

**THE EFFECT OF KSHARA KARMA IN THE MANAGEMENT OF COMPLETE RECTAL PROLAPSE - A CASE REPORT**Prashanth K¹, Vismaya V Anil²^{1,2}Department of Shalya Tantra, Sri Dharmasthala Manjunatheshwara College of Ayurveda, Kuthpady, Udupi, Karnataka, IndiaCorresponding Author: pg1908@sdmayurvedacollegeudupi.in<https://doi.org/10.46607/iamj5410022022>

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**ABSTRACT**

Rectal prolapse is the circumferential descent of the rectum through the anal canal. This condition can be correlated to Guda Bhramsha. For Guda Bhramsha, the application of Kshara is advised by Acharya Susruta. A female patient aged 59 years was presented with OPD with a complete rectal prolapse. Kshara karma was done for the same and the result was satisfactory. The result was recorded with pre-treatment and post-treatment observations and images

Keywords: *Rectal Prolapse, Guda bhramsha, Kshara Karma***INTRODUCTION**

Rectal prolapse is the circumferential descent of the rectum through the anal canal. Incomplete rectal prolapse, the descent is always more than 3.75 cm, contains all layers of the rectum (i.e., Including muscular layer). Often descends up to 10-15 cm. In the adult, prolapse is often full thickness and is frequently associated with incontinence. This condition is far more common among women with a female: male ratio of 6:1 ^[1].

In adult patients, the treatment of rectal prolapse is essentially surgical; no specific medical treatment is available. Contraindication for surgical correction of rectal prolapse is based on the patient's co-morbidities and his or her ability to tolerate surgery. ^[2]

The condition of rectal prolapse can be correlated to Guda Bhramsha. Acharya Susruta has explained Guda Bhramsha as one among the Kshudra rogas. It is the condition in which the rectum protrudes, due to the

aggravation of Vayu in a weak and emaciated patient due to straining during defecation as in dysentery. In the Arsho Chikitsa adhyaya, Susruta has explained Kshara Karma and further explained that in the case of rectal prolapse, cauterization with Kshara can be done. Kshara Karma, with Apamarga Pratisarana Kshara was done in a case of complete rectal prolapse in an elderly female patient who was advised to undergo abdominal rectopexy which she denied.

PATIENT INFORMATION

A female patient aged 59 years presented with a mass protruding out from the anus after passing stools. The mass is used to reduce itself after defecation. For 3 months, the condition worsened necessitating the manual effortful insertion of the mass by the patient. She also complains of dragging pain near the anus, occasional blood mixed mucous discharge, intermittent constipation and tenesmus.

The history is not significant for diabetes mellitus, hypertension or any other systemic illness. There is not any history of previous surgery, trauma or chronic diarrhoea. The obstetric history was not significant for the presenting complaint.

CLINICAL FINDINGS & DIAGNOSTIC ASSESSMENT

The blood pressure of the patient was 110/70 mm of Hg on supine position, pulse rate 76 beats/minute and 38 kg. The patient had mild pallor, no icterus/lymphadenopathy/cyanosis/clubbing/edema/dehydration. Systemic examination was unremarkable. Local examination of the anorectal region revealed a patulous hypotonic anus admitting 4 fingers easily. On straining rectum prolapsed completely of 15cm. All pre-operative investigations showed normal values except Hb% of 10.3gm%.

THERAPEUTIC INTERVENTION

Pre-operative routine preparations were done including a thorough colonic wash with Polyethylene Glycol (PEGLEC) 1 sachet in 2-litre waters. The patient was asked to be nil oral for 8hours before surgery. INJ GENTAMYCIN 80mg IV was started before surgery. The procedure was carried out without anaesthesia. The patient was operated on in a lithotomy position. After painting and draping, she was asked to strain to prolapse the mass outside the anus herself. The mass was held with Alleys Forceps and small nicks were made in the mucosa. Apamarga kshara was then applied on the posterior wall as a blanket application with the help of a spatula. Kshara was maintained on the surface for 120 seconds within which the colour changed to black (Jambu phala). Kshara was then neutralised with clear lemon juice followed by cleaning the rectal mucosa with normal saline. The same procedure was carried out on the anterior wall of the rectum.

