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Conceptual Study of Anorectal Disorders (Gudagata Rogas) Due to Pregnancy

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Abstract

Pregnancy is a unique physiological condition that can profoundly affect the body, including the gastrointestinal and anorectal systems. This paper aims to provide a detailed study of Anorectal disorders (Gudagata rogas) due to pregnancy such as haemorrhoids (Arsha), anal fissures (Parikatika), rectal prolapse (Gudabhramsha), fistula in Ano (Bhagandar) etc. are common during pregnancy and postpartum, often due to hormonal changes, increased abdominal pressure, and alterations in bowel habits and in such condition surgery is delayed hence, Ongoing research is necessary to further elucidate the pathophysiological mechanisms and conservative treatment modalities for these conditions in the context of pregnancy.

Keywords: Haemorrhoids, pregnancy, delivery, perianal disease, obstetric, anorectal disorders.

Introduction

Anorectal disorders (Gudagata rogas) like-Haemorrhoids and anal fissures occur in about 40% of pregnant women. Usually they occur during the third trimester of pregnancy and 1–2 months after giving birth. Constipation during pregnancy, perianal diseases during previous pregnancy and childbirth, instrumental delivery, straining duration of more than 20 min, and weight of the newborn more than 3,800 g are associated with Anorectal disorders (Gudagata rogas). Anorectal disorders reduce the quality of life of both pregnant and postpartum women. Surgical treatment of anorectal disorders (Gudagata rogas) are delayed after pregnancy, childbirth, and lactation.

In the context of Ayurveda, Gudagata Vikara denotes afflictions of the anus and rectum. A haemorrhoid (Arsha) is classified under the category of Ashtamahagad Vyadhi, denoting severe and incurable ailments. Arsha emerges within the crucial site of Guda, known as a Marma, likened to a formidable adversary. Fistula-in-Ano (Bhagandara) signifies a condition tract in the Guda region. Fissure-in Ano (Parikartika) is a condition of pervasive cutting and tearing pain, primarily localized in the Guda. Rectal prolapse (Gudabhramsha) is associated with the protrusion of the rectum, Straining and diarrohea can lead to Gudabhramsha.

General Causes of Anorectal Disorders Are

Dietary choices, specific occupations (driving professions), aging, irregular lifestyle patterns and poor hygiene practices, etc. can also triggers the prevalence of Gudaroga. The Samprapti of Gudaroga is depicted as

Hetu/etiological factors

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Derangement of vatadi doshas

↓

Mandagni and subsequent constipation

↓

Rakta dhatu dushya

↓

Gudaroga

Hemorrhoids in Pregnancy

Pathogenesis

Hemorrhoidal disease is often symptomatic and bothersome for pregnant women. It affects 25–35 percent of pregnant women, primarily presents in the third trimester, and can be internal or external. There is a rise in blood volume (between 40% and 50% of the volume before pregnancy). During pregnancy, there is an increase in cardiac output and utero-placental blood flow, as well as an increase in the inflow and intravenous pressure in the pelvic veins. These mechanisms result in increased blood flow in collateral circulation veins (vulvar, rectal, and lumbar), which increases the likelihood of developing hemorrhoids. The pelvic veins are compressed

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during pregnancy due to the enlarged uterus. In the first trimester of pregnancy, an increase in venous pressure mixed with hormonal changes causes venous relaxation. Several mediators were associated with these alterations. Estrogens are responsible for mesenchymal release, but progesterone has a myolytic action across the body. These effects on the vein system result in a tissue vascular dislocation (estrogen) and a decrease in venous tone (progesterone).

As a result of altered venous drainage through the hemorrhoid plexus, some circumstances (such as constipation and prolonged exertion) may contribute to the development of haemorrhoids by increasing intra-abdominal pressure. Some dietary and lifestyle factors, including as a diet low in fiber, spicy foods, and alcohol consumption, may contribute to the development of haemorrhoids and the exacerbation of symptoms.

Symptoms and Signs

- Painless rectal bleeding during faeces, with or without anal tissue protrusion.
- Anal pain may be experienced by patients with complex haemorrhoids, such as external haemorrhoids with thrombosis or internal imprisoned haemorrhoids or more likely to be caused by an anal fissure or an anal abscess.
- It is important to differentiate rectal prolapse from prolapsing hemorrhoids. Rectal prolapse is the intussusception of the rectal wall through the anal canal, presenting with circular folds of pink rectal mucosa because of loss of normal rectal attachments. Prolapsed internal hemorrhoids have radial folds and engorged blood vessels.

