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AYURVEDIC MANAGEMENT OF PERINEAL ABSCESS EXTENDED UPTO THE BASE OF SCROTUM BY INCISION AND DRAINAGE WITH SURGICAL DEBRIDEMENT - A CASE STUDY

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ABSTRACT
The most prevalent type of anorectal abscess is perianal abscess. These abscesses can be extremely painful for sufferers. They are seen near the anal margin and, if left untreated, can spread into the ischioanal or intersphincteric spaces, which are connected to the perianal space. If left untreated, they can also induce systemic illness. Anal gland infection is the most common cause of anorectal abscess development. They are situated between the internal sphincter and the rectum's longitudinal muscle. According to Ayurvedic classics, the illness was diagnosed as guda vidradi (perianal abscess expanded upto the base of the scrotum). Perianal abscess is a surgical emergency procedure, and Bhedana karma is regarded main treatment. The patient was entirely treated with only a few follow-ups. Wounds healed with little scarring after surgery. Adoption of the treatment resulted in satisfactory management of ischiorectal abscess. After 25 days, the patient was completely fine with a healed wound after undergoing incision and drainage with surgical debridement.

KEYWORDS: Perianal Abscess, *guda vidradi*, Incision and Drainage with Surgical Debridement.

1. INTRODUCTION

Anorectal abscess has a 1:10000 occurrence, ranging from 68000 to 96000, with a male preponderance of 3:1 due to infection of the cryptoglobular glands.[1] The majority occur posteriorly and in the intersphincteric area, which houses the anal glands. Abscesses are characterised as superficial or deep based on their proximity to the anal sphincter. An ischiorectal abscess will arise if the infection bursts through the external sphincter. If it extends laterally on both sides, it can accumulate sepsis, forming a 'horseshoe' around the sphincters. Superior extension (supralevator abscess) beyond the puborectalis or levators is uncommon and may be the result of iatrogenic harm (for example, unintentional injury with a fistula probe). Perianal abscess originates from the anal gland. The main theory is the cryptoglandular theory, and the main culprit for perianal abscess is intersphincteric anal gland infection, as explained by Allan Parks.[2] Perianal abscess is a common surgical emergency.[3] Surgery is the key treatment, followed by incision and drainage with surgical debridement.[4] The most common being Gramme Negative organism is the causative factor. It is one among the infectious pathology of the perianal region causing significant morbidity.

2. Patient Information

A 75 year old male patient came with the history of throbbing pain & swelling in the scrotal region since 8 days associated complain of on & off fever since 5 days. On blood investigations, Hb 13.9gm%, White Blood Cells count was 22,400 cells per cubic mm with increased neutrophills count 79 % and decreased lymphocytes count 15% With this, ESR was 140 mm/1st hour and other all reports were normal. Ultrasonography of right gluteal region for diagnostic confirmation suggested that there is an small abscess seen in right anterior perineal region and this abscess seen extending up to the root of scrotum with inferior scrotal cellulitis. The case was treated at KLE Ayurveda hospital, Belagavi, Karnataka, from 02/08/23 to 12/08/23 (MR NO/IPD NO – KLE230018468/IP23004218) A highly significant difference was seen in comparison to baseline at end of the treatment period. for these complaints he took modern medicine from local practitioner but did not get any relief. For Ayurveda management of the above

condition, patient consulted to our hospital on 02/08/23. Incision and Drainage with Surgical Debridement under spinal Anaesthesia was performed. Post operatively the patient was maintained on *shaman* drugs For Dressing, packing and irrigation jatyadi taila was used. After, 25days patient was fine with Wound Healing.

Provisionally diagnoses as Vidradhi and treated accordingly.
Gandhakrasayana 2 tab TDS, Mahamanjisthadikwatha 25ml TDS before meals, Punarnavadimandur 2 tab TDS after meals, Triphala guggulu 2 tab TDS, Nimbadi guggulu TDS, Jatyadi taila locally 3 to 4 times a day was used for dressing. 25th day, patient was completely symptom free with no scar left behind and satisfied with regimen followed.
It can be concluded that the Ayurvedic shaman chikitsa is very successful in the management of Vidradhi and also it is safe, cost effective, with minimal side effects as compare to the modern science.

Treatment plan: Incision and Drainage with Surgical Debridement under spinal Anaesthesia.

Drug name	Dosage and Timings
Gandhakrasayana	2 tab tds before meals
Mahamanjisthadikwatha	25ml tds before meals
Punarnavadimandur	2 tab tds after meals
Nimbadi guggulu	2 tab tds after meals
Triphala guggulu	2 tab tds after meals
Jatyadi taila	locally 3 to 4 times a day

Examination

On Inspection

- **Site:** At the root of scrotum along the midline & perianal region at 12’ o clock, on both the lateral side of anal.
- **Shape**: Irregular
- **Color:** Redness
- **Smell:** Mild present
- **Discharge:** No Any
- **Surrounding area :** Little redness were present

On Palpation:

- **Temp. :** Present
- **Base:** Smooth
- **Tenderness:** Present
- **Induration:** Present

