



## Case study

### Treatment of Gudbhramsa (rectal prolapse) with Kshara Sutra – a case study

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#### ABSTRACT

The term prolapse of the rectum implies a circumferential descent of the bowel through the anus. Gudabhramsa (rectal prolapse) has been described by Sushruta in Ayurveda under the heading of Kshudra roga. The line of treatment for rectal prolapse is restricted to surgery. In this case history, the patient is an elderly female having complaints of mass per anum, constipation, frequent urge to defecate and incomplete sense of defecation for 6 months. The patient was diagnosed to have a partial rectal prolapse after the per-rectal examination. Hence, the Encirclement of Anal Canal by Kshara Sutra (EACKS) treatment was employed to correct the rectal prolapse without surgical intervention in a very cost-effective manner and prevent the recurrence of rectal prolapse. The size of prolapsed mass decreased gradually and completely by the 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 and other complications.

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## INTRODUCTION

Rectal prolapse is a common anorectal disorder which affects elderly people. Incidence peaks in the fourth to sixth decades of life, most of them being women. A prolapse of the rectum signifies 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 or partial rectal Prolapse. Acharya Sushruta has described Gudabhramsa under the heading of Kshudra roga (Sushruta, 2005). Acharya Charaka has described Gudabhramsa in the chapter of Vamana virechana vyapat as a complication of Samshodhana Chikitsa by the name of Vibhramsha (Agnivesha, 2010) and Acharya Vagbhata described Gudabhramsa in the context of Atisara Chikitsa (Vagbhata, 2015). The exact aetiology has been explained for the 1st time by Acharya Sushruta. He said, Gudabhramsa is a disease in which a patient becomes weak and lusterless and due to excessive straining during defecation or having diarrhoea, the internal part of Guda comes out. Its clinical features (such as Atisara, weak and wasted body of a person, and deficiency of ischioanal fat) are very similar to rectal prolapse. Various surgical procedures are proposed for rectal prolapse, from perineal approaches like simple Thiersch's operation to major abdominal operations such as rectopexy and rectosigmoidectomy. These need an abdominal approach, a well-equipped operation theatre, trained surgeons, etc.

However, none of them gives 100% satisfactory results; Kshara Sutra is a revolutionary step and was

adopted at many surgical centres. In Thiersch operation, we use non-absorbable thread which usually causes wound infection, and fistula formation, and thus not always accepted by various patients a foreign body retained inside forever can cause pain, discharge, etc.; therefore, a modification has been done in Thiersch operation where Kshara sutra is applied in place of Seton. The process is given a term called EACKS as the Kshara sutra is applied at the level of the anal canal (Saxena and Singh, 2019).

## CASE STUDY

### Chief complaints

A 65-years old female patient visited the outpatient department of Shalya Tantra of Main Campus, Uttarakhand Ayurved University, Harrawala for the treatment of Gudbhramsa (mucosal prolapse rectum).

### History of present illness

According to the patient, she was apparently healthy 6 months back, and then she felt something protruding out from the rectum while straining during defecation. The patient had a complaint of protrusion of rectal mucosa on staining along with mucous discharge during defecation for 6 months which was self-reducible and was painless. She has a history of constipation and has been on a stool softener and stimulant laxative, with no improvements in her symptoms.

### History of past illness

No relevant history of illness.

### Treatment history

The patient had already taken conservative Ayurvedic treatment but did not get relief. There is no past surgical history. In modern, she was advised surgery but she didn't want the same.

### Personal history

The patient's appetite was good. The bowel was constipated and the bladder habit was regular. The patient didn't have any habit of alcohol consumption or smoking and used to have sound sleep.

### Examination of patient

#### General examination

The blood pressure of the patient was 136/82mm of Hg. The pulse rate was 80 beats per minute. The patient had mild pallor, no icterus, no oedema, no cyanosis, no clubbing, no lymphadenopathy no dehydration. She had all other Per Abdomen, Cardiovascular, Respiratory, and CNS examinations yielded normal findings.

