Research Article

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EFFECT OF APAMARGA TEEKSHNA PRATISARNEEYA KSHARA IN THE MANAGEMENT OF GUDABHRAMSHA WITH SPECIAL REFERENCE TO PARTIAL RECTAL PROLAPSE

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ABSTRACT

Conventionally, numerous operative treatments have been proposed and are being extensively used for the management of Gudabhramsha, as Sclerotherapy, Thiersch's procedure, Delormes operation, Well's, and Ripstein operation etc. But all these procedures are costly, having complications and recurrence rate is more. Acharya Sushruta explained Pratisaraneeya kshara as one of the treatment modalities for Gudabhramsha. So, the present study was planned to study the effect of Apamarga pratisaraneeya teekshna kshara in the management of Gudabhramsha. A pilot study was conducted on total 15 subjects, selected randomly, with any ages irrespective of sex, religion etc. from OPD/IPD Shalya tantra, National Institute of Ayurveda, Jaipur, Rajasthan. The subjects were treated with Apamarga teekshna pratisaraneeya kshara. Duration of the trial was 6 months including follow-ups. Results were analyzed statistically, and extremely significant improvement was observed in prolapse of rectal mucosa (SD- 0.74, SE- 0.19, p <0.0001) and Extremely significant result in sphincter tone (SD-0.45, SE-0.11, p<0.0001). Kshara karma is a parasurgical procedure which requires minimum hospital stay. The wound created by kshara heals within two weeks. No adverse effects were reported by any of the patients during the course of treatment. In this way Apamarga teekshna prathisaraneeya kshara is considered efficient in the treatment of Gudabhramsha.

Keywords: Gudabhramsha, partial rectal prolapse, Pratisaraneeya Kshara.

INTRODUCTION

The ancient Acharyas from centuries had used herbal and mineral products together for preventing and curing various ailments. In the present era, the people are attracted towards ayurvedic treatment modalities because of its preventive and cost-effective treatment.

Pravahanatisarbhyam nirgachati gudambahi |
Rukshdurbaldehyashya tam gudabhrasamadiseth ||¹

Acharya Sushruta had mentioned Gudabhramsha under the heading of Kshudra Rogas. Gudabhrasma can be correlated with modern term Rectal Prolapse. Rectal prolapse condition occurs more often in extremes of life, complete rectal prolapse is found chiefly in elderly female patients (85% of adults with full thickness rectal prolapse) and the incidence is maximal in the fifth decade and upwards.² Acharya Sushruta had described Pratisaraneeya Kshara Karma in Arsha Chikitsa, in the context of 'Bhrashtaguda' (Rectal Prolapse) which is said to be the effective one.

Bhrastagudasya tu bina yantrena ksharadikarm prayunjita |³

In case of Bhrastaguda applying Kshara etc. should be done without using any Yantras. Sushruta has described Kshara Karma, which is one among the Para surgical procedure. Pratisaraneeya Kshara in the management of 'Arsha Arshas' is practicing now with great success by many scholars. Rectal Prolapse is a surgical condition. It can be done both by perineal approach (Thiersch's and Delormes operation) and abdominal approach (Well's, Ripstein, Lahut operation), But all these procedures are having complications, costly and recurrence rate

is more. Conservative treatment like digital reposition, sclerotherapy and surgical management, Thiersch's operation are described in modern literature for partial rectal prolapse.⁴ So there is urgent need to establish a safe and effective treatment modality for the management of rectal prolapse which should carry less postoperative morbidity, complications and recurrence rate. Keeping all the above facts into consideration, the present study was planned to find the efficacy of kshara karma as a Para surgical procedure in the management of Gudabhramsha (Rectal Prolapse).

Aims & Objectives

- The aim of the study was to evaluate the efficacy of Apamarga teekshna pratisaraneeya kshara in the management of Gudabhramsha
- To introduce a simple, safe, non-invasive, cost effective, less irritant and best alternative modality in the management of Gudabhramsha.

MATERIALS AND METHODS

Sample Size: 15 patients of Gudabhramsha, any age group was selected irrespective of their gender, religion, caste, etc.

Source of Subjects: OPD / IPD of Shalya Tantra, National Institute of Ayurveda, Jaipur.

Informed Consent: The study was explained clearly to the subjects and their signed, written informed consent was taken before starting the trial.

Selection Criteria

Inclusion Criteria

Subjects with classical signs and symptoms of Gudabhrmsha with special reference to partial rectal prolapse and Subjects who was ready to give written informed consent.

