Journal of Ayurveda & Holistic Medicine
https://jahm.co.in
eISSN-2321-1563

Case Report

Integrative Management of Gudabhramsha (Partial Rectal Prolapse) with Kshara Karma: A Case Report

[1*]Bhagyashri Patil, [2]Maheshkumar E S, [3]Anu Chahar, [4]Jignesh Varu, [5]Ramesh Killedar

ABSTRACT:

Background: Rectal prolapse is a condition in which weakening of muscle and ligaments of rectum occurs which displaces it from its position. Etiology of rectal prolapse is not exactly known and is multifactorial. Incidence is six times more in females, higher risk in chronic constipation cases and previous surgical history patients and conditions that lead to weakening of the pelvic floor muscles. In Ayurveda, Sushruta acharya correlates rectal prolapse with *Gudabhramsha*, mentioned under *Kshudra* Roga (minor diseases). Sushruta has considered *Gudabhramsha* as a *Sadhya* disorder that can be managed conservatively. **Clinical findings:** In present study a case of mass per rectum was presented by a 56-year-old female patient, which she noticed incidentally while passing stools. Case was diagnosed clinically as *Gudabhramsha*. **Intervention:** Patient was managed by integrative management and with *Kshara* application over the rectal mucosa followed by *Changeryadhi Ghrita Matra Basti* for two weeks and oral medications (*Triphala Guggulu* and *Haritaki Khanda*) for 4 weeks. **Outcome:** Patient had significant reduction in her symptoms by the end of one week post application of *Kshara*. Patient was followed up for 2 years post *Kshara* application and no complaints or complications were reported. **Conclusion:** This case was successfully managed with integrated treatment approach, which avoided the need for surgical intervention. Further research in this integrated approach can yield evidence-based results.

KEYWORDS: Case report, *Changeryadhi Ghrita, Gudabhramsha, Kshara Karma*, Rectal prolapse

RECEIVED ON: 09-04-2026
REVISED ON: 29-04-2026; 15-06-2026
ACCEPTED ON: 07-07-2026
Access This Article Online:
Quick Response Code:
Website Link: https://jahm.co.in
DOI Link: https://doi.org/10.70066/jahm.v14i6.2712
Corresponding Author Email: bhagyashriap111@gmail.com
CITE THIS ARTICLE AS

Bhagyashri Patil, Maheshkumar E S, Anu Chahar, Jignesh Varu, Ramesh Killedar. Integrative Management of Gudabhramsha (Partial Rectal Prolapse) with Kshara Karma: A Case Report. Journal of Ayurveda and Holistic Medicine (JAHM) 2026; 14(6):140-147.

1. INTRODUCTION

Descend of rectal mucosa circumferentially through anal canal is termed as Rectal prolapse (RP). Partial or complete prolapse depending on thickness of mucosa involved. RP is chronic and disabling condition hampering sphincter mechanism. RP has estimated prevalence rate of 0.25-0.5%, six times more predominant in female population than male. [1]

RP occurs by congenital and acquired causes that pelvic floor muscle weakness. Common congenital anatomical anomaly is cul-de-sac of Douglas with anterior rectal wall herniation. Acquired causes that relaxes pelvic floor muscle and increase intra-abdominal pressure such as chronic proctitis, haemorrhoids, dysentery, sphincter injury and multipara. [2]

Surgical management in contemporary science involves abdominal approach - laparoscopic rectopexy and lahort's operations. Perineal approach includes delrome's and recto-sigmoidectomy. However, they present with complications like hypogastric nerve injury, bladder dysfunction, rectum injury causing faecal fistula and high reoccurrence rate with in correction of continence in 50% cases. [3]

