

A CLINICAL APPROACH TO *GUDAGATA ROGA* - (ANO RECTAL DISORDERS)

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ABSTRACT

Ano-Rectal disorders are very common in northeastern region of India. There are numbers of diseases manifested in the Ano-Rectal region. But generally common peoples do not have any knowledge of diseases other than piles. The common causes of these diseases are Abnormal dietary habit, Abnormal life style, Indigestion, Mental stress and due to complications of some other diseases as like Inflammatory bowel diseases, Diabetes Mellitus, Tuberculosis, Diarrhoea, Dysentery, Constipation, Colorectal Tumor, etc. The most of the Ano-Rectal diseases are presents complaints like Bleeding per Rectum, Pain during defecation, Discharge, Itching etc. But on the basis of signs and symptoms, clinical examination differentiated all Ano-Rectal diseases. Only a few diseases are required some special investigation.

Keywords: Ano-Rectal, Diabetes Mellitus, Tuberculosis, Diarrhoea, Dysentery, Constipation

INTRODUCTION

Ano-rectal disorders are very common and painful. Their prevalence in general population are probably much higher than seen in clinical practice as most of patients do not seek medical attention. Incidences of these diseases vary in relation to age, sex, socio-economic status etc. The emphasis here is on the patient's dietary and bowel habits, as many Ano-rectal symptoms are a consequence of disorder bowel habits. Ano-rectal symptoms may be broadly characterized into constipation and Ano-rectal pain.

BACKGROUND

Due to indulgence in unwholesome diet and regimen eg: excessive non vegetarian diet, unhygienic and improperly cooked foods, consumption of alcohol, smoking, changing lifestyle, increased stress, improper sleep habits, obesity etc, leads to *agnimandya* which is the root cause of most of the ano-rectal diseases. The common Ano-rectal diseases are *Arsha* (Haemorrhoids), *Parikartika* (Fissure in-ano), *Guda arbuda* (Rectal Carcinoma, Coudyloma acuminate, Rectalpolyps) *Pidaka* (Perianal abscess), *Bhagandar* (fistula in-ano), *Gu-*

dabhramsha (Rectal prolapse), *Bibandha* (constipation), Thrombosed haemorrhoid, Fecal impaction, Pruritis-ani, Proctitis, Rectal foreign bodies etc. Most of the diseases can be diagnosed clinically with proper history, some leading features like pain, bleeding, swelling, bowel habit, discharge etc. assisted with digital per-rectal examination and proctoscopy. Only a few diseases may require sophisticated investigation.

The Gudagata roga (ano-rectal disorders) are as follows:

PARIKARTIKA^{1,2} - The word *Parikartika* means *Parikartanavat Vedana* in *Guda* and can be correlated with fissure in-ano. It is commonly seen in children, adult age, pregnant women and during puerperium period.

Acharya Dalhan stated in commentary that *Parikartika* means *krintaativa* and *chinnaativa* everywhere of the body.

Acharya Kashyapa says that *Parikartika* means cutting and tearing type of pain in *Guda*.

Lakshna:

- Cutting type of pain in rectum, umbilicus, penis, and head of urinary bladder.
- Burning sensation in the rectum.
- Obstruction of *vata dosha*.
- Obstruction of flatus.
- Anorexia

ANAL FISSURE:^[24]

Definition:

An anal fissure (synonym: fissure-in-ano) is a longitudinal split in the anoderm of the distal anal canal which extends from the anal verge proximally towards, but not beyond, the dentate line.

Symptoms:

- An ulcer present in the posterior and anterior aspect of the anal canal.
- Sever tearing type of pain during defaecation and hematochezia (usually described as blood on the toilet paper). Intense burning sensation and painful anal spasm during defaecation.
- Constipation.

- Passing hard stool.

On examination:

Inspection:

A superficial tear of the distal Ano-derm is seen by gentral but determined lateral separation of the edges of the anal orifice, by traction with the fingers placed to either side of the anus.

Chronic fissures develop ulceration and heaped-up edges or sentinel tag with the white fibers of the internal anal sphincter visible at the base of the ulcer

On the other hand with deep chronic lesions there may be a considerable amount of acute inflammation with frank pus exuding from the fissure. There may in addition be an inflammatory swelling behind the fissure due to an intersphincteric or perianal abscess, and even an external fistulous opening, through which a probe can be passed to emerge through the fissure.

Palpation: The digital examination:

The maximum tenderness is elicited when the finger is placed on the fissure itself. Induration of the lateral edges of the fissure, indicating fibrosis, is specially to be noted. At the upper end of the fissure a hypertrophied anal papilla may be palpable.

