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Case Report

AYURVEDIC INSIGHTS INTO SRUS: A HOLISTIC APPROACH TO SOLITARY RECTAL ULCER SYNDROME: A CASE REPORT

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ABSTRACT :

Background: Solitary Rectal Ulcer Syndrome (SRUS) is a multifaceted, rare gastrointestinal disorder characterized by the development of solitary or multiple ulcers in the rectum. This condition often presents chronic constipation, rectal bleeding, and pain, significantly impacting the quality of life. **Clinical findings:** Here a 53-year-old female presenting with complaints of pain and burning sensation in and around the anal region was diagnosed through various diagnostic processes and then treated as *Abyantara dushta vrana* (Internal ulcers) associated with *Parikartika* (Fissure-in-Ano). **Outcome:** The pathophysiology of SRUS is intricate, involving the interplay between mechanical, inflammatory, and psychological factors. Accurate diagnosis requires a thorough diagnostic process that includes colonoscopy, histopathology, and clinical examination. A multidisciplinary approach is needed to manage SRUS, involving behavioral therapy, medication, and dietary changes. **Conclusion:** This case study demonstrates the efficacy of Ayurvedic treatment in managing Solitary Rectal Ulcer Syndrome (SRUS) without surgery, resulting in complete symptom relief and improved quality of life. The treatment involved internal and external therapies, diet, and lifestyle modifications, with no adverse effects. The study highlights Ayurveda's potential as a safe and effective treatment option for SRUS, warranting further research.

KEYWORDS: Solitary rectal ulcer syndrome (SRUS), chronic fissure-in-ano, proctitis, *Abyantara dushta vrana* (Internal ulcers).

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1. INTRODUCTION

Solitary Rectal Ulcer Syndrome (SRUS) is a complex and multifaceted disorder characterized by the presence of one or more ulcers in the rectum, often accompanied by rectal bleeding, pain, and difficulty with defecation [1]. Despite its name, SRUS is not a single ulcer, but rather a spectrum of disorders that can manifest with varying degrees of severity [2]. The syndrome is often associated with chronic constipation, rectal prolapse, and dyssynergia defecation and can significantly impact a patient's quality of life [3]. Though its actual prevalence may be higher due to under diagnosis and misdiagnosis, SRUS is a very uncommon disorder that affects about 1 in 100,000 persons [4]. Despite the comparable incidence in men and women, it is more common in the third decade for males and the fourth decade for women [5]. A mix of mechanical, inflammatory, and psychological variables contributes to the complex pathogenesis of SRUS [2]. Clinical signs include stomach and perianal pain, constipation, a feeling of incomplete defecation, rectal bleeding, a lot of mucus discharge, prolonged excessive straining and rarely rectal prolapse. The disease's histopathological features are well-described and include fibrosis that obliterates the lamina propria and smooth muscle fibers that extend from a thicker muscularis mucosa to the lumen. Sensitive markers that aid in differentiating SRUS from other conditions include diffuse collagen deposition in the lamina propria and abnormal smooth muscle fiber extensions [6]. Accurate diagnosis and effective management of SRUS require a comprehensive approach, incorporating medical, surgical, and behavioral interventions [1]. In the Ayurvedic concept of *Vrana* is discussed as *Abhayantara* (Internal ulcers) and *Bhaya Vrana* (External Wound), and treatment modalities of *Bhaya Vrana* (External Wound) are elaborately explained and the same concepts can be applied in managing *Abhayantara vrana* (Internal ulcers) too. So in this case study, the management of the condition is done in terms of the *Abyantara dushta vrana* (internal ulcers) in *gudapradesha* (Anal region) with *Parikartika* (fissure-in-ano)

2. CASE REPORT:

Clinical findings:

A 53-year-old female presented with pain and burning sensation in and around anal region for 6 months. Severe pain in the anorectal region after defecation persisted for 3 to 4 hours for 3 months. Incomplete evacuation of stools altered bowel habit and distension of the abdomen after taking food for 6 months. For these complaints, she consulted a physician and underwent oral medication which included laxatives and analgesia. Complaints temporarily subsided with medications and reappeared after the discontinuation of medicine, consulted a proctologist in Bangalore. They diagnosed it as chronic fissure-in-ano with hypertonic sphincter and underwent manual anal dilatation & fissurectomy under spinal anesthesia. But after one month, pain and burning sensation while passing stools as well as pain persisted for 3-4 hours with severe intensity in the anal region after defecation. Patient underwent colonoscopy followed by biopsy and was diagnosed as **SRUS** with active proctitis which was

advised for excision of ulcer. As the patient was not willing to undergo surgical management, came to our ayurveda hospital for further management. The patient has no history of DM, HTN, IHD, COPD, Pulmonary Koch's or any other chronic illness. Appetite was reduced, Bowel was constipated (Bristol stool type 1), micturition was clear, burning micturition (2-3 times/day) and Sleep was disturbed due to pain. On local examination (p/r) patient was taken in lithotomy position, on inspection: slight reddish discolouration around the anal region with chronic fissure-in-ano at 6 o'clock. After proper lubrication by using Xylocaine Gel 2% tried to insert little finger, patient did not allow to complete procedure due to severe pain on digital rectal examination. Proctoscopy was not done due to severe pain. Blood investigation of CBC, TC was 11000, ESR was 40mm/hr, RBS: WNL. USG abdomen pelvis (1/06/2022), impression was solitary seeding fibroid, colonoscopy (15/04/2023) [Image No. 1] impression was the rectum shows slough covered ulcer of size 2cm with edematous tissue suggestive of SRUS with active proctitis. Histopathological report (17/04/23) Impression was active proctitis with ulceration, no malignancy changes.

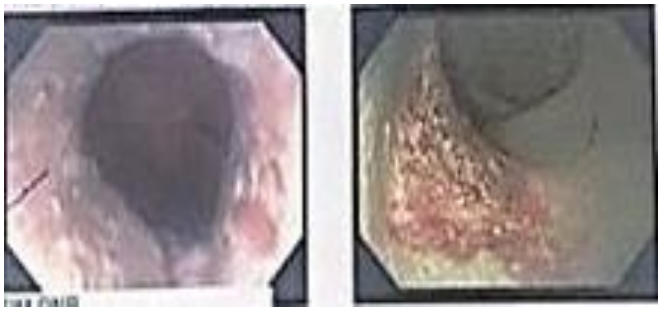

Image 1: Colonoscopy findings BT - Rectal mucosa showing ulcers suggesting active proctitis and SRUS

Diagnosis:

The diagnosis was established based on the signs, symptoms, clinical examination and investigations. It was diagnosed as SRUS with active proctitis and chronic fissure-in-ano by colonoscopy. In *Ayurveda*, it was diagnosed as *Abyantara dushta vrana* (Internal ulcers) with *Parikartika* (Fissure-in-ano), and treatment was planned accordingly.

Therapeutic intervention:

In SRUS advised treatment protocol in contemporary science is excision of the ulcer which have the complications of stricture and surgical site infection (SSI). So, the treatment protocol was designed according to *Abyantara dushta vrana* (Internal ulcers) which is in *Pachyamana avastha* (Suppurative Stage) initially and then on later stages *ropana* (Healing) line of treatment was planned with external treatment, internal treatment, *pathya ahara- vihara* (wholesome diet and lifestyle) and for 19 days of IPD admission.

During the *Pachyamana avastha* (Suppurative Stage) (1-9 days) patient had intense pain so Anal sphinter exercise during *Avagaha sweda* (sitz bath) with *Pentabark kashaya*, *Gudapichu (Rectal Suppository)* and *Matrabasti* (Enema) with *Dadimadi ghrita* and internal medications of *Kaidaryadi kashaya*, Cap Grab and *Hingutriguna taila* was advised. Later the pain and burning sensation reduced so for the *ropana* line of treatment from the 10th day onwards, *Avagaha sweda* with Pentabark *kashaya*, Anal sphincter exercise (during *avagaha sweda*), *Gudapichu* and *Matrabasti* with *Yastimadhu taila*, *Abhyanga*with *Ksheerabala taila*, *Takradhara* with *Musta-amlaka takra* and MAD (manual

anal dilatation) with Anal dilator small size was done [Table No. I]. Along this patient was advised with diet modification and *Yoga /Pranayama* [Table No.2].