Treatment

For 1st and 2nd degree haemorrhoids, conservative treatment is recommended.

i). Normalize bowel and defecatory habits
ii). Eat a high-fibre diet to avoid constipation and assure voluminous stool.
iii). To make defecation easier, stool softeners and bulking agents are used.

Bhesaja Chikitsa (Medical management) is described as very first line of treatment of Arsha. It is statistically good effective in 1st to 2nd degree of disease prognosis.

Some of Local Measures Are-

Abhyanga: Medicated oil processed with Chitraka, etc.
Swedan: Swedan with Vijyapinda, Rasona Pinda.
Avagahan: Avagahan with Triphla, Agnimanth, Kanji etc.
Dhoopana: Dhoopana with Vidanga, Devdaru, Pippali, Ghee
Lepa: Haridra Churna Pra Lepa, Pippalyadi Pro lepa, hartaladi Pralepa, Snuhiksheer mixed Haridra Choorna Lepa.
Varnaropak: Jatyadi Tail for local application.
Hot Sitz Bath: The Patient is advised to take Sitz bath with Triphala Kwath/Panchavalkala Kwatha/Sphatika Bhasma.
Agni karma (Thermal therapy) Agni karma is an important Para surgical measure. Agni Karma is said to be superior Karma due to non-recurrence of diseases.

Pathya-(Considering Safety Measures)

i). Anna Varga: Godhuma, Yava, Rakthashali, Shastika, Kulattha, Priyangu.
ii). ShakaVarga: Surana, Nimba, Patola, Vartaka, Punarnava, Shigru, Balamuli.
iii). Ksheera Varga Aja Ksheera, Takra.
iv). Phala Varga: Amalaki, Kapittha.
v). Ahara Upavarga: Palandu, Nagara, Maricha.
vi). Mansa: Mruga Mansa.

Apathya

Fishes, oil cakes and the food stuffs made of rice, Bilva, fibrous root of lotus etc., are Apathya for the Arsha patients.

i). Ahara: Viruddha Ahara, Vishtambhi Ahara, Guru Ahara, Anupa Mansa, Dushta Udaka etc. etiological factors.
ii). Vihara: Vegavarodha suppression of natural urges), Atistri-sanga (over indulgence in sex), Utkatasana (defective sitting posture), Prishtha Yana (riding), bathing in the sun,

Fissure in ANO in Pregnancy

Fissure in ANO in pregnancy is a significant concern, primarily due to the physiological and anatomical changes that occur during this period. It is commonly described as intense, tearing pain around the anal or rectal area, similar to an anal fissure, exacerbated by pregnancy-related factors. Pregnant women, particularly primi-para, are more susceptible to this condition during the anti-natal and post-partum periods. This is more common in young and pregnant women. It is the most distressing condition that currently impedes regular living activities. Acharya Charaka identified parikartika vyadhi (disease) as Vaman, Virechan, and Niruha Basti Vyapath (complications). Acharya Kashyapa termed Parikartika as Garbhini Vyapad. Acharya Sushruta described Parikartika vyadhi as Niruha Basti vyapad, including symptoms and therapy.

Causes

i). Hormonal Changes: Increased Progesterone: Elevated progesterone levels relax smooth muscles, which can lead to reduced gastrointestinal motility and constipation.
ii). Constipation is common during pregnancy due to hormonal effects, reduced physical activity, and iron supplements often prescribed to prevent anemia. Straining due to constipation increases the risk of anal fissures or tearing in the anal region, leading to Parikartika.
iii). Pressure from the Growing Uterus: As the uterus expands, it puts pressure on the lower gastrointestinal tract and the rectal veins, leading to poor blood flow and potentially increasing the chances of developing hemorrhoids or rectal tearing.
iv). Dietary Changes: Pregnancy cravings may lead to irregular eating patterns, including an increased intake of spicy, processed, or low-fiber foods, which can aggravate digestive issues.
v). Post-Delivery Strain: If Parikartika doesn't occur during pregnancy, it can still develop post-delivery due to straining during labor or postpartum constipation, which is common in many women

Symptoms

i). Sharp, Tearing Pain in the Anal Region: The pain, often described as cutting or tearing, is aggravated during bowel movements, making it particularly distressing.
ii). Burning Sensation: Many women experience a persistent burning sensation around the anus, especially if there is an inflammatory response due to Pitta imbalance.
iii). Bleeding: Small amounts of bright red blood may be seen on toilet paper or in the stool, which is typical of minor tears in the anal region.

iv). **Itching or Irritation:** Itching can result from inflammation or dryness and may be more intense due to hormonal effects on skin sensitivity.
v). **Swelling:** Localized swelling or a feeling of heaviness in the rectal area may occur due to pressure from the uterus and changes in venous circulation.

