THE EVALUATION OF BACTERIOLOGY IN PRE - POST KSHARA KARMA OF PERIANAL ABSCESS - A CASE REPORT

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ABSTRACT
Abscess is a collection of the pus in cavity and it is an acquired condition seen all over the body. The clinical features of abscess are swelling, pain, redness, tenderness, and local temperature. The aggravated Doshas vitiate the skin, blood, muscles, fat and bone tissue, become localised and produce a troublesome swelling - deep rooted, painful, slowly bulging called VIDRADHI. The abscess which is developed in perianal regions is called perianal abscess. Treatment of perianal abscesses requires prompt surgical drainage. However, there is no evidence that uncomplicated perianal abscesses can be safely treated only with drainage. For this reason, it is important to identify the causative organisms in pre- post I&D Pratisaraniyakshara karma there-fore, we accessed the microbiological analysis of this patient. Here in this case the Ayurvedic management of Pratisaraniyakshara was applied post I and D considering it as a DustaVrana keeping in the mind to avoid the reoccurrence and complication.

Keywords: Perianal abscess, Gudhavidradhi, bacterialogy, Pratisaraniyakshara,

INTRODUCTION
As Abscess is a collection of pus in the body and pyogenic Abscess is the commonest variety of Abscess. A) Direct infection from outside due to penetrating wounds, B) Local extension from adjacent focus of
infection, C) Lymphatics, D) Blood stream of hemorrhage. The cardinal features of acute inflammation are usually present. These are rubor (redness), dolor (pain), calor (heat) and swelling (tumor). The supplicative infection gradually leads to cell death and liquefaction.1 The clinical features of Vidradhi presenting swelling, pain, redness, local temperature can be correlated to abscess The aggravated Doshas vitiate the skin, blood, muscles, fat and bone tissue, become localised and produce a troublesome swelling - deep rooted, painful, slowly bulging called Vidradhi. When this Vidradhi completes its Pakwa Avasta, it burst opens or we have to do Bedhana Karma to drain vitiated substances leading to a cavity2. The majority of anorectal supplicative disease results from infections of the anal glands (cryptoglandular infection) found in the intersphincteric plane. Their ducts traverse the internal sphincter and empty into the anal crypts at the level of the dentate line. Infection of an anal gland results in the formation of an abscess that enlarges and spreads along one of several planes in the perianal and perirectal spaces. 3 The stages of treatment of Vrana-sopha and Vidradhi are similar viz, Amavasta, Pachyamanavasta, Pakvavasta.4 Kshara possesses the qualities like Shodana (cleansing) and Ropana (healing).5 Hence we planned the application of Pratisarana Kshara in the management of drained abscess cavity, as it enhances the healing property.

Pyogenic infection is characterized by several local inflammations.it usually presents with pus formation. These are generally caused by one of the pyogenic bacteria. Pyogenic infection may be endogenous or exogeneous the human skin and soft tissue infections are caused by microbial pathogens. These results in production of pus. Both aerobic and anaerobic bacteria have been implicated in infections. Coagulase positive staphylococcus aureus has been found to be more dominant organism in pus. Antibiotic resistance among bacteria is becoming more and more serious problem throughout the world. It is said that evolution of the bacteria towards resistances to antimicrobial drugs, including multidrug resistances, is unavoidable because it represents a particular aspects of the general evolution of bacteria that is un-stoppable. Antibiotics resistance emerges commonly when patients are treated with empirical antimicrobial drugs. Monitoring of the resistances patterns in the hospital is needed to overcome these difficulties and to improve the outcomes

This study was designed to evaluate the profile of aerobic pyogenic bacteria in perianal abscess along with their susceptibility to our trial drug.

Case Report
A 15-year-old male patient came to Shalya Tantra OPD at our hospital with.

• Chief complaints of hard mass of swelling around the anus and discomfort in sitting from 12 days. Past history told by patient was previously 6 days before he had severed throbbing pain at perianal region and was associated with tenderness and fever.
• On clinical examination we found externally a large tender mass, skin with red appearance and local temperature and on per rectal digital examination we found a soft tender mass at 3 O clock position in which fluctuation and fluid thrill test were positive and there were no any internal opening found. The mass was completely fixed, and tenderness elicited. After thorough examination and detail history taking, we diagnosed it as perianal abscess. Later the line of treatment was planned to do Incision and drainage followed by Pratisaraniyakshara application under saddle block.

Preoperative Procedure:
• Patient was nil orally 6 hours before OT
• Enema was given before surgery
• Surgical profile investigations such as CT, BT, HB%, HIV, HbsAg, RBS, were done
• Consent of the patient,
• Injection Lignocaine test dose and part preparation was done

And the patient was prepared for procedure according to standard protocol.

Operative procedure:
• Under saddle block with all aseptic precaution in lithotomy posture part painted and draped.
• Initially manual dilatation of anal canal by ligno-
caine jelly.
DISCUSSION

Aerobic cululture yeilds Bacterial growth and the organism isolated

The specimen was collected during I&D procedure for about 5ml of pus in sterile container Staphylococcus aureus was the most common isolated bacteria from the pus which was 84.6% followed by proteus spp was about 16%.

And repeat pus culutre was done by collecting the discharge on 2nd day after the procedure of pratisaraniya kshara application. The aerobic cululture yeilds bacterial growth and the organism isolated are staphylococcus aureus was about 12% and proteus spp was absent.

Most of the perianal abscess pathology has postulate of crypto anal gland infection cause. Here we adopted incision and drainage followed by PratisaranaKshara application, most of the perianal abscess and open wound around the anal opening are more vulnerable for infection and henceforth reoccurrences chances are more in the form of abscess or fistula in ano. Amaparga Kshara are prepared from herbal drugs and it includes the basic properties of the original herbal drugs. Kshara is predominant with Agnibhuta (fire element) hence having Teekshna property. It consists of SparshaGuna (consistency property) due to its predominant of Vayubhuta (wind element) and hence give quick action. So, above factors clearly state that Kshara is having predominance of Agni and Vayubhuta. Kshara is having Tejohbutha (agni element) property predominantly hence it is having the property of corrosiveness. According to Shushruta Kshara is the most superior procedure among Shastra and Anushas-tra (sharp instrument and substitute of sharp instrument) because it is having superior qualities like Chedana, Bhedana, Lekhana etc. So, Khara having Lavana (Salty), Tikta (bitter) Rasa; and Ruksha (dry), Teekshana Gun (properties); Ushna (hot) Viry (Potency); and Katu (Pungent) Vipaka (attributes of drug assimilation).

CONCLUSION

The surgical management of perianal Abscess followed by Pratisaraniyakshara application yields good...
result and it not only cures but also minimizes the rate of complication and re-occurrence and with bacteriological study we came to know its Anti-microbial action and suppress the growth of micro-organism and antimicrobial therapy can be avoided. According to Ayurvedic classics Kshara has a property of Krimigna. It is a good therapy and patient satisfactory.
REFERENCES


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