

Clinical Study of Dashanga Lepa Application Followed by Virechana Karma in The Management of Guda Vidradi (Recurrent Perianal Abscess)

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ABSTRACT:

The phenomenon of formation of wound as a result of inflammation and abscess. Its repair and treatment by mean of *Shasti upakrama* or *saptopakrama* is the fundamental major contribution of *acharya Sushruta*. An ano rectal abscess originates from an infection arising in the crypto-glandular epithelium lining of the anal canal spreading into adjacent spaces and resulting in fistula, in 40% of cases. The classic location of anorectal abscess, listed in order of decreasing frequency are as follows: perianal (60%), ischiorectal (20%), intersphincteric (5%), supralelevator (4%) and submucosal (1%).

The treatment of *Guda vidradi* (anal abscess) in *pakwa avastha* is adequate and dependent drainage. Hence *Sushruta* has indicated *bhedana karma*. In *Ayurveda*, inflammatory swelling well managed by medical along with surgical interventions.

KEYWORDS: Dashanga lepa, Virechana, Guda vidradi.

INTRODUCTION:

Acharya Sushruta has described *Guda vidradi*(anal abscess) under *antarvidradi*. *Vidradi* remains as a localized painful condition, with all the features of *vrana shotha*(inflammation) with severe pain, tendency of early suppuration. *Guda vidradi* is co-related with anal abscess on the basis of symptom. The origin of anal abscess mostly by an infection or blockage at an anal gland, resulting from blood born infection or low immunity resistance. A perianal abscess is an infection a mucous-secreting gland in the anal canal around anus. An ano-rectal abscess originates from an infection arising in the crypto-glandular epithelium lining of the anal canal (in 80-90%) spreading into adjacent spaces and resulting in fistulas in 40% of cases. The most cardinal feature of *Guda vidradi*(Anal abscess) according to *Ayurveda* as well as modern medical science is severe pain at anal region and patient has unable to pass flatus and stool because he afraid from defecation due to unaffordable severe pain. *Ayurveda* as well as modern science described same line of treatment in the presence of pus. *Acharya Sushruta* mentioned that *Bhedana Karma*⁸ should be done at the most prominent part. *Acharya Sushruta* has given much importance to this multidisciplinary management for all sorts of surgical wounds. However, *Acharya Sushruta* has specifically mentioned *tiktta ras*, *shodhaka*, *ropaka* durgs in the management of drained open infected cavity. *Acharya susrutha* explained 7 *upakrama* for the management of *vranashopha*. 1st is *vimalapana* (softening by kneading with

fingers), second *avasechana*(bloodletting), third *upanaha*(warm poultices), fourth *patana*(incision), fifth *shodana*(cleaning), sixth *ropana*(healing) and seventh *vaikrtapaha*(scar formation). *Dashanga lepa* reduces all cardinal features of inflammation as dolor(pain), tumour(edema), rubor(erythema), calor(temperature).*Guda vidradi* is the *pitta pradhanaj* three *dosaj vyadi* there for to reduce the risk of recurrence of *gudavidradi virechana* is done.

CASE HISTORY: A 42year old male came to the Shalya OPD no.10 of GAMC Bangalore with c/o swelling, pain in left gluteal region associated with fever, weakness since 7days.

PAST HISTORY: Patient having P/H/O left side Gluteal abscess 1year back and for that he underwent I and D.

ON EXAMINATION: Swelling present at Lt gluteal region around 3 to 6 o clock position.

Warmness +

Induration +

Tenderness+



MATERIALS AND METHODS:**MATERIALS FOR TREATMENT:**

Formulation of the proper and relevant line of treatment is the main entity in the Gudavidradi management, which includes external and internal medication in the form of shodhana and ropana with relation to gudavidradi.

EXTERNAL APPLICATION:

Dashanga lepa with Eranda patra upanaha x 5days

INTERNAL MEDICATION:

1. Varunadi kasaya 10ml-0-10ml before food
2. Triphala guggulu 1-0-1 after food
3. Agnitundi vati 1-0-1 before food
4. Manibhadra lehya 0-0-1tsf after food
5. Sudharshana ghanavati 2-0-2 after food

On 16-01-2023

Patient c/o pus discharge from left gluteal region.

PROCEDURE:

I and D

On 17-01-2023 Deepana and pachana started

1. Agitundi vati 1-0-1 before food
2. Manibhadra lehya 0-0-01tsf after food

FROM 19-1-2023 TO 23-01-2023 Snehapana started with panchathikataka ghrita

On 19-01-2023 1st day –30ml at 12:30pm

20-01-2023 2nd day-60ml at 7:30am

21-01-2023 3rd day-90ml at 7:00am

22-01-2023 4th day-120ml at 7:30am

23-01-2023 5th day-120ml at 7:00am

From 24-01-2023 to 26-01-2023

Sarvanga abhyanga with available oil followed by *sarvanga bashpa swedana* and *dashanga lepa*