ARSHA:^[3]

Arsha is defined as the fleshy projection which creates obstruction in anal passage, kills the life like enemy.

Sushruta has been mentioned six type of Arsha as:^[4] *Vataja, Pittaja, Sleshmaja, Raktaja, Sannipataja, Sahaja.*

Purva rupa:^[5] *Annashradha, Krichrat pakti, Amlika, Paridaha, Vistambha, Pipasa, Sakthi sadanam, Atopa, Karshya, Udgara, Swayathu, Antra-kujanam, Guda pari kartana, Pandu, Grahani, Kasa, Swasa, etc.*

Rupa:

- **Vataja**^[6]: *Parisushka, Aruna varna, Bisham madhyani, Kadambapushpa tundikerinadi mukula, suchimukha akriti etc. Vedana in Kati, Prista, Parsha, Medra, Guda, Nabhi.*
- **Pittaja**^[7]: *Anila varna, Tanu, Yakrit prakasha, Praklinmani, Sa-daha, Rudhira.*

- **Sleshmaja:**^[8] *Shweta varna, Sthira, Mahamula, karir-panasa-gostna-akritani, Nashrabati, Sleshmana, Anaalpam mamsa dhawan prakasham atishara.*
- **Raktaja**^[9]: *Nyagrodha, Praroha, Bidruma, kakantika phala Sadrishani.*
- **Sannipataja:**^[10] *Sarvadosha lakhsana.*
- **Sahaja:**^[11] *Duradarshanani, Parusani, Daruna, Antarmukhani.*

Haemorrhoids:^[25]

The term 'haemorrhoid' is derived from the Greek adjective haimorrhoid, meaning bleeding (haima = blood, rhoos = flowing). The haemorrhoids are dilated veins within the anal canal in the subepithelial region formed by radicals of the superior, middle and inferior rectal veins.

Classification:^[25,26]

Piles are classified as internal and external piles

Internal haemorrhoids:^[27]

Symptoms:

There are two cardinal symptoms of internal haemorrhoids, bleeding and prolapsed. Particularly severe pain may occur if the piles become prolapsed and thrombosed. Other symptoms are mucoid discharge and anal irritation. Symptoms of a secondary anaemia may develop.

It is traditional teaching that patients with haemorrhoids tend to become depressed and introspective.

Bleeding:

Initially slight streak of blood on the motion or toilet paper. There is a steady drip of blood for a few minutes after the motion has been passed. At a still later stage bleeding may occur apart from defaecation at any time when the piles prolapsed and become congested.

Prolapse:

Prolapse of the haemorrhoids is a later development as a rule. The pile appearing at the anal orifice at the height of the expulsive efforts and slipping back immediately afterwards. Finally a stage is reached when the piles are more or less perma-

nently prolapsed, with anal mucosa exposed and in contact with the underclothing.

Inspection:

Large third-degree haemorrhoids will be readily recognized as projecting masses, the outer part of which is covered with skin, the inner portion with red or purplish anal mucosa, the junction between these two areas being marked by a linear furrow.

With second-degree internal haemorrhoids there is naturally no projection of the mucosa, but the skin-covered components of the haemorrhoids may be evident at the anal orifice as distinct swellings in the three main positions, and most frequently on the right anterior aspect.

Thrombosed haemorrhoid:^[28]

Thrombosis is almost always a complication of large prolapsing second – or third-degree haemorrhoids and is believed to be due to their becoming nipped by the sphincter muscles while in the prolapsed position so that congestion and thrombosis result.

Clinical Features:

Painful oedematous swelling in the anal and perianal region. The outer and greater part of this swelling is covered with skin and is usually soft and oedematous, The inner aspect of the swelling is covered with mucosa which differs from the mucosal prolapsed of ordinary third-degree haemorrhoids in that it is firm and exquisitely tender due to clotting in the underlying veins.

Pidaka:^[12] *Abhinna pidakah:* The swelling presence in the *Bhaga, Guda, Vasti Pradesh* which is not burst out is called as *Pidaka*.

Vidhradhi:^[13] Due to indulgence of *virudha ahara* and *vihara* the *doshas* getting aggravated, vitiated the *twak, rakta, mamsa, meda, asthi* and localized in the any part of the body, produce a swelling which is slowly bulging up, deep rooted, painful, round or wide is called as *vidhradhi*.

Perianal abscess:^[31] The collection of pus in the perianal region.

