EFFECT OF KASISHADI TAIL WITH SPECIAL REFERENCE TO MUCOSAL PARTIAL RECTAL PROLAPSE I.E. GUD BHRANSHA - A CASE STUDY

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ABSTRACT

Rectal prolapse is a protrusion of mucous membrane of the Rectum from outside the anal verge with membrane or without membrane. It can be a partial or complete. This condition is common in children and elderly patients. There are two types of treatment of rectal prolapse are conservative and surgical. The type of treatment of rectal prolapse depends on severity of disease. A clinical study was conducted on patient of partial mucosal rectal prolapse/gudbhransh with an elderly patient disease to evaluate contraction effect of Kasish (green vitriol) tail which traditionally practical in rural areas of Rajasthan India on the basis of survey. The aim and objective of this study was to evaluate the contraction effect of Kasish tail with honey and shubhra over prolapsed rectal mucosa. Which was successfully treated by conservative ayurvedic management Gudbhransh/rectal prolapse is treated in line of treatment of ayurveda as complication of Atisar after assessing the dosha predominance based on sign and symptoms by the oral route for correcting the doshas involved in it and by the Kasisadi tail with honey by anal route for correct prolapse locally. The case result confirms that rectal prolapse can be managed effectively with Ayurvedic treatment in short duration of time.

KEYWORDS: Kasish Tail, honey, shubhra, rectal prolapse, gudbhransh.

INTRODUCTION AND IMPORTANCE OF THE MUCOSAL RECTAL PROLAPSE I. E. GUD BHRANSHA

- Gud Bhransha/Rectal prolapse is most common in children, elderly patients, females with Torn perineum. It is afflicting mankind from ancient period & equally spreaded all over the world.
- In Indian society children are low birth weight, weak, malnurished and are complained with intestinal worms, persons who have constant constipation or diarrhoea. Females with Torn perineum, weakness, Anemia and elderly people with low immunity & age factor relaxes the pelvic muscles & anal sphincters thus increasing the chances of prolapse. Due to all above parameters surgery is contraindicated in prolapse.
- In surgical done success rate of surgical procedures in Rectal prolapse very low as reoccurrence or relapse rates are high and it does not correct the defect.
- Above Senirot compulsate whole world towards scientist Ayurved approach in treating Rectal prolapse.

Gud Bhransha/Rectal Prolapse is protrusion of the mucous membrane or the entire rectum outside the anal verge.[1]

परिशिष्टा Æ गुदब्ह्रान्सा — गुदब्ह्रान्सा निदानं
प्रवाहातितसारायं निर्ग्रहति गुदव बहेः।
क्षायुद्धलेहस्य तं गुदब्ह्रान्समाधानं।[2]

AIMS AND OBJECTIVES

To evaluate the efficacy of kasisjadi oil, Subhra and Honey in the management of mucosal partial Rectal prolapse.

MATERIAL AND METHODOLOGY

- Design of the study
  A clinical study was design on conceptual literature review, as Kasisjadi oil is used in Bleeding & prolapsed mass of haemorrhoids, is as beneficial as in mucosal partial Rectal prolapse. Kasisjadi oil, Subhra & Honey are available very easily & broadly in every place.
Material used
In the present study following drugs were utilized.

Kasishadi oil: It was prepared with Mineral drugs kasisha, Manasila, Hantaal along with saindhava levana and Gomutra and herbal drugs—langali, Kashta, shunti, pippali, Ashwamara, Vidanga, Chitraka, Druma, Danthi, Koshathuki Beeja, Hemulva, Snuhi, Processed in Tila Taila as per the standard Taila preparation methods.\(^3\)

(2) Subharal/Sphatikal/Alum (K\(_2\)SO\(_4\), Al\(_2\) (SO)\(_3\), 2H\(_2\)O)
(3) Honey

Method of preparation
Kasishadi taila Basti was prepared hypothetically. Kasishadi (\(=10\)ml), (Subharal=1/2-1gm), Honey (=5gm) Were added carefully and mixing continued so as to have uniform Basti Darvya. It was made lukewarm by keeping it into hot water.

Time of Administration
Kasishadi Basti administered in the morning hours empty stomach followed by T Bandage (Gofhiana Bandh).

Duration
Daily for nearly one month.

CASE HISTORY
Source
Male patient, Age 40 yr fulfilling the sign & symptoms of diagnostic criteria of Gud Bhransha (Mucosal Partial Rectal prolapse) having Registration no. 58184 was selected from OPD & IPD section university college of Ayurved, Jodhpur.