In Ayurveda, Acharya Sushruta describes about *Gudabhramsha* (A *Kshudra Roga*). *Vata dosha* vitiation leads to weakness of *Mamsa* (muscle) and *Snayu* (ligament), resulting into loss of *Sthirtava* (structural support) and downward displacement of rectum. *Nidana* (causative factors) includes *ativyayama* (excess straining), *vibandha* (constipation), *Atisara* (chronic diarrhoea) and *Apathya Aahara Vihara* that aggravates *Vata*. [4]

Acharya also mentions conservative and para surgical methods to manage *Gudabhramsha*. Conservatively *Snehana, Swedana*, manual repositioning and mechanical support with *Gophana Bandha* and other *Vata* pacifying procedures is done. *Kshara karma* (a para surgical procedure) in *Ayurveda* causes fibrosis which increases anorectal mucosa strength. *Kshara* has *Ksharana* (corrosive), *Lekhana* (scraping) and *Stambhana* (fibrosis) properties and produces chemical cauterization. [5] *Matra Basti* helps in the strengthening of the anal musculature and oral medications such as *Triphala Guggulu* does the *Vrana Ropana*.

The present case is managed with integrated approach of local anastatic, antibiotics, intravenous fluids and *Apamarga Kshara* application followed by *Matra basti* with Changeryadi ghrita and oral ayurvedic medicines like *Triphala guggulu* and *Haritaki Khanda*.Thus,the integrated approach can be an effective alternative management for rectal prolapse patients who can't undergo surgical intervention.

2. CASE REPORT

A female patient aged 56 years old presented in OPD with complaints of mass coming out rectum during defecation associated with mucus discharge (wetting of undergarments) for past 2 years. Patient also reported of having intermittent pain in anal region and pain in abdomen. Patient was not a known case of Diabetes, hypertension and thyroid dysfunction. No record of previous surgery or medical history noted. No related family or genetic history of rectal prolapse or weak pelvic floor muscles. She was unable to perform daily routine work and was hesitant to participate social activities.

Clinical findings- All her vitals were within normal range (BP-130/80 mmHg, Pulse Rate- 78bpm, Respiration Rate- 16/min, Temperature- 98.2 °F. General and systemic examination revealed normal findings.

Patient's ano-rectal area was examined in lithotomy and squatting position which revealed bright red circumferential descent of mucosa on straining with approximate size of 3 cm. On Digital Rectal Examination sphincter tone was decreased (Hypo tonicity) and soft fleshy protruded mass was palpated. Tenderness and bleeding was not observed during the examination. Proctoscopic examination was not performed due to mucosal descent and laxity of sphincter tone.

Timeline: The course of disease with clinical features, diagnosis is highlighted in timeline.

Differential Diagnosis: Rectal prolapse, rectal polyp, third degree hemorrhoids, and rectal intussusception were included

as differential diagnosis. Based on history and clinical examination provisional diagnosis of Partial rectal prolapse was considered as mentioned in table 2.

Table 1: Timeline highlighting important events and treatments

Time	Events
December 2021	First clinical symptoms like Mass per rectum associated with mucus discharge appeared and took conservative management at local clinic and was treated with antibiotics and analgesics.
12/11/2022	Reoccurrence of the symptoms of Mass per rectum while passing bowel, weight lifting and in squatting position associated with mucus discharge and abdominal pain
14/11/2022	First clinical consultation and diagnosis of Rectal prolapse
14/11/2022	Treatment initiated with integrated approach which consisted of Kshara Karma, oral Ayurveda and allopathic medicines
30/11/2022	First follow-up evaluation. Complete reduction in the mass per rectum and fibrosis of rectal mucosa was observed
17/12/2022	Subsequent follow-ups showed marked reduction in the symptoms
September 2023	No recurrence of the symptoms during follow-up period
November 2024	No recurrence of the symptoms during follow-up period

Table 2: Differential Diagnosis

Sl. No.	Differential Diagnosis	Exclusion/ Inclusion Criteria
1.	Rectal prolapse- I) Partial II) Complete	i. Included as Mucosa and sub mucosa protruding out circumferentially from rectum. ii. Excluded as entire rectal wall not protruding out.
2.	Rectal polyp	Excluded as it is pedunculated and bleed on touch
3.	3rd Degree Hemorrhoids	Excluded as Segmental mucosal folds were not present and no bleeding from rectum.
4.	Rectal intussusception	Excluded as intussusception is usually about 6-8 cm above anus and commonly seen in pediatric age group.

