

## **ROLE OF VRIKSHAAMLADI CHURNA AND MADHURAAML VARGA SHRIT SARPI IN THE MANAGEMENT OF GUDBHRAMSHA W.S.R. TO PARTIAL RECTAL PROLAPSE**

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### **ABSTRACT**

Conventionally, numerous operative treatments have been proposed and are being extensively used for the management of Gudabhramsha, as Sclerotherapy, Thiersch's procedure, Delormes operation, Well's, and Ripstein operation etc. But all these procedures are costly, having complications and recurrence rate is more. Acharya Sushruta explained Madhuraamla Varga Shrit Sarpi and Chakradatta explained Vrikshaamladi churna as one of the treatment modalities for Gudabhramsha. So, the present study was planned to study the effect of Madhuraamla varga shrit sarpi(Basti) and Vrikshaamladi churna(Abhyantar pryog) in the management of Gudabhramsha. A

pilot study was conducted on total 30 subjects, selected randomly, with any ages irrespective of sex, religion etc. from OPD/IPD Shalya tantra, Madan Mohan Malviya Govt. Ayurvedic college hospital udaipur and Mottichohtta Govt. ayurvedic hospital udaipur, Rajasthan. The subjects were treated with Madhuraamla varga shrit sarpi(basti) and Vrikshaamladi churna(abhyantar pryog). Duration of the trial was 1 months including follow-ups. Results were analyzed statistically, and extremely significant improvement was observed in prolapse of rectal mucosa (SD- 0.74, SE- 0.19, p <0.0001) and Extremely significant result in sphincter tone (SD-0.45, SE-0.11, p<0.0001. Basti procedure which requires minimum hospital stay. No adverse effects were reported by any of the patients during the course of

treatment. In this way Madhuraamla Varga shrit Sarpi Basti with Vrikshaamladi churna Abhyantar pryog is considered efficient in the treatment of Gudabhramsha.

**KEYWORDS:** *Gudabhramsha*, partial rectal prolapse, *Vrikshaamladi churna*, *Madhuraamla varga shrit sarpi*, *Basti*.

## INTRODUCTION

The anorectal diseases have been known from thousands of years. In *Ayurveda* rectal prolapse is described as *Gudbhramsha*. *Acharya Sushruta* has described *Gudbhramsha* as *Kshudra Roga*. Due to excessive straining during defecation the mucosa and submucosa of rectum descends. In *charak Samhita* and *Ashtang Hridaya* it is described as the complications of *Atisaram* (diarrrhea) and as a symptom of excessive purgation. Due to excessive straining (*Pravahan*) and diarrhoea (*Atisaram*) *vata dosha* aggravate results in *Gudbhramsha*.

प्रवाहणातिसाराभ्यां निगच्छति गुदं बहीः ।

रूक्षदुर्बलदेहस्य तं गुदभ्रंशमादिशेत् ॥ सु.नि.13 / 63

In modern medical science rectal prolapse is herniation of some or all layers of wall of rectum through anus which may be classified as partial and complete rectal prolapse. When superficial layers of wall of rectum particularly mucosa and sub-mucosa protrude through anus, it is called as partial or mucosal rectal prolapse while complete or full thickness rectal prolapse or procidentia is a condition in which all four layers of rectal wall including muscular layer and serosa herniate through anus.

The present study is confined on Partial Rectal prolapse It is a common anorectal disease which affects in all age. In infants the prolapse cause decreased Sacral curvature & anal canal tone. In children above factors and diarrrhea, cough, malnutrition are the additional factors. In adults it is most common in Female as multiparas. which is due to weakening pelvic tissue, Levator ani muscle, atony of the sphincter, increased intra – abdominal pressure and other cause such as neurological diseases, spinal injury. Incidence are most common in the fourth to sixth decades of life and most of them are women. It is most common type of rectal prolapse where mucosa and sub mucosa of the rectum descends upto 3.75 cm.

## AIMS AND OBJECTIVE

1. To study the etio-pathogenesis of *Gudbhramsha* And partial rectal prolapse .
2. To evaluate the efficacy of *Madhuraamla Varga shrit sarpi*.
3. To evaluate the efficacy of *Vrikshaamladi Churna* and *Madhuraamla Varga shrit sarpi*.
4. To compare the efficacy of GROUP A and GROUP B in *Gudbhramsha* (partial- rectal - prolapse).