Rectum was then manipulated back through the anus by uniform external pressure with a surgical mop. 10 ml of Madhuyashti ghrita was injected into the rectum. The anorectal mucosa was also smeared with Madhuyashti ghrita using the fingers. Anal packing was done with gauze impregnated with Madhuyashti ghrita. T-bandage was applied. The post-operative period was uneventful. The patient was discharged to the ward after 6 hours of observation. The patient was kept nil oral for 6 hours followed by a liquid diet. IV antibiotics of INJ AMIKACIN 250mg 12th hourly continued for 5 days. Oral medication included Sukumara Grita 1 tsp TID, Shatavari ksheera paka with sugar and honey, Changeryadi ghrita 20 ml for P/R Injection for 15 days.

BT-AT COMPARISON AFTER 1 WEEK KSHARA KARMA

| Parameters | Before Treatment | After Treatment |
|------------------------------------|------------------|---------------------------|
| Mass Per Rectum (During Straining) | Present | Reduced |
| Blood Mixed Mucous Discharge | Present | Reduced In the First Week |
| Intermittent Constipation | Present | Absent |
| Intermittent Tenesmus | Present | Subsided After 5 Days |
| Dragging Pain Around Anus | Present | Reduced |

The patient was discharged after 15 days with oral medications Sukumara ghrita 1tsp bd b/f, Shatavari ksheera paka with sugar and honey 150 ml tid,

Agnitundi vati 1 tid, Triphala kashaya kshalana (rectal wash) followed by Changeryadi ghrita matra basti in the morning for 2 months



BEFORE TREATMENT

By the adoption of these treatment modalities, there was a mild reduction in the signs and symptoms of the patient in the first week post-operatively. Within 15 days significant reduction of the signs and symptoms were seen. After 60 days, the size of prolapse was almost $\frac{1}{4}$ that of that of the initial state with no complaints of blood mixed mucous discharge, constipation, tenesmus and dragging pain.

DISCUSSION^{3,4,5}

The entire procedure was carried out without the requirement of any anaesthesia. Kshara does Shodana (cleaning), Ropana (healing), Shoshana (absorbing the moisture), Sthambhana (arresting the secretions) Lekhana (scraping the unwanted tissue). Kshara invades the cells of the lesion till tissue destruction occurs by corrosive property (kshanana guna). Small nicks in the rectal mucosa facilitate the penetration of kshara into the submucosal layer resulting in inflammation and fibrosis, thus anchoring the rectal musculature to the mucosa. The application has included anal mucosa till the dentate line so that the fibrosed upper anal canal supports the rectum from below. A prolapse of 15 cm was reduced to 4 cm after the treatment with significant relief of symptoms in the patient. Madhuyashti ghrita is applied after Kshara karma to mitigate the ill effects of extensive inflammation. This has proved beneficial as there was no substantial bleeding, mucous discharge or tenesmus



AFTER 60 DAYS TREATMENT

in the post-operative period. Sukumara ghrita is one of the examples of Yamaka type of Sneha indicated in Vibandha. Presence of Eranda taila and Goghrita facilitates Anulomana of Apana Vayu. Changeryadi ghrita is Mala bhedaka, Sroto Shodhaka and Vedana Shamaka. It balances Vata, helps in smooth excretion of stools, gives relief from pain during defaecation and prevents bleeding. Shatavari ksheera paka has the properties of balya, rasayana, Ojoskara along with vatahara karma. Thus, it is apt to be used in the patient who is elderly and emaciated. Agnitundi vati was added at the time of discharge for the proper deepana and pachana. Triphala kwatha anal wash was administered for Vrana Shodana and Ropana purposes. The patient's attendant was trained to give Matra basti with Changeryadi ghrityam at home after discharge for 2 months.

The patient was followed up for further 5 months and no further prolapse was observed during this period. Although the resolution of the illness was not complete with a single application of Kshara, a substantial reduction in the size of the prolapse was observed with a significant reduction in symptoms. The patient was advised to undergo Ksharakarma again for the remnant portion of the prolapse which she could not undergo due to personal constraints.

CONCLUSION

A single application of Apamarga Pratisarana Kshara showed encouraging results in complete rectal prolapsed with a considerable reduction in the size of the prolapsed.

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