



A CASE REPORT IN THE MANAGEMENT OF GUDABHRAMSHA USING UNDURU TAILA AND KSHARAKARMA

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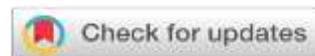
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ABSTRACT

Rectal prolapse is a condition that usually requires surgical intervention. It is the complete protrusion of the rectum through the anal canal. Rectal bleeding and mucoid discharge are frequent symptoms. In this case, a male patient complained of mass per anum associated with constipation for the past 20 years and was diagnosed as having complete Rectal prolapse. In *Ayurveda*, this condition can be understood under the heading of *Guda Bhramsha* (rectal prolapse), which is mentioned in ancient Ayurvedic textbooks like *Sushruta Samhitha*, and *Astanga Hrudaya*. The exact cause of rectal prolapse is not completely understood but it is predominant in elder multiparous women, pregnancy, obesity, perineal injury, chronic constipation, or other conditions, resulting due to increased intra-abdominal pressure associated with rectal prolapse. Abdominal and perineal approaches have been mentioned as the treatment of choice in the contemporary system of medicine. In this case, an 85-year-old male patient was treated with *Kshara Karma* followed by *Matrabasti* with *Unduru Taila* and sitz bath.

Keywords: *Gudabhramsa*, Rectal prolapse, *Kshara karma*, *Unduru taila*

INTRODUCTION

Rectal prolapse or procidentia is the condition in which the rectum comes out through the anus and the protrusion consist of all 4 layers of the rectal wall [1]. It is a descending sliding hernia and it is always more than 3.75cm in length [2]. The explanation for this condition can be seen in ancient *Ayurvedic* textbooks like *Sushruta Samhitha* and *Astanga Hrudaya* as *Gudabhramsa* [3]. The prevalence of rectal prolapse is estimated to occur in less than 0.5% of the general population and more frequently in the elderly population and females [4]. *Kshara* is a caustic material made by the combination of a variety of herbal drugs, which is considered as *Sreshtha* among *Sastras* and *Anushastras* [5]. *Kshara* mitigates all the *Tridoshas* and can be applied at places which are difficult to approach by ordinary measures.

CASE STUDY

MATERIALS AND METHODS: 85-year-old male patient complaints of mass per anum associated with constipation for 8 years.

HISTORY OF PRESENT ILLNESS

According to a patient, he was apparently normal, as he was an air force officer, he had to follow a strict time schedule and had a habit of straining during defecation. Simultaneously he felt a mass protruding out through anum which used to reduce by itself soon after defecation. Later on, the condition got worsened and now he has to reduce the mass manually after defecation.

HISTORY OF PAST ILLNESS

H/o piles since the last 18years

TREATMENT HISTORY

The patient consulted some doctors for the same complaint and found slight relief for constipation. But the protrusion of the mass remained the same for 8 years.

PERSONAL HISTORY

Bowel – Constipated

Sleep - Sound

Appetite - Good

Micturition – Regular

Habits – Nothing specific

Examination

Blood pressure -130/80mmHg

Heart Rate – 72/min

Pulse- 72/min

No pallor, no lymphadenopathy, no cyanosis, no clubbing, no oedema, no dehydration

Local examination

Rectal examination

Inspection

Circumferential mucosal protrusion through anum

Angry looking mucosa

No bleeding, no external haemorrhoids

On straining- complete circumferential mucosal protrusion through anum about 6.5cm

Digital rectal examination

Hypotonic sphincter

No tenderness

Investigations

Hb% - 12.5%

TC – 10,400cells/cumm

DC- polymorphs-70%, lymphocytes-25%, eosinophills-04%, monocytes -01%

ESR- 20mm/hr

RBS- 70mg/dl

BT- 1minute 10 seconds

CT-4 minute 56 seconds

Diagnosis

Gudabhramsa (Complete rectal prolapse)

After all lab investigations and preoperative assessment, *Ksharakarma* with *Apamarga Pratisaraneeya Kshara* was planned.

Procedure

Preoperative

- Written surgical consent was taken.
- Maintained nil by mouth 6hrs prior to the procedure.
- Injection Tetanus Toxoid 0.5ml IM stat was given.
- Injection Xylocaine 0.2ml intra dermal test dose given.
- A Glycerine enema was given.
- *Matra Vasti* with *Unduru Taila* for 14 days
- Part preparation

Operative

- Under all aseptic precautions patient is made to lie in the lithotomy position.
- Painting and draping done.
- Using an insulin needle multiple pricks were made over the rectal mucosa leaving 1cm distally and proximally.
- *Apamarga Pratisaraneeya Kshara* was applied and waited for 100 *matrakala*
- *Krishna varna* was observed.
- *Kshara* was cleaned properly using Normal Saline and *Nimbu Swarasa*
- Manually the mass reduced.
- An anal pack was kept using *Jathyadi Ghritha* and an antiseptic dressing done.
- Throughout the procedure, haemostasis was maintained, and vitals were stable.

