

## AN AYURVEDA APPROACH IN TREATING PERIANAL ABSCESS - A CASE REPORT

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### ABSTRACT

Perianal abscess is a common ano rectal disorder. An abscess is a collection of pus in a cavity formed by disintegrating tissue and surrounded by inflamed tissue. Perianal abscess, is the most common type of anorectal abscesses accounting for about 60% of reported cases, are superficial collections of purulent material just beneath the skin of the anal canal. The most common complication of perianal abscess is fistula in ano because of inadequate drainage of pus or improper dressing in the post-operative phase. The management in the contemporary science is described in two step procedure involving incision and drainage followed with fistula management. In *Ayurveda Vidradhi* is compared to abscess. *Acharya Sushruta* mentions that if

*vidradhi* attains *Pkvaavastha*, surgical management remains the best choice of treatment. After Incision and drainage of the pus later, it should be treated as *Vrana*. The current study subject reported to the department with pain and swelling in perianal region for the past 10 days. The Ayurvedic management followed in current case was involving incision and drainage followed by *Vranopachar* (wound healing). Ayurvedic treatment of abscess drainage followed by wound cleaning with *triphala kashya* and application of *Jatyadi oil* and *yashtimadhu ghrit*.

**KEYWORDS:** *Jatyadi Tail*, Perianal abscess, *Vidradhi*, *Vrana*.

## INTRODUCTION

Acute sepsis in the area of the anus is common. A fundamental distinction that has to be made is whether the sepsis is in that area by chance (simple boil, skin appendage infection) or whether it has arisen as a consequence of the presence of the anorectum, specifically the anal glands. Overall, anorectal sepsis is more common in men than women, although infections with skin-type organisms (and thus unrelated to fistula) are evenly distributed.

In *Ayurveda* classics, abscess is understood as *Vidradhi*. *Vidradhi* is *Rakhta Dushti Vikara* which undergoes rapid suppuration followed by *Pooya* formation.<sup>[1]</sup> It is classified into 2 as *Abhyantra* and *Bhaya*. The presented study deals with the *Bahyavidradhi* of the gluteal abscess. *Sushruta* mentions that “*Nimnadarshanam Angulya Avapidite Prattyunnaman Bastavivodaka Sancharanan*” means when *Vidradhi* gets ripen it shows Fluctuation test positive and pitting oedema. Acharya *Sushruta* has mentioned the detailed procedure to drain and incise an abscess. He also mentioned many drugs for local application to dress the abscess. *Panchavalkal kwath*, *Triphala kwath*, *Nimba patra kwath* etc. are a few preparations which are used to wash the abscess wound. These readily help in healing abscess.

## CASE REPORT

A perianal abscess, confined by the terminal extensions of the longitudinal muscle, is usually associated with a short (2–3 day) history of increasingly severe, well-localised pain and a palpable tender lump at the anal margin. Examination reveals an indurated hot, tender perianal swelling. Patients with infection in the larger fatty-filled ischiorectal space, in which tissue tension is much lower, usually present later, with less well localised symptoms but more constitutional upset and fever. On examination, the affected buttock is diffusely swollen with widespread induration and deep tenderness. If sepsis is higher, deep rectal pain, fever and sometimes disturbed micturition may be the only features, with nothing evident on external examination but tender supralelevator induration palpable on digital examination above the anorectal junction.<sup>[2]</sup>

## CASE REPORT

A 26 years old male presented with the chief complaints of pain and swelling at the left side of gluteal region for 10 days. On clinical examination revealed a tender swelling on left gluteal region measuring 6 into 7 cm.

Laboratory investigation showed normal blood picture except a slight increase in WBC.

ECG, CHEST X-RAY, BLOOD SUGAR was normal. Surgical and food allergy history were nil and all family members were healthy according to the patient's statement.

### Treatment Given

Surgical operation was considered for pus drainage from gluteal swelling. later daily dressing from *Triphala Kwath* for cleaning of wound and *Jatyadi Tail* and *Yashtimadhu Ghrit* for local application. The patient recovered well with complete healing of the wound within span of 3 weeks.

### DISCUSSION

In the current case, *Triphala Kashaya* was used for washing the affected area. The decoction not only helps in cleaning the wound, but also enhances wound healing by contraction and proliferation of tissues. Most of the ingredients in *Jatyadi Taila* are *Shothahara*, *Vedanasthapana* and *Ropaka*, which are chief requirements of healing a wound. The ingredients like Neem (*Azadirachta indica*) and *Daruharidra* (*Berberis aristata DC*) are antibacterial and promote wound healing. In present study *Yashtimadhu Ghrit* mentioned in *Sushrut Samhita Agropaharanyani Adhyay* (Su. Su. 5/41) having analgesic property especially in post operated wound. *Yashtimadhu* has *madhura rasa*, *sheeta virya*, *madhura vipaka*. It is *vata-pitta shamaka*. *Ghrita* has a *daha shamaka* property.

### CONCLUSION

From this study it can be concluded that Patient presenting with perianal abscess. After *bhedanakarma* pus is drained and necrotic tissue was excised, and later treated with *Triphala Kashya*, *Jatyadi Tail* and *Yahtimadhu ghrit*. Pus discharge reduced with healthy granulation tissue and cavity completely healed.

*Jatyaditail* have *Shodhana* and *Ropana* properties and antibactericidal action which helps in vascularisation and healing of the cavity.

*Yashtimadhu Ghrit* as a local application is clinically effective in postoperative patients.

This treatment is devoid of any side effects.

This treatment can be used as a supportive treatment modality for early recovery.

**FIGURES****Before Treatment****After I&D wound****After Treatment****REFERENCES**

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