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RISK FACTOR AND MANAGEMENT OF RECTAL PROLAPSE (GUDBHRAMSA) IN CHILDHOOD PERIOD

VARSHA SAXENA* AND NIRAJ SRIVASTAVA**

Declaration

The Declaration of the authors for publication of Research Paper in The Indian Journal of Research Anvikshiki ISSN 0973-9777 Bi-monthly International Journal of all Research: We, *Varsha Saxena and Niraj Srivastava* the authors of the research paper entitled RISK FACTOR AND MANAGEMENT OF RECTAL PROLAPSE (GUDBHRAMSA) IN CHILDHOOD PERIOD declare that , We take the responsibility of the content and material of our paper as We ourself have written it and also have read the manuscript of our paper carefully. Also, We hereby give our consent to publish our paper in Anvikshiki journal , This research paper is our original work and no part of it or it's similar version is published or has been sent for publication anywhere else.We authorise the Editorial Board of the Journal to modify and edit the manuscript. We also give our consent to the Editor of Anvikshiki Journal to own the copyright of our research paper.

Abstract

Rectal prolapse or procidentia, is a bulging of all layers of the rectal wall through the anal canal to the external environment. It was first described in Ebers Papyrus as early as 1500 BC and is a condition that is most common in children under 2 years and the elderly. In children the condition most often involves only the mucosa and is therefore referred to as partial prolapse, which frequently draws back spontaneously. In children it is associated with a variety of diseases such as diarrheal disease, ulcerative colitis, chronic constipation, malnutrition, Hirschsprung's disease, meningomyelocele, pertussis,rectal polyps,and surgical repair of anorectal anomalies. Treatment of the associated diseases usually resolves the problem. The prognosis generally is good with appropriate treatment. Spontaneous resolution usually occurs in children. Patients with rectal prolapse who are aged 9 months to 3 years, 90% will need only conservative treatment.No optimal or standard procedure for treatment of rectal prolapse in children exists. It is usually managed conservatively by avoiding excessive straining at defaecation, avoidance of squatting position, proper bowel training and eliminating precipitating factors like diarrhea, polyps, constipation etc. In Ayurveda Sushruta has described Gudbhramsa under the heading of Kshudraroga butCaraka has described Gudbhramsa in the chapter of Vamanavirechanavyapat in Siddhi sthana as a complication of samsodhanachikitsa by the name of Vibhramsa. AcharyaVagbhatta has described Gudbhransa in the context of Atisarachikitsa.

Key words; Rectal prolapse; children; Risk factors; Ayurveda

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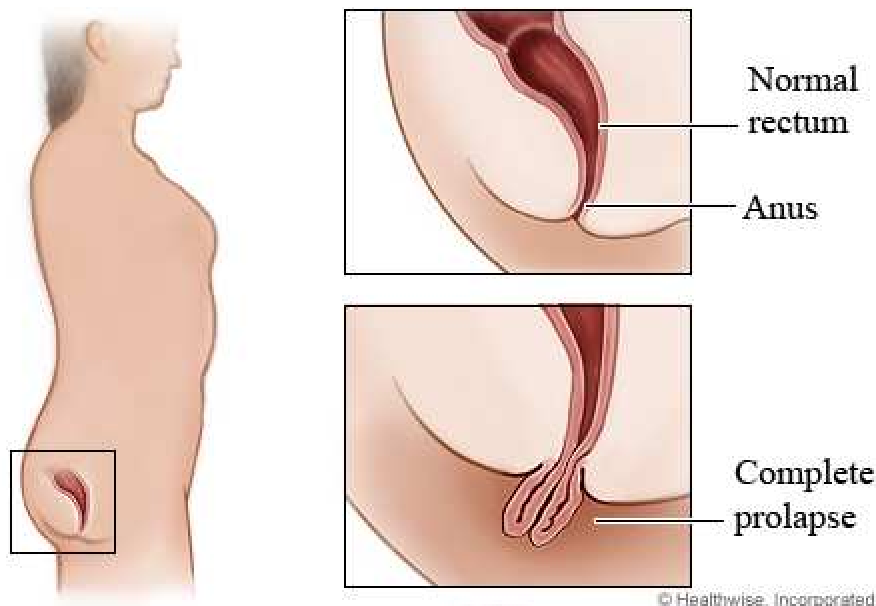
Introduction