Timeline:

Table No. I: Treatment Protocol

Sr. No	*Plan of care*	*Medicine used*	*Duration (days)*						
			1-3 days	*4-6 days*	*7-9 days*	*10-12 days*	*13-15 days*	*16-18 days*	*19-discharge*
1	*Avagahasweda*	Pentabark *kashaya* 1/3 lit/twice daily for 15 min	√	√	√	√	√	√	√
2	Anal sphincter exercise (during *avagaha sweda*)	Twice daily for 15 min	√	√	√	√	√	√	√
3	*Gudapichu*	*Dadimadi ghrita*	√	√	√				
4	*Gudapichu*	*Yastimadhu taila*				√	√	√	√
5	*Abhyanga*	*Ksheerabala taila* for 40 min				√	√	√	
6	*Takradhara*	*Musta-amlaka* takra for 30 min				√	√	√	
7	MAD	Anal dilator small size					√	√	√
Internal Treatment									
1	*Kashayapana*	*Kaidaryadi kashaya* 30 ml (freshly prepared) BD before food	**√**	**√**	**√**	**√**	**√**	**√**	**√**
2	*Gulika*	Cap *Grab* 1-1-1 After food	√	**√**	**√**	**√**	**√**	**√**	√
3	*Matrabasthi*	*Dadimadi ghrita*-60 ml once daily	√	**√**	**√**				
4	*Matrabasthi*	*Yastimadhu taila*- 60 ml once daily				**√**	**√**	**√**	**√**
5	*Tailapana*	*Hingutriguna taila* 10 ml with milk at bed time	√	**√**	**√**	**√**	**√**	**√**	√

Table No. II: Diet Protocol

Sr No	Plan of care	Medicine used	Duration (days)						
			1-3 days	4-6 days	7-9 days	10-12 days	13-15 days	16-18 days	19-discharge
1	Diet modification	Breakfast: Ganji (*jeerak sadhitha* + *shunti sadhitha*), with herbal tea Lunch: *kichadi* processed with *palak vegetable* + *takra* with curry leaves Evening: herbal tea	√	√	√	√	√		

		Dinner: *kichadi +koshataki* curry							
2	*Yoga /Pranayama*	*yoga /pranayama* daily morning 30 min			√	√	√	√	√

3. RESULTS:

The complaints were drastically reduced with the reversion of SRUS in colonoscopy. Pain with burning sensation being the major complaint, VAS/VDS reduced from 9-10 to 0. Hypertonic sphincter tone came to normotonic [Table No. III].

Table No. III: Results

Sr. no	Complaints	Before treatment	After treatment
1	Burning Sensation (VDS SCALE)	+++	Absent
2	Pain (VAS /VDS scale)	9-10	Absent
3	Sphincter Spasm	+++	Normal Tonicity
4	DRE	Not Possible (Pain)	Done With Index Finger
5	Constipation	+++ (Type 1 Bristol stool)	Bowel Clear (Bristol type 3)
6	Fissure	Inflamed	Healing Stage
7	Colonoscopy	Rectum shows slough covered ulcer of size 2cm with oedematous tissue suggestive of SRUS with active proctitis. (dated:15/04/2023) [Image No.1]	Rectum shows normal mucosa with scar at the previous ulcer site, rectosigmoid junction is normal. (dated:26/12/2023) [Image No.2]

