

EFFECT OF PERINEAL REPAIR AND MUSHAKADI TAILA MATRABASTI IN MANAGEMENT OF RECTAL PROLAPSE (GUDABHARMSA): A CASE STUDY

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ABSTRACT

Rectal prolapse can present in a variety of forms and is associated with a range of symptoms including pain, incomplete evacuation, bloody and/or mucous rectal discharge, and fecal incontinence or constipation. Complete external rectal prolapse is characterized by a circumferential, full-thickness protrusion of the rectum through the anus, which may be intermittent or may be incarcerated and poses a risk of strangulation. There are multiple surgical options to treat rectal prolapse, and thus care should be taken to understand each patient's symptoms, bowel habits, anatomy, and pre-operative expectations. We propose an algorithm based on available outcomes data in the literature, an understanding of ano-rectal physiology, and expert opinion that can serve as a guide to determining the rectal prolapse operation that will achieve the best possible postoperative outcomes for individual patients. *Mushakadi Taila Matrabasti* will be given in *Sushrut Samhita* as a treatment¹ with perineal repair. So, it is really needed to find a safe, easier, less complicating, cost effective and fruitful approach for the management of disease through *Ayurveda*. A 62year old male patient came to the hospital with chief complaints of protrusion of mass from the anus with mucous discharge, constipation since last 5 years. He was diagnosed as complete rectal prolapse. Considering the signs and symptoms of rectal prolapse, the treatment of rectal prolapsed was planned with perineal repair and *Mushakadi Taila Matarabasti* as per mentioned in the treatment of *Gudabhransha* by *Aacharya Sushruta*.

Keywords: Rectal prolapse, Management Surgery, Perineal repair, *Gudabhransa*, *Mushakadi Taila*

INTRODUCTION

Rectal prolapse is a full-thickness protrusion of the rectum through the anus. Both complete rectal prolapse and internal intussusception can occur independently or can be associated with the descent and dysfunction of other pelvic organs, e.g. rectoceles, uterine or vaginal vault prolapse, cystocele, or enterocele. The prevalence of external rectal prolapse is relatively low and estimated to occur in less than 0.5% of the general population overall.² It occurs more frequently in the elderly population and in females; an estimated 3% of

women in the united states have some form of pelvic organ prolapse, including rectal prolapse or uterine or vaginal prolapse, rectocele, cystocele, urethrocele and enterocele.³

Case Report

A 62 years old Hindu male patient residing in Laldarwaja (Ahmedabad) came to OPD of Shalya Department of Govt. Akhandanand Ayurveda College & Hospital, Bhadra Ahmedabad, on 30 Dec, 2019; with the following complains

Table 1: Chief Complaints

Sr No.	Chief complaints (Present history)	Time duration
1	Protrusion of mass from anus during defecation	5 years
2	Protrusion of mass from anus during standing or coughing	5 years
3	Mucous discharge constipation	5 years
4	Constipation	5 years

History of Present Illness

Patient was asymptomatic before 5 years. Then gradually he had developed protrusion of mass from anus. He had felt protrusion of mass from anus during defecation, standing and coughing with mucous discharge and constipation. So, for proper treatment he came here in our hospital.

Past History: - No relevant past history was found.

Treatment History: -Patient had not taken any kind of medication

Nidana Found in The Patient

Aaharaj Nidana :- *Ruksha, Shita, Katu AaharaSevana*

Viharaj Nidana :- *Atipravahana*

Family History:

no history of rectal prolapse
Ayurvedic Management, Karma – Perineal repair followed by *Mushakadi Taila Matrabasti*

Perineal repair Repositioning of *Guda*⁴– The protruded rectum is pushed inside in its normal position after oleation and sudation, after that *GophanaBandha* (T-bandage) is done. The *GophanaBandha* is having an opening in the center for the smooth passage of flatus.

Mushakadi Taila in Gudabhransa

Snehana – It can be done internally and externally using *Taila*. We used here *Mushakadi Taila Matrabasti* 60 ml/day given for 30 days

Table 2: Treatment Schedule Chart

Date	Procedure	Observations
30/12/2019	Perineal repair done with <i>GophanaBandha</i>	Protrusion of mass from anus is cured with this
31/12/2019 to 29/01/2020	<i>MatraBasti</i> with <i>Mushakadi taila</i> 60ml on OPD level	Constipation is relived, no protrusion of rectum during defecation, standing and coughing, less mucous discharge

Assessment

Table 3: Constipation

0	No
1	Defecation on straining
2	Hard stool passage
3	Defecation only after medication

Abdominal pain

0	No pain
1	Pain but not affecting attendance
2	Pain reported by him/herself
3	Retained at home due to pain from work

Secretion

0	No
1	Present only during defecation
2	Occasional mopping of undergarments
3	Continuous mopping of undergarments

Prolapse mass

0	0-1 cm
1	0-1 cm
2	2-3 cm
3	3-4 cm

	BT	AT
Prolapse mass	2	0
Constipation	3	0
Abdominal pain	2	0
Secretion	3	1

DISCUSSION

Acharyasushruta mentioned rectal prolapse as a *Gudabhransha* under *Kusdraroga*. *Atipravahana* and *Vibandha* are the main causative factors for *Gudabhransa* as *Acharya Sushruta* mentioned in *Kusdraroga nidana*. In modern medical science they give also same causative factors for the rectal prolapse. They give the treatment rectopexy and other surgical treatment for rectal prolapse. In Ayurveda perineal repair is given in *Astanga Hridaya*. In perineal repair reposition of protruded part of rectum had fixed to the presacral fascia with suturing by vicryl 2-0. After that *Gophana Bandha* is done with remaining small passage to pass the flatus. And after this *Mushkadi Taila Matrabasti* was given as mentioned in *SushrutaSamhita*. *Mushkadi taila* has property to give strengthening of pelvic floor muscles. Muscles around the rec-

tum and anal canal have a good grip on rectum after *Matrabasti* of *mushkadi taila*. After one month of *Matrabasti* patient had complete remission of rectal prolapse.

CONCLUSION

There are many types of Karmas described in the treatment of *Gudabhransha* like *Senhana* internally and externally, *Swedana* like *Avagahasweadana*, *Vatashamaka* and *Agnideepana* treatment orally, *Pichu* etc. In this case perineal repair with *Gophana Bandha* and followed by *Mushakadi Tail Matrabasti* was preferred and complete remission of the disease was obtained.

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