#### Local examination

Inspection on Lithotomy position – No abnormalities detected.

On straining - Circumferential mucosal protrusion present.

Digital Rectal Examination - Patulous anal verge with hypotonic anal sphincter admitting 2 fingers easily.

Proctoscopy - Easily permissible proctoscope due to lax anal sphincter.

### Investigations

The patient underwent the following Routine blood laboratory investigations, Hb%, total lymphocyte counts, differential leukocyte count, random blood sugar, CT, BT, blood urea, creatinine, HIV, HCV and HBsAg and was found within normal limits.

### Diagnosis

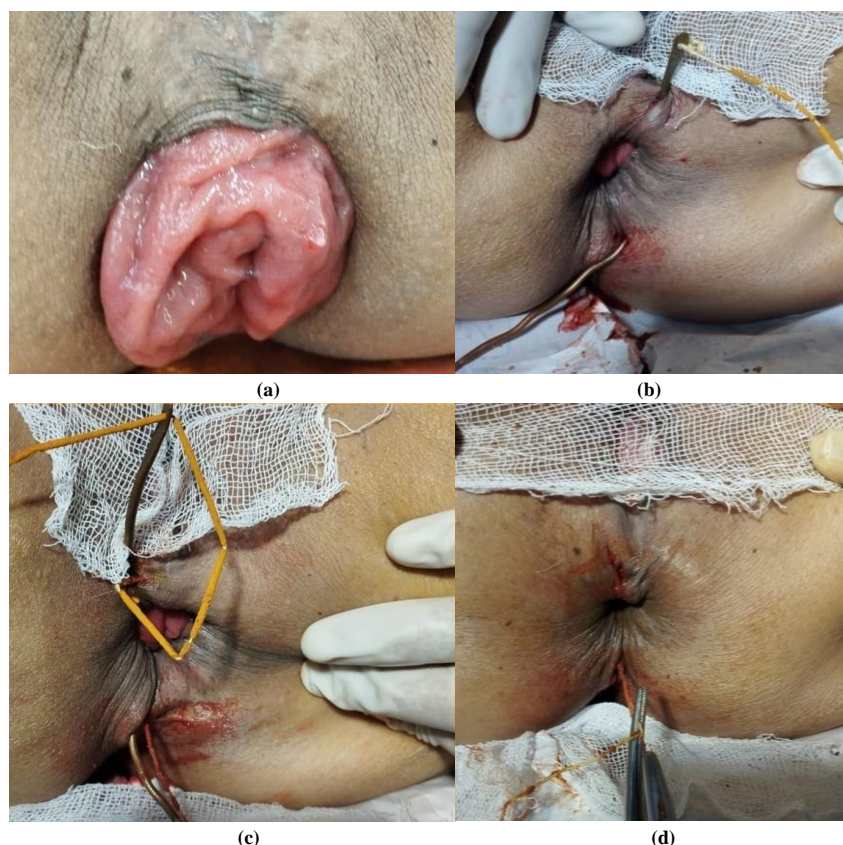
Partial Rectal Prolapse (Gudabhramsa).

### Treatment

After all pre-operative evaluations, the patient was planned for Kshara sutra ligation under Local Anesthesia. Therefore she was admitted to Shalya female ward for EACKS (Encirclement of Anal Canal by Kshara Sutra) Therapy.

### Pre-operative procedure

The written well-informed consent was taken from the patient and her attendant. The local part was prepared before the Procedure. The patient was given an enema twice to clear the bowel. Soap water enema at night and proctoclysis enema in the morning on the day of the procedure was given. Inj. Tetanus Toxoid 0.5ml IM and Xylocaine sensitivity test were done on the previous day of the procedure.



