



MANAGEMENT OF PARTIAL RECTAL PROLAPSE USING KSHARA KARMA - A CASE STUDY

¹ Dr. Prathamesh V. Karpe

¹MS (Shalyatantra), PhD Scholar, Associate Professor, H.O.D.

¹ Department of Shalyatantra,

¹ Gomantak Ayurveda Mahavidyalaya & Research Centre (GAM&RC) Shiroda, Goa, India

Abstract: A condition referred to as rectal prolapse, involves the rectum moving out of its normal position and may either be partial or full. The specific objectives of this study were therefore to find a para surgical economical and conducive procedure of rectal prolapse also known as Gudabhamsha. Worthy of note at this juncture is the fact that Kshara karma is not usually linked to Gudabhamsha but the result from this case study is promising. The medications and remedies prescribed after the operation incorporated Pitta-shamak medicines, diet and Prakriti conduct changes. Kshara karma also burning with chemical gives inflammation and fibrosis, and fix the rectal mucosa to the muscle layer. Yashtimadhu ghrita matra basti served as post-operative pain-relieving agent and had anti-inflammatory property. The surgery done was an outpatient surgery and after the surgery reduced the size of the prolapsed mass without feelings of pain or burning this was true as indicated above. Other side effects were negligible; the patient had a single episode of slight bleed and slight mucousy discharge, but no faecal incontinence. There were no complications of prolapse noted in the later follow up visits and the patient continued to be in stable condition.

Index Terms – Partial rectal prolapse, Kshara karma, para surgical management, Gudabramsha.

INTRODUCTION

Rectal prolapse is one disease condition in which the rectum out of its standard position. It can be partially refer to as mucosal prolapse where only mucosa protrude through the anus and the full thickness referred to as complete prolapse where all the layers of the rectal wall are affected. Silent rectal prolapse or internal intussusception is thus a situation where the rectal wall is extruded in to the anal orifice but does not protrude into the anal canal. Rectal prolapse may be asymptomatic, or the signs and symptoms may include passing of mucus and blood stools and incontinence of faeces. It is indeed a somewhat rare pathology, and the approximate incidence of this illness is 2. The rate is 5 per 100,000 people; moreover, it is observed more frequently in the adult population, and women over the age of fifty have a 6-fold higher risk of getting this disease.³

Literature, such as that of Acharya Sushruta, recommended rectal prolapse as a type of kshudra roga recognized as Gudabhamsha where the rectum (Gudanissarana) was extruded. It is also described as the complication of Atisara (diarrhoea) and excessive purgation in Charaka Samhita and Ashtanga Hridaya. Long standing diarrhoea, often accompanied by straining during defecation can cause this condition since the rectum slackens and moves or prolapses. Ayurvedic treatment strategy is designed to eliminate the causes of the disorder and ensure non-recurrence of the rectal and anal malfunctions.⁵

This paper aims at describing the use of one traditional Ayurveda therapeutic practice, called 'Kshar Pratisarana Karma' applied in the treatment of partial rectal prolapse, also termed as Gudabhamsha. This case is about assessing the effectiveness of this approach to rectal prolapse surgery and avoiding postoperative complications while maintaining a patient's rectal health.

CASE PRESENTATION**Patient Information:**

- Age/Gender: 33-year-old male
- Chief Complaint: Mass per rectum during defecation for 10 years, sometimes with burning sensation.
- Medical History: Typhoid at age 10; no other major illnesses.
- Symptoms: Self-reducing mass, no bleeding, no mucous discharge, no pain.
- Bowel Habits: Hard stools, requiring straining.
- Appetite and Urine Output: Satisfactory
- Physical Examination:
 - a) Pulse: 78/min
 - b) Blood Pressure: 130/80 mm Hg
 - c) General Condition: Average build, no pallor or icterus
- Systemic Examination:
 - a) CNS: Conscious and oriented
 - b) CVS: No abnormalities detected
 - c) Abdomen: Soft, no organomegaly
- Rectal Examination:
 - a) Prolapse Size: 3.4 cm, pink mucosal prolapse without muscular involvement
 - b) Sphincter Tone: Hypotonic
- Laboratory Investigations:
 - a) Complete Hemogram, BT, CT, LFT, KFT, HbA1c: Within normal limits
 - b) HIV and Hepatitis B: Negative
 - c) Urine Examination: Normal



