Review Article.

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Effect Of Ayurveda Treatment In The Management Of *Gudabhrinsh* (Rectal Prolapse)- A Review Article.

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ABSTRACT: -

According to *Acharya sushrut guda-bhrinsha* (Rectal prolapse) is described in *Sushrut Samhita nidan sthan* Ch-13 *kshudraroga-nidanam* & *chikitsa sthan* Ch-20 *kshudrarog-chikitsitm which is related to guda*. In modern aspect we correlate *guda-bhrinsha* with rectal prolapse. Rectum is circumferentially descent through anal canal is called rectal prolapse. Chronic constipation with straining, diarrhoea, malnutrition is common aetiology for rectal prolapse. Modern science explains about lots of surgical treatment for rectal prolapse but these procedures have various complications like constipation after rectopexy, hypogastric nerve injury, infection etc. In this article we are discussing about various ayurvedic management which is describe in many *samhitas* (Ayurvedic textbooks) and numerous *ayurvedic* practitioner go with these *ayurvedic* treatment & minimal invasive procedures (*Snehana karma*, *swedan karma*, *anuvasan basti*, *picha basti*, *pichu*, *agnikarma* etc). This new way of *ayurvedic* management help medical practitioners in simplifying this disease management & elimination of various surgical and post-surgical complication.

Keywords- *Guda-bhrinsha*, rectal prolapse, rectal procidentia

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INTRODUCTION

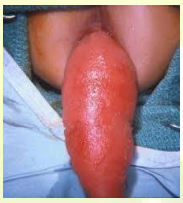
Guda-bhrinsha is a disease described by *Sushruta* in his text book *Sushrut Samhita nidan sthan* Ch-13 *kshudraroga-nidanam* & *chikitsa sthan* Ch-20 *kshudrarog-chikitsitm. Guda-bhrinsha* is related to *guda*. Rectum is circumferentially descent through anal canal is called rectal prolapse[1] Acc. to *sushruta ruksha (Vata prakriti) & durbala* (Weak) person due to *Atipravahan* (Severe straining at stool) or by *Atisar* (Severe diarrhoea) Rectum comes out (Prolapse) through anal canal which is called *guda-bhrinsha[2]*. *guda-bhrinsha* can be described as rectal prolapse in modern science. Modern aspect is also same as *sushruta*. Rectal prolapse happens when the rectum moves out of its usual place inside the pelvic region and protrudes through the anus[3]. Chronic constipation with straining, diarrhea, malnutrition is common etiology for rectal prolapse.

Rectal prolapse is more commonly seen in infant, children's & elderly women[4]. In individuals above the age of 65, the disorder's prevalence rises to 10 per 1,000. Women's are 6 times more prone than men's because of multiple births and vaginal delivery. Rectal prolapse can lead to a loss of control over bowel movements, resulting in Around 75% patient suffering from faecal incontinence due to disruption of anal sphincter & 35% patients suffering from urinary incontinence[5].

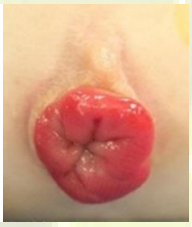
Classification-

Acc. Ayurveda- 2 types[6]

1- ***Purna guda-bhrinsha-***
- mostly in children's
- Entire rectal wall comes outside the anus.



2- ***Apurna guda-bhrinsha-***
- mostly in adult
- Only rectal mucosal layer come outside the anus.



Acc. modern- 3 types:

1. **External prolapse (complete prolapse)-** Most common type of rectal prolapse when your entire rectum protrudes from your anus. (Descend more than 3.75cm & up to 10-15cm). The prolapse is usually full-bodied in adults and commonly related to incontinence. Surgery is needed for rectal prolapse in full thickness.
2. **Mucosal prolapse (partial prolapse)-** When a portion of the rectal lining (mucosal & submucosal layer) protrudes through the anus. (Prolapse is less than 3.75cm)
3. **Internal prolapse (concealed prolapse)-** Your rectum has begun to descend but is not yet protruding from your anus only mucosa & submucosa separates from muscularis layer[7]. It's the inner state of the sigmoid into the rectum or distally into the rectum part.

