

Title: Study of *gudabhramsha* W.S.R. to rectal prolapse: a review**Author: Jagdale Sneha Sambhaji*¹, Waghmare S. D.²**

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***Corresponding Author:** Email: -snehajagdale001@gmail.com; Mob no. : 9637351262**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 *VataDosh*a 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 amulaaantravarjitmushaksiddhataila*' 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) IN AYURVEDIC 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*, *Vataghaanaushadhasiddhaksheer*. This oil could be used for treatment of *Gudabhramsha* internally as well as externally^[2].

^{[5], [7]}.A pain related to *Gudabhramsha* could be relieved by *ChangeryadiGhrit* which is made up of *Changeri*, *kol*, *dadhi*, and *Matra* 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 *Apanavata dosha*^[9] hence line of treatment of *gudabhransha* demands for *nidanaparivarjana*, *vataghna*, *mamsabalya*. Causative factors like constipation, diarrhoea, 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 *Gudabhransha* internally as well as externally. *Brihatpanchamula* has *vatakaphaghna* 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*. Yogratnakar suggested *changerighrit*^[7] 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)^[3].

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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