



TITLE : A CASE STUDY ON MANAGEMENT OF PROCIDENTIA(GUDA BHRAMSHA) THROUGH KSHARA KARMA

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Abstract : Rectal prolapse is defined as the circumferential descent of folds of the rectum beyond anus. It is of 2 types – Partial & Complete. The classical reference of this condition can be traced in *Kshrudraroganam nidanam* of *Sushruta Samhita*. Ratio of male:female :: 6:1. The patients suffering from rectal prolapse present with H/o chronic cough, constipation, IBS, fecal incontinence, mucous discharge, anaemia, discomfort due to prolapsed mass. Many different surgical procedures are available for management. But cost of treatment is more & the choice of operation is decided by the degree of prolapse. But in *Ayurveda*, the management of this condition is done by *Ksharakarma*, a parasurgical procedure. In this study, a male patient with complete rectal prolapse was treated with application of *kshara* and managed without complications. So application of *kshara* helps to overcome rectal prolapse and is a safe method of management.

Key words : Rectal prolapse, *ksharakarma*, *guda bhramsha*.

INTRODUCTION:

Procidentia is defined as the circumferential protrusion of the rectum through the anal canal. It is also called as Complete Rectal Prolapse. The classical reference of this condition can be traced in *Kshrudraroganam nidanam* of *Sushruta Samhita*. *Guda bhramsha* is said as complication of *Atisara* by *Acharya Vagbhata*

Ratio of male:female ::1:6. It is common in females compared to male.

Causes : Chronic constipation with straining, Diarrhea, cough, malnutrition, Increased intra abdominal pressure, Reduced ischiorectal fat, Multipara

Signs & Symptoms : Protrusion of more than 3.75cm

Fecal incontinence, Sepsis, Fever, Discharge, Bleeding

P/R- Hypotonic sphincter, presence of mass

Chief complaints:

Complaints of mass per rectum and mucoid discharge since 10 years.

History of present illness:

A male patient aged 46 years was apparently healthy 10 years ago. Patient noticed a small mass coming out of the anus. Gradually the size of the mass increased while straining to pass stools within 1 year along with mucoid discharge and patient was diagnosed with Complete Rectal Prolapse elsewhere. Patient had underwent surgery for the same. But patient did not find complete relief and noticed recurrence of the same complaints. Patient was doing manual reduction. So patient got admitted at our hospital for further management.

History of past illness :

H/o Surgery for Complete Rectal Prolapse – 9 years ago

Treatment history :

Patient had taken treatment from nearby doctors for constipation & was under laxatives over years. It reduced the complaints of constipation but protrusion of the mass was not relieved.

Personal history:

Appetite – Good

Bowel – Intermittent constipation

Micturition – Regular

Sleep – Sound

Examination of the patient:

Height – 5'.6"

Weight – 65 Kgs.

B.P. - 130/80 mm of Hg.

PR – 76/min.

The patient had mild pallor, no icterus, no clubbing, no lymphadenopathy, no cyanosis, no odema.

Systemic examination:

CNS, CVS, RS, P/A yielded normal findings.

Local examination:**Inspection :**

Lithotomy position – On straining



Circumferential muscular protrusion present

Length of protruded mass- 8cms

No fissure/ no sentinel tag/ no scar / no hemorrhoids

Digital examination:

External sphincter – Hypotonic

Internal sphincter – Hypotonic

Admits 4 fingers easily.

Proctoscopy :

As the complete rectal muscular descent was noticed, Proctoscopy was avoided.

Diagnosis :

Gudabhransha / Procidentia

TREATMENT :

After all laboratory investigations and Pre-operative evaluations, patient was posted for *Ksharakarma* with *Apamarga Pratisaraniya Kshara*.

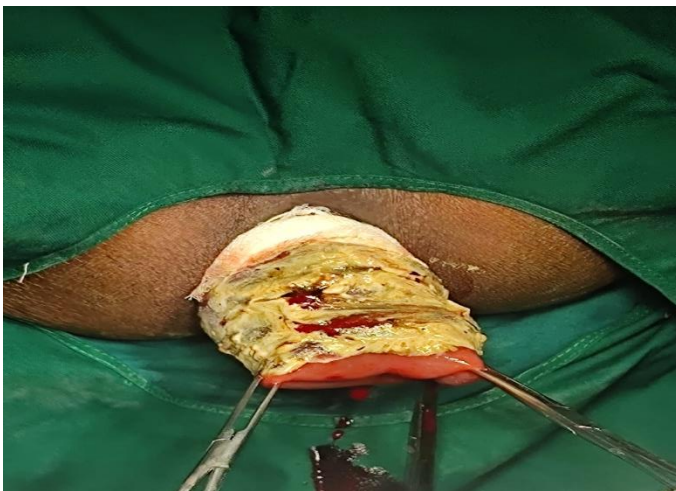
Pre-operative procedures:

- Written surgical consent
- Preparation of part
- NBM for 6 hours, prior to surgery
- Inj. Xylocaine 0.2cc Test dose I/D given prior to surgery

- Inj. TT 0.5ml IM given prior to surgery
- Soap water enema

Intraoperative procedure:

- Under Local anaesthesia & IV Sedation patient is positioned to Lithotomy.
- Painting and draping of perianal region done.
- Prolapsing ano-rectal mass was pulled out with Allies forceps gently.
- Cleaned with Normal saline.
- The anal end of about 1cms was covered with gauze to prevent stenosis.
- Rectal mucosa was made to bleed before application of kshara to enhance circulation.
- *Apamarga Pratisaraniya Kshara* was applied circumferentially extending from the mucocutaneous junction outside to 1cm above the anal verge by excluding the part covered with gauze.
- After 100 seconds, the part turned to *Jambuphala Sadrisha*. It was washed immediately with swabs soaked in fresh *Nimbu swarasa*.
- Procedure was repeated circumferentially for each 1cm of rectal mucosa.
- After this, *Yastimadhu ghrutha* was applied. And anal packing was done with *Yastimadhu grutha*.



Post operative procedure:

NBM for next 6hours.

IV Fluids

Intravenous antibiotics and analgesics.

Swadishta Virechana Churna 1/2tsp. HS

Sitz bath BD with Dettol solution -10ml

Matrabasti with Yastimadhu taila 30ml OD

CONCLUSION:

Parameters	Before treatment	After treatment
Mass per rectum	Present	Significantly reduced
Streaks of blood	Absent	Absent
Intermittent constipation	Present	Absent
Intermittent tenesmus	Present	Absent
Excessive mucoid discharge	Present	Significantly reduced

Application of *Kshara* induces Aseptic fibrosis of the mucosa and adheres it properly. During the wound healing phase it causes cicatrization and strengthens the anorectal ring and rectum. So *ksharakarma* is very beneficial in the management of *Guda bhramsha*.

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