

CONCEPTUAL STUDY OF THE VIDRADHI WITH SPECIAL REFERENCE TO ABSCESS

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ABSTRACT

Acharya Sushruta is widely recognized as the father of surgery, having extensively documented various surgical conditions such as Vidradhi, Arsha, Bhagandara, Ashmari, and Guda Bhransha, along with their respective treatments. The foundational surgical principles laid down by Acharya Sushruta remain relevant and applicable even in modern times. Detailed descriptions of the etiology, classification, clinical features, complications, and treatment approaches for Vidradhi are found in classical Ayurvedic texts including the Sushruta Samhita, Charaka Samhita, and works of Vaghbhata. Specifically, Acharya Sushruta discusses Vidradhi in Nidana Sthana, Chapter 9, and its treatment in Chikitsa Sthana, Chapter 16. The term Vidradhi originates from the root "vidra," signifying a painful condition akin to stabbing, pricking, or cutting sensations in the skin. If left untreated, Vidradhi can lead to severe tissue destruction.

One commonly encountered variant is Gudavidradhi, characterized by severe pain and swelling, which significantly hampers routine activities due to persistent inflammation and pus formation. In India, the incidence of Vidradhi is notably high, primarily due to the tropical climate and evolving lifestyle patterns.

Index Terms—Vidradhi, Abscess, Saptopakrama, Ayurvedic Management.

1. INTRODUCTION

According to Acharya Charak, Vidradhi is referred to as "Sheegraavidahivat", indicating a rapidly progressive and destructive condition.^[1]

ततः शीघ्रविदाहित्वाद्विद्धीत्यभिधीयते ॥ (च०सु० 17/95)

Acharya Charaka further emphasizes that Rakta dushti (vitiation of blood) plays a key role in its pathogenesis, leading to paka (suppuration) and the eventual formation of Vidradhi.

According to Acharya Sushruta, Vidradhi is characterized as mahamoola (deep-rooted), rujawanta (painful), and either vrittam (rounded) or aayatam (elongated) in shape. It arises due to the aggravation and imbalance of Vata, Pitta, and Kapha doshas, which subsequently vitiate the Twak (skin), Rakta (blood), Mamsa (muscle), Meda (fat), and in severe cases even the Asthi (bone). Sushruta classifies Vidradhi into six distinct types.^[2]

त्वग्रक्तमासमेदांसि प्रदूष्यास्थिसमाश्रिताः ।

दोषाः शोफं शनैर्धोरं जनयन्त्युच्छिताभृशम् ॥ (सु०नि० 9/4)

महामूलं रुजावन्तं वृत्तं चाप्यवास्यतम् ।

तमाहुर्विद्विधिं धीरा विज्ञेयः स च षड्विधः ॥ (सु०नि० 9/5)

From a modern medical perspective, an abscess is defined as a localized accumulation of pus within tissues, accompanied by an increase in local temperature.^[3] Such infections are commonly caused by bacterial agents like Staphylococcus or Streptococcus, which enter the body through minor skin injuries. These pathogens release toxins that destroy surrounding cells, triggering acute inflammation marked by classic signs such as redness, swelling, warmth, and pain.^[4]

Review of Literature

Ayurvedic Literature

Etymology: The term Vidradhi is derived from the root words Vidra + Dha + I. Here, Vidra is considered the dhatu (root), Dha signifies "to hold" or "to possess," and I implies a state of being.

Nirukti (Etymological Meaning) - The term Vidradhi denotes a condition characterized by dah (burning sensation).

Paribhasha (Definition) - Vidradhi is defined as a pathological state that presents with intense pain and swelling of the surrounding region.^[5]

Dushya – According to Acharya Sushruta, Twak, Rakta, Mamsa, Meda, and in severe cases even the Asthi.

According to Acharya Vaghbhatt, Twak, Rakta, Mamsa, Meda, Asthi, Snayu and Kandra.^[6]

Nidana (Etiological Factors) - The causative factors (Nidana) for Vidradhi are categorized into two broad types: Samanya (General), Visheshha (Specific)^[7]

According to Acharya Sushruta, in the VranaPrashna Adhyaya of the Sushruta Samhita, the Nidana for Bahya Vidradhi (external abscess) is described in detail.

1. Causes of Vataja Vidradhi^[8]

Dietary (Ahara)

Excessive consumption of the following can lead to Vata-predominant Vidradhi: Astringent (Kashaya), pungent (Katu), and bitter (Tikta) tastes, Light (Laghu), dry (Ruksha), cold (Sheeta) foods, Dried vegetables (Shushka Shaka), dry meats. Grains such as Varaka, Udhala, Khoradusha, Shyamaka, Neevara, Mudga, Masoora, Harenuka, Khalaya, Nishpava. Irregular eating habits like Upavasa (fasting), Vishamashana (untimely or improper meals).

Lifestyle (Vihara)

Physical strain (Balavad Vigraha, Ativyayama), Mental and intellectual overexertion (Ati Adhyayana). Excessive sexual activity (Ati Vyavaya), running (Pradhavana), pressure or injuries (Praeedana, Abhigatha). Activities such as jumping, swimming, and carrying heavy loads. Sleep deprivation (Ratri Jagarana) Long travels by vehicles (Ratha Atiyana, Gaja, Turaga, Pada Aticharana).

Suppression of Natural Urges (Vega Vidharana): Holding back natural urges like urination (Mutra), defecation (Vit), semen (Shukra), vomiting (Chardi), sneezing (Shavathu), belching (Udgara), tears (Ashru), etc., is also a contributing factor.