Rectal prolapse was described as early as 1500 BC. Rectal prolapse occurs when a mucosal or full-thickness layer of rectal tissue protrudes through the anal orifice.[1] The most common form of rectal prolapse is idiopathic, where no definite cause for prolapse could be found [2]. This condition has a chance to resolve spontaneously as the child grows. The time duration for spontaneous resolution is variable and it may persist for monthsto years [3].Other conditions that predispose to prolapseare myelomeningocele, exstrophy of bladder,parasitic infestation, malnutrition etc.[4] In westerncountries cystic fibrosis is the common cause of rectal prolapse. Rectal prolapse seldom occurs in children who do not have an underlying predisposing condition and usually occurs between infancy and four years of age, with the highest incidence in the first year of life [5,6]. During childhood, rectal prolapse occurs with equal frequency in boys and girls [7,8].

Rectal Prolapse



(Ref:-http://www.webmd.com/digestive-disorders/rectal-prolapse)

Three different clinical entities are often combined under the umbrella term rectal prolapse:

- Full-thickness rectal prolapse
- Mucosal prolapse
- Internal prolapse (internal intussusception)

Terminology

Prolapse refers to “the falling down or slipping of a body part from its usual position or relations”. It is derived from the Latin pro- - “forward” + labi - “to slide”.[9]

Prolapse can refer to many different medical conditions other than rectal prolapse. Procidentia has a similar meaning to prolapse, referring to “a sinking or prolapse of an organ or part”. It is derived from

the Latin word - "to fall forward".[10] The term prolapse of rectum implies a circumferential descent of the bowel through the anus. If this involves only mucous membrane, the conditional is said to be one of incomplete or mucosal prolapse. If the entire thickness of the rectal wall is extruded the term complete prolapse or procidentia is used.

Ayurveda refers rectal prolapse as 'Gudabhramsa'. Guda means anus / rectum. Bhramsha refers to dislocation or dislodge, moved away from its main site .In Ayurveda Sushruta has described Gudbhramsa under the heading of Kshudra roga but Caraka has described Gudbhramœa in the chapter of Vamanavirechanavyapat in Siddhi sthana as a complication of samsodhanachikitsa by the name of Vibhramsa. AcharyaVagbhatta has described Gudbhramsa in the context of Atisarachikitsa

Epidemiology

Age related demography; Rectal prolapse usually affects children between 1-3 years of age, with the peak incidence in the first year of life a time. During this time period rectal mucosa is loosely attached to the underlying muscularis and flattening of sacrum, which predispose to prolapse. It is also the time of learning to develop continence [11,12]. The incidence of prolapsed rectum in children with cystic fibrosis approaches 20%.

Sex related demography; In the adult population, the male-to-female ratio is 1:6. Although in adults women account for 80-90% of cases, in the pediatric population, incidence of rectal prolapse is evenly distributed between males and females.[13]

Pathophysiology

Two competing theories of rectal prolapse evolved in the twentieth century. Alexis Moschcowitz proposed in 1912 that rectal prolapse was caused by a sliding herniation of the pouch of Douglas through the pelvic floor fascia into the anterior aspect of the rectum. His theory was based on the fact that the pelvic floor of prolapse patients is mobile and unsupported and the observation that other adjacent structures can occasionally be seen alongside the rectal component of the prolapse. With the advent of defecagraphy in 1968, however, Broden and Snellman were able to show convincingly that procidentia is basically a full-thickness rectal intussusception starting approximately three inches above the dentate line and extending beyond the anal verge. Both explanations take into consideration the weakness of the pelvic floor in rectal prolapse cases, the concept of herniation, and the observation that there are abnormal anatomic features that characterize this condition.

Risk factors

The most frequent underlying risk factors are chronic constipation, acute diarrheal disease and cystic fibrosis.Rectal prolapse occur in association with underlying anatomic defects, including meningomyelocele, imperforate anus repair are usually present with one or more of the following: a mass effect, obstructed defecation, fecal incontinence, and hematochezia.[14] Rectal prolapse may be also associated with anatomical abnormalities including loose attachment of the rectum to the sacrum, lax lateral ligaments, redundant sigmoid colon, patulous anus and diastasis of the levatorani muscles. In addition functional defecation disorders and prolonged straining associated with constipation are noted to be frequent causes for prolapse in children[15] and family history of RP or gastrointestinal (GI) diseaseAs many as 50% of prolapse cases are caused by chronic straining with defecation and constipation.