Exclusion Criteria

Complete rectal prolapse, Uncontrolled Diabetes Mellitus or Hypertension, Ulcerative colitis, Crohn's disease, Intestinal Tuberculosis, HIV, HBsAg positive patients, Pregnancy, Rectal prolapsed because of birth trauma, Other active anorectal diseases like acute fissure in ano, anorectal abscess and carcinoma, Patient who was not ready to give consents.

Laboratory Investigations: Routine surgical profile was done.

Time Frame: 30 weeks

Trial period: 6 weeks- Patient was kept under observation for 3 days in postoperative phase.

Assessment on the outcome on 14th, 28th, 42nd day.

Follow Up period: 6 months after completion of trial- Patients was followed up every 3rd week during follow up.

Preparation of Apamarga teekshna pratisarneeeya kshara

10 kg. of Apamarga panchang was collected and formed into a heap. The whole twig was burnt into ashes and then it was allowed to cool by itself. The whole ash was collected (1kg) and mixed with six times of water by volume and stirred well, allowed to settle overnight. Then it was filtered through double folded cloth for 21 times, residue was thrown out. Amber coloured filtrate was obtained. This was subjected to Mandagni, when the content was reduced to $\frac{2}{3}$ rd, 100 gm. (1/10 of ash) of *Shukti* was heated red hot and then mixed with Ksharajala to dissolve it completely. Again, content was reduced to $\frac{2}{3}$ rd and 10 gm. (1/10 of *shukti*) of Citrakamoola Kalka was added to the boiling Ksharajala and allowed to boil for a few more minutes, when the content attained consistency as described by Acharya Sushruta (not too liquid or too solid) ⁵. Then, it is removed from fire and transferred into separate container with lid and stored for use. pH value of the Apamarga teekshna pratisarneeeya kshara obtained was 13.3 (Figure 1)

Figure 1: Prepared Apamarga Kshara and its pH

Procedure of kshara karma

Poorva Karma

- Patient selected for the procedure were asked to remain nil orally for at least 4 hours prior to the procedure
- Consent was taken
- Inj. TT 0.5 cc I/M was given

- Proctoclysis enema was given after part preparation.

Pradhana Karma

Patient was made to lie down in lithotomy position. Anus and surrounding area was cleaned with antiseptic lotion. Draping was done. Measuring of the anal sphincter tonicity with the help of Hemantha Kumar Modified Sphincterometer. Local anaesthesia with 2% xylocaine was infiltrated, lubricated slit proctoscope was introduced in anal canal, visualize the part of anal mucosa and rest rectal mucosa covered with wet gauze piece to prevent spilling of Kshara on it. Then the anal mucosa was gently scraped with the rough surface of spatula. Then Apamarga Pratisarneeeya Teekshana Kshara was applied over exposed anal mucosa and the opening was closed with the hand for about Shatamatrakala (2 minutes). Then the Kshara was cleaned with lemon juice. Observed that whether the pinkish anal mucosa was turned to blackish (Pakva Jambu Phala varna). If not, Kshara was applied once again till the anal mucosa turned to blackish colour. Once again it was washed with lemon juice and sterile water wash was given. This procedure was repeated circumferentially in the anal canal. Thereafter the anal canal was packed with gauze piece soaked in Madhuyasti Taila to prevent burning sensation and local oedema. Dry dressing was done with Gophana Bandha⁶ and the patient was shifted to ward.

Figure 2: Pre-operative Procedure

Figure 3: Before kshara application

Figure 4: During kshara application

Figure 5: After kshara application

Paschata Karma

- Patient was kept nil by mouth for 6 hours after the procedure.
- Packing was removed after 12 hours and 15ml of Madhuyasti Taila was administered per rectal with Gophana Bandha.
- From next day onwards, patient was advised to take sitz bath with Sphatika Bhasma after passing motion for 10-15 min twice a day and Madhuyasti Taila was pushed rectally after sitz bath.
- Ishabgol husk in the dose of 3 tsp. was given at night with lukewarm water as a laxative.

- Diet restriction was advised to the patient. Analgesics administered according to the need.
- Advice to Avoid straining during defecation.

OBSERVATIONS AND RESULTS

- Out of 15 patients in Over All Therapy, 08 subjects got complete relief (100%), 03 subjects got Marked relief (>75%), 03 subject got Moderate relief (50-75%) and 01 subject got mild relief.
- The effect of therapy reveals that maximum percentage of relief was observed in the parameter of Prolapse of rectal mucosa 89.43% and sphincter tone was reduced by 70.80%. Percentage of relief is statistically extremely significant in both symptom
- Out of 15 patients, results in prolapse of rectal mucosa with percentage of relief by 89.43% after 42nd day of treatment it showed extremely significant ($p < 0.0001$) results and on last follow up it showed extremely significant relief of 86.17%.
- Out of 15 patients, results in sphincter tone with percentage of relief by 70.80% after 42nd day of treatment it showed extremely significant ($p < 0.001$) and on last follow up it showed extremely significant relief of 55.75%.