## MATERIALS AND METHODS

**STUDY DESIGN** Total 30 patients will be randomly selected for the study, with ages group from 14 years to 60 years. Each group will have 15 patients.

**Source of Subjects:** OPD / IPD of M.M.M.Govt. Ayurved College

**Informed Consent:** The study was explained clearly to the subjects and their signed, written informed consent was taken before starting the trial.

**GROUP A:** 15 Clinically diagnosed and registered patient of *Gudbhramsha* (Partial Rectal Prolapse) will be treated by *Madhuraamla varga shrit sarpi*(Basti).

**GROUP B:** 15 clinically diagnosed and registered patient of *Gudbhramsha* (Partial Rectal Prolapse) will be treated orally with *Vrikshaamladi churna* and *Madhuraamla varga shrit sarpi*(Basti).

### **Ingredient Madhuraamla Varga Shrit Sarpi**

*Ashvagandha, Vidarikanda, Shatavarimul, Varahikanda, Mudagparni, Mashparni, Giloya, Kakdasinghi, Vanshlochan, Padmakath, Prapondrik, Draksha, Jivanti, Mulethi, Bijpur, Kapitha, Chukri, Vrikshaamla, Kanji and Goghrita.*

### **Ingredient of Vrikshamaladi churna**

*Vrikshaamla, Chitrak, Changeri, Sunthi, Patha Yavakshar.*

## SELECTION CRITERIA

### **1 INCLUSION CRITERIA**

- Those ready to give written informed consent
- Age 14-60 years
- Both sex male and female.
- Patient having clinical feature of partial rectal prolapse.

## 2 EXCLUSION CRITERIA

- Patients suffering from complete rectal prolapse.
- Patients with other systemic illness like uncontrolled Diabetes Mellitus, Hypertension, Malignancy, HBsAg requiring concurrent treatment.

**Laboratory Investigations:** Routine surgical profile was done.

**Time Frame:** 4<sup>th</sup> weeks

**Trial Period:** 2 weeks

**Follow Up:** On 3<sup>rd</sup> and 4<sup>th</sup> week

## TREATMENT PROCEDURES

**For Group A: Madhuraamlavarga shrit sarpi Basti.**

### Poorva Karma

- Patient selected for the procedure
- Consent was taken
- Part preparation was done
- Swedan karma don

### Pradhana Karma

Patient was made to lie down in lithotomy position. Anus and surrounding area was cleaned with antiseptic lotion. Draping was done. Measuring of the mucosa per rectum than Madhuraamla Varga Shrit Sarpi shall be used externally and as infiltration using small rubber tube (catheter no. 8) and syringe, for infusion 10 ml of sarpi will be used daily for 14 days. Thereafter the anal canal was packed with gauze piece soaked in Madhuraamla varga shrit sarpi and applied Gophana Bandha and the patient was shifted to ward.

### Paschata Karma

- Packing was removed after 12 hours.
  - From next day onwards patient was advised to take sitz bath with *Baalsudha* after passing motion for 10-15 min twice a day.
  - Diet restricted was advised to the patient.
  - Advice.
1. avoid straining

**For Group B**

15 patients given *Basti* (Madhuraamla Varga Shrit Sarpi) with 3 gm *Vrikshaamladi churna* taken twice a day with *Anupan takra*.

**OBSERVATIONS AND RESULTS**

**EFFECT OF THERAPY:** In this series of 30 patients of partial rectal prolapse patients of Group A were treated with Madhuraamla Varga Shrit Sarpi Basti and patients of Group B were treated with Madhuraamla Varga Shrit Sarpi Basti with Vrikshaamladi Churna Abhayantar Pryog. The group wise results in detail are being described under the separate headings.

**(A) INDIVIDUAL VARIABLE WISE ANALYSIS IN GROUP -A**

**Effect of treatment on pain:** The mean score of pain before treatment was 0.33, while the mean score of pain after treatment was 0.13, with a 6.67% difference. The result shows that the treatment was statistically significant, with a P value of  $P > 0.04$ .

**Effect on Constipation/Diarrhoea:** The mean score of constipation/Diarrhoea before treatment was 1.2, while the mean score of constipation/Diarrhoea after treatment was 0.67 with a 40.00 % difference. the result shows that the treatment was statistically, significance, with a P value of  $P > 0.003$ .

**Effect on Protrusion of Circumferential Red colored Mucosa P/R:** The mean score of Protrusion of Rectal mucosa before treatment was 2.2, while the mean score of Protrusion of Rectal mucosa after treatment was 0.87 with a 65.56 % difference. the result shows that the treatment was statistically, Highly significance, with a p value of  $P < 0.001$ .

