Title: Study of gudabhramsha W.S.R. to rectal prolapse: a review

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Abstract:

Guda means anus /rectum. Bhramsha refers to dislocation or dislodge, moved away from its main site. In Ayurvedic Samhita ‘Gudabhramsha’ is described to be formed because of vitiated VataDosha where rectum comes out during defecation partially or totally. Sometimes it goes back automatically or sometimes patient has to do it manually. Treatments described in Ayurvedic epics are, after Snehana and Swedana pushing of prolapse rectum inside. ‘Mahatpanch amulaantrvarjitmushaksiddhataila’ for internal and external Snehana etc. surgery is advised if this measure fails. Gudabhramsha has similar feature to that of rectal prolapse described in modern medical science. Generally a rectal prolapsed can be reduced with gentle digital pressure. Although no medical treatment is available for rectal prolapse, internal prolapse should always first treated medically with bulking agents, stool softeners and suppositories or enemas and surgeries. In this review article efforts have made to analyze description of Gudabhramsha in Ayurvedic Epics, nonsurgical treatment of rectal prolapse for bypass of surgical and anesthetic complications.

Keywords:

Gudabhramsha, Rectal prolapse, Gophana Bandha.

Introduction:

It is circumferential descent of bowel through the anal canal [11]. It is commonly seen in infants, children and elderly individual. It is common in females (6:1). Fecal incontinence is very common feature; urinary incontinence occurs in 35% of patients; 15% of patients are associate with vaginal vault prolapse [11]. Ayurvedic Samhita describes a VyadhiGudabhramsha having similarity to rectal prolapse. On account of morbidity and mortality of operative procedure for Rectal prolapse and anesthesia, the review study of Gudabhramsha and its treatment described in Ayurveda classics gains much importance.

Material and Methods:
In this study the references has been collected from different Ayurvedic Samhitas, their commentaries, modern medical text books. All matter has taken for discussion to draw some conclusion.

GUDABHRAMSHA (RECTAL PROLAPSE) INAYURVEDIC CLASSICS

Sushrutacharya includes Gudabhramshain ‘KshudraRoga’. In Ashtang Hridayam it is described as Gudanissarana[8]. The etiological factors for Gudabhramsha has been described as repetitive Atisara and Pravahana(excessive straining) due to which there is prolapse of rectum. Sushrutacharya has specifically mentioned that Ruksha and DurbalDehi individuals are more prone to it.[1],[6].

Treatment

The following line of treatment has been mentioned by Acharya Sushruta in Chikitsasthana.[2],[5]. Manual repositioning of Prolapsed rectum preceded by swedana and snehana.[2],[7].

1) After repositioning, GophanaBandha has to be applied for prevention of rectal prolapse.
2) Muhurmuhur(repetitive) Swedanakarma around anus region has been specifically mentioned.
3) An oil preparation has been mentioned, the contents of which Bruhatpanchamula, AantravarjitMushaka, Vataghnaaushadhasiddhaksheer. This oil could be used for treatment of Gudabhramsha internally as well as externally.[2].

A pain related to Gudabhramsha could be relieved by ChangeryadiGhrit which is made up of Changeri, kol, dadhi, andMatra is 1/4–1/2 Tola[5].

4) Padminipatra, Takra, Gavyavasa, Mushikavasamansa[5],[7].

RECTAL PROLAPSE ACCORDING TO MODERN MEDICAL SCIENCE

There are mainly 2 types of rectal prolapse[10], [11], [12]

1. Partial Rectal Prolapse
2. Complete Rectal Prolapse

PARTIAL RECTAL PROLAPSE

Here only mucosa and sub mucosa of the rectum descends, not more than 3.75 cm. There is no descent of the muscular layer. It is the commonest type of rectal prolapse.

Aetiology

This condition occurs more often in extremes of life – children below 3 years of age and elderly people. In infants- 1) as the sacral curve of the rectum has not yet developed, the direct downward course of the rectum predisposes to this condition. 2) Due to diminished tone of the anal musculature this condition may developed. In children- 1) faulty bowel habit is often the predisposing factor. 2) Straining such as attack of diarrhea or whooping cough may cause partial prolapse. 3) Loss of weight and diminution of perirectal fat may cause prolapse in malnutrition child. In adults- 1)some loss of tone of anal sphincter may cause partial prolapse. 2) Third degree
hemorrhoid may be associated with partial prolapse. 3) In females, torn perineum may cause partial prolapse. 4) Excessive straining due to urethral obstruction from enlarged prostate or excessive coughing from bronchitis may cause partial prolapse. 4) Partial prolapse may also complicate operations for fistula-in-ano or fissure-in-ano \[^{10}\].

**Clinical features of partial rectal prolapse**

History of mass per anum, it is pink in color and circumferential. It differs from piles, the piles are not circumferential and are plum or blue colored\[^{11}\].