Post operative

- Vitals were checked every 1 hourly for the next 4 hours.
- The patient was advised to remove the anal pack after 6hrs.
- Laxatives, *T. Triphala Guggulu* and *T. Gandhaka Rasayana* were given.
- *Taila poorana: Unduru Taila* 40ml twice daily
- Advised regular sitz bath.
- Diet: *Snigdha Godhuma Anna* (Wheat cooked with excess unctuous substance like ghee)

- The patient got discharged on 5th day of the procedure.

DISCUSSION

In contemporary science surgical management is the treatment of choice for complete rectal prolapse. Though there are perineal and abdominal surgical approaches that have been mentioned for rectal prolapse due to the high recurrence rate reduced improvement of faecal incontinence, post-operative adhesions, and longer recovery time there is a need for alternative treatment^[6]. In *Ayurveda*, Acharya Sushruta has proposed the line of conservative management as repositioning of the prolapsed rectum after mild sudation and oil application followed by mechanical support for the anorectal region by *Gophana Bandha*^[7]. Sushruta also recommends *Vatanuloma* treatment through local and oral use of *Mushikadya taila*. Sushruta also explained the surgical management of *Gudabhramsa* by the application of *Kshara* and *Kshara* application is proposed to induce aseptic fibrosis of anal mucosa and adhere it properly^[8]. During the wound healing process, it causes cicatrization and strengthens the ano rectal ring. In this case after 10days of follow up the symptoms markedly reduced, and the size of the mass was reduced to about 1.5cm which protrudes only during straining.

OBSERVATION AFTER 10 DAYS OF KSHARA KARMA

PARAMETERS	BEFORE TREATMENT	AFTER TREATMENT
Mass per rectum(size)	Present (~6.5cm)	Absent (~1.5cm only during straining)
Constipation	Present	Absent
Appearance of mucosa	Inflamed(Angry looking)	Normal (pink)

OBSERVATION AFTER 1 MONTH OF KSHARA KARMA

PARAMETERS	BEFORE TREATMENT	AFTER TREATMENT
Mass per rectum(size)	Present (~6.5cm)	Absent
Constipation	Present	Absent
Appearance of mucosa	Inflamed(Angry looking)	Normal (pink)

CONCLUSION

Rectal prolapse is a depleting condition that lacks proper management techniques. Even though many surgical approaches are there in practice it is still fac-

ing various disadvantages. *Ksharakarma* has been very beneficial in the management of rectal prolapse since it requires minimal invasive techniques, short hospital stays, and is economical. Thus, *Ksharakar-*

ma is going to be a breakthrough in the management of rectal prolapse in the future days.

REFERENCES

1. Madan Bhandari, Basavaraj Chanda, Prasanna N. Rao, Gopikrishna B.J, Sahana Sheela K.R Management of rectal prolapse (*Guda Bhramsa*) through *Kshara Karma* (chemical cauterization) – a case study, *Journal of Coloproctology*, Volume 39, Issue 4,2019, Pages 389-393, ISSN 2237-9363, <https://doi.org/10.1016/j.jcol.2019.05.008>. (<https://www.sciencedirect.com/science/article/pii/S2237936319300371>)
2. S. Das. A concise textbook of surgery the rectum and anal canal, Kolkata; 2020. 11th edition p.1067.
3. Sushrutha. *Sushrutha Samhitha* with the *Nibandha-sangraha* Commentary, *Kshudraroga Nidanam, Nidanasthana* 13th Chapter; Editor Vaidya Jadavji Trikamji Acharya. Chaukhambha Publications; 2017.p.325.
4. Kairaluoma MV, Kellokumpu IH. Epidemiologic aspects of complete rectal prolapse. *Scand J Surg*. 2005;94(3):207-10. doi: 10.1177/145749690509400306. PMID: 16259169.
5. Sushrutha. *Sushrutha Samhitha* with the *Nibandha-sangraha* Commentary, *Kshirapaka Vidhi Adhyaya Sutrasthana*; Editor Vaidya Jadavji Trikamji Acharya. Chaukhambha Publications; 2017.p.45.
6. Madan Bhandari, Basavaraj Chanda, Prasanna N. Rao, Gopikrishna B.J, Sahana Sheela K.R Management of rectal prolapse (*Guda Bhramsa*) through *Kshara Karma* (chemical cauterization) – a case study, *Journal of Coloproctology*, Volume 39, Issue 4,2019, Pages 389-393, ISSN 2237-9363, <https://doi.org/10.1016/j.jcol.2019.05.008>. (<https://www.sciencedirect.com/science/article/pii/S2237936319300371>)
7. Sushrutha. *Sushrutha Samhitha* with the *Nibandha-sangraha* Commentary, *Kshudraroga Chikitsitham Adhyaya, Chikitsasthana*; Editor Vaidya Jadavji Trikamji Acharya. Chaukhambha Publications; 2017.p.481.
8. Sushrutha. *Sushrutha Samhitha* with the *Nibandha-sangraha* Commentary, *Arshasam Chikitsitham Adhyaya, Chikitsasthana*; Editor Vaidya Jadavji Trikamji Acharya. Chaukhambha Publications; 2017.p.481.

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BEFORE TREATMENT



AFTER TREATMENT