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CHHEDANKARMA IN *GUDAVIDRADHI*- A CASE STUDY

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ABSTRACT

Phenomena of *vidradhi* formation is due to vitiation of *dosha* resides in *asthi* and spreads and vitiates to the *twacha*, *rakta*, *mamsa*, *meda* and gradually reformed into excessively severe inflammatory swelling, which is *mahamulam* (deep rooted), *rujavantam* (severe painful) *vruttam* (round) or *aayatam* (elongated in shape) that is called *vidhradhi*[1]. In case of pei-anal abscess, originates from an infection arising in the crypto glandular epithelium lining of the anal canal spreading into adjacent space and resulting in fistulas 40% of cases. The proper treatment of *gudavidradhi* (anal abscess) is early and adequate drainage and proper healing process. This case was based on recurrent anal abscess (*gudavidradhi*) inspite of *bhedankarma* (incision and drainage) with below mentioned line of treatment.

Keywords: *Vidradhi*, *Gudavidradhi*, *Chhedana*, Peri-anal abscess

INTRODUCTION

Most common causative organism for ano-rectal abscesss is E. coli(60%), others are staphylococcus, b. protease, streptococcus, bactereoids. 95% of ano-rectal abscess are due to infection of anal glands in relation to crypts and other causes are injury to ano-rectum, cutaneous infection, blood born infection, fissure in ano, tuberculosis, crohn's disease[2]. Cellultis leading to abscess formation is relatively common in the tissues surrounding the anal canal and lower rectum[3]. Asarule surgery is required in the perianal abscess as antibiotics having least role in treating the anorectal abscess so the sooner it is performed the better it is for the patient[4]. According to *Ayurvedavidradh,i* having mainly 2 types – *bahya* and *abhyantara*. *Gudavidradhi* comes under *abhyantaravidradhi*. Main causes of *abhyantaravidradhi* is*guru*, *asatmya*, *viruddhaanna*, *vyayam*, *atyadhik-vyavaay*, *vegavarodha* and *vidahidravyasevana*[5]. Main places of *abhyantaravidradhi* is *guda*, *bastimukha*, *nabhi*, *kukshi*, *vankshan*, *vrukka*, *yakrit*, *pleeha*, *klom*, *Hridaya*.[6] Among them with similarity of place and symptoms *gudavidradhi* can be correlated with perianal abscess, because *vataavarodha lakshana* can be seen in *gudavidradhi*[7]. In which there is presence of instant *vidah* due to excess vitiation of *rakta* called as *vidradhi*[8]. *bhedanakarma* is indicated by *achayasushruta* in *abhyantaravidradhi* and avoid suppuration formation in *abhyantara-vidradhi* as early as possible[9]. Because *gudavidradhi* is main cause of fistula in ano (*bhagandara*) if it is

not treated in time it may convert into *bhagandara* as it finds its way into the anal canal. Here patient had already undergone *bhedanakarma* (incision and drainage), inspite of that his *gudvidradhi* recurrence seen so here we planned for *chhedan* of *vidradhi*(complete excision of the peri-anal abscess)

Case report:

A 46 year old male patient namd XYZ came into OPD of shree RMD *Ayurveda* College and Hospital with throbbing pain and fever sinse 1 week. Patient having complaint of constipation, throbbing pain at anal region, unable to sleep and even seat properly due to pain, pain increased after defecation and fever since 1 week. After proper history and examination found that patient undergone incision and drainage procedure before 3 months nearby government hospital and had relief for some months but after complaint started again and gradually symptoms gradually increased so he came here for further suggestion and treatment. After examination previous scar found at perianal region with pain and tenderness at 12 o clock position at anal region with mild oedema and tenderness and 7 oclock 3rd degree haemorrhoid. In per rectal examination and proctoscopic examination there is no internal opening or external opening found so differential diagnosis for fistula in ano deleted from mind and diagnosed as perianal abscess. Patient advised for surgery and he was willing for that so treatment for few days given with advice of preoperative investigation. After all preoperative investigation was normal patient taken for surgery on 6th November 2017. After *chhedanakarma* of perianal abscess and 1months regular dressing with *jatyaditaila* and oral medicines (*Trifala* Guggulu, *Erandbhrishtaharitaki* tablet) the wound of perianal abscess was completely healed. Patient came for followup for 3 months after complete healing of the wound but no recurrence was found.

