

**PRATISARNEEYA KSHARA KARMA IN THE MANAGEMENT OF
RECTAL PROLAPSE - A CASE STUDY**

¹Premasukh,

²Amit Kumar

¹Medical officer, District Ayurveda Hospital Jodhpur Rajasthan

²Assistant Professor, Shalya Tantra Department Uttaranchal Ayurvedic Collage Dehradun.

ABSTRACT

Background: Rectal prolapsed is the disease in which rectal mucosa and submucosa with or without muscular layer are prolapsed out of anal verge partially or completely. The present case study was aimed to develop a cost effective, conducive para-surgical procedure in the management of rectal prolapse.

Aim- to develop non surgical treatment modality in case of partial rectal prolapsed.

Materials and Methods: Study was conducted on a female patient aged 48 yrs who was diagnosed as complete rectal prolapse, admitted in Shalya Tantra IPD, NIA, Jaipur. Procedure was performed under local anaesthesia. After reducing the prolapsed rectum the *Apamarg teekshna pratisarneeyakshara* was applied circumferentially on rectal mucosa by using a slit proctoscope & applicator. *Kshara* was applied for 2 min (100 *Matrakala*) till the colour of rectal mucosa was changed to *pakwvajambuphalavarna*, then the area was washed with distilled water followed by *nimbu swarasa*. The process was repeated 4 times to cover whole circumference of the rectal mucosa. *Matravasti* with *Yashtimadhughrita* was given twice daily for 7 days from first post procedure day followed by with *Changeri ghritha* twice daily for 15 days. Patient was advised *pathyaapthya aahara-vihara*.

Observations and Results: Patient had relief from symptoms of rectal prolapse. No rectal prolapse was complained during follow up period.

Conclusion: As surgery is an ultimate treatment in rectal prolapse with its own limitations, where *Ksharakarma* can be recommended as an emerging alternative to surgery with minimal post procedure complications. *Kshara karma* is a conducive, day care procedure and is very cost effective.

Keywords: Rectal prolapse, *pratisarneeyakshara*, *ksharakarma*.

INTRODUCTION: Rectal prolapse is of two varieties—mucosal (Partial) and full thickness (Complete)¹. In mucosal prolapse the mucous membrane and submucosa of the rectum protrude outside the anus for approximately 1–4 cm. When the prolapsed mucosa is palpated between the finger and thumb, it is evident that it is composed of no more than a double layer of mucous membrane. In Full thickness prolapse the protrusion consists of all layers of the rectal wall and is usually associated with a weak pelvic floor. The prolapse is thought to commence as an

intussusceptions of the rectum, which descends to protrude outside the anus. The process starts with the anterior wall of the rectum, where the supporting tissues are weakest, especially in women. It is more than 4 cm and commonly as much as 10–15 cm in length. On palpation between the finger and thumb, the prolapse feels much thicker than a mucosal prolapse, and obviously consists of a double thickness of the entire wall of the rectum. *Kshara karma* is the parasurgical procedure described in Ayurvedic classics. *Kshara*

isof two types- *Pratisarneeeya* (Local application) and *Paneeeya* (Internal use)².

INCIDENCE:

Women aged 50 and above are six times as likely as men to present with rectal prolapse. The peak age of incidence is 7th decade in women³.

CASE REPORT:

A female hindu patient aged 48 yrs. came to NIA *Shalya Tantra* OPD with complaints of something comes out during defecation for 15-20 yrs and passing stool without control. There was no H/O bleeding per anum. Patient was not a case of Diabetes mellitus and hypertension. Patient was thoroughly examined and vitals were taken. Local examination was performed which revealed complete rectal prolapse, around 5- 6 cm in length. Patient was admitted in female *Shalya Tantra* ward. Patients vitals were as follows-B.P- 110/70 mmHg, P.R- 82/Min.

INVESTIGATIONS: Routine investigations viz. Hb gm % TLC, DLC, ESR, RBS, HIV, HBsAg, RFT, ECG CXR-PA View. All investigations were within normal limit.

TREATMENT PLAN: *Ksharakarma*⁴ treatment was planned.

PROCEDURE: Tetanus toxoid prophylaxis was given and written informed consent was taken before *Ksharakarma*. The procedure was performed under local anaesthesia. *Apamarg*⁵*Pratisarneeeyakshara* application was done on the complete prolapse of rectum circumferentially using a slit proctoscope and applicator, after reducing

the prolapse. *Kshara* was applied in single siting twice on the same area. *Kshara* was applied for 2 min(100 *Matrakala*) till colour of rectal mucosa changed to *pakwvajambuphala*, then washed with distilled water followed by *nimbu swarasa* after each application of *kshara*⁶.

The process was repeated 4 times to cover whole circumference of the rectal mucosa. *Matravasti* with *Yashtimadhughrita*⁷ 20 ml was given twice daily for 7 days followed by *Matravasti* with *Changeri ghrita*⁸ 20 ml twice daily for 15 days. Patient was advised *pathyaapthyaahara-vihara* and regular follow up on discharge. Oral medications-*Triphala guggulu*⁹ 2 B.D, Isabgol husk 3 teaspoon full at bed time with luke warm water was given for 30 days.

FOLLOW UP:

Regular follow up was done weekly for 2 months. On follow up patient was satisfied with the treatment. There were no complaints of prolapse, incontinence and stenosis. There was no pain during & after defecation. There was only blackish, blood mixed mucous discharge per anum and mild burning sensation which were cured after continuous use of *Matravasti*.

RESULT: Significant improvement was observed in the symptoms of rectal prolapse. No rectal prolapse was complained during follow up periods. Patient was able to control the stool. On straining, there was no prolapse of rectum. No any side effect or complication was complained during treatment and follow up periods.



Fig. 1: Before Treatment



Fig. 2: During Treatment



Fig. 3: Kshara Application



Fig. 4: After Treatment

DISCUSSION & CONCLUSION:

Despite a successful operation to treat rectal prolapse and careful management with the regulations of bowel habit, a small proportion of patients will have persistence of symptoms¹⁰. As surgery is an ultimate treatment in rectal prolapsed; with its own limitations where *Kshara karma* can be recommended as an emerging alternative to surgery with minimal post procedure complications. *Kshara karma* is a conducive, day care procedure and is very cost effective, which can be performed under local anaesthesia with minimal and trivial post-procedure complications which are negligible.

The probable mode of action of *Pratisarneeya Kshara* is, as it creates a chemical burn on prolapsed rectal

mucosal folds which causes cicatrization (in wound healing process) and may strengthen the anorectal ring. Study on large sample size is needed to establish the effect of *kshara karma* in rectal prolapse.

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Corresponding Author:

Dr Preamsukh,
Medical officer, District Ayurveda
Hospital Jodhpur Rajasthan
Email: dr.ps.meghwanshi@gmail.com

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