**Effect on Mucus Discharge:** The mean score of mucus discharge before treatment was 0.533, while the mean score of mucus discharge after treatment was 0.13 with a 33.33 % difference. the result shows that the treatment was statistically, significance with a P value of  $P > 0.004$ .

**(B) INDIVIDUAL VARIABLE WISE ANALYSIS IN GROUP –B**

**Effect of treatment on pain:** The mean score of pain before treatment was 0.13, while the mean score of pain after treatment was 0.07, with a 6.67 % difference. The result shows that the treatment was statistically Not significant, with a p value of  $p = 0.17$ .

**Effect on Constipation/Diarrhoea:** The mean score of constipation/Diarrhoea before treatment was 1.87, while the mean score of constipation/Diarrhoea after treatment was 0.33 with a 70 % difference. the result shows that the treatment was statistically, Highly significance, with a p value of  $p < 0.001$ .

**Effect on Protrusion of Circumferential Red colored Mucosa P/R:** The mean score of Protrusion of Rectal mucosa before treatment was 1.93, while the mean score of Protrusion of Rectal mucosa after treatment was 0.87 with a 65.56% difference. the result shows that the treatment was statistically, High significance, with a p value of  $p < 0.001$ .

**Effect on Mucus Discharge:** The mean score of mucus discharge before treatment was 0.27, while the mean score of mucus discharge after treatment was 0.13 with a 13.33 % difference. the result shows that the treatment was statistically, significance, with a p value of  $p = 0.08$ .

(C). INTERNAL COMPARISION: (BETWEEN THE GROUP)

**Effect on Pain:** According to statically analysis, the inter group study found that pain relief in the Partial Rectal Prolapse was not significant with p value of  $p = 0.97$  with more relief in Group A from Group B.

**Effect on Constipation /Diarrhoea:** According to statically analysis, the intergroup study found that Constipation relief in the Partial Rectal Prolapse was Highly significant with p value of  $p < 0.001$ , with more relief in Group B from Group A.

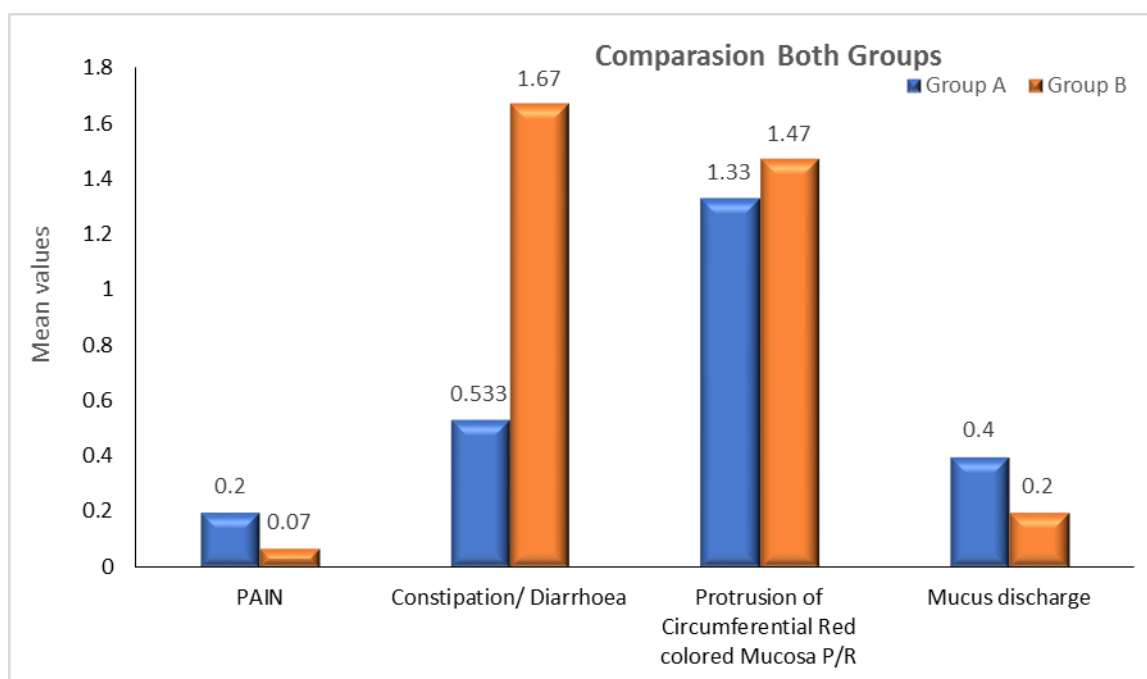
**Effect on Protrusion of Circumferential Red colored Mucosa P/R:** According to statically analysis, the intergroup study found that protrusion of circumferential Red Coloured Mucosa P/r relief in the Partial Rectal Prolapse was not significant with p value of  $p = 0.386$ , with less relief in Group A from Group B.