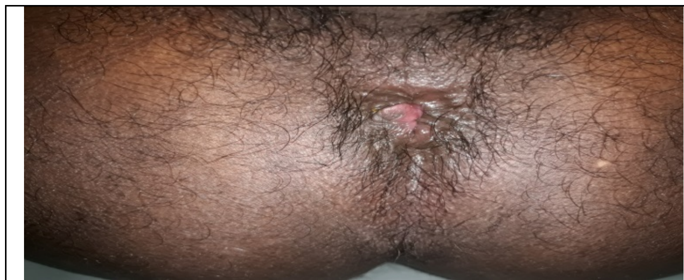


Image 1: When patient first came into OPD- peri anal abscess at 12 o clock and 7 o clock 3rd degree haemorrhoid.

Treatment protocol:

Treatment was continued only for 15 days after surgery. As patient doesn't having any compliant of pain and constipation *TrifalaGuggulu* and *erandbhrishtaharitaki* tablet was discontinued after 15 days. Upto that *TrifalaGuggulu* was taken 2 tablet b. d after meal and *erandbhrishtaharitaki* was taken 2 tablets at night with luke warm water. Daily dressing was done upto 1 week of surgery, after that intermittently for 1 week and weekly twice for last 15 days with *jatyaditaila*.

Ingredients of medicine used:

Table 1: (Key ingredients of formulation used in treatment)

Name of formulation	Key ingredients
Trifala Guggulu[10]	*Haritaki churna, bibhitaki churna, aamlaki churna, pippali churna, shuddha Guggulu*
Errand bhrishtaharitaki	*Erand taila, haritaki churna*
Jatyadi taila[11]	*Jati, nimba, patola, naktamala, sikhtha, madhuka, kushtha, haridra, daruharidra, manjistha, katurohini, padmaka, lodhra, abhaya, nilotpala, tuthhaka, sariva, naktamalabija, til taila*

Shows ingredient of the formulations used in the treatment with references

Symptoms:

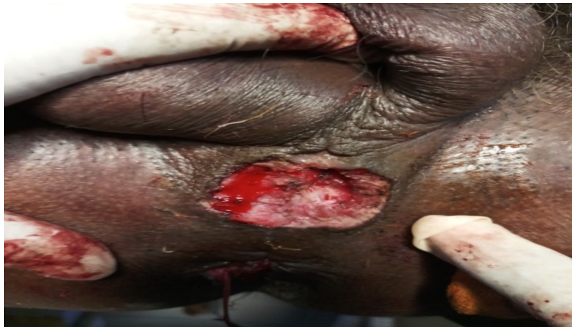
1. *Shoola*: pain at anal region(++++)
2. *Daha*: burning at anal region(++) –after defection
3. *Vibandh*: constipation(++)
4. *Jwara*: fever (since 1 week)

Investigation done: preoperative major profile is normal

1. CBC WITH ESR
2. BT- CT
3. LIVER FUNCTION TEST
4. KIDNEY FUNCTION TEST
5. HIV/ HBSAG
6. RBS
7. URINE ROUTINE - MICROSCOPIC

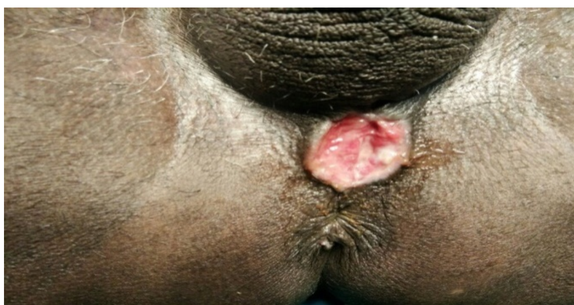
Surgical note:

1. **Preoperative:** As surgery was planned under spinal anaesthesia, patient was admitted previous day of surgery. Patient's part was prepared required to clean before surgery, advised for NBM before 8 hours of surgery. Enema given late night for bowel clearance, and required written consent of patient and his relatives taken before surgery.
2. **Operative note:** Under all aseptic measures under spinal anaesthesia 7 o'clock haemorrhoid trans-ligated with Barbour linen thread no. 20 and 12 o'clock perianal abscess completely excised (*chhedan karma*) upto base of scrotum as it was spread upto base of scrotum. Patient was stable during procedure and all vitals were normal.
3. **Postoperative note:** After surgery, proper haemostasis achieved with equipments and tight bandage done to avoid postoperative bleeding. Patient shifted to ward with normal vitals and nursing staff advised to measure all vitals every half hourly (BP/TPR/INPUT/OUTPUT/BLEEDING), and advised to call surgeon in any emergency, NBM released after 6 hours of surgery.