Clinical features:

Thrombing type of pain in the anal region. If occasionally the abscess has burst and pain was much

relieve due to discharge of pus. Presence of moderate fever.

The swelling shows as reddish, tender localized rounded or ovoid and close to the anus. At the later stage obvious fluctuation may be elicited in the swelling

Ischiorectal abscess:^[31] This type of abscess causes more diffuse brawny swelling of the entire perineal region on one side of the anus which is tender but not fluctuant. Pyrexia.

High intra muscular abscess or submucous abscess:^[32]

Clinical features: Dull aching pain in the rectum rather than in the anus.

Passes of pus through per rectum, no external signs with sub mucous abscess.

Pelvirectal abscess:^[32]

Clinical features: An insidious onset with pyrexia, no local anal or rectal pain or external signs.

BHAGANDAR:^[12]

Definition: According to Sushrutha: The formation of inflammatory swelling in *Bhaga, Guda, Vasti pradesha* (i.e. perianal area) is called *Pidaka* & when they suppurates and burst out it cause severe pain and called as *Bhagandara*.

Purvarupa of Bhagandara:^[15]

- Pain in the waist
- Itching at the anus
- Burning sensation at the anus.
- Swelling at the anus.

Rupa:

- **Vataja:**^[13] *Sidranaya ajasra asram, phena anuvidham adhikamasravamsravanti, vidyate chidyate chuchi rivam nistudyate, gudam avadayate.*
- **Pittaja:**^[17] *Chosaadhina bedana vranasya agnikshara, dahayate durgandham ushnasrava.*
- **Slemaja:**^[18] *Kandu vedanavishesa janayati, vranasya kathina, samrambhi, kandu, picchilaajasrasravanti*
- **Sannipataja:**^[19] *Toda daha kandu, vedanavishesha, nanavidhavarnasrava, purnadisambhukaavartasya vedana.*

- **Agantuja:**^[47] *Kshata, puyarudhiravakirnamamsakotha, jalapraklinnakrimi gudaparsha daranya.*

Fistula in ano:^[29]

The fistula in ano is a chronic granulating track connecting two epithelial lined surfaces. It is a single track with an external opening in the skin of the perianal region and internal opening in the modified skin or mucosa of the anal canal or rectum.

Clinical features:^[30]

History of having had an abscess in the perianal region which burst and has discharged intermittently or continuously.

It is painless condition, though if the discharge ceases temporarily and pus accumulates to form a recurrent abscess, pain is experienced till the abscess burst which gives immediate relief. Soreness and itching of the perianal skin.

PRURITUS

Arbud:^[21]

The aggravated *vatadi dosha* (*vata, pitta, kapha*) causing vitiation of *mamsa dhatu* and developed *mamsa upachay* (abnormal growth of tissue) in the any part of the human body which is *vritta, sthiram, mandarujam, maha anta- analpa mulam, chiravidham, apakam*. This kind of *shopha* or swelling is called as *arbuda*.

RECTAL CARCINOMA:^[33]

Clinical features

The most common symptom of rectal cancer is hematochezia. The bleeding is usually slight in amount and occurs with stool or at the end of the defaecation.

It is some time seen as a spot in tissue paper or may stain the underclothing. It is a painless bleeding. Change in bowel habit. In case of annular carcinoma at the pelvi-rectal junction the patient suffers from increasing constipation. Other symptoms include mucus discharge, tenesmus, early morning diarrhea etc. The patient gets up from bed to rush to the toilet.

The patient passes lots of blood and mucus in addition to faeces. This is a particular symptom seen in case of cauliflower growth at the ampulla of rectum. Sense of incomplete defaecation is quite common when a papilliferative or proliferative growth is situated at the lower half of the rectum.

Spurious diarrhea, passes flatus and a little blood stain mucus.

EPIDERMOID CARCINOMA:^[33]

Epidermoid carcinoma of the anus includes squamous cell carcinoma, cloacogenic carcinoma, transitional carcinoma, and basaloid carcinoma. Epidermoid carcinoma is a slow-growing tumor, and usually presents as an anal or perianal mass.

Pain and bleeding may be present Epidermoid carcinoma occurring in the anal canal or invading the sphincter. Metastasis to inguinal lymph nodes is a poor prognostic sign.

BASAL CELL CARCINOMA:^[33]

Basal cell carcinoma of the anus is rare and resembles basal cell carcinoma elsewhere on the skin (raised, pearly edges with central ulceration). This is a slow-growing tumor that rarely metastasizes.