Cause-

Acc. *Ayurveda-*
- *ruksha (Vata prakriti)* person
- *durbala* (Weak) person
- *Atipravahan* (Severe straining at stool)

- *Atisar* (Severe diarrhea)

Acc. modern

In children's-

- reduced curvature of the sacrum[8]
- narrowing of anal canal due to decreased muscle (levator ani) tone.
- loose motion
- Malnutrition
- Long term history of cough

In adult-

- History of any trauma to anal area, spine & back.
- Long-time complain of constipation.
- Increased Intra-abdominal pressure
- Severe straining at stool.
- Old age (due to muscle & ligament weakness)
- Weak pelvic muscle, anus & external sphincter.
- Paralysis of anal sphincter.
- Neurological- pudendal nerve injury due to obstetric injury, sacral nerve injury, and weakness of pelvic floor muscles & anal sphincter[9].
- Multipara women- perineal nerve injury due to repeated perineum birth injury

Clinical feature-

Acc. Ayurveda- Acc. *Sushruta Samhita nidan sthan 13*[10]

- prolapse of whole rectum is an only clinical feature for complete rectal prolapse.
- Only mucosal layer of rectum prolapsed outside anal verge is only feature for incomplete(partial) rectal prolapse

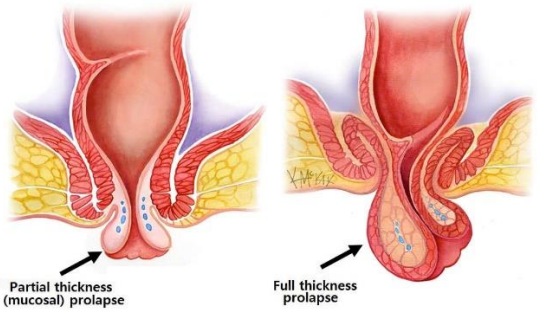
Acc. Modern-

Partial rectal prolapse-

- Feeling a bulge (pink colour mass) outside anus circumferentially when patient allowed to strain in squatting position.
- Pain in rectum

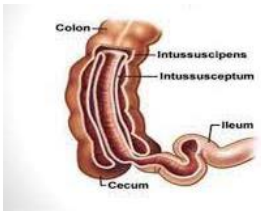
Complete rectal prolapse-

- Feeling a bulge (red colour mass) outside anus circumferentially
- Painless & reducible (if infected than painful)
- In female associate with uterine prolapse
- Stool, or mucus discharge from the anus.
- bleeding from anus with visible ulceration.
- **Faecal incontinence or repeated defecation**
- Sepsis, discharge, fever, anaemia – other symptoms

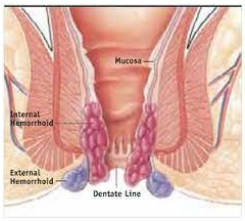


[11]

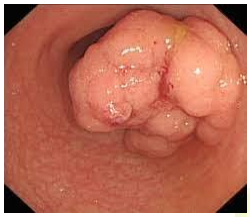
Differential diagnosis-



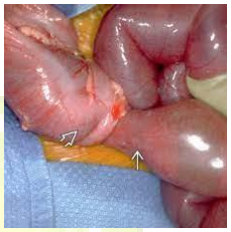
Rectosigmoid intussusception in adult[12]



3rd or 4th degree piles



Prolapsing polypoid mass



Ileo-cecal intussusception in child[13]

Investigation-

1- History taking-

- The prolapse may not always be obvious when examined, but may be determined by asking the patient to strain in squatting position.

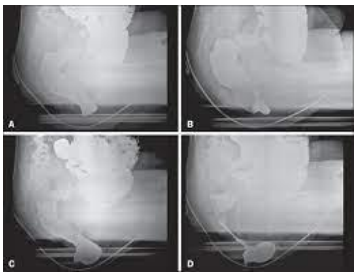
2- **Rectal examination-**

Rectal test comprises of **visual** perianal skin inspection, **digital** rectum palpitation and neuromuscular perineum function evaluation.
A **digital rectal** exam should be performed to discover a weakened anal sphincter.
For a suspected Internal Prolapse-A defecating **proctographic** and anesthetic inspection may be the sole way of clinically diagnosis for a suspected internal prolapse.

