

CASE REPORT

Successful Management of Proctalgia Fugax through Ayurveda and Yoga: A Case Report

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ABSTRACT

Proctalgia fugax (PF) is a functional and recurrent anorectal pain lasting from seconds to minutes without organic pathology for more than 3 months with unknown etiology. Based on the origin and nature of pain, it resembles *Tuni* in Ayurveda. We report a case of a 47-year-old female previously diagnosed with PF, which did not improve after 2 months of conservative treatment, treated with Ayurvedic medicines, therapies, and the practice of *Ashwini Mudra* (AM). The symptoms completely resolved after 3 months of treatment. The recurrent episodes of pain were not reported after 5 months of follow-up. No adverse events were reported during the treatment. Ayurvedic management and AM could be treatment options for PF. Further future studies in large-scale patient populations are needed to gather evidence.

1. INTRODUCTION

Rome III criteria define proctalgia fugax (PF) as a benign syndrome that causes sharp, severe, intermittent pain limited to the anus and rectum, lasting from seconds to minutes in the absence of organic pathology for more than 3 months.^[1] The exact etiology is unknown. However, spasms of the levator ani muscle, anal sphincter, and sigmoid colon are commonly suggested etiologic mechanisms, and reduction of anal sphincter pressure is the preferred treatment.^[2] Women are more commonly affected than men.^[3]

Based on the origin of pain and symptoms, PF can be correlated with *Tuni* in Ayurveda. In *Tuni*, severe intermittent pain originating from the rectum or urinary bladder moves downward to the anal region or penis.^[4] The *Apana Vata Vaigunya* treatment principle can improve the symptoms.

We present a case of a female patient diagnosed with PF that has not improved after 2 months of conservative management and was treated with Ayurvedic medicines, therapies, and *Ashwini Mudra* (AM), a Yogic practice.

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2. PATIENT INFORMATION AND CLINICAL FINDINGS

A 47-year-old woman previously diagnosed with PF was presented in the outpatient department. She had a history of sudden, severe, intermittent perianal pain that persisted for 7–10 min during the previous 8 months. She had no history of bleeding per rectum, feeling of mass at the perianal region, prolapse rectum, anal fissures, irritable bowel syndrome, inflammatory bowel disease, hypertension, diabetes, hypothyroidism, sexually transmitted disease, HIV, and anal intercourse. Colonoscopy, computed tomography scan, and magnetic resonance imaging were normal. Her weight was 56 kg, her blood pressure was 114/76 mmHg, her heart rate was 78 beats/min, her respiration rate was 16/min, and her oxygen saturation was 100% in room air. She had no history of surgical intervention. She has one son and one daughter with a normal delivery history, and menopause was achieved 2 years before. She consulted a general physician and continued analgesics, antispasmodics, and local application of calcium channel blockers and sitz baths. However, the condition did not improve after 2 months of treatment.

2.1. Diagnosis

Patient information, clinical findings, and pathological, radiological investigations, based on the origin of pain, confirm the diagnosis as *Tuni*, according to Ayurveda texts.

2.2. Investigations

The patient was previously diagnosed, and all pathological and radiological investigations were done. Hence, no further investigation was advised.

2.3. Time line

The treatment timeline is presented in Table 1.

2.4. Therapeutic intervention

The patient was treated with both Ayurvedic and Yogic interventions mentioned in table 2. The *Apana Vata Vaigunya* treatment principle was preferred. *Acharya* Charak advised *Udavarta Chikitsa* (treatment of reverse movement of *Vata*) for the impairment of *Apana Vata*.^[5] AM was chosen as a Yogic intervention.

2.5. Ayurvedic intervention

Snehana (oleation), *Swedana* (sudation), and *Vatanolomana Chikitsa* (treatment for smooth and unobstructed flow of *Vata*) were advised. The patient was prescribed the following Ayurvedic medicines.

1. *Ajmodadi Churna* – 5 g after breakfast and dinner with buttermilk.
2. *Chandana Bala Lakshadi Taila* – For abdominal and lower back massage before *Avagaha Swedan* (warm tub bath) once daily.
3. *Nirgundi Patra Kwatha* – For *Avagaha Swedan* once daily.
4. *Guda Pichu* – *Jatyadi Taila* soaked with Kulpa soft gauze at bedtime.

2.6. Yogic Intervention

The patient was advised to practice AM during the morning and evening for 5–10 min in each session.

Pain episodes of PF are measured as frequency, duration, and intensity subheadings described in Table 3.

