



Review Article

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

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ABSTRACT

Rectal prolapse 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 is considered as intussusception of rectum i.e., rectum folds on itself and passes through the pelvic diaphragm and ultimately comes out of the anal canal. The surgical treatment of rectal prolapse evolved from historical encirclement procedures to the current invasive ones. The rectal prolapse or Gudabhrmsha is due to deranged vata situated in rectum (Apanavayu). Agnidushti (impaired digestive fire), Vata vitiation and Mamsadhatu Kshaya (depletion of muscle tissue) can be considered as the root cause for Gudabhrmsha. So, the treatment procedures like Snehana (oleation), Swedana (sudation) and Anuvasana Vasti (enema) can be adopted. Unduru taila application and Kshara Karma (chemical cauterisation) is found to be very effective in the management of Gudabhrmsha.

Keywords: Rectal Prolapse, Gudabhrmsha, Apanavayu, Unduru taila, Agnidushti

INTRODUCTION

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. Peak incidences are observed in 4th and 7th decades of life. Male: female ratio is 1:6.

Untreated rectal prolapse can lead to incarceration and strangulation. It will also lead to increasing difficulties with rectal bleeding, ulceration and faecal incontinence. 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.

Susruta mentioned Gudabhrmsha in the context of Kshudra Roga. In Charaka Samhita and Ashtanga Hridaya it is described as the complication of Atisara (diarrhoea) and as the symptom of excessive purgation. Due to long term diarrhoea and frequent straining rectum becomes weak and rectal prolapse occurs¹. Ayurvedic management can regain the functional integrity of rectum and anal canal and thereby prevent further recurrence of the disease.

Classification²

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

Partial rectal prolapse: when only the mucosa and submucosa of the rectum come out through the anus it is called Partial rectal prolapse. The length of the protruding mass is never more than 3.75cm.

Complete rectal prolapse (Procidentia): In this condition, rectum comes out through the anus and the protrusion consists of all the layers of rectal wall. It is always more than 10cm in length.

Causative Factors³

Faulty bowel habit, long history of constipation, laxity of the anal sphincters and conditions which cause increased intra abdominal pressure i.e., straining such as attack of diarrhoea or whooping cough, urethral obstruction from enlarged prostate, excessive coughing from bronchitis may cause prolapse of rectum. Third degree haemorrhoids may be associated with partial prolapse of rectum. It can occur as a complication of operations for fistula in ano or fissure in ano.

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.⁴ Mamsadhatu gives Bala (strength) and its action is Deha Alepa (covers the body) and nourishes Medodhatu (adipose tissue).⁵ 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 Presentation⁶

Anal mass, bleeding per rectum, constipation and differing degrees of faecal incontinence are the main symptoms. Prolapse of the rectum usually occurs following defecation

Investigations

Barium enema, Video defecography, Ano-rectal manometry, Sitz marker study, rigid Procto-Sigmoidoscopy

Management

Partial prolapse⁷

Conservative management includes digital reposition of protrusion and submucous injection of 5% phenol in almond oil. Aseptic inflammation following these injections will lead to fibrosis and mucous membrane becomes fixed to the muscular coat and is drawn in.

Theirsch's operation is an encircling procedure with a piece of silver wire or stainless steel wire. This gives a mechanical support as well as chemical support by the fibrous deposits around the anal canal. Excision of prolapsed mucosa is performed when the partial prolapse is unilateral.

Complete prolapse⁸

Surgery is required and operation can be performed via perineal or abdominal approaches. Delorme's operation, Ivalon sponge warp operation (Wells operation), rectal sling operation, Rectopexy operation are the fixation operations. Ivalon sponge (polyvinyl alcohol) and Teflon band are used to fix the protruded rectum to the presacral fascia and periosteum of sacrum. Resection operations are Altemeier's procedure and anterior resection of rectum in which the prolapsed rectum and associated sigmoid colon from below is excised and a colo-anal anastomosis is then constructed.

Ayurvedic Management

The treatment should strictly emphasise on Agnideepana (to increase digestive fire), as Agnidushti is the main reason for persistence of diarrhoea in debilitated patients. So the drugs which are Vatanulomana (proper movement of apanavayu), Agnideepana and Vatakapha Shamana would be apt to this condition.

Repositioning of Guda⁹- The protruded rectum is pushed inside in its normal position after oleation and sudation, after that Gophana bandha (T-bandage) is done. The Gophana Bandha is having an opening in the centre for the smooth passage of flatus.

Snehana – It can be done internally and externally using Taila (sesame oil), Ghrita (ghee) etc. It improves Bala and Agni & thereby gives Dhatu Pushti (nourishment of tissues)

- Unduru taila¹⁰
- Charngeriyadi Ghrita (Charngeriy, Kola, Curd and Shunti)

Abhyanga- It is vatahara (alleviates vata dosha), brimhana (tones up the bodily tissues) and induces dardhyam (firmness) in body. Basically, Taila is vatakaphahara.

- Unduru Taila (Mooshika Taila, Mooshika Vasa, Gavya Ghrita

Swedana (Avagaha sweda or sitz bath) – It is vatakapha hara.

- Balamoola Kashaya, hot water, cooked Shambuka Mamsa¹¹
- Anuvasana Vasti¹² - It is done with Taila & Ghrita prepared from Madhura and Amla Dravyas.
- Mooshika Taila, Dashamula Kashaya+ Vilwa Kalka + Ghrita
- Shati or Vacha +Chitraka +Ghrita
- Pippalyadi Anuvasana Taila

Drugs for internal administration

- Mooshika Taila, tender Padmini leaves+sugar¹³, Charngeriyadi Ghrita, Paneeya Kshara, Kola +Amlarasa+Shunti+Ksheera+Taila

Kshara karma¹⁴– Kshara (ash of herbs) is applied circumferentially on rectal mucosa

- Apamarga Kshara
- Ksharasutra

Pathya and Apathya (Diet and regimen)¹⁴

Pathya- Grains of Shali & Shashtika (rice), Godhuma (wheat), Ghrita (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 procidentia. 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.¹⁵ 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.¹⁷

Clinical studies conducted to evaluate the effect of Kshara Karma and Ksharasutra (medicated thread) in Gudabhramsha opines that the burns produced by the Kshara gradually leads to fibrosis and adheres the mucosal layer to the submucosa. Ksharasutra is used to encircle the anal canal to provide mechanical support to rectum by producing fibrotic changes in the mucosa. Parasurgical measures especially Kshara Karma & Ksharasutra application is very feasible and can be performed without any complication and the recurrence rate is very less.

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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