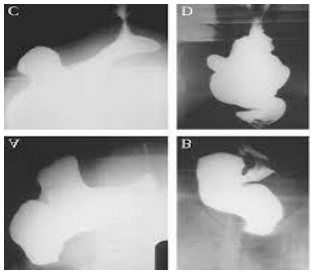
3- Lab Investigation-

✓ **For detection of complex pelvic floor problem-**

Defecography[14]-It is a form of medical radiological imagery in which a fluoroscope may be seen in real time in the mechanics of a patient's feces. At various phases of defeat, the structure and function of the pelvic and anorectum floor can be actively examined.



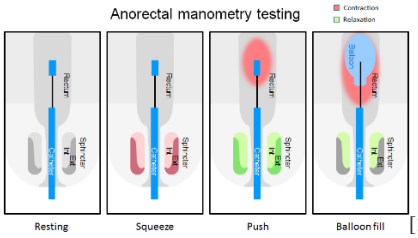
Defecography



Colpocysto defecography

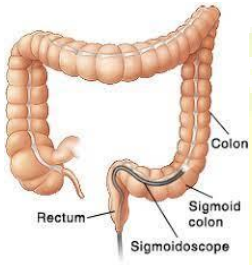
- Cine defecography- test for pelvic floor motion
- Dynamic MR defecography- Non invasive technique
- Colpo cysto defecography

✓ **Anal manometry-** For measuring sphincter straightens, a small, thin tube is placed in the anus and rectum. Resting (40mmHg of internal sphincter); squeeze (80mmHg of external sphincter).



[15]

✓ **Sigmoidoscopy-** for tumor detection (in intussuscepted rectum prolapsed)



✓ **Pudendal nerve latency study**
✓ **Electromyography**

Treatment-

Acc. Ayurveda-Sushruta Samhita[16]

Digital repositioning- Prolapsed portion of the rectum after *snehana* and *swedana karma* relocated to their actual position by pushing slowly**.**

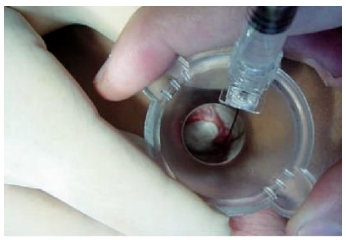
***Gophana bhandan* (T- Bandage**)- After repositioning *gophana* bandage with a hole in its centre for expulsion of flatus (*apan vayu*) should be tied, and frequently *swedana* karma is done.

Medicated Oil- Milk + *mahat panch moola kalka*+ *mooshika*(intestine removed) = *Taila Pak*(boiled) together = medicated oil (prepared for drinking and external use) for *kashta-sadhaya Guda bhrinsha*.

Acc. Modern-

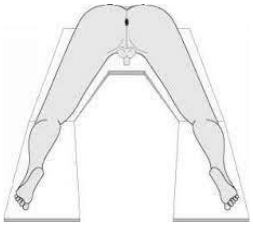
In infant & Children-

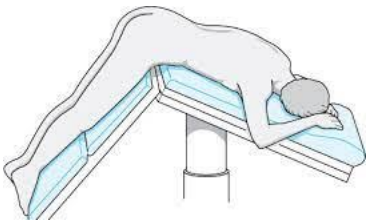
- **Digital Repositioning**-The parent is instructed to replace the protrusion and to deal with any underlying reason.
- **Submucosal injection-** After 6 weeks (if digital repositioning fails) 5% phenol in almond oil- under G.A.[17]



- **Surgery**- occasionally required

1-Position- Prone Jack-Knife





2-There is a retro rectal space, and the rectum is sutured to the sacrum[18].

In Adult-

1- **Local treatment**- Rubber band application Submucosal injection- Phenol in almond oil
2- **Excision**- when unilateral prolapse- excision of redundant mucosa Use endoluminal stapling technique
3- **Surgical management**- According to patient history, age, operative risk, incontinence degree, pelvic floor defect.

- **Rectopexy**- After full mobilization of the rectum, Sutures or mesh hold the rectum to the sacrum.

Here are 2 routes for performing Rectopexy for rectal prolapse in adult.

a. **Perianal route**- In matured & very delicate patients, young man (Abdominal route have risk- sexual dysfunction because of damage of pelvic autonomic nerve).
b. **Abdominal route**- low recurrency rate

- **Laparoscopic Rectopexy**- Laparoscopic posterior mesh rectopexy procedure is done. very popular, polypropylene mesh & sutures offers nice outcome.
- **Delorme's operation**- For complete prolapse, young patients
- **Perineal Rectosigmoidectomy**- Complete prolapse and redundant sigmoid are resected to perineum before the sphincter is reefed.
- **Anal encircling surgeries**[19]- In extremely ill patients and elderly patient

Synthetic wires / suture material/ mesh is used.