Table 3 shows the frequency, duration, and intensity of pain during the treatment period.

2.7. Follow up and outcomes

After 1 month of treatment, she reported that the episode and severity of pain were reduced as described in Table 3. The episode of perianal pain completely resolved after 3 months of treatment, and no further treatment was recommended. She did not complain of any episode of perianal pain after 5 months of follow-up.

3. DISCUSSION

PF is treated conservatively by reducing the spasm of the internal anal sphincter. Conservative measures such as calcium channel blockers, glyceryl nitrate, benzodiazepines, salbutamol, nerve blocks, and hip baths are commonly advised.^[6] Botulinum A toxin is also injected to reduce the spasms of the internal anal sphincter.^[7] Sometimes these conservative treatments remain unresponsive and cause adverse effects such as hypotension, erythema, edema, and aggravate pain.

In this case, she complained of recurrent episodes of perianal pain after 2 months of conservative treatment. Hence, we started treatment with *Vatanolomana* drugs, *Abhyanga* (gentle massage), *Swedan*, and the practice of AM.

Ajamodadi Churna is an antispasmodic, carminative, anti-inflammatory, and vermifuge that possibly reduces the spasm of

smooth muscles.^[8] *Abhyanga* is a practice of *Bahya Snehana Karma* (external oleation therapy) that accelerates blood supply, relaxes muscles, soothes the nerve endings, and provides relief from pain in PF. Several studies have shown that massaging oil over the abdomen improves blood circulation and reduces spasms in dysmenorrhea.^[9,10] *Nagakesar* present in *Chandana Bala Lakshadi Taila* has analgesic and antispasmodic action applied over the abdomen for the same intention. An observational controlled study shows *Avagaha Swedan* improves tiredness and alleviates distressing chronic pelvic pain, probably eliminating symptoms in PF.^[11] *Nirgundi Patra Kwatha* is used for its muscle relaxant properties. *Jatyadi Taila* ameliorates dryness, constipation, and sphincter spasms with its unctuousness and soothing properties, annihilating PF symptoms.^[12] The practice of AM reduces the spasm of the pelvic floor and anal sphincter muscles seen as helpful in PF management.^[13,14]

4. CONCLUSION

Conservative management is a mainstay treatment for PF. Ayurvedic management and AM successfully treated this case. No adverse events were reported during the treatment. It could be a treatment option for PF. Further future studies in large-scale patient populations are needed to gather evidence.

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Nil.

6. AUTHORS' CONTRIBUTIONS

All the authors contributed equally in the design and execution of the article.

7. FUNDING

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8. ETHICAL APPROVALS

This study does not require ethical clearance as it is a case study.

9. CONFLICTS OF INTEREST

Nil.

10. DATA AVAILABILITY

This is an original manuscript, and all data are available only for review purposes from the principal investigators.

11. PUBLISHERS NOTE

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Table 1: Timeline of the treatment

Timeline	Clinical events
July 2022	Symptoms appear, and the severity of pain increases gradually.
December 2022 to February 2023	Consult with a physician, and modern conservative treatment continued. The condition did not improve.
March 2023	Visited the Ayurveda outpatient department. Treated with Ayurvedic medicines, therapies, and AM.
April 2023	The pain episode and severity subsided. Treatment continued.
June 2023	Pain completely resolved. No treatment recommended.
June 2023 to December 2023	No recurrence of pain was reported.

Table 2: List of therapeutic interventions with their possible effects

Medicines	Dosage/method of application	Possible effects
<i>Ajmodadi Churna</i>	5 g after breakfast and dinner with buttermilk	Antispasmodic and carminative actions.
<i>Chandana Bala Lakshadi Taila</i>	For massage over the abdomen and lower back	Analgesic and antispasmodic properties.
<i>Nirgundi Patra Kwatha</i>	<i>Avagaha Swedan</i>	Muscle relaxant effect.
<i>Jatyadi Taila</i>	<i>Guda Pichu</i>	Reduces anal sphincter spasm.
<i>Ashwini Mudra</i>	Practiced morning and evening for 5–10 min in each session.	Reduces rectum and anal sphincter muscle spasm.

Table 3: Frequency, duration, and intensity of pain during the treatment period

OPD visits	Frequency of pain (how often episodes occur)	Duration of pain (how long each episode lasts)	Intensity (NPRS)
March 2023	Daily	7–10 min	6
April 2023	Weekly	2–3 min	3
June 2023	No pain	No pain	0

NPRS: Numerical pain rating scale