Application of Nimbadi Ointment after Chhedankarma in the Management of 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, meha and gradually reformed into excessively severe inflammatory swelling, which is maha-mulam (deep rooted), rujaantam (severe painful) vruuttam (round) or aayatam (elongated in shape) that is called vidradhi. In case of pei-anal abscess, originates from an infection arising in the crypto glandular epithelium lin-ing of the anal canal spreading into adjacent space and resulting in fistulas 40% of cases. Sheegradhavidhivat definition of Vidradhi means virulence of disease. Acharya Sushruta mentions that if vidradhi attains paavavavastha, 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 52 years old male suffering from left sided gluteal abscess was admitted and treated with surgical incision and drainage. This case of anal abscess (gudavidradhi) so, application of nimbadi ointment after bhedankarma (incision and draining) is the line of treatment.

Keywords: Vidradhi, Gudavidradhi, Chhedana, Peri-ana labscess, Nimbadi ointment.

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INTRODUCTION

Acharya Sushruta the father of Indian surgery has scientifically classified in a systemic manner a wealth of clinical material and the principle of management of vidradhi, which are valid even today. Sheegradhavidhivat definition of vidradhi itself suggest the virulence of the disease. Vidradhi word is evolved from word vidra i.e. a painful condition like pricking, puncturing or stabbing the skin.

Aggravated doshas vitiate the skin, blood, muscle, fat and bone tissues; get localized and produce a troublesome swelling, which slowly bulges up, is deeply rooted, is painful and round. This is Vidradhi. An abscess is an example of a localized suppurative inflammation. Abscess is localized collection of pus caused by suppuration. In Ayurvedic classics, abscess is understood as vidradhi which is classified into two as Bahyaad Abhyantara. The present study deals with antarvidradhi. Acharya Sushruta has described Guda vidradhi (Anal abscess) under antarvidradhi. Vidradhi remains as a localized painful condition गुद्दा विद्रद्धि, with all the co-related with perianal abscess on the basis of symptom. The origin of anal abscess mostly by an infection or blockage at an anal gland and many times, resulting from blood born infection or low immunity resistance. A perianal abscess is an infection in 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. One hundred and sixty five (83%) patients were found to have a single perianal abscess, while 12 (6%) had more than one (multiple) abscess. The most cardinal feature of *Guda vidradhi* (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. *Sushruta* mentioned that *सनम्नदशिनमङ्गुल्याऽवपीसडतेप्रत्युन्नमनां*, *बस्तासववोदकसञ्चरणां* 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*. In management of *Vidradhi*, after incision and drainage, prime importance is given to wound care. Impaired wound healing is a cause of concern in many patients after incision and drainage. Hence, it is necessary to focus on this. A close study of *Ayurveda* reveals that number plants were used to achieve the goal *Vrana Ropana*. But in case of *Vidradhi*, after incision and drainage, the drugs should have more of tridosha Shamaka properties. In the present work, the drugs selected act as *tridoshshamaki* i.e. Application of *Nimbadi* ointment after *Bhedan karma* (I&D).

**CASEREPORT:**

A 52 year old male patient named XYZ came into OPD of Shalyatantra Akhandanad Ayurveda College and Hospital with throbbing pain and fever since 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 has pus collection and swelling on perianal region at 4 o'clock position symptoms gradually increased so he came here for further suggestion and treatment. 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. After *chhedanakarma* of perianal abscess and 1 month regular dressing with *Nimbadi ointment* and oral medicines (*Triphala Guggulu*, *ErandbhriShatari* tablet) the wound of perianal abscess was completely healed. Patient came for follow up for 3 months after complete healing of the wound but no recurrence was found.

![Figure 1: When patient first came into OPD-perianal abscess](image)

**Treatment protocol:**

Treatment was continued only for 45 days after surgery. As patient doesn’t having any complaint of pain and constipation *Tripala Guggulu* and *erandbhriShatari* tablet was discontinued after 45 days. Patient was taken *Triphalaguggulu* 2 tab twice a day after meal and *erandbhriShatari* was taken 2 tablets at night with luke warm water. Daily dressing was done up to 1 week of surgery, after that intermittently for 5 weeks and weekly twice for last 45 days with *Nimbadi ointment*.

**Ingredientsofmedicineused:**
Table 1: Key ingredients of formulation used in treatment

<table>
<thead>
<tr>
<th>Name of formulation</th>
<th>Key ingredients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triphala Guggula†</td>
<td>Haritakichurna, bibhitakichurna, aamalakichurna, pippalichurna, shuddha Guggulu</td>
</tr>
<tr>
<td>Errandbhrishtaharitaki‡</td>
<td>Erandtaila, haritakichurna</td>
</tr>
<tr>
<td>Nimbadi ointment‡</td>
<td>Nimba, Krishna Tila, Krishna Tila, Go Ghrita, Siktha</td>
</tr>
</tbody>
</table>

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. URINEROUTINE-MICROSCOPIC

METHODOLOGY:

Pre-operative:

- NBM will be explained.
- Consent will be taken
- Perianal and pubic area will be shaved & washed with savlon solution.
- Tetanus toxoid injection 0.5 ml I/M will be given.
- Test dose of 2% lignocaine 0.5 ml S/C will be given.
- Vitals will be checked.

Operative Procedure:

Under all aseptic condition patient was taken in OT with normal vital data. Under all aseptic condition spinal...
anaesthesia was given. Patient was taken in lithotomy position on operation theatre table after local anaesthesia with proper cleaning, draping of body parts. Holding the scalpel with a steady grip, a small cruciate incision is made over the area of fluctuancy in close proximity to the anal verge. Pus is collected and sent for culture. After incision and removal of pus, a finger is inserted into the abscess cavity to break all walls and loculi. Scooping was done. Homeostasis was achieved. Suppository was inserted. Application of Nimbadı ointment in open cavity of wound and wound will packed. Patient shifted to recovery room with stable vitals.

**Postoperative note:**

After surgery, proper haemostasis achieved with quipments and tight bandage done to avoid postoperative bleeding. Patient shifted to ward with normal vitals every half hourly (BP/TPR/INPUT/OUTPUT/BLEEDING), NBM released after 4 hours of surgery.
DISCUSSION

As vidradhi is completely a disease of pitta pradnya 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 may occur again if it resistance to antibiotics and proper drainage was not given. Recurrence 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 bechances of secondary infection but we can manage it by proper hygiene and daily dressing. As Triphala 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. Erand bhrisht aharitaki as it works as laxative patients doesn’t have to be straining while defecation so there may be reduction in pain after defecation. Nimbadiointment 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 Nimbadiointment 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 casethere is complete absence of all the symptoms related to gudavidradhi (pain, constipation, jwara) after chhedanakarma of the vidradhi.

REFERENCES

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