

Ayurvedic Management of Complete Rectal Prolapse: A Case Report

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ABSTRACT:

Rectal prolapse is the descent of the rectum through the anal canal. It is more common in elderly individuals, with predominance in females (6:1). Even though the exact cause of rectal prolapse is unknown, it is mostly seen in people with a history of chronic constipation, previous anorectal surgeries and in conditions which increase intra-abdominal pressure like multiple pregnancies etc. It may be a partial or complete prolapse (procedentia). Here in this study a case of procedentia in an 85 year old female managed with Ayurveda treatment protocol is discussed. Patient presented in the OPD with complete rectal prolapse with blood and serous discharge. The treatment protocol mentioned in *guda bramsha* is adopted here.

KEYWORDS: *Guda bramsha*, *Kshudra roga*, Rectal prolapse, *Unduru taila*.

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INTRODUCTION:

Rectal prolapse is a condition which causes extreme discomfort to patients and requires surgical intervention. In ayurveda, it can be correlated to *guda bramsha* and it is clearly explained by *Acharya Susrutha* under the context of *kshudra rogas* and in *Astanga Hridaya* as a complication of *atisara*.^[1] Rectal prolapse is a condition characterized by the descent and protrusion of the rectum through the anal canal, resulting from the loss of support from the surrounding tissues and muscles. It occurs due to weakening of the pelvic floor muscles and rectal walls

slide out of their normal anatomical position. It is more common in females than males with a ratio of 6:1^[2]. The prolapse can be classified into three types: full-thickness, mucosal and internal.

The etiology of rectal prolapse is multifactorial, with risk factors including advanced age, female sex, chronic constipation, straining during defecation and conditions leading to pelvic floor dysfunction. The pathophysiology involves a combination of factors such as anatomic changes in the pelvic floor, weakening of the

rectal suspension ligaments and reduced anorectal motility.

Clinical presentation varies with patients, often reporting a visible or palpable mass during defecation, incontinence, or rectal bleeding. In severe cases, prolapse may be persistent and symptomatic at rest. Diagnosis is primarily clinical but can be confirmed through rectal examination and imaging studies to assess the degree of prolapse and evaluate for associated pelvic floor dysfunction.

Management of rectal prolapse depends on the severity of the condition and the patient's overall health. Conservative measures such as dietary modifications, pelvic floor rehabilitation and stool softeners may be effective in mild cases. However, surgical intervention is often required for moderate to severe prolapse and may include procedures such as abdominal or perineal rectopexy or resection of the prolapsed segment or Thiersch wiring etc. Surgical outcomes generally depend on patient selection, comorbidities and the chosen technique.

According to *Susrutha Acharya*, it is considered as one among the *kshudra rogas* called *guda bramsha*. Excessive straining during defaecation or severe diarrhea is mentioned as the cause of rectal prolapse especially in persons with *rooksha* and *durbala deha*^[3]. The treatment protocol advised is to reduce the prolapsed mass gently after mild *snehana* and *swedana*. This is followed by *gophana banda* and use of *Unduru taila* both internally and externally^[4]. Various studies have been conducted on the treatment protocol of *guda bramsha* mentioned in *susrutha*. A case report in the management of *Gudabramsha* using *Unduru Taila* and *Ksharakarma* has been found to be effective^[5].

CASE REPORT:

An 85 year old female with complete rectal prolapse along with blood and serous discharge for 2 days was presented in the OPD of *Shalyatantra* on 23 October 2024. Patient had a similar incident 1 month ago but the mass reduced on its own. Patient also had difficulty in defecation and urination for 4 days. The complete prolapse occurred 2 days before along with pain, bleeding and serous discharge. Patient did not suffer from any systemic illness and was not under any medication. But the patient was underweight with a BMI of 16.1 kg/m.^[2] The blood pressure was 110/70 mmHg and pulse rate was 69 beats per minute. On general examination, pallor was present and icterus, cyanosis, oedema and lymphadenopathy were absent. Patient did not have any relevant family history. Bowel was regular but constipated.

Anorectal examination was done in the left lateral position with following findings.