Diagnostic challenges: Diagnosis of present case was simple and easily diagnosed with local examination methods, without relying on any investigations. Considering the above findings patient was clinically diagnosed with partial rectal prolapse as per contemporary medicine and *Gudabhramsha* according to Ayurveda.

Prognosis: Considering a case as partial rectal prolapse and timely initiation of treatment, prognosis was favorable.

3. THERAPEUTIC INTERVENTION

Integrated approach was adopted to manage this case. Prognosis, complications and risks were explained to the patient and treatment was given after proper informed consent. All preoperative procedures were followed as per standard protocol and prophylactic antibiotics were administered to prevent surgical site infection and IV fluids were also given to maintain hemodynamic stability and to counter operative stress and nutrition. In operative procedure *Apamarga Kshara* was applied over the prolapsed rectal mucosa under all septic condition and following all protocols and precautions of *Kshara* application method. (As shown in image 2). Thereafter, from the next day of procedure, *Matra Basti* with *Changeryadi Ghrita* was administered to the patient for two weeks. Oral medications were also advised to the patient such as- *Triphala Guggulu* and *Haritaki Khanda* for wound management. *Avagaha sweda* with *Triphala Kashaya* was advised for three weeks followed by kegels exercise to further strengthen the perianal muscles. Patient was discharged after one week of hospital stay and was followed up regularly.

Table 3: Therapeutic Intervention

Sl. NO.	Plan Of Care	Procedure	14/11/2022	15/11/2022 - 21/11/2022	22/11/2022 - 29/11/2022	30/11/2022 - 16/12/2022
1.	Parasurgical procedure	*Apamarga Kshara* Application	✓	-	-	-
2.	Allopathic medicine	IV Injection ceftriaxone With sulbactum 1.5 gms IV BID. (Mfd. by: Kolash pharma, Batch no.- KCI- 50701)	✓	✓	-	-
		Injection Pantoprazole 40mg IV BID (Manf. By: Vellinton Healthcare, Batch no.- G025J) for 1 week	✓	✓	-	-
		Tab Zerodol SP 1BID orally for 1 week Tab Chymoral forte 1 BID orally for 1 week	-	✓	-	-
3.	Intravenous (IV) Fluids	IV Fluids like 1. Dextrose Normal Saline (DNS)-500ML (Mfd. by: Ultra Lab pvt. Ltd., Batch no.- KI115360) , 2. Ringer Lactate (RL) 500 ml (Mfd. by: Ultra Lab pvt. Ltd., Batch no.- KI105312) 3. Normal saline (NS) -500ml (Mfd. by: Ultra Lab pvt. Ltd., Batch no.- KI026047)	✓	✓	-	-
4.	*Avagaha Sweda* with *Triphala Kashaya* BD		-	✓	✓	✓
5.	*Matra Basti* with *Changeryadi Ghrita 20* ml in morning		-	✓	✓	-
6.	Tab. *Triphala Guggulu* 500mg BD Before food AF		-	✓	✓	✓
7.	*Haritaki Khanda* 15 gm HS with Warm water BF		-	✓	✓	✓
8.	Kegels exercise twice a day Advised bland diet and to avoid spicy food, excessive straining and lifting heavy weight		✓	✓	✓	✓

Image 1: Circumferential descent of rectal mucosa on straining (lithotomy position)