Table 1: Results of objective Parameter by Wilcoxon Rank Sum Test

S.N.	Objective parameter	Period	Mean		Diff.	% Relief	SD	SE	P value	Result
			BT	AT						
1.	Prolapse of rectal mucosa (Length)	A1	2.46	0.06	2.40	97.56%	0.9103	.2350	<0.0001	ES
		A2	2.46	0.13	2.33	94.71%	.8997	.2323	<0.0001	ES
		A3	2.46	0.26	2.26	89.43%	.7746	.2000	<0.0001	ES
		FU (at 6 month)	2.46	0.33	2.12	86.17%	.7432	.1919	<0.0001	ES
2	Sphincter tone	A1	2.26	0.06	2.20	97.34%	.7746	.2000	<0.0001	ES
		A2	2.26	0.20	2.06	91.15%	.7037	.1817	<0.0001	ES
		A3	2.26	0.66	1.60	70.80%	.5071	.1309	<0.0001	ES
		FU (at 6 month)	2.26	1.00	1.26	55.75%	.4577	.1182	<0.0001	ES

BT: Before Treatment, AT: After Treatment

Graph 1: Different relief % of individual subject

DISCUSSION

Out of 15 patients selected for the study maximum patients 6 were of age group 21-40 yrs., 10 were male, 15 were Hindu, 12 were married, 11 were vegetarian, 5 were lean and thin, 8 were having altered bowel habit and 3 patients were having sodomy habit.

Effect of Apamarga Teekshna Pratisaraneeya Kshara on Gudabhramsha

Apamarga Pratisaraneeya Kshara provided extremely significant ($p < 0.0001$) results in prolapse of rectal mucosa with percentage of relief by 97.56% after 14th day of treatment, in 28th day of

treatment it showed extremely significant ($p < 0.0001$) results with percentage relief by 94.71%. In 42nd day of treatment it showed extremely significant ($p < 0.0001$) results with percentage relief by 89.43% and on last follow up it showed extremely significant relief of 86.17%.

Apamarga Pratisaraneeya Kshara provided extremely significant ($p < 0.001$) results in sphincter tone with percentage of relief by 97.34% after 14th day of the treatment. On 28th day of treatment it showed extremely significant ($p < 0.001$) results with percentage of relief by 91.15%. On 42nd day of treatment it showed extremely significant ($p < 0.001$) results with percentage of relief by 70.80%

and on last follow up it showed extremely significant results with percentage of relief by 55.75%.

The wound created by kshara completely healed within 2 weeks. No severe adverse effects were reported by any patient. But some trivial adverse effects were observed which are burning sensation and they were completely relieved within 7 days by administering madhuyasti taila, bleeding per anum was noticed in 3 patients due to post-operative kshara dagdha in anal mucosa, which was healed spontaneously within 14 days, no patient complained about anal stricture and fecal impaction as high chances of occurrence was there by other therapies.

Average recovery time was 6 weeks and average time to return to work was 4 days. The results of the follow up (6 month) study showed that there was recurrence in only 3 patients because if there altered bowel habits. In this way Apamarga teekshna pratisaraneeya kshara is considered efficient in the treatment of Gudabhamsha.

Probable Mode of Action of Pratisaraneeya Kshara

Pratisaraneeya kshara acts on Gudabhamsha

It cauterizes the anal mucosa directly because of its Ksharana Guna (corrosive nature).

The effect of Pratisaraneeya Kshara in the management of Gudabhamsha (Rectal Prolapse) is multifactorial. The probable mode of action of Pratisaraneeya Kshara Karma in Gudabhamsha is as follows. The Aseptic inflammation followed by application of Kshara will lead to necrosed tissue slough out as blackish brown discharge for 3 to 7 days. Then tissue leads to caustic fibrosis and scar formation within 7-14 days, gradually mucus membrane becomes fixed to muscular coat and increases the anal sphincter tonicity.

CONCLUSION

Kshara karma is a cost-effective Para surgical procedure which requires minimum hospital stay. The wound created by kshara heals within two weeks. No any severe adverse effects were reported by any of the patients during the course of treatment and having less chance of recurrence. In this way it is concluded that Apamarga teekshna pratisaraneeya kshara is considered efficient in the treatment of Gudabhamsha.

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