

Ayurvedic Management of Gudabhransha (Partial Rectal Prolapse) with Kashish Drava Basti and Modified Thiersch Procedure Using Ksharasutra: A Single Case Report

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ABSTRACT:

Ayurveda describes various anorectal disorders, one of which is *Gudabhransha*, classified under *Kshudrarogas* (minor ailments) by *Acharya Sushruta*. Clinically, *Gudabhransha* presents as a circumferential descent of the rectum through the anus, closely resembling the modern medical condition of rectal prolapse. This condition is more commonly observed in women, the elderly, and individuals with a history of chronic constipation, diarrhea, or excessive straining. In contemporary medicine, rectal prolapse is identified by the protrusion of the rectal wall beyond the anal opening, often accompanied by discomfort, mucus discharge, bleeding, and impaired quality of life. *Ayurvedic* management strategies for this condition include *Snehana* (oleation), *Swedana* (sudation), *Anuvasana Basti* (medicated oil enema), herbal medications, and *Ksharasutra* therapy (medicated thread smeared with *Kshara*). These interventions offer a comprehensive approach involving internal treatment, topical applications, and minimally invasive surgical procedure. This case report presents a 60-year-old male patient diagnosed clinically with history taking and examination as partial rectal prolapse, interpreted as *Gudabhransha* within the *Ayurvedic* framework. The condition was effectively treated through a combined approach involving *Kashish-drava Basti*, the Thiersch procedure integrated with *Ksharasutra* therapy, and *Ayurvedic* medications. Managed as a surgical case, the treatment followed established protocols and yielded successful outcomes. This report underscores the effectiveness of *Ayurvedic* methods in addressing *Gudabhransha*.

KEYWORDS: *Ayurveda*, *Gudabhransha*, *Kashish Drava Basti*, *Ksharasutra*, Modified Thiersch Procedure, Rectal prolapse.

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INTRODUCTION:

Rectal prolapse is anorectal condition seen in clinical practice. In this the circumferential descent of rectum occurs through the anal opening. This condition is primarily attributed to weakened muscles and supportive tissues of the anal sphincter and rectum. Contributing factors include chronic constipation, repeated straining during bowel movements, and weakened pelvic floor muscles. While the exact cause is not always clear, risk factors include advanced age, female gender (more common in women than men), persistent constipation, diarrhea, increase intra-abdominal pressure and poor pelvic or rectal support structures. Most cases of rectal prolapse can be diagnosed through patient history and a digital rectal exam. In some instances, additional tests like anal manometry or sigmoidoscopy/colonoscopy may be necessary. There are two main types: partial rectal prolapse, where only the mucosal lining protrudes, and complete rectal prolapse, where the entire thickness of the rectal wall extends through the anus. Treatment options commonly include the Thiersch procedure (anal encirclement with wire or suture), the Delorme procedure, and Rectopexy, depending on the severity and type of prolapse^[1].

Ayurveda literatures have description of various diseases including detail description on anorectal disorders. *Gudabhrashta*, referred to as rectal prolapse in modern medicine, is explained in *Ayurveda* as the prolapse of the rectum caused by weakened anal sphincter muscles, aggravated *Vata Dosha*, and reduced strength of supportive structures. The causes of *Gudabhrashta* mentioned in *Susruta samhita* as *Pravahan* (straining to defecate), *Atisaar*

(diarrhoea), *Ruksba-durbal-deha* (dry, person with loss of physical strength, weak). The clinical feature is “*Nirgacchati-gudam-vahi*” means circumferential descent out of rectum from anus^[2]. The treatment strategy for *Gudabhrashta* in *Ayurveda* describes the *Snehana* (oleation), *Swedana* (fomentation), reduction of prolapse rectum, *Gophana bandana* (T-bandage), *Vatanulomaka* drugs, *Mushika taila*, *Changeri Ghritam*, *Anuvasana basti* etc^[3]. Various treatment modalities practiced conventionally as conservative and surgical methods like Thiersch operation, Rectopexy etc. Although these procedures are effective but shows chances of recurrences, damage nearby structure, may causes complications, not easy availability of facility and procedure costly. To fill these gaps *Ksharasutra* therapy is in practice now and is popular treatment method of *Ayurveda* for treatment of rectal prolapse as modified Thiersch operation^[4]. The *Kashish* (ferrous sulphate, Green vitriol, $\text{FeSO}_4 \cdot 7\text{H}_2\text{O}$) is popular crystalline mineral drugs described in *Ayurvedic* pharmacology (*Rasa Shastra*) and have local effects of *Sankochana* (constriction) as “*Vahyaprayoge Vigyeyam Sankochankaram param*”(Rasatarangini)^[5]. By virtue of this the drug *basti* used to increase the strength of rectum and anal mucosa. In contrast, *Ayurvedic* management focuses on re-establishing anorectal tissues through methods like *basti* (medicated enema) and *Ksharasutra*-based parasurgical techniques. This report underscores the effectiveness of a combined *Ayurvedic* approach in addressing partial rectal prolapse^[6].