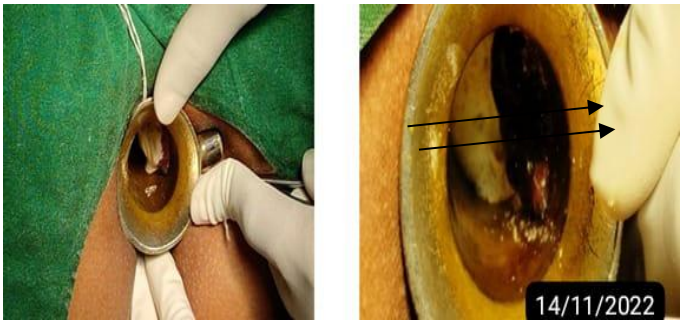


Image 2: During *Apamarga Kshara Karma* and *Pakwa Jambuphala Varna* after *Kshara* application

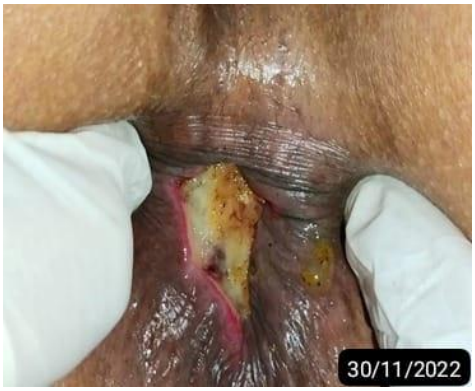


Image 3: On post-operative day 7 showing fibrosis of the mucosa

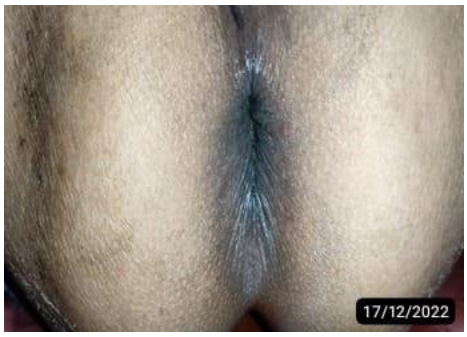


Image 4: On post-operative day 28 Showing Complete healing

4. FOLLOW UP AND OUTCOME

Regular follow up of the patient was conducted to assess improvement in symptoms and quality of life. Patient had improved quality of life, which was evident by her improvement in routine activities. Reoccurrence / incontinence symptoms were assessed by per rectal examination to assess the tone of anal sphincter, which was found normal. Follow up was done every month for initial 6 months, thereafter 1 year and at $1^{1/2}$-year post treatment.

Adherence: the treatment adherence in the present case was satisfactory as the patient followed all the instructions during the treatment and follow-up period. The patient regularly took the prescribed medicines and was adhering to the advice given by the consultant.

Tolerance: Tolerability was assessed by symptoms reported by the patient during post-operative days. The patient tolerated the procedure and oral medicines without any adverse events throughout the treatment and follow-up period.

Adverse effects: No adverse events were seen during the treatment and follow up period

5. DISCUSSION

Rectal prolapse/ Procidentia in contemporary medicine is primarily managed surgically. However, surgical procedures don't have significant improvement in symptoms and quality of life. Also, risk of complications and reoccurrences are high. Perianal approach has 5-12% reoccurrence risk with reduced improvement in faecal incontinence. Abdominal surgical intervention has increased risk of developing peritoneal adhesions and longer hospital stay. [6] Also, most elderly and patients with morbidity are not fit for this invasive surgical approach. Thus, *Kshara* application can prove to be an effective alternative method for the management of rectal prolapse. *Kshara Karma* is minimal invasive approach, suitable for elderly and patients unsuitable for invasive surgery. *Kshara* application as *Kshara Sutra* or *Pratisarneeya Kshara* in *Gudabhramsha* have shown effective results in previous case studies. [7] [8]