Acc. to present era *Guda-bhrinsha* treatment in Ayurveda-

Nidan-parivarjan-Treatment depend on cause of disease. Avoid straining during defecation, excessive food intake, irregular diet, frequent meal in short interval etc.
Snehan karma- with any oil (*mushika tailam*) to strengthen the anal muscle and sphincters.
Swedana karma- HSB with *panchvalakal Kashaya* or *phalatrikadi kwath* to improve the anal muscle and sphincters tone.

Oral Medication[20]-

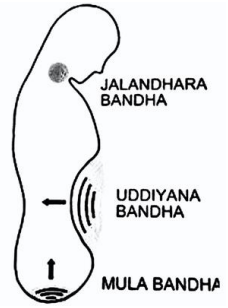
1- *Changeri ghritam* & *Chavyadi ghritam*– If bloating, diarrhoea present
2- *Triphala choorn*- If constipation present
3- *Kutajaristh*- if diarrhoea present
4- *Lodhrasav*- If bleeding disorder
5- *Ashokaristh*- if bleeding disorder
6- *Bola parpati*- if bleeding disorder
7- *Chandanasav*- improve blood circulation
8- *Drakshasav*- improve digestion & muscle strength
9- *Arvindasav* (for children's)- muscle strengthen & improve digestion

Local application-

1- *Changeri ghritam* & *Chavyadi ghritam*- *Pichudharan , vartidharan*
2- *Triphala choorn- prakshalan karma*

Yoga & supportive treatment-

- ***Mulbandh Asana*** (Root lock)- *Mul-Bandh* is a *yoga* position, in which you tighten your pelvic, genitalia and anus muscles to produce or retain a type of *'Bandhana*.



Mulbandh Asana & Uddiyana bandha

Chaturanga dandasana

- **Kegel exercise**
- *Uddiyana bandha*
- *Chaturanga dandasana*
- Bridge pose

If not treated with conservative treatment, then surgery needed.

DISCUSSION

According to Acharya Sushruta Guda-Bhrinsha described as a *Guda-vyadhi* witch is situated in *Guda that is* describing as a Rectal prolapse. According to this review article we have discussed about *Guda-bhrinsha* & its management by oral medication, local medication, yoga and supportive drugs & techniques. Due to sedentary life style mostly peoples suffering from Constipation & diarrhea in current time. Due to continuous constipation, diarrhea & excessive straining rectal muscle strength in somehow loose their ability to hold rectum that is called rectal prolapse. this condition worsens their day-to-day life & they are suffering from lots of pain, discomfort in their life so that appropriate and stress-free Ayurveda management is greatest choice for partial prolapse situation. This may be managed utilising certain *ayurvedic therapies* such as *Snehan Karma, Swedan Karma, Abhayga, Pichudharan, vartidharan* and *yoga.* These methods are not unpleasant or are less painful than surgical procedures and produce superior results. Patients do not require bed rest following these Ayurvedic procedures, and these treatments have don't effect on their daily lives.

CONCLUSION

According to *Acharya Sushruta Guda-bhrinsha is* described as a *Gudvyadhi*. It is a communal state after constipation and diarrhoea which feel in *guda.* It is mainly occurring in patient which is suffering from constipation and diarrhoea. Partial prolapse is commonly seen in young age & complete prolapse is commonly seen in children's & old age patient. This condition is more correctly known as rectal prolapse according to current resources.

Common reasons are constipation, diarrhoea, old age, excessive straining, weak muscle tone etc. Main symptom is Feeling a bulge (pink colour mass) outside anus circumferentially, bleeding, pain etc. According to *Acharya Sushruta snehana, swedan, pichu-dharan, yoga* is greatest treatment for *Gudabhrinsha*. According to contemporary research, medical practitioners initially provide conservative treatment and physical therapy (as a supportive treatment). If conservative treatment fails and the patient suffers from significant discomfort and full prolapse, surgical intervention is required to treat rectal prolapse.

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