

A CASE STUDY OF PARTIAL RECTAL PROLAPSE WHICH RESPONDED TO SUKOSHNA CHANGERIGRITHA GUDAPICHU APPLICATION

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ABSTRACT

The term prolapse of the rectum implies a circumferential descent of the bowel through the anus. The line of treatment for rectal prolapse is limited to surgery. Hence in this case study *SukoshnaChangeriGrithaPichu* treatment was employed with aims of correcting the rectal prolapse without surgical intervention in a cost effective manner, to strengthen the muscles and ligaments supporting the rectum and to prevent recurrence of rectal prolapse. The patient had complaints of mass per anum, associated with bleeding, frequent urge to defecate and passing of semisolid stools, incomplete sense of defecation since 8 years. The patient was diagnosed to have a partial rectal prolapse after the per rectal examinations, hence was treated with *SukoshnaChangeriGrithaPichu* twice daily preferably after motions, internal administration of *Anandabhairavi rasa* and *Usheerasava* for a period of 48 days. There was a marked reduction in bleeding per anum, frequent urge to defecate, passing of semisolid stools, and incomplete sense of defecation by first 15 days. The size of prolapsed mass decreased gradually and completely by 48th day of treatment with no relapse till date. This mode of treatment was found promising for this case of partial rectal prolapse with no recurrence, or any complications.

Keywords: Rectal prolapse, *Changerigrithapichu*, *Gudabhramsha*

INTRODUCTION

Rectal prolapse is a common ano-rectal disorder which affects the elderly people. Incidence peaks in the fourth to sixth decades of life, most of them being women. The term prolapse of the rectum is derived from the latin word “Procidere” meaning “to fall”. Prolapse of rectum implies a circumferential descent of the bowel through the anus. If it involves only the mucous membrane and is less than 3.75 cm it is said to be incomplete rectal prolapse. If the entire thickness of rectal wall is extruded and is more than 3.75 cm then it is termed as complete rectal

prolapse or procedentia.¹ The prolapse occurs when there is a defect in the pelvic floor sufficient to allow one or more of the pelvic viscera to fall through it. The causes attributed to the following condition are weakening of pelvic floor muscles caused by the damage to the pudendal nerves from repeated stretching with straining to defecate. If the patient is associated with any neurologic, psychiatric disorders, intussusceptions, solitary rectal ulcer, third degree internal haemorrhoids, sliding hernia, Ehlers – Danlos syndrome. Other predisposing factors like sacral curve of the rec-

tum not being developed, faulty bowel habits leading to diminished tone of anal sphincters, diminution of pararectal fat, loss of weight, excessive straining to urinate, repeated excessive coughing, a torn perineum in females. The medical management of rectal prolapse is limited and includes stool bulking agents or fibre supplementation to ease process of evacuation, digital repositioning, sub mucous sclerosant injection leading to aseptic inflammation and fibrosis. Surgical correction of rectal prolapse is the main stay of the therapy of which Theirsch's operation and Delorme's operation are commonly used.² There may be few complications like infection, bleeding, intestinal injury, constipation, alteration of bladder and sexual function, restoration of anal incontinence being unpredictable.

The rectal prolapse is considered to be a *gudabramsha*, a condition where there is a downward displacement of the *guda* as a consequence of vitiated *apanavata*. Ayurveda ensures functional restoration of *apanavata* thereby giving a structural integrity to the rectum. This case study was taken up with aims to achieve a cost effective treatment alternate to surgical management. That doesn't cause any complications and prevents its recurrence.

Case report:

A male patient of 60 years of age visited Shalyatantra OPD with the complaints of mass per anum since eight years, associated with painless bleeding per anum and frequent urge to defecate. He used to pass semisolid stools very often ending up with incomplete sense of defecation, without mucous. The patient didn't have a history of chronic constipation or chronic diarrhoea or any kind of pelvic surgeries previously, wasn't on any other medication. He used to adopt home remedies, changes in

diet to control his health issues. By this the bleeding and urge to defecate used to reduce. But no changes were found with the mass per anum. Of late, since 1 year he noticed that the mass protruding out was little larger than before and used to remain protruded out even after defecation. Bleeding per anum had increased so, about a month ago he consulted a physician at his place who had diagnosed him to be having a rectal prolapse and suggested surgery as the treatment. The patient was unwilling for the same and came in search of a conservative management for his complaints to the OPD.