As per ayurveda, primary principle of management of *Gudabhramsha* is *Vata Shamana* and providing strength to local tissues and prevention of further prolapse. Acharya Sushruta have mentioned about *Snehana*, *Swedana*, manual repositioning of rectum and *Gophana Bandhana* is done to provide mechanical support. Along with this, *Vata* pacifying therapies and medicines are also advised. *Acharya Sushruta* have mentioned about *Kshara Karma. Kshara* application (As Shown in Image 2) causes caustic burn of rectal mucosa that induces fibrosis of anal mucosa, fibrosis (Image 3) leads to increased strength of mucosa. [9]

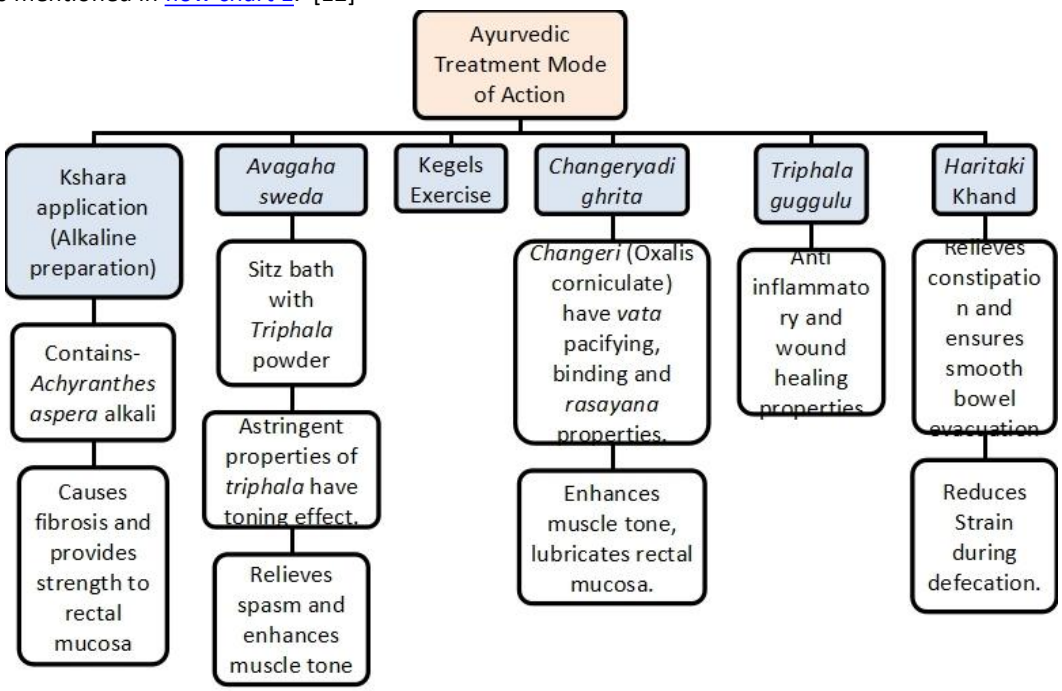
In this case of rectal prolapse *Apamarga Kshara* application was done provided strength to rectal mucosa by inducing fibrosis thus preventing further prolapse (Table 3 and image 2). [10] Post *Kshara Karma* application ayurvedic intervention was adopted (Table 3) which included *Avagaha Sweda (*Sitz bath*)* with *Triphala Choorna* followed by Kegel's exercise. Sitz bath with *Triphala Kashaya* relaxes perianal muscles, improves

circulation and its astringent properties aids in tightening of tissues thus reducing rectal mucosal prolapse. [11]

Matra Basti with *Changeryadi Ghrita* was administered in dose 20ml for 10 days. It contains mainly *Changeri Swaras* (juice of oxalis corniculate) and Cow curd and have *Maruta Ghna* (vata pacifying), *Grahi* (binding), *Arshahara* (haemorrhoid reducing) and *Rasayana* (rejuvenating) properties. It is effective in reduction of *Arsha*, *Grahani* and *Gudabhramsha*. *Acharya Bhavamishra* emphasizes that *Changeryadi Ghrita's Grahi* (binding) action aids in *Pravahika* and *Gudabhramsha*. Previous case report of *Changeryadi ghrita Matra Basti* in *Gudabhramsha* has shown significant results. [12] *Changeryadi ghrita* also enhances muscle tone and prevents reoccurrence of Gudabhramsha as mentioned in flow chart 1. [12]

