

Available online on 15.08.2023 at <http://ajprd.com>

Asian Journal of Pharmaceutical Research and Development

Open Access to Pharmaceutical and Medical Research

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Case Study

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*, *meda* and gradually reformed into excessively severe inflammatory swelling, which is *maha-mulam* (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. *Shee gravidahitvat* 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 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 drainage) is the line of treatment.

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

ARTICLE INFO: Received 19 June 2023; Review Complete 28 July 2023; Accepted 08 Aug. 2023; Available online 15 Aug. 2023



Cite this article as:

Sharma VR, Patel J, Padadhariya D, Kazi W, Application of *Nimbadi Ointment* after *Chhedankarma* in the Management of *Gudavidradhi-A* case Study, Asian Journal of Pharmaceutical Research and Development. 2023; 11(4):68-72

DOI: <http://dx.doi.org/10.22270/ajprd.v11i4.1311>

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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. *shee gravidahitvat* 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.

त्वग्रक्तमांसमेदासिप्रदृष्ट्यास्थिसमाश्रिताः।

दोषाः शोफं शनैर्घोरं जनयन्त्युच्छ्रिता भृशम् ॥ ४ ॥

महामूलं रुजावन्तं वृत्तं चा वाऽप्यथवाऽऽयतम्।

तमाहुर्विद्वद्भिधीरा, विज्ञेयः स च षड्विधः ॥ ५ ॥ (Su.Ni 9/4)¹

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 *Bahya* and *Abhyantara*. The present study deals with *antarvidradhi*. Acharya Sushruta has described *Guda vidradhi* (Anal abscess) under *antarvidradhi*. *Vidradhi* remains as a localized painful condition *गुदेवातनिरोधस्तु*, 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 anus². 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

निम्नदर्शनमङ्गुल्याऽवपीडितेप्रत्युन्नमनं, बस्ताविवोदकसञ्चरणं³

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*; as the *vyadhi* is *Pitta Pradhan Tridoshaj*, the drugs should have more of *tridosha Shamaka* properties. In the present work, the drugs selected act as *tridoshashamak* i.e. Application of *Nimbadi* ointment after *Bhedan karma* (I&D).

निम्बपत्रमधुभ्यामुक्तः संशोधनः स्मृतः।

पूर्वाभ्यांसर्पिषाचापियुक्तश्चाप्युपरोपणः॥ (सु.चि- १/६८)³

CASEREPORT:

A 52 year old male patient namd 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 oclock 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 a no 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 months regular dressing with *Nimbadi* ointment and oral medicines (*Triphala* Guggulu, *Erandbhrishtaharitaki* 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

Treatment protocol:

Treatment was continued only for 45 days after surgery. As patient doesn't having any complaint of pain and constipation *Triphala Guggulu* and *erandbhrishtaharitaki* tablet was discontinued after 45 days. Patient was taken

Triphalaguggulu 2 tab twice a day 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 5 weeks and weekly twice for last 45 days with *Nimbadi* ointment.

Ingredientsofmedicineused:

Table 1 : Key ingredients of formulation used in treatment

Name of formulation	Key ingredients
<i>Triphala Guggulu</i> ¹	<i>Haritakichurna, bibhitakichurna, aamlakichurna, pippalichurna, shuddha Guggulu</i>
<i>Errandbhrishtaharitaki</i> ²	<i>Erandtaila, haritakichurna</i>
<i>Nimbadi ointment</i> ³	<i>Nimba, Krishna Tila, Krishna Tila, Go Ghrita, Siktha</i>

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 defecation
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

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.



Figure 2: Instrument used in I&D

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, drapping 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 *Nimbadi* ointment in open cavity of wound

and wound will be packed. patient shifted to recovery room with stable vitals.

Postoperativenote:

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.



Figure 3: During OT

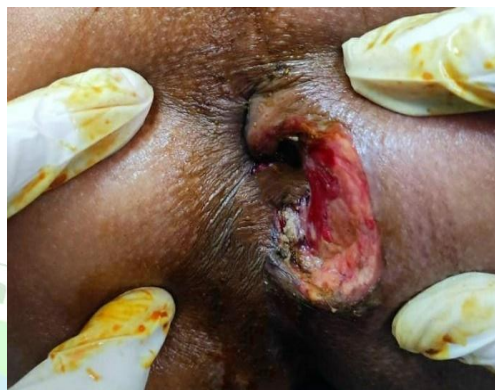


Figure 4: Post-operative day 1



Figure 5: Applied Nimbadi ointment

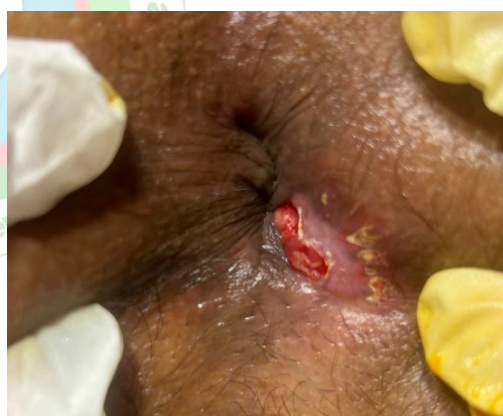


Figure 6: Post-operative day 40



Figure 7: 25 ml pus removed from abscess



Figure 8: Post-operative day 45

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 excise it completely (*chhedanakarma*) because if its causative organism resides in it may occur again if its resistance to antibiotics and proper drainage was not given. Recurrence was occurred. So we tried to completely excise the *vidradhi* and in open wound its daily dressing was easy and we can observe the healing process whether 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 *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 don't have to be strained while defecation so there may be reduction in the pain after defecation. *Nimbadi ointment* 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 *Nimbadi ointment* should be applied after proper wash of the wound with lukewarm 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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