On Per Rectal examination, Inspection revealed a mass per anum of about 2.50 cm lengths, with a red glistened moist surface sticking from the anus. The patient was asked to strain and the length of the mass was found to be increased by 0.50 cm length. Absence of fissure-in ano, anal tags, sentinel pile, pruritis ani was noted. On Digital examination sphincter tone was normal. Finger didn't insinuate between the mass and anus. The two layers were felt between the palpating fingers on palpating the prolapsed mass. Absence of pain, tenderness, bleed on touch, any internal opening, no prostatomegaly was noted. Proctoscopic examination revealed absence of internal haemorrhoid, no ulcer, no mass occluding the anal canal was noted. Gastrointestinal system examination – no abnormality detected.

Management

The patient was prescribed with *SukoshnaChangeriGrithaPichu* twice daily preferably after defecation as a local management of the condition. Internal medicaments like *Anandabharavi rasa* one tablet thrice daily, *Usheerasava* 15 ml thrice daily as an *Anupana* for a period of 48 days.

Observations and results

The observations and results are tabulated below. (Table1) In the first week there was a reduction in 50 % in incomplete sense of defecation, frequent urge to defecate and passing of semisolid stools, reduction of about 30 % bleeding. Mass size reduced about 0.3 cm. In next 10 days i.e, 18th day reduction of incomplete sense of defecation to 90%, reduction of bleeding per anum, frequent urge to defecate, passing of semisolid stools to further 20%. Mass size reduced further 0.6 cm. On 28th day reduction of symptoms to further 20%, mass size reduced 0.7 cm further. On 38th day, the bleeding per anum persisted about 20 %, frequent urge to defecate and semisolid stools were absent. The size of mass was further reduced by 1 cm. On 48th day the mass had completely reduced, didn't protrude even on straining. No bleeding per rectum, no frequent urge to defecate, no semisolid stools.

DISCUSSION

ChangeriGritha is often recommended for internal administration in cases of *Gudabhramsha*. In this study a *Gudapichu* of *SukoshnaChangeriGritha* was advised as *Staanika Snehana* and *Swedana* which is a *Staanika Chikitsa* adopted for *Gudabhramsha*. This results in correction of deranged *apanavata*. The drugs used in preparation of *Changerigritha* are *vata-kaphaghna* in nature.³ The *gritha* is *balya* and *dehadhatuwardaka* due to its qualities like *snighda, sheeta, guru, pichila*. The *dadhi* used in the preparation of *gritha* has a *snehana, balavardhana, graahi, brahmanagunas* and is *vataghna* in nature.⁴ The *pichu* application is a method of *staanikachikitsa* where the medicament stays in place for a longer time and provides a mechanical support to the displaced organ too. The combined action of

Changeriswarasa, kalkadravyas, gritha, dadhi used in preparation of *Changerigritha* tones up rectal and anal mucosa thereby giving strength to the rectum and anal sphincters. The oral medicaments *Usheerasava* 15 ml thrice daily was employed to pacify the vitiated *pitta* and *rakta*. *Anandabharavi rasa* was employed as a symptomatic management pacified the *tridoshas*, corrected deranged *apanavata* and rectified the frequency of stools as well as the consistency. The combined effect of all these was helpful to completely reduce the partial prolapse in just 48 days with no recurrence till date. There were a few limitations in this study i.e, measurement of size of prolapsed mass was difficult, longer follow up was required.

CONCLUSION

An attempt to find a cost effective, non-surgical, ayurvedic method of permanent reduction of partial rectal prolapse with mild proctitis was successful in this study. It was treated with *SukoshnaChangerigrithagudapichu* twice daily with *Anandhabharavi rasa* and *Usheerasva* internal administration. The time duration required for the same was amazingly short just 48 days. There was no recurrence upto date that is one month follow-up. The patient had marked reduction in complaints of rectal bleeding, frequent urge to defecate, frequent passing of semisolid stools, incomplete sense of defecation in just 15 days of treatment. The prolapsed mass reduced gradually and completely in just 48 days without causing any complication to the patient in terms of anal continence or bladder functions, Constipation.

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Table no: 1 Observations of the study.

Parameters	8 th day	18 th day	28 th day	38 th day	48 th day
Mass per rectum	2.7 cm	2.1 cm	1.4 cm	0.4 cm	0 cm,absent even on straining
Bleeding per rec-tum	Reduced 30%	Reduced 50%	Reduced 70%	Reduced to 80%	Absent
Frequent urge to defecate	Reduced 50%	Reduced 70%	Reduced 90%	Absent	Absent
Frequent Semisolid stools	Reduced 50%	Reduced 70%	Reduced 90%	Absent	Absent
Incomplete sense of defecation	Reduced 50%	Reduced 90%	Absent	Absent	Absent

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