**Treatment**

**Conservative treatment**

1) Digital reposition of the partial prolapse, the mother is taught how to replace the protruded bowel through the anal sphincter.
2) Sub mucous injection with 5% phenol in almond oil under general anesthesia\[^{10}\].

**Operative treatment**

1) Thiersch’s operation
2) Goodsall’s operation – is excision of the prolapsed mucosa at its base, usually in three positions.
3) Stapled transanal rectal resection surgery (STARR)\[^{10}\].

**COMPLETE RECTAL PROLAPSE**

Also called as Procidentia, is less common than partial prolapse\[^{11}\]. It is common in females due to weakened levator ani and supporting pelvic tissues. The descent is always more than 3.75 cm, contains all layers of the rectum. Often descends down upto 10-15 cm. It is often associated with the uterine prolapse. It is also thought to be as intussusception of the rectum. Patulous anal sphincter is typical with mucus discharge and fecal incontinence. Mucosa of the chronic rectal prolapse is thickened, ulcerated, bleeds, and often incarcerated below the level of anal verge.

**Aetiology**

Bowel habit, Laxity of the anal sphincters, Sliding hernia, Lack of rectal fixation, rectal intussusception, and disordered function of the pelvic floor muscles\[^{10}\].

**Clinical features of partial complete prolapse**

Prolapse. It is complete descent of rectum as mass per anum circumferentially which is red in color. Mass is usually reducible and painless. Incarcerated or infected rectal prolapse is painful.

Bleeding can occur because of the congestion.

Sepsis, discharge, fever, anemia are other features.

P/R examination shows lax sphincter. Anteriorly, peritoneal sac comes down as pouch which may contain small bowel\[^{11}\].

**Treatment**

**Fixation Operations\[^{10}\]**
Well’s operation (ivalon sponge warp operation)
Rectopexy (Lockhartmummery) operation
Rectal sling operation
Perineal approach (Delorme’s operation)
Lahaut’s operation.

**Resection Operations**[10]
Anterior resection of the rectum.
Perineal rectosigmoidectomy.
Operations on pelvic floor and perineum.

**Differential diagnosis**
Rectosigmoid intussusception
Third degree piles
Large rectal polyp.

**Complications**[11]
Ulceration, bleeding, anemia, Proctitis, sepsis. Irreducibility, gangrene. Rupture with evisceration.

**Investigations**[11]
Defecography, Sigmoidoscopy, Anal manometry
Pudendal nerve latency study.
Electromyography.

**Discussion:**
If we go through the detail pathophysiology and etiology of Gudabhransha in different ayurvedic classical text, we find that Atisara and Pravahana are the prime cause in pathophysiology of gudabhransha[1,6]. Atisara, due to loss of essential fluids, Vata aggravates[6]. Guda itself is one of the sthana of Apanavatadosha[9] hence line of treatment of gudabhransha demands for nidanaparivarjana, vataghna, mamsabalya. Causative factors like constipation, diarrhorea, should be managed effectively. Here gudabhransha is mainly addressed to Partial prolapse of rectum because in the complete prolapse ideal option should be surgery. In chikitsa sutra of gudabhransha, snehana, swedana, gophanabandha etc. are mentioned [2]. Snehan and Swedana are the basic pre procedures which help to improve the muscle strength, lubricates the passage. Also swedana helps to decrease local pain. After snehana and swedana prolapsed rectum should be restored to its position. Gophanabandha (bandage) should be applied with leather having hole in the centre for passing flatus.[2] It provides progressive compression which may reduced the amount of edema, allowing subsequent manual reduction. This technique is simple, inexpensive and can easily performed. An oil preparation has been mentioned, the contents of which Bruhatpanchamula, AantravarjitMushaka, Vataghnaaushadhasiddhaksheer[2]. This oil could be used for treatment of Gudabhramsa internally as well as externally. Brihatpanchamulahas vatakaphagha property[4]. The herbs in it improve appetite and digestion. It is used in the treatment of diseases related to
digestive system and musculoskeletal system. Its pharmacological action is anti-inflammatory, analgesic, antispasmodic. It also improves muscle tone. Vataghnadravyas which are used in this kalpa reduces Vata, so useful in the treatment of Gudabhransha. Yogratakar suggested changerighrit in the treatment of gudabhransha. This medicine has the Grahi property which means it retain the organ at its own place giving strength to support muscles and ligaments of rectum and also controlling Samana and Apanavayu, the forces control digestion and act of defecation (Stretching and Contraction).

Conclusions:

The term Gudabhramsha refers to rectal prolapsed. It is circumferential descent of bowel through the anal canal. A common discomfort is getting worse by prolonging immediate treatment. As in case of every disease prevention is the best common treatment, Rectal prolapsed can also be reduced by changes in life style, diet habit, and intake of appropriate dose of respective botanicals, which can also intervene in the pathogenesis to decrease vascular integrity.

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