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A Literature Review on Rectal Prolapse and Case Study

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Abstract

The rectal prolapse is defined as the concentric protrusion of full or partial thickness of the rectum or rectosigmoid via the anus. The exact cause of rectal prolapse is unclear but it is predominant on female gender and on people having constipation, previous anorectal surgeries etc. In Ayurveda, Guda Bhramsha (Rectal prolapse) is explained by Acharya Susruta under Kshudra Rogas and has elaborated its conservative management. In this case study a male patient with rectal prolapse has been treated conservatively with the help of Sponge holding forcep and mop.

Keywords: Rectal prolapse, diet, antibiotics

Introduction

Rectal Prolapse or procidentia is a condition where the rectum protrudes beyond the anus. There is often a significant history of straining and previous constipation. Complete prolapse manifests with an intussusception segment of rectum outside the anal verge.

In ayurveda, rectal prolapse is described as Gudabhramsha.¹ Acharya Sushruta described Gudabhramsha as a Kshudra Roga [2]. in Charaka samhita and Ashtang Hridaya it is described as the complication of Atisara (diarrhoea) and as a symptom of excessive purgation. Due to long term diarrhoea and frequent straining rectum becomes weak and rectal prolapse occurs.

Classification [3]: It can be classified in two types as Partial and Complete Rectal Prolapse.

- i). **Partial:** When only the mucosa and submucosa of the rectum comes out through the anus it is called partial prolapse. The length of prolapse is never more than 3.75cm
- ii). **Complete:** In this condition rectum comes out through the anus and the protrusion consists of all the layers of rectal wall. It is always more than 3.75cm in length and usually about 10cm in length.

Causative Factors

- In infants-direct downward course of rectum due to absence of sacral curve. Diminished support of anal mucosa due to poor resting anal tone.
- In children after an attack of diarrhoea, severe whooping cough, loss of weight resulting in reduced fat in ischioanal fossae.

- In adults-It is associated with 3rd degree haemorrhoids, torn perineum in females, straining from urethral obstruction in males, disordered function of pelvic floor muscles.
- As per Ayurveda Agnimandya (impaired digestion) can be considered as the predisposing factor for protrusion of rectum. Guda (rectum) is the seat of Apana vayu, which is concerned with excretion of urine, faeces and helps in expulsion of foetus during delivery. So factors which vitiate Apana vayu cause various diseases in Guda Pradesha including Gudabhramsha.

Treatment: As Per Modern

1. Partial

- i). In infants and young children-Digital reposition
- ii). Submucous injections if digital reposition fails after 6weeks trial, injection of 5% phenol in almond oil are carried out under general anaesthesia
- iii). Surgery Occasionally, surgery is required, and such cases the child is placed in the prone jack knife position, the retrorectal space is entered and the rectum is sutured to the sacrum.

2. Complete-Surgery is required and the operation can be performed via the perineal or abdominal approaches.

Perineal approach three procedures have been used most commonly.

- a) Delorme's operation
- b) Thiersch operation
- c) Altemeirs' procedure

Abdominal approach

- a) Well's operation
- b) Ripstein's operation

Ayurvedic Management

Acharya Sushrut mentioned that in Gudabhramsas the prolapsed portion of rectum should be anointed, given fomentation and pushed in (slowly), then a gophana type of bandage with a hole in its centre for expulsion of vayu (flatus) should be tied, and fomentation given frequently. The musika oil used for drinking and anointing externally cures Gudabhramsas.

Acharya Charak mentioned that during rectal prolapse, and colic, the potion of acidified ghee is recommended or unctuous enema, if the patient is free from chyme disorders. Changeri Ghrit is recommended.

When the anal prolapse is irreducible, the oleation and sudation procedures should be first administered: when the anus is well sweated and softened, reduce it with the help of a thick cloth and push it in.

Acharya vagbhata^[4] mentioned that when there is pain and prolapsed of rectum, medicated ghee prepared with milk, ghee, juice of kolamla, and changeri, dadhi, and paste of nagara should be administered.

Case Study

Chief Complaints

A 32yr old patient from Vathar working in sugar factory came to YAM College and hospital, Kodoli, Kolhapur. The patient had complaining of chronic constipation with acute protrusion of huge mass outside the anus.

History of Present illness

The patient was apparently well before few days and then he started complaining of constipation with pain during defecation. In the morning patient went to the toilet for defecation and felt large mass coming outside the anus. The mass was irreducible so he visited the hospital for further management.

History of Past Illness

No any relevant past history of illness.

Personal History

The appetite of patient was good. The bladder habit of patient was good, bowel was often constipated. Patient had habit of chewing tobacco and smoking. The sleep schedule of patient was good.

Examination of Patient

- BP-140/90mmhg,
- Pulse-88/min.
- The patient had mild pallor, no icterus, no lymphadenopathy, no cyanosis, no clubbing, no edema.
- Per Abdomen-Soft Non Tender
- CVS-Normal sound
- Respiratory-Normal
- CNS-Conscious Oriented

Local Examination

Per-rectal examination revealed large protruding rectal mass with oedema and a thickened congested wall.

Diagnosis

Complete Rectal Prolapse

Material and Methods

Instruments

- i). Sponge holding Forcep
- ii). Surgical Mop
- iii). Lignocaine jelly 2%

Treatment

Due to financial condition patient was unable to do surgery so as per the need of situation we went for the conservative approach for reduction of the prolapsed rectum.

Procedure

- The patient had given left lateral position. Sterile painting and draping done. Locally lignocaine 2% jelly was applied for lubrication and anesthetic effect. With the use of finger the attempt was made to reduce the prolapse rectum but it was failed.
- After failure of first attempt sponge holding forcep and a mop is used. With the help of sponge holding forcep and mop complete rectal prolapse has been reduced.

Post Procedure Treatment

- Nil by mouth for 6hrs
- Intravenous body fluids
- Intravenous antibiotics, analgesics
- Laxatives

Diet and Post OP care

- Advised soft diet for next few days
- Avoid straining



Fig 1: On admission condition



Fig 2: Procedure



Fig 3: Complete reduction of prolapse

Discussion

The treatment of complete rectal prolapse is surgery. But often it can be managed conservatively. Initially there is a conservative management for rectal prolapse with stool softeners or laxatives and avoidance of prolonged straining. These conservative methods allow reduction of the prolapsed rectum.

In Ayurveda Acharyas mentioned about the conservative treatment also which has been followed in this condition. As acharya charak mentioned-When the anal prolapse is irreducible, the oleation and sudation procedures should be first administered: when the anus is well sweated and softened, reduce it with the help of a thick cloth and push it in.

So above principle is also applicable in this modern era and can be practiced effectively.

Conclusion

For a successful intervention to treat the rectal prolapse, regulation of bowel habit should be carefully maintained by changing the food habits. To improve the anal sphincter function, exercises of pelvic floor will be beneficial. Ayurveda mentioned about the correction of structural as well as physiological aspects in the human body. As modern science is developing day by day, Ayurveda has its deep roots which has to be understand and followed for healthy society.

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