Kashish Drava: In *Ayurvedic Rasa Shastra*, *Kashish* is classified as an *Uprasa* (secondary mineral) and holds therapeutic significance in

the treatment of various ailments. According to *Rasa Tarangini* (Chapter 21/240-241), the formulation of *Kashish Drava* is particularly beneficial in the management of *Gudabhrashta* (rectal prolapse). It is prepared using five *Ratti* of purified *Kashish* mixed with 2.5 *Tola* of *Prisrita Jala* (prescribed quantity of water). When applied locally to the anal region, it induces *Sankochana* (constriction) of the *Gudamarga* (recum-anal canal), aiding in prolapse management^[7].

Ksharasutra^[8]: This is a medicated *Ayurvedic* thread traditionally used for conditions such as fistula-in-ano (*Bhagandara*), piles (*Arsha*), and *Nadi Vrana* (sinus). In the context of *Gudabhrashta*, a modified *Ksharasutra* technique is now being adopted by Ayurvedic surgeons as an alternative to the conventional seton technique for encircling the anal canal. This approach promotes fibrosis, thereby strengthening the tissues and offering mechanical support to prevent further prolapse.

PATIENT INFORMATION:

A 60-year-old man attended the shalya OPD with a problem of something coming out per anus when patient goes for defecation. He has been having this off and on since one year, along with bleeding from the rectum and discomfort. Symptoms were aggravated by straining and prolonged sitting. On per rectal examination, circumferential descent of the rectal mass was noted. The patient had previously undergone conventional treatments with minimal relief and opted for Ayurvedic management. The patient had no history of diabetes mellitus, tuberculosis, or hypertension and was not on any long-term

medication. He reported a history of renal stones and occasional burning micturition, both occurring intermittently. Additionally, he had a significant history of constipation and burning sensation while defecation.

Clinical Findings:

The diagnosis was established through a detailed history and digital rectal examination. The patient general condition was fair, with normal pulse rate, blood pressure, temperature, oxygen saturation, and levels of consciousness and alertness. Systemic examinations, including Central nervous system, cardiovascular system, Respiratory, gastrointestinal, and musculoskeletal systems, revealed no abnormalities. On inspection, a partial rectal prolapse measuring approximately 3 cm was observed during straining, accompanied by hyperemic mucosa, mucus discharge. The anal sphincter tone was moderately reduced feel in digital rectal examination. Patient has no findings of pile mass, fissure in ano or any fistula in ano. Based on Ayurvedic principles and modern diagnostic criteria, the condition was identified as *Gudabhrashta* (partial rectal prolapse).

Investigations:

Routine investigations, including complete blood count, random blood sugar, and coagulation profile, Liver function test, Kidney function test were within normal limits. The viral marker HIV and HBsAg were non-reactive.

THERAPEUTIC INTERVENTION:

The management approach included a combination of internal medications, *Basti* (enema therapy), parasurgical intervention, and post therapy care. Internal treatment consisted of hot sitz baths with *Tankan Bhasma* for two minutes twice daily after defecation, and administration of 10 ml *Jatyadi oil* per rectally at bed time. A mixture of *Ashwagandha powder* (3 gm) and *Shankha Bhasma* (500 mg) was given twice daily after meals with water, along with *Kumaryasava* ^[9] *syrup* (4 teaspoons twice daily) diluted with an equal amount of water. Additionally, *Changeri Ghruta* ^[10] (one teaspoon twice daily) was administered after meals with water, complemented by *Agni-deepan* (digestive stimulant) medicines. As part of localized therapy, *Kashish Drava Basti*—a freshly prepared enema solution—was administered per rectum in a liquid form (25 ml daily) for seven consecutive days. The parasurgical intervention involved a Modified Thiersch Procedure using *Ksharasutra*, performed under

local anesthesia. In this procedure, a medicated thread known as *Guggulu Ksharasutra*—prepared with *Guggulu latex*, *Apamarga*, and *Haridra (Curcuma longa)* powder—was used for anal encirclement. Postoperative care included continued sitz baths with *Tankan Bhasma* twice daily and the application of *Jatyadi Taila* in the form of *Matra Basti* per rectum, along with the prescribed internal medications to support healing and recovery for one month with follow up.

Timeline of events: The timeline of events mentioned in Table number 1.

Clinical images: Different clinical images of *Gudabhrashta* and *Ksharasutra* Therapy of patient shown in figure number -1 (a - f). The images of external appearance of *Kashish*, *Kashish shodana* (purification) method and *Guggulu Ksharasutra* are shown in figure number-2 (a-c).

