery Occasionally, surgery is required, and such cases the child is placed in the prone jack knife position, the retrorectal space is entered and the rectum is sutured to the sacrum.

In adults

- Submucous injections of phenol in almond oil occasionally are successful in case of early partial prolapse.
- Excision of the prolapsed mucosa when the prolapsed is unilateral, the redundant mucosa is excised after inserting and tying Goodsall's ligature, which after the needles have been cut off, permits the use of the prolapsed mucous membrane to be ligated in three portions lying in juxtaposition.

Complete prolapse

Treatment

Surgery is required and the operation can be performed via the perineal or abdominal approaches. An abdominal rectopexy is often recommended, but when the patient is elderly and very frail, or suffering from injury or disease of the spinal cord, or in very early life, a perineal operation is indicated. Since an abdominal procedure risks damage to the pelvic autonomic nerves, resulting in possible impotence, a perineal approach is also usually preferred in young men.

Perineal approach

Three procedures have been used most commonly.

1. Delorme's operation
2. Thiersch operation
3. Altemeirs' procedure

Abdominal approach

Well's operation
Ripstein's operation

Ayurvedic Management

Acharya Sushrut mentioned that in Gudabhrmsha the prolapsed portion of rectum should be anointed, given fomentation and pushed in (slowly), then a gophana type of bandage with a hole in its centre for expulsion of vayu (flatus) should be tied, and fomentation given frequently.

Musika taila used for drinking and anointing externally cures Gudabhrmsha, though difficult.

Acharya Charak mentioned that during rectal prolapse, and colic, the potion of acidified ghee is recommended or unctuous enema, if the patient are free from chyme disorders.

Oral intake of Amalghrit or anuvasan basti by Dashmool kwath, vacha siddh sneha, Chitrak siddha sneha.

Oral intake of Changeri ghrit.

When the anal prolapse is irreducible, the oleation and sudation procedures should be first administered: when the anus is well sweated and softened, reduce it with the help of a thick cloth and push it in.

Acharya vagbhata mentioned that when there is pain and prolapsed of rectum, medicated ghee prepared with milk, ghee, juice of kolamla, and changeri, dadhi, and paste of nagara should be administered

Medicated ghee prepared with the same sours and nice paste of dhanya, usana, bida, ajaji, panchkola, dadima (may also be administered).

Oil –enema should be given with oil processed with either dashmoola, or sathi, satahva and kustha or vaca and citraka.

The prolapsed rectum should be anointed with fats, fomented mildly, pushed inside and gophana bandha applied using leather strap having a hole in the centre.

Musaka oil used both for drinking and nointing (the rectum), this cures rectal prolapse.

Pathya and Apathya (Diet and regimen)

Pathya- Grains of Shali & Shashtika (rice), Godhuma (wheat), Ghritha (ghee), Nimba Yusha (soup of neem), Patola Yusha. Apathyas - Suppression of natural urges, prolonged journey, sitting on irregular surfaces

DISCUSSION

Structural repair for fixing the prolapsed rectum into its original position constitutes the best treatment in proidentia. In Theirsch's operation the wound may complicate with a discharging sinus. In resection operations of rectum, there is recurrence of prolapse and anal incontinence probably due to short ano-rectal stump.

Research studies suggest that use of Unduru Taila for external application or instillation into the anal canal and its internal administration is very effective in reducing the signs and symptoms of rectal prolapse. Mamsarasa (meat soup) is indicated in the condition of aggravated Vata. Thus consumption of Mamsa or flesh nourishes the Mamsa Dhatu in its depletion. Unduru Tailam in which Mooshika Mamsa (flesh of mice) is the main ingredient will surely promote Mamsadhatu Vridhi and thereby tones up the anal sphincters & give strength to rectum. Thus prevent further prolapse of rectum. Also in the condition of Ksheena Mala (decreased amount of faeces) and in the descent of Guda, use of Tailam is considered to be effective.

CONCLUSION

Ayurvedic management aims to correct the physiological impairment rather than a structural repair. For a successful intervention to treat the rectal prolapse, regulation of bowel habit should be carefully maintained

by changing the food habits. To improve the anal sphincter function, exercises of pelvic floor will be beneficial.

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