Other risk factors include the following:

- Pregnancy
- Previous surgery
- Benign prostatic hypertrophy
- Chronic obstructive pulmonary disease (COPD)
- Pertussis (ie, whooping cough)
- Pelvic floor dysfunction
- Parasitic infections – Amebiasis, schistosomiasis
- Neurologic disorders - caudaequina syndrome, spinal tumors, multiple sclerosis
- Disordered defecation (eg, stool withholding)

Mucosal prolapse occurs when the connective tissue attachments of the rectal mucosa are loosened and stretched, thus allowing the tissue to prolapse through the anus.

In Ayurveda AcharyaSushruta has mentioned in the context of VatavyadhiNidanam that Apanavayu which remain present in the Pakwashaya is responsible for normal function of Vasti and Guda. This Apanavayu on being vitiated gives rise to various Anorectal diseases [16]. Exact etiology has been explained for the first time by Sushruta. According to Sushruta, Gudbhramsa is a disease in which patient is weak and lustureless and due to excessive diarrhea or straining during defecation, internal part of guda comes out.

Signs & Symptoms of rectal prolapse

Signs and symptoms include:

a) History of a protruding mass.
b) Degrees of fecal incontinence, (50-80% of patients) which may simply present as a mucous discharge.
c) Constipation (20-50% of patients) also described as tenesmus (a sensation of incomplete evacuation of stool) and obstructed defecation.
d) Feeling of bearing down.
e) Rectal bleeding
f) Diarrhea and erratic bowel habits.

Initially, the mass may protrude through the anal canal only during defecation and straining, and spontaneously return afterwards. Later, the mass may have to be pushed back in following defecation. This may progress to a chronically prolapsed and severe condition, defined as spontaneous prolapse that is difficult to keep inside, and occurs with walking, prolonged standing, coughing or sneezing (Valsalva maneuvers). A chronically prolapsed rectal tissue may undergo pathological changes such as thickening, ulceration and bleeding.According to Sushruta clinical features of gudbhramsa (Pravahana, Atisara, weak & emaciated body of person lack of ischiorectal fat) are very similar to rectal prolapse

Management of Rectal prolapse in Modern sciences

Rectal prolapse in children can be managed conservatively in most cases. Non operative management attempts to avoid straining and alter the stool disorder that led to prolapse. The conservative approach attempts to identify any underlying condition, which is constipation in most cases, and minimize straining at defecation, which is a common precipitating factor for rectal prolapse. In patients with diarrhea and constipation, rectal prolapse resolved when the stool pattern returned to normal. In patients with cystic

fibrosis, episodes of rectal prolapse are not seen after the initiation of pancreatic enzyme supplementation[17].Surgery has occasional role in the treatment of rectal prolapse. It varies from sclerotherapy to variety of surgical procedures [18,19]. Usually sclerotherapy with or without combination of Thiersch's ligature is recommended due to its technical simplicity, short hospital stay, rapid healing with no complications [20,21].

Management of Rectal prolapse in Ayurveda

According to Sushruta, Caraka, Vagbhatta, both oral and local treatment was described. Sushruta has advised to reduce prolapse part digitally after local lubrication (snehana) and hot fomentation (swedan). After this Gophanabandha or T-bandage is apply. Much single and compound preparation can be used in rectal prolapse

a) Single herbs used in rectal Prolapse :

1 Changeri(Oxalis corniculata)
2 Lodhra(Symplocosracemosa)
3 Ashoka – (Saracaasoka)
4 Bola - (Commiphora myrrh)

b) Compound preparation indicated in Rectal prolapse:

1 Changerighrita
2 Lodhrasava
3 Bola parpati
4 Aravindasava

Summary and conclusion

Rectal prolapse (prolapse of the rectum) is an uncommon health complaint. But, it is very essential to know the severity, causes and preventive measures of this illness. It may be caused in any stage of life. Most commonly infants and old aged people suffer from this. Ayurveda refers rectal prolapse as 'Gudabhramsa'. Guda means anus / rectum. Bhramsha refers to dislocation or dislodge, moved away from its main site.Constipation or diarrhea are main cause of rectal prolapse so it should be treated immediately. Rectal prolapse in children can be managed conservatively in most cases. Non operative management attempts to avoid straining and alter the stool disorder that led to prolapse. Rectal prolapse have good prognosis.

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