**Fig. 1.** Encirclement of Anal Canal by Kshara Sutra (EACKS). Before (a) and after (b, c, d) EACKS procedure

## Operative procedure

The patient was kept in a lithotomic position on the operation table. After painting and draping patient was given local anaesthesia of 10 ml of 1% xylocaine taking all aseptic precautions. A stab incision was given at the 12 o'clock position. Kshara sutra is inserted from that opening and taken out from the other side, i.e., 6 o'clock. Similarly, the procedure is repeated for the opposite side. Then an index finger is inserted into the anal canal and the thread is assessed and tightened. A knot is tied at the 6 O'clock position (Fig. 1). Then the part was cleaned with betadine solution. Matra Basti with jatyadi taila was given local dressing has been done with Jatyadi Tail. A T bandage was tied with a rubber tube in the anal canal. This procedure is considered a modified Thiersch technique and is termed EACKS Therapy. The patient was healthy, and fully conscious with stable vitals without any complications while shifted from OT to ward.

## Post-operative procedure

The patient was advised nil orally for the next four hours. Liquids are allowed after four hours of the procedure. Injection diclofenac was given stat. From the next morning, sitz bath/Avagaha swedan with warm water for two times a day. Triphala Churna 5 gm at bedtime and Triphala Guggulu 500 mg twice a day were advised. Matra basti with jatyadi taila was given. From the next day evening, the patient was advised to take diets like green vegetables, milk, fruits, rice, roti and plenty of water. The patient was advised not to consume non-vegetarian, spicy and oily food, Junk foods, and alcohol. She was also advised to avoid long sitting and riding/travelling. The patient was discharged the very next day.

The patient was asked to review on the 5<sup>th</sup> post-operative. The wound was healthy, and no slough was observed. Dressing and matra basti by jatyadi taila were given and the same was continued for further 15 days. On the 15<sup>th</sup> P.O. day wound was observed in the healing stage and there was no sphincteric spasm. On the 21<sup>st</sup> post-operative fibrosis was completely formed so the kshara sutra was removed and the anal tone was checked. There was no stricture or complication seen.

## DISCUSSION

The main clinical feature of rectal prolapse is protruding mass following defecation. Rectal prolapse frequently is accompanied by a mucoid discharge (Prasanth et al., 2017). The purpose of the treatment should be in addition to correction of the prolapse, the functional disturbances also should be corrected. Among the surgeries for rectal prolapse, perineal approaches have higher recurrence rates and reduced improvement of faecal incontinence whereas abdominal approaches are accompanied by a significant incidence of peritoneal adhesions, longer recovery time, greater morbidity and possible compromise of sexual function. In Ayurveda, Acharya Sushruta has proposed the line of conservative management as repositioning of the prolapsed rectum after mild sudation and oil application followed by mechanical support for the anorectal region by Gophana bandha. The

process is given a term called EACKS as Kshara sutra is applied at the level of the anal canal, after reduction of the prolapse, which is then made taut to prevent further prolapse. In this study, Ksharasutra was applied under local anaesthesia and it was removed after 21 days. Kshara sutra ligation is done to induce aseptic fibrosis of the anal mucosa and adheres it properly. During the wound healing process, it causes cicatrization and strengthens the anorectal ring. In this case, the chief complaint of mass per rectum was not present at all. Unlike other symptoms, mucus discharge was there which started reducing and the Matra Basti was continued. There was no complaint after 1 month of surgery.

## CONCLUSION

This EACKS therapy involves a minimal degree of surgical trauma and can be performed on an OPD basis also. It should be tried in rural areas where minimal surgical facilities are available. It is very cost-effective. Hence, in nutshell, it can be said that the Kshara sutra is recommended as a better parasurgical option because it is technically simple to prepare and hospital stay is short, rapid healing, and fewer side effects. In this case study, there were no major side effects, incarceration, and strangulation, after the application of Kshara sutra and is said to be a unique drug formulation for fibrosis as well as healing.

## CONFLICTS OF INTEREST

The author(s) declare(s) no conflicts of interest.

## DECLARATION

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