Chief Complain
- Bleeding per rectum drop by drop for few minutes since 2 weeks.
- Something coming out from anus since 4 weeks.
- Sticky discharge from anus since 4 weeks.
- Pain, Itching & Burning sensation after defecation since 6 month.
- Constipation since 1 year.

On Examination
Patient was found partial mucosal rectal prolapse with moderate size of prolapsed mass.

Investigations
Routine hematological test like CBC (Hb\%, Total count (TC) Differential count (DC), Platelets), Erythrocyte sedimentation rate (ESR), Random bloog sugar (RBS), coagulation Time (CT) Bleeding Time (BT), HIV, HBSAg were carried out to assess the condition of the disease. All were come in normal limits.

Diet and restriction
Patient was advised to avoid over eating, repeated food, heavy food intake, spicy, and oily food, hence proper light food was given. Patient was asked to avoid constant straining during defecation and suppression of urges i.e. stool.

Assessment Criteria
The following parameters were assessed before and after the treatment.

Subjective Parameters
Pain, Itching & Burning Sensation, Mucous discharge, constipation, Bleeding.

Objective Parameters
Degree of partial rectal prolapse, Size of prolapsed mass.

OBSERVATION AND RESULT

<table>
<thead>
<tr>
<th></th>
<th>Before Treatment</th>
<th>After treatment</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>moderate Pain</td>
<td>No Pain</td>
</tr>
<tr>
<td>2</td>
<td>moderate Itching &amp; Burning sensation</td>
<td>No Itching &amp; Burning sensation</td>
</tr>
<tr>
<td>3</td>
<td>Mod. Mucous discharge</td>
<td>No mucous discharge</td>
</tr>
<tr>
<td>4</td>
<td>Mild bleeding in few drops</td>
<td>No Bleeding</td>
</tr>
<tr>
<td>5</td>
<td>moderate Constipation</td>
<td>No constipation</td>
</tr>
<tr>
<td>1</td>
<td>Moderate prolapsed</td>
<td>No prolapse</td>
</tr>
<tr>
<td>2</td>
<td>Mod. Size of prolapsed mass</td>
<td>Reduced prolapsed mass</td>
</tr>
</tbody>
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DISCUSSION (PROBABLE MODE OF ACTION)

Gud Bransha is 'Vata vikara' with Mamsa Dhatu Dushti and for this Basti oil is best treatment.

Kasishadi Taila possess ushna, teekshana quality which acts as vata anuloman & vata kafa hara thus manifesting in the decrease of constipation by reducing straining during defecation as well as the local inflammation by reducing itching & pain.

Kasisha having varanaropana action, manashila & saindhava was also beneficial in reducing burning sensation & bleeding similarly Kasisha kasheyata Rasa induces sandhana karma will have effective
healing & rakta sandana property thus reducing the bleeding and mucous discharge.

- Kasisadi taila having kasish, manashila and gomutra with kafavata hara property & majority of durgs having ushna teekshna veerya, rakta vikara shamana, vranaropana qualities acts against the KV dosha & are absorbed through rectal mucosa & thus observed to beneficial in reducing mucosal discharge, prolapse as well as size of prolapsed mass.

- Subhra/Sphatika powder is an Ayurveda formulation having contraction effect & also helpful in treating of hemorrhage & other bleeding disorder (Haemostasis) for purpose of coningulation (vaso-contraction). Thus inahnce Kasishadi tail property for reducing bleeding & rectal prolapsed mass via its contraction effect.\[^{6}\]

- Honey Varanaropana (wound heading) posess antibacterial wound cleansing, wound healing properties. Honey is hygroscopic in nature with PH of 3.2-4.5 prevents colonization & bacterial growth in tissues due its acidic nature. "Yogavahi Param Madhu"\[^{7}\] Due to its Yogavahi Guna, Honey inahnce Kasishadi Tail property.

CONCLUSION

Gud Bransha a commonest ano-rectal disorder commonly seen in children & elderly people. The clinical signs & symptoms of the Gud Bransha can be compared to partial mucosal Rectal prolapse of modern science. In all case of subjective & objective parameters of Gud Bransha Kasishadi Basti was found more beneficial rather than other methods. Although more wide & elaborate multi centric study with large sample size is required for authentication.

REFERENCES

4. Ras Tarangini, 21/241.
7. Ch. Sut, 27/249.