Triphala Guggulu tablet in dose 500mg twice a day was administered after food for one month. It contains *Amalaki*, *Bibhitaki*, *Haritaki*, *Pippali* in 1 part and *Guggulu* in 5 parts and have anti- inflammatory and wound healing properties. [13]

Haritaki Khanda (*Avaleha*) in dose 15 gram was administered at night along with warm water. It relieves constipation and ensures smooth bowel evacuation thus reducing the need to strain during defecation. Astringent property of *Haritaki* reduces inflammation and helps in toning rectal tissue. It also provides rectal support by strengthening pelvic floor muscles. [14] Mode of action of Ayurveda medicine is explained in brief in flow chart 1.



Flow chart 1 : Mode of action of Ayurveda treatment given

Strengths: Major strength include prevention of post-operative recurrence highlighting the sustainable evidence based integrative approach. The clinical outcome and documentation are supported by continuous follow up assessments and serial photographs.

Limitations**:** It includes patient's variability and the fact that this is a single case study, which limits the generalizability of effectiveness of treatment protocol adopted in the present study.

Overall message: The integrative para surgical procedure enhances the recovery by minimizing the post-operative complications and recurrence. Further larger studies are needed to ensure the long-term efficacy.

6. CONCLUSION

This case of rectal prolapse with chronicity of two years was successfully managed within 4 weeks of time period with an integrative approach using local anaesthetic, antibiotics and analgesic from contemporary medicine and *Apamarga Kshara Karma, Changeryadi Ghrita Matra Basti,* oral medications like *Triphala Guggulu* and *Haritaki Khanda*. Patient had significant improvement in her symptoms following treatment regimen which led to early recovery. Patient was followed up regularly for next 2 years and no episode of reoccurrence or complication was noticed. No adverse events were reported during the treatment and follow-up period.

Key findings: In the present case clinical features like mass per rectum during defecation associated with mucous discharge and per rectal examination which confirm the diagnosis as RP.

Key message: Integration of Ayurvedic para-surgical procedure is safe and reproducible. The intervention can reduce the post-operative complications and recurrence in turn enhancing the quality of life of the patient.

ABBREVIATIONS

RP- Rectal prolapse

BID -two times daily after food with water

AF–After food with water

IV –Intravenous

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's Perspective: Quality of life of the patient was significantly improved after this treatment and she did not feel discomfort and protrusion of mass per rectum during defecation. She felt significant relief in her symptoms within one week of Kshara application.

Authors Details:

[1*]Assistant Professor, Dept Of Shalyatantra, KAHER's Shri BMK Ayurveda Mahavidyalaya Belagavi, Karnataka, India

[2]Professor, Dept of Shalyatantra, SDM College of Ayurveda and Hospital, Hassan

[3, 4]PG Scholar, Dept of Shalyatantra, KAHER's Shri BMK Ayurveda Mahavidyalaya Belagavi, Karnataka, India

[5]Reader, Dept of Shalyatantra, KAHER's Shri BMK Ayurveda Mahavidyalaya Belagavi, Karnataka, India

Authors Contribution:

Conceptualization and clinical management: BP, MES

Data collection and literature search: BP, MES

Writing – original draft: BP, AC,

Reviewing & editing: AC, JV, RK

Approval of final manuscript: All authors

Declaration of Generative AI

The authors declare this manuscript was written without the use of generative artificial intelligence tools. All the content, including text generation, data analysis and references was developed and reviewed by the author without assistance from AI technologies.

Conflict of Interest – The authors declare no conflicts of interest.