Treatment
The addition of fiber to the diet to bulk up the stool.
- Stool softeners
- Adequate water intake.
- Warm baths and topical local anaesthetic agents relieve pain.

The mainstay of current conservative management is the topical application of pharmacological agents that relax the internal sphincter, most commonly: • Nitric oxide donors (Scholefield); by reducing spasm, pain is relieved, and increased vascular perfusion promotes healing. Such agents include glyceryl trinitrate (GTN) 0.2% applied two to three times per day to the anal margin (although this may cause headaches) and diltiazem 2% applied twice daily.in post-partum fissure in ano.

Warm Sitz Baths are Recommended
- **In Relation with Garbhini Chikitsa:** Āchārya Kashyapa, classified the disease in three category and give specific treatment according to the doshic involve
- **Lehana Yoga:** Cold milk medicated with madhur group drugs Śarkarā, madhu taila Yaştimadhuphanita Yusa for Vātika Parikartika, Bilva, Anantamūla.
- **Yusa for Paittika Parikartika:** Madhuyaşti, Hanspatti, Dhaniyā, Madhu, etc. Yusa for Kaphaja Parikartikā, Kateri, Gokśura, Pippali and salt.

Application of Jatyadi Ghrita Pichu: Pichu is one type of treatment procedure in Ayurveda in which a cloth or gauze piece soaked in the medicated oil is kept in the affected body parts. The warm sitz bath was given to the patient for 10 minutes before Pichu application. A sterile gauze piece soaked in the Jatyadi Ghrita (Pichu) to be placed at anal canal and left for 2-3 hours.
Jatyadi Ghritha: Jatyadi Ghrita is a classical Ayurvedic medicinal preparation which is indicated in ulcers in vital points, oozing/weeping ulcers, deep-rooted ulcers, painful ulcer, bleeding ulcer and non-healing ulcer.
Yashadamrita Malaharam: Therapeutic benefits of Yashadamrita malahara are Reduces inflammation and pain, Promotes wound healing, Soothes and protects the affected area, Enhances tissue regeneration

Rectal Prolapse in Pregnancy
Rectal Prolapse (Gudabhramsha) is Protrusion of the mucous membrane or entire rectum outside the anal verge, mostly seen in children and elderly. Rectal prolapse (Gudabhramsha) causes due to Constipation during pregnancy, perianal diseases during previous pregnancy and childbirth, instrumental delivery, straining duration of more than 20 min, and weight of the newborn more than 3,800 g are factors. Guda is a Mamsa Marma (a vital spot which is predominant in muscle tissue). Thus the depletion of Mamsa and Medas during pregnancy will make the muscles and ligaments supporting the rectum weak and it will lead to gradual displacement of rectum.
Symptoms: Wide pink mass prolapsing outside the anal canal mostly on squatting position Constipation and straining on stools Excessive discharge per anum and skin irritation
Partial Prolapse: Protrusion of rectum is between 1.25cm to 3.75cms outside the anal verge

Treatment
Removal of Primary Cause
Digital reposition after sufficient lubrication internally
Anal packing with ointments
Sitz bath with medicated decoctions and oil combinations
Repositioning of Guda: The protruded rectum is pushed inside in its normal position after oleation and sudation, after that Gophana bandha (T-bandage) is done. The Gophana Bandha is having an opening in the centre for the smooth passage of flatus.
Snehana: It can be done internally and externally using Taila (sesame oil), Ghrita (ghee) etc. It improves Bala and Agni & thereby gives Dhatu Pushti (nourishment of tissues)
Abhyanga: It is vatahara (alleviates vata dosha), brimhana (tones up the bodily tissues) and induces dardhyam (firmness) in body. Basically, Taila is vatakaphahara.
Swedana (Avagaha Sweda or Sitz Bath): It is vatakapha hara.