Fig. 1: Partial rectal prolapse

Diagnosis: Partial Rectal Prolapse (Guda Bhramsha)

Treatment Plan:**Preoperative:**

1. Obtained written and informed consent for Kshar Karma and local anesthesia.
2. Prepared the affected area.
3. Administered xylocaine skin test dose.

Procedure:

1. Patient positioned in lithotomy position.
2. Area painted and draped.
3. Applied 2% lignocaine gel over the anal verge and prolapsed rectum.
4. Inserted Gull proctoscope lubricated with 2% lignocaine gel into the anal canal.
5. Topically applied Apamarga Kshar on mucosal prolapse at specific clock positions (3, 6, 7, 11, 12).
6. Waited for 100 matra (1 minute 40 seconds) and then washed with fresh lemon juice.
7. Noted dark purple discoloration (Pakwa Jambu Phala) on the treated mucosal prolapse.
8. Prolapsed mass reduced immediately; patient strained but no prolapse observed.
9. Inserted Diclofenac suppository for analgesia.
10. Administered Yashtimadhu Ghrita (30 ml) matra basti.
11. Applied T-bandage (Gofana bandha).
12. Transferred patient to general ward after 30 minutes.
13. Procedure was uneventful.

Postoperative Care:

1. Normal oral diet, avoiding excessively spicy, fermented, and irritant foods.
2. Prescribed:
 3. Gandharva Haritaki Churna 2 grams at bedtime with warm water.
 4. Triphala Guggulu 250 mg TID.
 5. Praval Panchamruta 250 mg TID.
 6. Mahasudarshan Ghana Vati 250 mg TID.
 7. Chandrakala Ras 250 mg BD.
8. Matra Basti with Yashtimadhu Taila for 5 days, followed by Kasisadi Taila on the 6th and 7th days (30 ml).

Results:

- Significant reduction in the prolapsed rectal mass immediately after Kshar Karma.
- No pain or burning sensation experienced during the procedure.
- One episode of minor per rectal bleeding in the first week post-operatively.
- Mild white mucous discharge per rectum observed after 2 weeks, which subsequently decreased.
- No faecal or flatus incontinence reported post-operatively.
- General condition remained fair in the postoperative period.
- No recurrence of rectal prolapse reported to date.

