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Evaluating the Importance of *Bahya* and *Abhyantara Prayoga* of *Mushika Taila* in Complete Rectal Prolapse: A Case Study

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ABSTRACT

Ayurveda, appropriately addressed as the 'science of life' accurately answers many arduous health issues and aids human beings to lead a healthy and a happy life. Complete rectal prolapse, apprehended and acknowledged as *'Guda bhramsha'* in the classics of *Ayurveda* is an exemplification of the same. This noteworthy case study of complete rectal prolapse in an elderly patient, treated in accordance with the classical line of management with *Snehana, Swedana, Anuvasana* with the incorporation of *Mushika taila,* a special oil prepared with *Anthravarjitha Mushika mamsa* emerges as an example of the authenticity of this great science. Complete reversal of the symptoms, even though for a brief period of time, establishes the realisms of classics and demands further apprehension and analysis.

KEYWORDS

Gudabhramsha, Rectal Prolapse, Mushika Taila, Ayurveda, Classics

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INTRODUCTION

Ayurveda, the ancient Indian art of holistic medicine, has immensely contributed to the field of medicine through its numerous, unique concepts. Among the various unique concepts put forth by the science, the explanations and exemplifications about the '*marma shareera'* or 'the science of vital points and delicate structures of the body' are exceptionally essential elements of today's 'surgical anatomy' or 'applied anatomy'. The most comprehensive, conclusive definition of *'marma'* as cited by *Acharya Sushrutha*, the father of surgery, states that *'Marma'* is the conglomeration of the five elements of the body, namely – *Mamsa* (muscles,flesh), *Sira* (blood vessels; arteries and veins), *Snayu* (ligaments, tendons, nerves), Asthi (bones) and *Sandhi* (joints). As a natural phenomenon the *Pranas* (the life elements) are seated at these places of conglomeration. Therefore, any injury to these places leads to serious consequences depending on the structure or structures predominantly involved in the *marma*.' Among the 107 *marmas* enumerated by *Acharya Sushrutha*, *Guda* is considered as one of the *Sadhyo pranahara marma* (the injury to which causes sudden death) and *Mamsa marma*[1].

The classics of Ayurveda, while describing the formation of the organs of the human body opine that '*Guda'* is formed by the *prasada bhaga* of *asruk* and *shleshma* due to *paka* with *pitta*. Furthermore, at that instance of time *vayu* will enter inside and *guda* is formed along with *antra*[2].

***Gudabhramsha* / Rectal prolapse:**

According to *Acharya Sushrutha*, the term *'gudabhramsha'* means *guda nissarana* i.e., the 'protrusion of rectum'[3].

Acharya Charaka mentions the word *Gudanissarana* in the context of *pippalyadi anuvasana tailam* while explaining its utility[4].

The classics of Ayurveda describe, delineate 'complete rectal prolapse' in various contexts such as *Arshas* and *Atisara*. Few *Acharyas* elucidate the same under *Kshudra rogas*.

Complete rectal prolapse or procedentia is a clinical condition where the rectum comes out of the anus, containing all the layers of rectal wall. It is a descending sliding hernia. Usually this type of prolapse will be in between 3.75 cm and 10 cm in length. When this prolapsed part is palpated between thumb and finger, double thickness of the entire wall of the rectum can be felt throughout the prolapse. A large prolapse may contain even coils of small intestine.

Complete prolapse is less common in children and more common in elderly patients. Women are five times more prone to the condition, many times associated with uterine prolapse[5]. The causes and also the predisposing factors for complete rectal prolapse can be encapsulated as:

- history of difficulty in defecation, constipation (noted in almost two third of the cases)
- laxity of the anal sphincters
- repeated birth injuries to the perineum, damage to nerve fibres in elderly women especially multipara
- ineffectual supports of the rectum as the result of excessive straining
- Defective collagen maturation there by reducing rectal support by levators and pelvic fascia.
- presence of deep recto vesicle pouch and excessive mobility of the rectum
- initiation by intussusception due to factors like diarrhoea, constipation and the disorders of the pelvic floor

Further, the features of rectal prolapse can be apprehended and analysed as;

- constipation; an important feature
- excessive mucus discharge causing irritation to the perianal skin
- descending of rectum upon straining during defecation ; the characteristic feature
- varied degree of incontinence of the faeces and flatus which gives rise to urgency and perianal soiling ; an accompanying feature
- by conducting rectal examination the clinician can make out lax anal sphincter and wide gaping on straining[6].