On 27-01-2023 *virechana* by *Trivrath lehya* 60gm at 9:30am

From 28-01-2023 to 30-01-2023 *samsarjana karma*

RESULT:**DASHANGA LEPA:**

	day	<i>shoola</i>	induratio n	fever	<i>Vrana srava</i>	<i>Vrana varna</i>
11/1	1	+	+		-	
12/1	2	+	+	+	-	
13/1	3	+	+	+	-	
14/1	4	+	+	+	-	
15/1	5	+	+		-	
16/1	6	-	-		+	

	I and D					
17/1	7	+	-		+	
18/1	8	-	-		+	
19/1	9	+	-		+	unhealthy
20/1	10	+	-		-	Healthy granulation
21/1	11	+	-		-	Healthy granulation
22/1	12	-	-		-	Healthy granulation
23/1	13	-	+		-	Healthy granulation
24/1	14	+	-		Serous	Slough
25/1	15				-	Healthy granulation

DISCUSSION:

The probable mode of action of the internal medication as well as external application can be drawn as below, *Dashanga lepa* reduces all cardinal features of inflammation as pain(dolor), edema(tumour), erythema(rubor), temperature(calor) in patient of *gudavidradi* because it acts as anti-inflammatory medication.

The *Eranda patra upahana* decrease *vata* and *kapha*, acts as vermifuge *eranda patra* contains various chemical constituents like ricinoleic acid, alkaloid ricinine, leaves ricinine, N-dimethyl ricinine, 3-o beta-D-glucopyranosides, 3-o-B-D rutinosides of kaempferol and quercetin, arachidic, ricinoleic, palmitic and stearic acids due to which it exhibits anti-inflammatory, analgesics, anti-microbial, anti-ulcer, anti-diabetic, anti-fungal activity in *gudavidradi*.

Acharya Sushruta has suggested *bhedana karma* in all kinds of *vidradi*, in the case of *guda vidradi* (anal abscess) patient suffering with severe pain and become restless due to the pus collection at anal region. In this condition *bhedana karma* must require for the drainage of pus.

Panchathikataka ghrita has *shothara* (anti-inflammatory) and *pittahara, virechana* is considered as the best treatment factor morbid and increased *pitta dosa, pitta sthanagata alpa kapha* (I.e mild *kapha* located in *pitta sthana*), *kapha stanagata bahu pitta* (bahu *pitta* located in *kapha sthana*), *pittavrita vata* (*pitta* aggravated along with *vata*), *sannipatika* conditions, *dushya* like *rasa, rakta, mamsa, asthi* and *majja*. because *guda vidradi* is *pitta pradhana tridoshaja*, *dushya* like *twacha, rakta, mamsa, snayu, kandara, asthi*.

Dosha adhistan is *asthi*, *agni* involvement is *jatharagnijanya, dhatvagnijanya*, *srotas* like *rasa, rakta, mamsa, asthi, purishvaha* and *annavaha*. *Srotodusti* is *sanga, vimargamanam* and *atipravritthi*.

Udbhavastana amashaya (*kapha, pitta*), *pakvashaya* (*vata*). *adhistan* is *guda pradesh, roga marga* is *bahya* and *abhyantra*, *vyadhi swabhav* is *ashukari*

Internal medicine like *varunadi kashaya* acts as lipopolysaccharide, monocytes/macrophages act as anti-inflammatory.

Triphala guggulu also acts as anti-inflammatory, analgesic, wound healing property, hypoglycemia.

Agnitundi vati acts as *agni deepana*, *ama pachana*, *jwarahara*.

Manibhadra lehya acts as anti-microbial and wound healing.

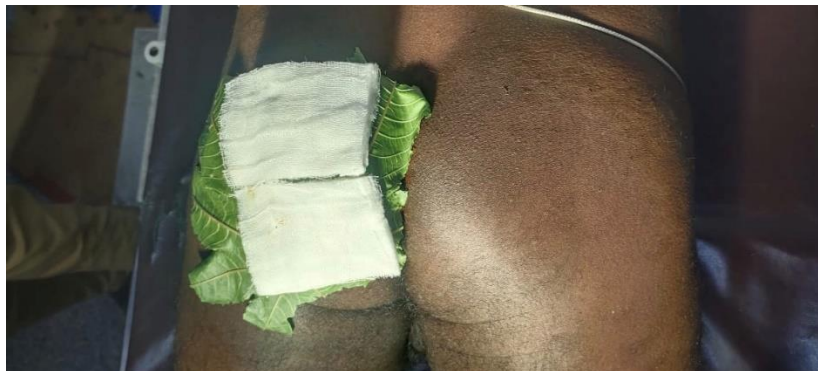
Sudharshana ghana vati acts as antipyretic, *deepana*, *pachana*.

Before treatment



During treatment









CONCLUSION:

The *Gudavidradi* is the result of vitiation of all three dosas with *pitta dosa pradhana*, the *Dashanga lepa* with *eranda patra upanaha* acts as *shoothara*, *vatha kaphaghna*, the internal medicine like *Varunadi kasaya*, *Triphala guggulu*, *Agnitundi vati*, *Manibhadra lehya*, *Sudharshana ghanavati*, helped as *shothahara*, *shoolahara*, *vraha ropana*, *agnideepana*, *amapachana*, *jwarahara*, *vibhandahara*, *krimihara* in *Guda vidradi*.

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