Table-1: Timeline of events:

Date of events	Events	Remarks
21-08-2024	First visit of patient in <i>Shalya</i> OPD for consultation	Prescribe the internal medications. Advice the patient for <i>Ksharasutra</i> therapy and <i>Kashish drava basti</i> Investigation advised-CBC, CT, BT, HIV, HBsAg, LFT KFT, FBS.
27-08-2024	Patient visit at hospital in <i>Shalya</i> OPD with all reports	Clinical assessment was done in respect of procedure, All reports checked and within normal limit.
28-08-2024	IPD admission done. Patient admitted in ward 2 of <i>Shalya tantra</i> unit of hospital.	Patient screening done and inform detail about the procedure with consent. Advice staff to preparation of patient for <i>Ksharasutra</i> therapy.
28-08-2024	<i>Ksharasutra</i> therapy (Modified Thiersch operation) performed.	Modified Thiersch operation by using <i>Guggulu Kshara-sutra</i> in Operation theatre/Major OT,

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		under full aseptic precautions.
28-08-2024 to 06-09-2024	IPD admission in <i>Shalya</i> Ward -2 of hospital	For postoperative care, direct observation, care and assessment.
31-08-2024 to 06-09-2024	Dressing and <i>Kashish drava basti</i>	Daily cleaning and dressing have done in minor OT, and <i>Kashish drava basti</i> 25 ml given per rectally in full aseptic condition.
06-09-2024	<i>Ksharasutra</i> removed, dressing done and Discharge From the ward	Final assessment and discharge the patient from hospital.
13-09-2024	Patient visit the hospital in follow up,	Patient checked and have no new complained, Advise the conservative treatment, <i>Pathya-Apathya</i> advised.
20-09-2024	Patient visited hospital in follow up.	Patient have no complain Cured <i>Pathya-apathya</i> advised.
20-12-2024	Patient visit the hospital in follow up.	No any complain Cured



(a) 28-08-2025 *Gudabhramsha* presentation : before therapy



(b) 28-08-2025 Digital Rectal Examination: before therapy



(c) 28-08-2024, Modified Thiersch operation by *Ksharasutra*



(d) 04-09-2024 Removal of *Ksharasutra*



(e) 05-09-2024, one day after *ksharasutra* removal



(f) 13-09-2024 in follow up Cured, no complain

Figure -1 (a - f): Different clinical images of *Gudabhrmsha* and *Ksharasutra* Therapy



(a) External appearance of *Kashish*



(b) *Kashish Shodhana-Purification*



(c) Image of *Guggulu based Ksharasutra*

Figure-2 (a-c): Figure of *Kashish*, *Kashish shodana* and *Ksharasutra*

RESULT:

The Modified Thiersch procedure by *Guggulu Ksharasutra*, combined with *Kashish Drava Basti* and *Ayurvedic* medications, has shown significant therapeutic benefits in managing *Gudabhrmsha* (partial rectal prolapse). After *Ksharasutra* application and when in situ, there is no prolapse occur. No any infection or excessive discharge seen during course of *Ksharasutra* therapy. Within two weeks of initiating *Ksharasutra* therapy and *Kashish Drava Basti*, the patient experienced notable symptom relief, including cessation of rectal prolapse and enhanced anal sphincter tone. At the three-month follow-up, complete resolution of the rectal prolapse was observed,

with the patient reporting no recurrence or discomfort. Normal bowel movements were maintained, and no postoperative complications such as infection or anal stenosis were noted.

DISCUSSION:

Sushruta's approach to treatment of *Gudabhrmsha* (rectal prolapse) includes avoiding causative factors (*Nidana Parivarjana*), manually repositioning the prolapsed rectum, administering *Anuvasana Basti* (medicated oil enema), and using herbal preparations like *Changeri Ghrta* and *Musika Taila* to support tissue strength and function ^[11]. The aim of treatment is to reduce straining, balance the

disturbed *Vata Dosha* (especially through *Anulomana* to promote proper bowel movement), and enhance the strength of the anorectal area. *Kashish Drava Basti* plays a vital therapeutic role by strengthening the rectal tissues helping *Gudamarga Sankochana* (to control and reduce the prolapse) [12]. In addition, the Modified Thiersch Procedure using *Guggulu Ksharasutra* provides an effective, minimally invasive surgical option. This involves placing a medicated thread around the anal verge to form a supportive sling, thus preventing further protrusion [13]. The prescribed medications aid in pacifying *Vata*, regulating bowel habits, relieving constipation, strengthen structure, and maintaining anorectal hygiene. Dietary and lifestyle modifications (*pathya-apathya*) suggested taking fiber-rich foods, drinking lukewarm water, avoiding factors that causes *Atisaar* (diarrhea) or *Vibandha* (constipation), and ensuring the local hygiene. This integrative approach combines mechanical support with Ayurvedic therapy, offering a holistic solution that not only alleviates symptoms but also promotes long-term anorectal health and minimizes recurrence [14].

CONCLUSION:

Ayurvedic literature highlights the potential of traditional therapies in the management of *Gudabhrashta*. The integration of *Kashish Drava Basti* and the Modified Thiersch Procedure using *Guggulu Ksharasutra* offers a promising therapeutic strategy, particularly for cases of partial rectal prolapse. This case underscores the effectiveness of Ayurvedic principles in treating anorectal disorders and enhancing patient outcomes. However, further research involving larger patient

populations is needed to substantiate these findings and establish broader clinical relevance.

Parent's written consent:

The patient informed written consent has been taken for surgical procedure as well as clinical information to be published in the scientific journal without disclosing his identity.

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