Source of Support – The authors declare no source of support.

Additional Information:

Authors can order reprints (print copies) of their articles by visiting: **https://www.akinik.com/products/2281/journal-of-ayurveda-and-holistic-medicine-jahm**

REFERENCES:

1. Bordeianou L, Paquette I, Johnson E, Holubar SD, Gaertner W, Feingold DL, Steele SR. Clinical Practice Guidelines for the Treatment of Rectal Prolapse. Dis Colon Rectum. 2017;60(11):1121–1131. https://doi.org/10.1097/DCR.0000000000000889
2. Weinstein SD. Prolapse of the Rectum: A Contribution on the Etiology and Treatment. Am J Surg. 1932;16(2):310–316. https://doi.org/10.1016/S0002-9610(32)90934-9
3. Bhat S, Bhat M. SRB's Manual of Surgery. 6th ed. New Delhi: Jaypee Brothers Medical Publishers; 2019; 1024–1027.
4. Shastri AD, editor. Sushruta Samhita with Ayurveda Tatva Sandipika Commentary. Sharirasthana. 2nd ed. Varanasi: Chaukhamba Sanskrit Sansthan; 2016. Vol. 1, p. 68.
5. Saxena V. Evaluation of Encircling Anal Canal by Kshara Sutra Therapy in Rectal Prolapse (Gudabhramsa). Int J Green Pharm. 2019;13(3). https://doi.org/10.22377/ijgp.v13i3.2590
6. Madiba TE, Baig MK, Wexner SD. Surgical Management of Rectal Prolapse. Arch Surg. 2005;140(1):63–73. https://doi.org/10.1001/archsurg.140.1.63
7. Bhandari M, Chanda B, Rao PN, Girija BJ, Srinivas KR. Management of Rectal Prolapse (Guda Bhramsa) through Kshara Karma (Chemical Cauterisation): A

Case Study. J Coloproctol (Rio J). 2019;39(4):389–393. https://doi.org/10.1016/j.jcol.2019.05.008

8. Kumar A, Bilyan A, Premsukh. A conceptual and clinical application of Kshara Karma in anorectal diseases. *J Ayurveda Integr Med Sci*. 2019;4(5):262-267. https://doi.org/10.21760/jaims.v4i05.732
9. Shastri AD, editor. Sushruta Samhita with Ayurveda Tatva Sandipika Commentary. Nidanasthana 13/63. Reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan; 2019. p. 374.
10. Kumar A, Bilyan A, Premsukh. A conceptual and clinical application of Kshara Karma in anorectal diseases. *J Ayurveda Integr Med Sci*. 2019;4(5):262-267. https://doi.org/10.21760/jaims.v4i05.732
11. Anand PKV. Management of Fecal Incontinence and Rectal Mucosal Prolapse after Surgical Repair of Anorectal Malformation through Ayurveda – An Experience. J Ayurveda Case Rep. 2025;8(3):168–174. https://doi.org/10.4103/jacr.jacr_40_24
12. Patel V, Patel M. A Critical Ayurvedic Literary Review of the Plant Changeri (*Oxalis corniculata* Linn.). *J Ayurveda Holist Med*. 2022;10(2):101-108. https://doi.org/10.70066/jahm.v10i2.423
13. George AT, Hiranya S, Dayakar MM. Analgesic, Anti-inflammatory, and Wound Healing Efficacy of Triphala Guggulu and Ketorolac Tromethamine after Periodontal Flap Surgery: A Randomized Double-blind Clinical Trial. Int J Ayurveda Res. 2025;6(1):32–37. https://doi.org/10.4103/ijar.ijar_135_24
14. Sharma S, Singh B, Kumar H. A critical review of pharmacological actions of Haritaki (*Terminalia chebula* Retz.) in classical texts. J Ayurveda Integr Med Sci. 2019;4(4):258-269. https://www.jaims.in/jaims/article/view/673