ADENOCARCINOMA:^[34]

Adenocarcinoma of the anus is extremely rare, and usually represents downward spread of a low rectal adenocarcinoma. Adenocarcinoma may occasionally arise from the anal glands or may develop in a chronic fistula is required.

GUDA BHRAMSA:^[22]

Due to pravahanam (excessive straining during defaecation) or *atisar* (severe diarrhea), the *guda* comes out (*nirgachati gudam bahi*) in person whose body is *ruksha, dorvalya*. This disease is called as *guda bhramsa*.

Rectal Prolapse (Procidentia):^[35,36]

Rectal prolapse refers to a circumferential, full-thickness protrusion of the rectum through the anus and also has been called *first-degree prolapse*, *complete prolapse*, or *procidentia*. Mucosal prolapse is a partial-thickness protrusion often associated with hemorrhoidal disease and usually is treated with banding or hemorrhoidectomy

Symptoms:

Symptoms of prolapse progress as the prolapse develops.

A mass or large lump comes out during defecation.

This prolapsed rectal mucosa may become thickened or ulcerated and cause significant bleeding.

Symptoms include tenesmus, a sensation of tissue protruding from the anus that may or may not spontaneously reduce, and a sensation of incomplete evacuation.

Mucus discharge and leakage may accompany the protrusion. Patients also present with a myriad of functional complaints, from incontinence and diarrhea to constipation and outlet obstruction.

CONDYLOMA ACUMINATE:^[37]

Condyloma acuminatum is a perineal wart disease caused by the human papillomavirus (HPV).

Clinical Presentation: The usual symptoms include pruritus ani, bleeding, pain, discharge, and wetness. Examination reveals pinkish-white warts of varying sizes that may coalesce to form a mass, often foul smelling.

Constipation^[38]: The constipation is regarded as fewer than three bowel movements per week. Constipation is an extremely common complaint in general populations.

Clinical features: Passing hard stool, straining, excessive pushing, or a feeling of incomplete defecation.

PROCTITIS:^[39]

It is an inflammation of the anus and the lining of the rectum, affecting only the last 6 inches of the rectum.

Symptoms are:

Ineffectual straining to empty the bowels, diarrhea, rectal bleeding, discharge, feeling of inadequate bowel emptying, involuntary spasms, cramping, left sided abdominal pain, passage of mucous, ano-rectal pain. Associated symptoms- Anemia, pale skin, irritability may be present.

COLORECTAL POLYPS:^[40,41,42]

A colorectal polyp is any mass projecting into the lumen of the bowel above the surface of the intestinal epithelium.

Clinical features:

Bleeding is a common symptom and intussusceptions and/or obstruction may occur. It possesses a long pedicle and a tumour can be delivered through the anus.

PRURITUS ANI:^[43,44]

Pruritus ani (severe perianal itching) is a common problem with a multitude of etiologies. Surgically correctable (anatomic) causes include prolapsing hemorrhoids, ectropion, fissure, fistula, and neoplasms. Perianal infection may also present with pruritus ani. Infections may be caused by fungus (*Candida* species, *Monilia*, and *Epidermophyton* organisms), parasites [*Enterobius vermicularis* (pinworms), *Pediculuspubis* (a louse), and *Sarcoptes scabiei* (scabies)], bacteria [*Corynebacterium minutissimum* (erythrasma) and *Treponema pallidum* (syphilis)], or viruses [HPV (condyloma acuminata)].

PILONIDAL SINUS:^[45,46]

Pilonidal disease (cyst, infection) consists of a hair-containing sinus or abscess occurring in the intergluteal cleft. These ingrown hairs may then become infected and present acutely as an abscess in the sacrococcygeal region.

Clinical features:

A chronic sinus above the level of the first piece of coccyx. A tuft of hair project from its mouth. Blood stained, foul discharge from the sinus, pain and tenderness.

SANNIRUDHA GUDA:[†]

Vayu vitiated due to suppression of *apan vata* and the natural urges obstructs the *mahasrota* and narrows down the *guda marg* causing difficulty in defeacation.

CONCLUSION

The examination and diagnosis of certain anorectal disorders can be challenging, and the physical ex-

amination of the anorectum is often inadequately performed in clinical practice.

The important clinical features of the anorectal examination and the diagnosis and treatment of benign anorectal disorders such as hemorrhoids, fissures, fistula in ano, proctitis, fecalimpaction, and pruritus ani etc. are approach to staging and management of diseases.

Despite advances in diagnostic tests, a clinical interview is essential for characterizing the presence and severity of symptoms, establishing rapport with patients, selecting diagnostic tests, and plan for therapy.

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