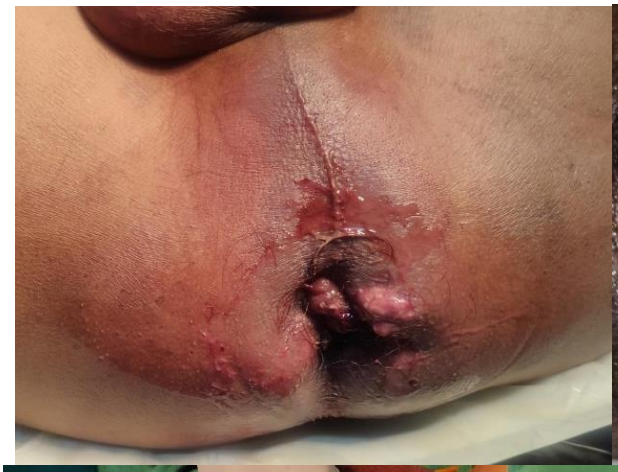
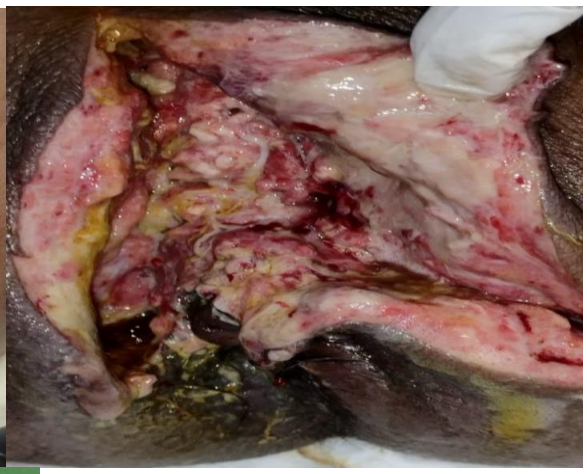
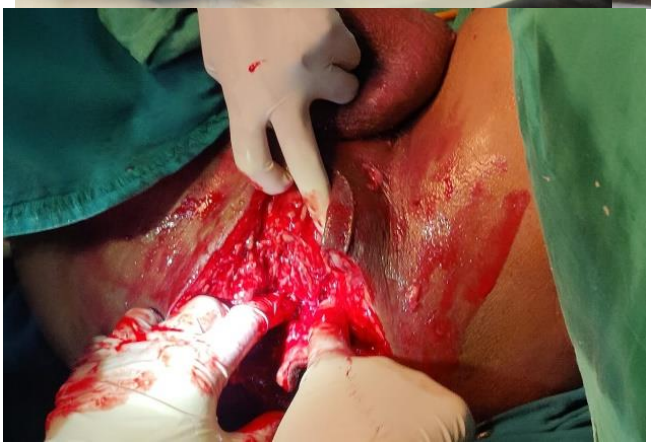
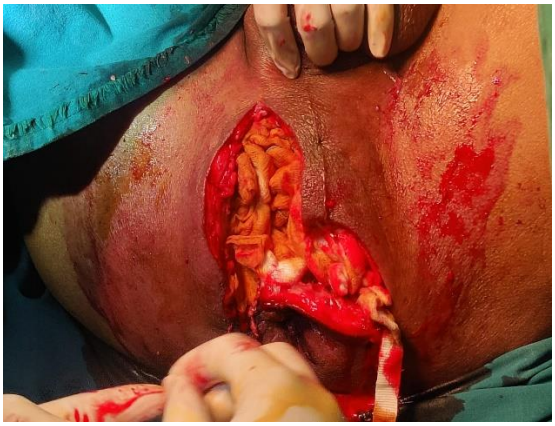

Figure 1: Incision and Drainage with Surgical Debridement, Healed Wound.

3. DISCUSSION

Gandhakrasayana has kaphahar properties as well as krimighana (antibacterial and antifungal effect).[4] Mahamanjisthadikwatha[5] has raktaprasadana (blood purifying) properties that prevent paka (suppuration). It also has kledahara properties (dries up pus).

Punarnavadimandur is the greatest shophahara (anti-inflammatory) and ama-pachana medication, with deepana, pachana, and rasayan[6] properties. It has vishahara effect (removes toxins) and aids in punarnavikarana (tissue regeneration) by increasing blood circulation.

The use of jatyadi tailadrugs/contents with the properties of Shodhan, Ropan, Lekhan, Vedana Ithapan, Krimighna, Ushna Veerya, Katu ras, and Kapha, Pitta Shamak. The medications work as debriding agents, eliminating slough and necrotic debris from the wound and allowing appropriate healing to occur. The bactericidal action of the enclosed medication will control wound infection.

Triphala guggulu is most commonly used to treat Bhagandara, Arsha (haemorrhoids), and Sotha (inflammation).[7] Triphala, which aids in constipation relief and wound healing, also calms the inflammatory mucous layer.[8] Guggulu (Commiphora mukulu Engl Pennel) is primarily known for its Ayurvedic anti-inflammatory properties. Pippali (Piper longum Linn) contains Vata Shamaka (Pacifyingvata), Shothahara (Anti-inflammatory), and vrana ropana properties.[9] Another guggulu combination that functions as an analgesic, antibacterial, and anti-inflammatory drug is Nimbadi Guggulu. This formulation's drugs contain tikta (bitter) and kashaya (astingent) rasa, which calms kapha and vata.[10] Nimba has antibacterial, anti-inflammatory, and antifungal properties, whereas guggulu has anti-inflammatory properties.

Ano - rectal abscess is more frequent in males than compared to females. I&D done with surgical debridement is the treatment protocol of surgery. Majority of perianal abscess are seen in systemic disorders, due to Cryptoglandular infection.

4. CONCLUSION

Perianal abscess with this connection is difficult for the management due to complication like reoccurrence. The present case was managed successfully with I & D followed by dressing. Proper drainage of pus and dressing with jatyadi taila application has given promising results in managing this case. On the basis of above discussion it can be concluded that the Ayurvedic *shaman chikitsa* is very successful in the management of *Vidradhi* and also it is safe, cost effective, with minimal side effects as compare to the modern science.

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