**Effect on Mucus Discharge:** According to statically analysis, the intergroup study found that pain relief in the Partial Rectal Prolapse was not significant with p value of  $p = 0.191$ , with less relief in Group B from Group A.

## Analysis of result in intergroup

Variables	Mean		Diff.	U	p value	Re.
	Group A	Group B				
<b>PAIN</b>	0.20	0.07	0.13	1.37	0.182	NS
<b>Constipation/ Diarrhoea</b>	0.533	1.67	1.137	4.37	<0.001	HS
<b>Protrusion of Circumferential Red colored Mucosa P/R</b>	1.33	1.47	0.14	0.88	0.386	NS
<b>Mucus discharge</b>	0.400	0.20	0.2	1.34	0.191	NS

U= Mann –Whitney



**In Group -A:** In this group 0 patient was found with Complete relief (Cured), 0 patient were found with marked improvement 6.67% patient were found with moderate improvement and 60.00% patient was found with mild improvement and 33.33% was unchanged.

**In Group -B:** In this group 13.33% patient was found with Complete relief (Cured), 0 patient were found with marked improvement, 40.00% patient were found with moderate improvement and 40% patient was found with mild improvement and 6.67% was unchanged.

## Overall Effect of the treatment

The improvements in overall symptoms of Gudbhamsha (partial rectal prolapse) was better relief in Group -B 56.39 %, than Group A 36.39%.

## DISCUSSION

- According to this study, Madhuraamla Varga Shrit Sarpi (Basti) with Vrikshaamladi Churna (Abhyantar pryog- orally intake) From Group B is more Effective in the treatment of Gudbhramsha (Partial Rectal Prolapse) than the only drug Madhuraamla varga Shrit sarpi (Basti) from Group A.

### Effect of Treatment

- **Pain** –In both Group, The Group A, pain was reduced following Basti (Madhuraamla varga shrit sarpi) administration, and the results were statistically significance( $p>0.04$ ) and Group B was not significance p value of ( $p=0.17$ ), and internal comparison between the group p value of ( $p=0.182$ ) which is not significance.
- **Constipation/Diarrhoea**- In both group, Constipation was reduced following Group A was significant with p value of ( $p>0.003$ ), and Group B was Highly Significant with p value of ( $p<0.001$ ), and internal comparison between the group p value of ( $p<0.001$ ) which is highly significance.
- **Protrusion of Circumferential Red colored Mucosa P/R**-When the result were observed after completion of treatment in both group it revealed that there was improvement in reduced protrusion mucosa which In group A was Highly significance p value of ( $p<0.001$ ) and In Group B was also Highly Significance p value of ( $p>0.001$ ) and internal comparison between the group p value of ( $p=0.386$ ) which is not significance.
- **Mucus Discharge** -The reduction in the exudate quantity was significant in Group A with p value of ( $p>0.02$ ) and Group B was also significant with p value of ( $p>0.08$ ) and internal comparison between the group p value of ( $p=0.191$ ) which is not significance
- **Rectal Bleeding** -Out of 30 registered patients symptoms of rectal bleeding was not found.

## CONCLUSION

- Madhuraamla varga shrit sarpi Basti is a cost-effective procedure which requires minimum hospital stay. No any severe adverse effects were reported by any of the patients during the course of treatment and having less chance of recurrence. The ingredients of *Madhuraamla Varga Shrit Sarpi (Ghrit)* have *Vataghn* and *Ropan* qualities, which can assist the anal sphincter regain its power.



- for the eradication of *Agnimandya* internal pathology and unnatural *Gati* of *Vata*, oral use of *Vrikshaamladi Churna* twice a day or with the *Anupna* of *Takra* for two weeks relieves constipation and straining.
- In this way it is concluded that *Madhuraamla* varga *shrit sarpi Basti* with *Vrikshaamladi churna* (*Abhyantar pryog*) is considered efficient in the treatment of *Gudabhramsha*.

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