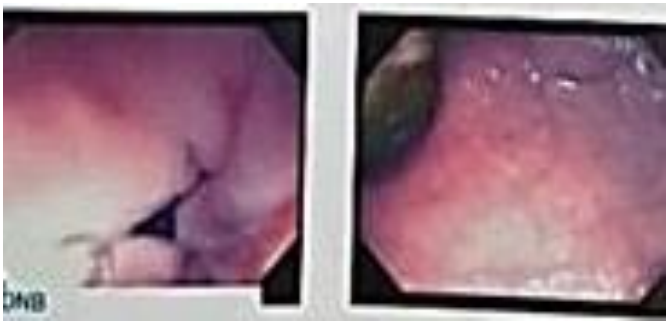

Image 2: Colonoscopy findings AT- showing normal rectal mucosa showing scar in ulcers site

4. Discussion:

Avagahasweda (sitz bath) is *Stroto Shodaka* (clears channels), which reduces *avarana* (blockage) with *vatanulomaka* (normalization of *Vata*). *Avagahasweda* (sitz bath) with *Pentabark Kashaya* and sphincter exercises reduces inflammation, as *Pentabark Kashaya* has vranashodhaka *(*clearing wounds) and *ropana* (healing) properties [7]. *Matrabasti* (enema) and *pichu* (suppository) with *Dadimadighrita* were done in the *Pachyamana Avastha (*Supporative Stage) when burning sensation was more as *Dadimadigritha* is indicated for *pittaharavikaras* like *Agnimandya* (indigestion), *Bhagandara* (fistula in ano), *Arsha* (haemorrhoids) and *Pandu* (anaemia) [8]. Later, for *vranaropana* (wound healing) and *pittavatahara* (normalizing *vata* and *pitta*) properties of Yastimadhu *taila* has *Amlaki* containing

Vitamin C helps in wound healing and *Yastimadhu* heals in the epithelization of the gastric mucosa [9], so *Matrabasti* (enema) and *pichu* (suppository) were done. Once the pain had reduced, the patient was advised to use small size anal dilator. *Kaidaryadi kashaya pana* improves appetite by stimulating the secretion of digestive juices which boosts liver health and hepatic circulation [10]. Patient had complaints of *Vataika Grahani* so *Hingutrigunataila* with milk was advised as *pittarechaka* (expelling *pitta*). *Hingutriguna taila* which has Anti- inflammatory effects, reduces *anaha* (bloating)*, agnimandya* (reduced digestive fire), the major ingredient being *hinguswarasa* which is *Chedana* (cutting) *Deepana* (digestive) *Bhedya* (piercing) *Vatanulomaka* (normalization of *Vata*) *Vata kapha Samana* (normalising *vata* and *kapha*).[11] Cap. Grab has *Arogyavardhini, Vranopahari rasa, Triphalaguguluw*hich heals in wound healing. Takradhara and Abhyanga achieve Vata Pitta Shamana (normalising *vata* and *pitta*), which reduces hyperacidity, raises peripheral resistance, improves blood circulation, and calms the body and mind in addition to releasing tension and stress.[12]

5. Conclusion:

The treatment protocol was designed according to *Abyantara dushtavrana* (internal ulcer) which is in *Pachyamana avastha* (suppurative stage) initially with *Avagaha sweda* (sitz bath) with *Pentabark kashaya*, *Gudapichu (Rectal Suppository)* and *Matrabasthi* (enema) and then on later stages *ropana* (healing) line of treatment was planned with external treatment, internal treatment, *Pathyaahara-vihara* for 19 days of IPD admission with follow up period of one month with no adverse effects. This case study demonstrates the efficacy of Ayurvedic treatment methods in managing Solitary Rectal Ulcer Syndrome (SRUS) without surgical intervention, resulted in complete cure of the patient's symptoms validated with a normal colonoscopy report and improvement in quality of life. This case highlights the potential of Ayurveda as a safe and effective treatment option for SRUS and warrants further research and consideration in the management of this condition.

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient perspective- The patient was initially very anxious as she was having severe burning sensation and pain in the anal region after defecation for several hours. Due to this there was psychological disturbance too. As treatment progressed the complaints reduced gradually and quality of life improved, even anxiety gradually eased. Following the intervention and follow up, they expressed total relief and satisfaction with the intervention

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