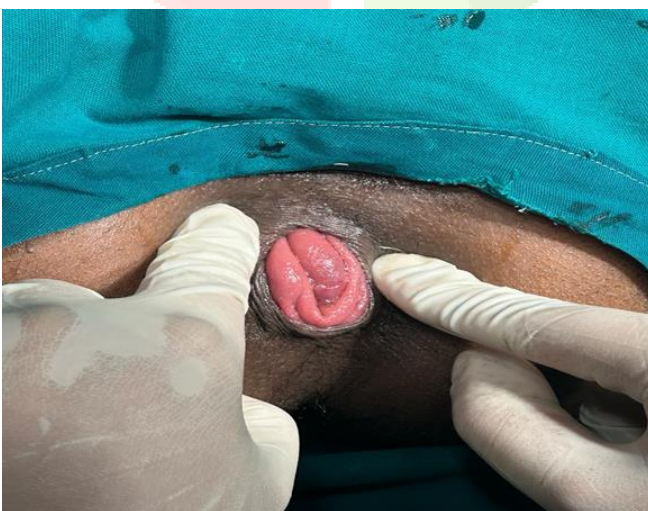


Fig. 2: Before kshara-karma

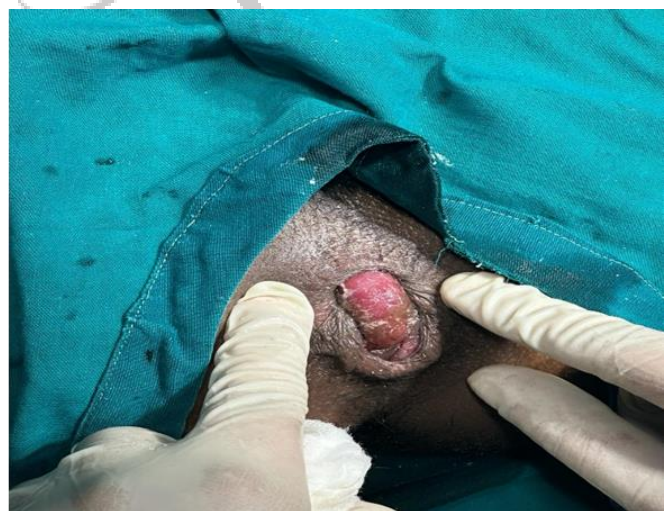


Fig. 3: Immediately after kshara-

karma



Fig. 4: Post operative - 2 weeks

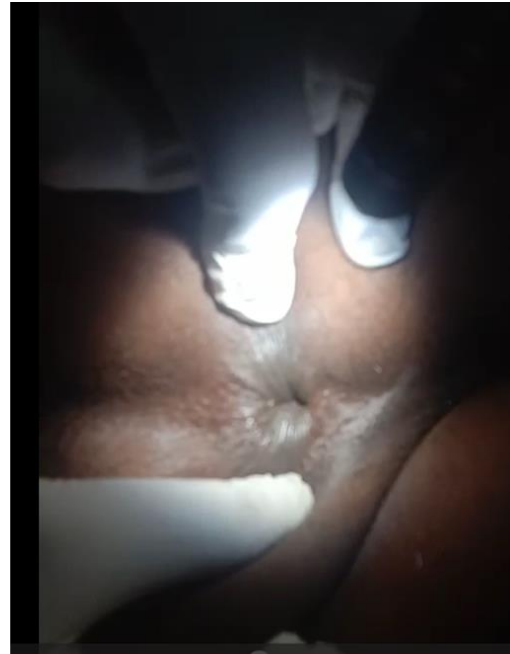


Fig. 5: Post operative - 2 weeks



Fig. 6: After 1 month - Straining in left lateral position



Fig. 7: After 1 month - In straining in squatting position

Discussion:

Rectal prolapse and gudabhramsha can be correlated as their clinical presentation matches with each other. Causative factors include over straining, laxative abuse, chronic diarrhoea, PEM, underdeveloped sacrum in children, irrational haemorrhoidectomy etc.

treatment includes -

Surgical treatment:

1) Perineal approach:

a) Thiersch's operation

b) Delorme's operation

2) Abdominal approach:

Abdominal rectopexy - Rectum is mobilised and fixed to the sacrum with a sheet of polypropylene mesh.

- Though ksharkarma directly not mentioned in guda bhamsha. This was an experimental pilot study and showed encouraging result.
- In post operative period all Pitta shamak medicines was given and Pitta shamak diet and lifestyle was advised.
- Kshar causes darana, pachana, ksharana.
- The contact period of 100 matra kaala (1.3 minutes) causes adequate chemical cauterisation of rectal mucosa which produces inflammation in the mucosa followed by fibrosis thereby causing fixation to the underlying muscular layer.

- Yashtimadhu ghrita basti acts as an analgesic and anti-inflammatory in post operative period and prevents stricture of anal mucosa.

Conclusion:

- This was an experimental pilot study of ksharkarma in partial rectal prolapse.
- There was no any adverse event reported in post operative period.
- Ksharkarma is an outpatient department procedure or day care procedure and patient can be discharged after 2 hours and can resume his work on same day onwards.

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