Inspection:

- Circumferential mucosal protrusion around anal verge (Figure-1).
- Approximately 7 cm in length.
- Blood and serous discharge.
- Mucosa was dark red in colour.
- Tenderness: Present on palpation

Treatment Protocol:

- Manual reduction
- *Pichu dharana*
- *Matra vasti*
- *Gophana banda*

Conservative management:

Initially the mass was reduced manually and 10 ml *yasti grtha pichu* was placed internally. Daily application of *pichu* was continued for 4 days. Then infiltration was done with 5 ml *yasti grtha* for 5 days and with 5 ml of *yasti gritha* and 5ml *unduru taila* for 3 days. Internal medicines were prescribed during this local management as mentioned in table-1.

Table-1: Internal medications:

Date	Medicine name	Dose
23/10/24	<i>Triphala Guggulu</i>	1-1-1 A/C
	Cap. <i>Gandaka Rasayana</i>	1-0-1 P/C
25/10/24	<i>Vidaryadi Kasaya</i>	90ml -0- 90ml A/C
	<i>Gorochanadi Gulika</i>	1-0-1 with <i>kasayam</i>
	<i>Sidha makaradwaja</i>	1-0-1 P/C
26/10/24	Visab Powder	1 tsp HS
28/10/24	<i>Chiruvihwadi Kasaya</i>	90ml -0- 90ml A/C
	<i>Vidaryadi Gritha</i>	1 tsp -0- 1 tsp A/C
	<i>Dhamwantaram Taila</i> 101A	15° -0- 15°
	Visab powder	½ tsp -0- ½ tsp
30/10/24	Shallot fry with ghee	

Table-2: Observations:

Parameters	Before treatment	After treatment
Mass per rectum (size)	Present (~ 7 cm)	Absent
Constipation	Present	Absent
Appearance of mucosa	Inflamed	Normal

**Figure-1: Complete rectal prolapse****Figure- 2: After Reduction****RESULT:**

The mass was completely reduced and pain, bleeding and discharge completely subsided (Table-2). The prolapsed rectum was completely resolved (Figure-2) Patient was advised to continue infiltration with 5ml *yasti grtha* + 5ml *unduru taila* daily, also

advised to avoid straining and strenuous work.

DISCUSSION:

In Ayurveda, Acharya *Susruta* has proposed the line of conservative management as repositioning of prolapsed rectum after mild sudation and oil application followed

by mechanical support for the ano-rectal region by special leather bandage (*Gophana banda*). *Susruta* also stresses on *vata* alleviating treatment through the local and oral use of *Unduru taila*. Here in this case also similar management has been done. Even though complete prolapse requires surgical management, the age, nutritional status and overall health of the patient makes the surgical intervention more risky. Hence appropriate conservative *ayurvedic* management is ideal in this patient.

Initially the patient presented with blood and serous discharge with ulceration of mucosa. In order to curb these inflammatory changes, *Triphala guggulu* and *Gandaka rasayana* was given. *Vidaryadi kasaya* is *vata pitha* haram and *brubmana* which in turn help in muscle strengthening. *Dhamwantara taila* helps in strengthening of muscles and also for *vata* alleviation. *Visab* powder helps in softening and increasing the bulk of faeces and thereby prevents straining.

Here the treatment protocol adopted is manual reduction, *pichu dharana*, *matravasti* and *gophana banda*. After manual reduction, *pichu* is applied which helps in the cellular absorption of the medicine and thereby reduces the *rookshatha* and inturn causes regulation of *vata*⁶. *Pichu* acts locally and helps to reduce inflammation and *snigdha guna* of *taila* helps in strengthening of the musculature. *Matra vasti* helps in *brbmana* and *vata* alleviation and administration through the anal route helps in faster absorption. *Unduru taila* contains *flesh of mouse* as an ingredient, which helps in *mamsa dhatu vridhi* and tones up the anal sphincters and gives strength to rectum⁷. *Gophana banda* provides support and also it has opening in the center which helps in smooth passage of faeces and flatus.

CONCLUSION:

Rectal prolapse is a debilitating condition and various surgical procedures have different disadvantages. Ayurveda can play an important role in management of rectal prolapse with minimal invasive techniques, shorter hospital stays and is economical. Regulation of bowel habits and change in diet can also be beneficial.

Consent of patient:

The consent of the patient has been taken for publication and procedure without disclosing the identity of the patient.

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