CASE STUDY

The client aged about 80 years approached the Division of Ayurveda, CIMR, Manipal University, Manipal with complaint of protrusion of the rectal wall for the past few days and inclination towards obtaining *Ayurvedic* treatment for the same. The patient was diagnosed as a case of complete rectal prolapse. Evaluating the complexity of surgical intervention at his age the client had approached our department for alternative conservative line of management.The complaints and concerns of the client included:

- feeling of heaviness, mass per rectum
- retention of urine and faecal matter when prolapsed mass is not reduced
- constipation
- varied appetite
- disturbed sleep

Initially, the mass per rectum was felt whenever he went out to defecate and would

automatically get reduced on lying down or on taking rest. Later, with the progression of time, the mass used to remain outside after defecation and there was no change even on lying down. It had to be reduced digitally. Further, the symptom worsened so much, that the mass [prolapse] could be noticed even when he went out to urinate. This has aggravated his annoyances and has affected his sleep desperately.

Findings of Clinical examination:

- Complete prolapse of the rectum with mucus discharge
- Rectum - reducible digitally
- Rectum – effortlessly pops out with the exertion of slightest pressure on abdomen (e.g., while coughing , micturating, in standing position)
- rectal wall appeared to be healthy, without any evidences of ulceration

Diagnostic focus and Assessment:

The case was diagnosed as that of complete rectal prolapse i. e., *Procedentia* and was thus corroborated clinically. [Figure 1]

Figure 1 Before treatment

Therapeutic focus and Assessment:

Therapeutic modalities and medicines prescribed for initial 7 days;

- *Katee - prishta abhyanga* with *Dhanwantaram taila* and *abhyanga* of *guda* with *Pippalyadi anuvasana taila*[7] *Avagaha sweda* with *Triphala* and *Asanadi kwatha* for 15- 20 minutes
- *Anuavasana vasti* with *Pippalyadi anuvasana taila* 75 ml

Partial improvement in the symptoms was noted.

As the client had developed hard stools in the due course of time, he was administered *Matra vasti* with *Sukumara Ghrita*[8] 75 ml, for three days.

Appreciable improvement in the bowel movement was observed.

- Application of *Mushika Taila*[9] to *guda* (the prolapsed part of the rectum)
- *Varthi / Pichu pranidhana* – cotton / gauze dipped in *Mushika taila* was placed in the anal orifice after digitally reducing the prolapsed part.[Figure 2]

Figure 2 Mushika Taila pichu pranidhana

Significant improvement was noticed at around the third day of the treatment. However, the treatment was continued for 10 days. At the end of the 10th day, absolute reversal of the symptoms was noticed [Figure 3].

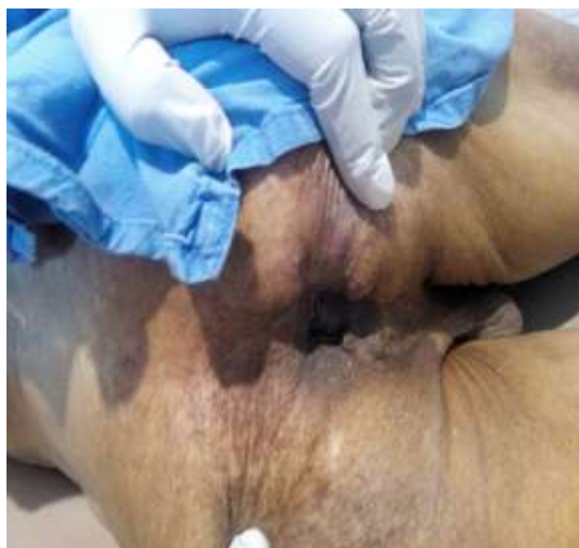

Figure 3 After ten days of therapy

And also, there was considerable improvement in the tone of the rectal wall and the anal sphincter. The 10 days therapeutic regimen was followed by administration of internal medication. The medicines prescribed included:

1. *Changeryadi Ghritha* 1 spoon bd before food[10].
2. *Mooshika taila* 10 drops with milk two times on empty stomach morning and evening.
3. The client reported back to the department after a week. At that visit he stated that he could not find any mass per rectum during that week and his complaints of constipation and disturbed sleep had improved. However, the client complained of excessive hunger, especially during evening hours and occasionally during midnight. He said that he could not resist himself from consuming whatever was readily available at that time. The client was given diet advice to have healthy homemade diet to handle his hunger.

At his next visit to the department after a week, the client reported with previous complaints and concerns of mass per rectum (rectal prolapse). He revealed the fact that during that week, he had consumed a lot of biscuits, bread and such other baked food items to satisfy his intense hunger. The client was again put on the previous therapeutic modalities such as *Sthanika Abhyanga, Avagaha Sweda, Matra Vasti* with *Sukumara Gritha, Guda varti/pichu pranidhana*, during the course of which the symptoms persisted even after 7 days of the treatment, unlike the earlier sitting. Due to inconvenience in attending regular treatment at the centre, the client discontinued the treatment. However, on his request he was advised oral medication.

