A CASE STUDY OF PERIANAL ABSCESS IN HYPERGLYCEMIC PATIENT

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ABSTRACT
An abscess is a collection of pus in a cavity formed by disintegrating tissue and surrounded by inflamed tissue. Sheegravidahitvat definition of Vidradhi means virulence of disease. Acharya Sushruta mentions that if vidradhi attains pakvaavastha, the first line of treatment is to drain the pus through bhedana and later, it should be treated as Vrana. In the present context, a 45 years old male suffering from right sided gluteal abscess was admitted and treated with surgical incision and drainage and one week therapeutic regimen of antibiotics and analgesics with anti-hyperglycemic were given to counteract the infection. Treating an abscess in a diabetic patient needs a complete follow-up plan to avoid any opportunistic infection.

Keywords: Perianal abscess, vidradhi, Jatyadighrita.

INTRODUCTION
In Ayurvedic classics, abscess is understood as vidradhi which is classified into 2 as Bahya and Abhyantara. The present study deals with the Bahyavidradhi of gluteal abscess. Sushruta mentioned that Nimnadarshanam Angulya Avapidite Pratyunnaman Bastavivodaka-Sancharanam¹ means when vidradhi gets ripen it shows fluctuation test positive and pitting oedema. Acharya Sushruta mentions that if vidradhi attains pakvaavastha, the first line of treatment is to drain the pus through bhedana and later, it should be treated as Vrana.

CASE REPORT
A 45 years old male presented with the chief complaints of pain and swelling at the right side of gluteal region for two weeks with pus discharge and low grade fever. Patient was investigated and was known to be a diabetic. Random blood sugar was 419 mg/dl.

On clinical examination revealed a tender swelling on right gluteal region measuring 7 into 8 cm. Laboratory investigations showed a normal blood picture except a slight increase in WBC and CHEST X RAY also clear.
TREATMENT GIVEN:-
Surgical operation was considered for pus drainage from gluteal swelling. Sliding scale insulin regimens was started as per GRBS chart and patient was further initiated on anti-hyperglycemic, antibiotics, analgesic and dressing with _jatyadighrita_. The patient recovered well with complete healing of the wound within span of 6 weeks.

DISCUSSION
Probable Mechanism of action of _Jatyadighrita_ and its practical use:-
The _shodana_ and _ropana_ contents in _Jatyadighrita_ drugs found very efficacious as described in ancient classics. The action of _tiktara_ is _raktaprasadaka_ (blood purifier), _ushnaverya_ is _shothahara_, _ushna_ and _teeksha_ are _krimighna_ in nature, action on _tridoshas_ as calms as _Pitta_. _Shodana_ drugs on topical application reduce pain, discharge and oedema of the surrounding tissue. Initially drugs acts as a debriding agent, removing slough and necrotic material from wound and subsequently promotes smooth and uncomplicated healing. They reduce wound infection due to their bactericidal action on drug. The dressing soaked with _shodhana_ drugs provides moist environment which enhances epithelialisation, prevent scales formation, beneficial in infected wounds with drug resistant bacteria. The content _Katuka_ improves re-epithelialisation, neo-vascularisation and migration of endothelial cells, dermal my fibroblasts and fibroblasts into the wound bed. The _jatipatola_ and _sikta_ have _Vrana ropana_ action.

CONCLUSION
Patient presenting with perianal abscess with uncontrolled diabetic and patient presented with pus discharge in perianal region with necrotic tissue. After _bhedanakarma_ pus is drained and necrotic tissue was excised, and later treated with _jatyadigrita_ along with diabetic control. Pus discharge reduced with healthy granulation tissue and cavity completely healed. _Jatyadigrita_ have _shodhana_ and _ropana_ properties and anti bactericidal action which helps in vascularisation and healing of the cavity.

FIGURES:-

1. BEFORE TREATMENT.
2. DURING TREATMENT.
3. AFTER TREATMENT.
REFERENCES

2. Sutra Sthana, 17th Chapter, Verse 5, pp-824, pg-82.

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