Pathya and Apathya (Diet and regimen)
Pathya: Grains of Shali & Shashtika (rice), Godhuma (wheat), Ghritha (ghee), Nimba Yusha (soup of neem), Patola Yusha.
Apathyas: Suppression of natural urges, prolonged journey, sitting on irregular surfaces.

Fecal Incontinence in Pregnancy
Pregnancy and childbirth are associated with various pelvic floor disorders. Fecal incontinence is one of the most serious pelvic floor disorders that can develop postpartum, having a significant negative impact on the quality of life of those affected. Several studies have reported an association between obstetric anal sphincter injury (OASI) and postpartum fecal incontinence.
The few prospective studies that enrolled women during pregnancy found that symptoms of fecal incontinence, incomplete bowel evacuation and vaginal bulging occurred even during pregnancy, and that these symptoms persisted postpartum. Some studies have reported an association between bowel evacuation problems and anal incontinence during pregnancy and postpartum.

Fistula in ANO in Pregnancy
Post-partum fistula-in-ano results from an infection deep in the episiotomy wound. The infection originates when a suture is inadvertently passed through the wall of the rectum. When throbbing, pain, tenderness, and local signs of infection persist beyond four days after delivery, the development of an acute fistula should be suspected. Immediate removal of the offending stitch must be carried out. Later recognition of chronic fistula is difficult and the patient may undergo perineal surgery for Bartholin's cyst, sebaceous cyst, or local abscess before the true nature of the disease is suspected

Treatment
a) **Application of Vartee (Medicated Wick):** Vartee made up of Kshara Dravya are used. By virtue of Ksharana (liquefying) property of Kshara, it removes the slough & cleans the fistulous track, thus facilitates drainage. It is

commonly used in blind tracks. Eg: Vartee made up of latex of Snuhi (Euphorbia nerifolia), Arka (Calotropis procera) along with Daruharidra (Berberis aristata).

b) **Application of Kalka (Medicated Paste):** Kalka made up of drugs like Tila (Sesamum indicum), Haritaki (Terminalia chebula), Lodhra (Symplocus racemosa), Reeta (Sapindus trifoliatus), Haridra (Curcuma longa), Vacha (Acorus calamus) etc are used.

c) **Application of Kashaya (Decoction):** Kashaya are use for washing purpose & also it reduces inflammation, pain. Eg: Triphala Kashaya, Kashaya made up of Khadira, Triphala, Guggulu, Vidanga.

d) **Application of Taila (Medicated Oil):** These are useful in controlling wound infection & promotes healing. Eg: Vishyanadana Taila, Karaviradi Taila, Nishadi Taila, Saindavadi Taila.

Parasurgical Measure

- **Rakatamokshana:** Jaloukavachrana is one of common method of Raktamokshana. It prevents suppuration of Bhagandara Pidaka. Minimizes inflammation & infection in post-operative period.
- **Agnikarma:** It is adopted in all kind of Bhagandara except Ushtragreeva. It prevents recurrence & during procedure act as haemostatic.
- **Ksharakarma:** It can be done by using sutra, Vartee, Pichu, local application in the form of paste is done. Helps in management of wound.

Discussion

Anorectal disorders are prevalent among pregnant women, understanding their relationship with pregnancy and implementing appropriate conservative management strategies can enhance maternal quality of life and prevent complication. In order to limit the incidence of symptomatic Anorectal disorders, it is crucial to avoid constipation during pregnancy, particularly after childbirth. Short-term relief of symptoms may be achieved through the use of local interventions such as sitz baths, ice, or ointments since surgery during pregnancy and in post-partum conditions is delayed due to lactational phase or fetus. Hence some conservative treatment modalities are discussed in samhitas and modern texts are discussed in paper to relieve the mysery of females and could live better life since surgeries can be performed during pregnancy and post-partum. Some abhyanga, lepa recommended can be used in postpartum conditions and some in safest treatment measures during pregnancy. Pathya and apathya can also be followed as per need and considering safety of mother and child both.

Conclusion

Anorectal disorders are common during pregnancy, but they can often be effectively managed with lifestyle modifications and conservative treatments. It is important for pregnant women to communicate with their healthcare providers about any symptoms they experience to ensure appropriate management and maintain their overall well-being. Awareness and early intervention can minimize discomfort and promote a healthier pregnancy experience. It is expected that these conservative measures can alleviate symptoms in most patients. If required, patients should receive topical treatment. For many women, most symptoms will resolve spontaneously soon after giving birth, and some cases will require an intervention during pregnancy or after delivering.

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