The oral medication included;

1. *Changeryadi Gritham*- one spoon two times before food

2. *Mooshika taila* externally for application and ten drops internally with milk on empty stomach.

Method of preparation: *Mushika taila*:

Ingradients:

- *Kalka dravya – Bhadradarvadi gana dravyas*[11]

1. Bhadradaru (cedrus deodara),
2. Nata, - tagara Valerian wallichi DC.
3. Kustha (saussurea lappa).
4. Dashamula,
5. Bala (bala and atibala),

- *Drava dravya – Mahath panchamoola ksheerapaka* prepared with *Anthravarjitha Mushika mamsa*
- *taila – tila taila*

Ksheerapaka was prepared by boiling 8 *pala* of *Mahath Panchamoola*, 8 *pala* of *Antravarjitha Mushika mamsa* in 2 *prastha dugdha* and 6 *prastha jala* and reducing it to *ksheravashesha*. Later, *Taila paka* was done.

DISCUSSION

The management of rectal prolapse medically is of limited scope while the issue of its surgical correction is of immense importance. The medical management includes stool bulking agents or fibre supplementation to ease process of evacuation, digital repositioning, sub mucous sclerosant injection leading to aseptic inflammation and fibrosis. Considering the surgical correction, Theirsch's operation and Delorme's operation are customarily conducted[12].

However, complications like infection, bleeding, intestinal injury, constipation, alteration of bladder and sexual function are common while the restoration of anal incontinence is unpredictable.

Acharya Sushrutha, while discussing the management of *Arshas*, has impressively illustrated *Shastra karma, Kshara karma* and *Agnikarma* as the three therapeutic procedures of paramount priority. He has rightfully mentioned the requirement of mandatory care and expertise while carrying out the procedures, the lack of which can result in complications like blockage of urine and faeces, impotency, excessive bleeding etc. Also, he never forgets to mention that *bhramsha* [*gudabhramsha*] is a highly complicated condition to handle. *Bala* and *vaya* of the patient are said to play a very vital role in considering the credibility of the conservative line of management over the surgical intervention.

While dealing with the context of *Gudabhramsha* in *Kshudraroga chikitsa,* Acharya *Sushrutha* indicates *Snehana*, *Swedana* and right replacement of the *Guda*

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followed by Gophana bhandha. But, this is a special type of Gophana bhandha with a *Charma pattaka* , having a hole at the centre at anal orifice for the exit of flatus. Repeated Swedana and use of *Mushika taila* are explained here[13]. Along with *Snehana*, in cases of *Arshas* associated with *shotha* and *shula*, the role of *Avagaha swedana* has been highlighted

Astanga Sangraha explains *Anuvasana* with *Pippalyadi tailam*[14].

Bhiashajya Ratnavali explicates *Gudabhramsha chikitsa* with *Snehana*, replacement of *Guda* to its original position, followed by *Swedana*. And also, the medicines prepared out of *vrikshamla, changeri, shunti, pata, yavakshara* etc are said to be beneficial. *Vasa* of the cow or *mushika* is advocated for application over the prolapsed rectum and it is claimed to cure the disease permanently. *Mushika mamsa sweda* is also indicated [15]. In brief, the classics delineate the importance of *bahya snehana* , *snighdha swedana* , *anuvasana vasti* and *bandhana* in the management of *Gudabhramsha*.

In the current case, considering the *vaya* and *bala* of the patient , surgical intervention was completely ruled out. Initially external application with *pippalyadi taila* and *anuvasana* were, incorporated, considering the *srava* in the *guda padesha*. Later, considering the manifestation *vata prakopa lakshanas* and *vibhandha* , *anuavasana* with *Sukumara Ghritha* was started. *Avagaha sweda* with *Triphala* and *Asanadi kwatha*, during the course of anuvasana was aimed at reducing the *shotha* and inducing *sthambhana* of prolapsed *guda*.

Almost all the texts emphasise the use of *vasa* in the treatment of *bhramsha*, with special emphasis being given to *Mooshika taila*. Hence, the present client was treated with *Mooshika taila*, prepared as described in *Bhaishajya ratnavali.* The client showed remarkable response in the first sitting of the treatment. There was complete reversal of the symptoms and even increase in the tone of rectal wall. However, the symptoms might have relapsed as the consequence of improper diet, life style and age factor. And also, he was unable to continue the treatment for a longer duration due to personal reasons.

CONCLUSION

Within the short treatment span, follow up and assessment it can be well stated that *Ayurvedic* therapeutic modalities, in terms of *Mushika taila prayoga* can make tremendous impact in the treatment of *Gudabhramsha*.

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