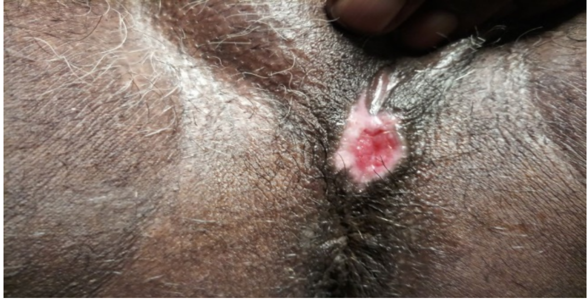
During surgery

Immediate after surgery

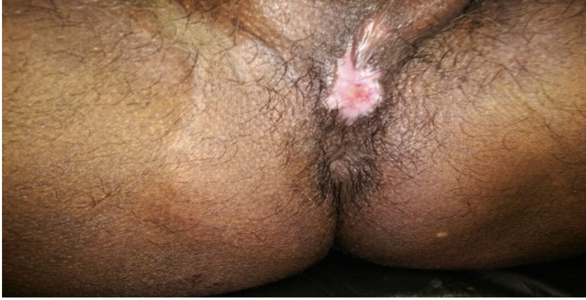


7 day after surgery

15 days after surgery

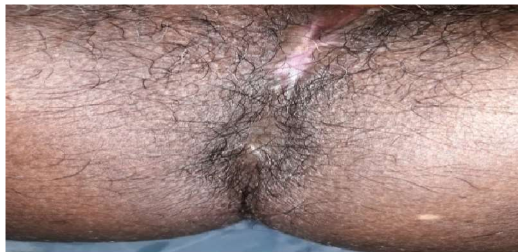


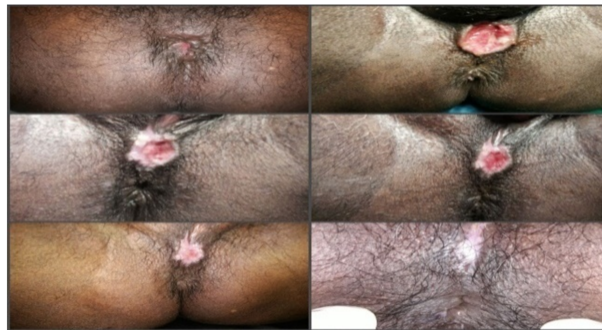
21 days after surgery



1 months after surgery

Scar after 2 months of surgery





Pre, para and post-operative wound

DISCUSSION

As *vidradhi* is completely a disease of *pitta pradhanya* and according to modern science it occurs due to crypto glandular infection it is better to excess it completely (*chhedankarma*) because if its causative organism resides in it it may occur again if it resistance to antibiotics and proper drainage was not given. In this case we can say that same was occurred. So we tried to completely excise the *vidradhi* and in open wound it daily dressing was easy and we can observe the healing process weather it was proper or not. Though in open wound there may be chances of secondary infection but we can manage it by proper hygiene and daily dressing. As *Trifala Guggulu* was indicated in *bhagandara* it can be a better alternative for antibiotics and *Guggulu* can be beneficial in healing process as it reduces *oedema*. *Erandbhrishtaharitaki* as it works as laxative patient

doesn't has to be straiful while defication so there may be reduction in the pain after defecation. *Jatyadi taila* as we all know is a good in wound healing and proper granulation of the wound and it also protects wounds from secondary infection but it should be remembered that *Jatyadi taila* should be applied after proper wash of the wound with luke warm water and with proper hygiene it should be applied in wound.

CONCLUSION

As in recurrent perianal abscess there may be improper hygiene, improper dressing and improper drainage of the abscess. There may be another option for the *chhedanakarma* to completely remove the vitiated *dosha* from that local region. In this case there is complete absence of all the symptoms related to *gudavidradhi*(pain, constipation, *jwara*) after *chhedanakarma* of the *vidradhi*.

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