2. Pittaja Vidradhi^[9]

Dietary Causes (Ahara)

Consumption of foods that are pungent (Katu), salty (Lavana), sour (Amla), sharp (Teekshna), hot (Ushna), acidic (Vidhagda), light (Laghu), and burning in nature (Vidhahi) can provoke pitta.

Other contributors include

Oily residues like Taila Pinyaka, Pulses such as Tila, Kulatha, Green vegetables (Harita Shakha), mustard (Sarshapa), fish (Matsya), meat of aquatic animals (Javika Mamsa), Fermented dairy and beverages like Takra, Dadhi, Kurchika, Masthu, and Sura Vikara, Fermented drinks like Souveeraka and sour fruits (Amla Phala).

Lifestyle Causes (Vihara)

Emotional and physical factors such as anger (Krodha), grief (Shoka), fasting (Upavasa), fear (Bhaya), exhaustion (Aayasa), and excessive sexual activity (Ati Maithuna) aggravate pitta and contribute to the development of Pittaja Vidradhi.

2. Kaphaja Vidradhi^[10]**Dietary Causes (Ahara)**

Excess intake of sweet (Madhura), cold (Sheetha), salty (Lavana), heavy (Guru), unctuous (Snigdha), and mucus-forming (Abhishyandi, Phichila) foods that block channels (Srotorodhakara) is responsible.

This includes

Barley (Yavaka), Naishadha, Hayanaka, black gram (Masha) and its preparations (Mahamasha), wheat (Ghodhuma), Oil (Taila), refined flour (Pishta Vikriti), Milk (Dugdha), gruels (Krushara), curd (Dadhi), sugarcane derivatives (Ikshu Vikara, Payasa), Meats of marshy and aquatic animals (Anoopa and Audhuka Mamsa), Fat (Vasa), lotus stalk (Kamalanala), aquatic plants like Shringataka, Kaseruka, sweet fruits (Madhura Phala), and creeper fruits (Valli Phala).

Also, habits like mixed eating (Samashana) and overeating (Adhyashana).

Lifestyle Causes (Vihara)

Sedentary habits such as lack of exercise (Avyayama), daytime sleep (Divaswapna), and lethargy (Alasya) contribute to Kapha imbalance.

3. Raktaja Vidradhi^[11]**Dietary Causes (Ahara)**

Prolonged intake of foods that provoke Pitta and are unctuous (Snigdha), liquid (Drava), and heavy (Guru) in nature.

Lifestyle Causes (Vihara)

Frequent anger (Krodha), daytime sleep (Divaswapna), exposure to fire and sunlight (Analas and Atapa Sevana), excessive physical effort (Parishrama), injuries (Abhigatha), indigestion (Ajirna), incompatible food combinations (Viruddhashana), and untimely meals (Adhyashana) vitiate the blood (Rakta) and promote Raktaja Vidradhi.

4. Kshataja Vidradhi^[12]

This type develops in individuals following an improper diet and lifestyle, who sustain either closed or open injuries. In such cases, vitiated Vata interacts with the heat generated from the injury, which in turn disturbs Pitta and Rakta (blood), leading to the formation of Vidradhi.

CLASSIFICATION BASED ON ROGAMARGA (Pathways of Disease)

I. Bahya Vidradhi (External Pathology – Bahya Rogamarga)

II. Abhyantara Vidradhi (Internal Pathology): Acharya Sushrutha and Madhav Nidana has 10 types of abhyantar vidradhi.

1.Types of Bahya Vidradhi

Bahya Vidradhi is further classified into six types based on the predominant dosha involved (Vataja, Pittaja, Kaphaja, Raktja, Sannipatja, Kshatja).

Classification of Bahya Vidradhi According to Classical Texts

The types of Bahya Vidradhi are classified based on dominant doshas in major Ayurvedic treatises such as.

Su – Sushruta Samhita

Ch – Charaka Samhita

AS – Ashtanga Sangraha

AH – Ashtanga Hridaya

BAHYA VIDRADHI BHEDA

Chart 1: Types of Bahya Vidradhi in Classical Texts

Type of Bahya Vidradhi	Sushruta (Su)	Charaka (Ch)	Ashtanga Sangraha (AS)	Ashtanga Hridaya (AH)
Vataja	✓	✓	✓	✓
Pittaja	✓	✓	✓	✓
Kaphaja	✓	✓	✓	✓
Raktaja	✓	✗	✓	✓
Sannipataja	✓	✓	✓	✓
Kshataja	✓	✗	✓	✓

ROOP (Sign and symptoms)^[13-16]

Chart 2: Signs and Symptoms of Different Types of Vidradhi

Type	Symptoms	Color	Discharge	Nature	Surface
Vataja	Throbbing, cutting, piercing pain	Blackish or red	Thin, oily, reddish-gray, foamy	Rapid spreading	Irregular, bumpy
Pittaja	Burning, fever, thirst, delirium	Red, coppery, black	Like tila, masha, kultha decoction	Quick growth & suppuration	Smooth
Kaphaja	Itching, stiffness, nausea, mild pain	Pale yellow	Thick, slimy, white, abundant	Slow spreading	Saucer-like (Sharava)
Raktaja	Severe pain, fever, Pittaja-like features	Bluish	Bluish-black	Quick growth & suppuration	Resembles snake-bite swelling
Sannipataja	Excruciating pain	Mixed/varied	Thin, yellow or white	Large, severe, irregular suppuration	Huge and irregular
Kshataja	Fever, burning, thirst, due to injury	Same as Pittaja	Same as Pittaja	Same as Pittaja	Same as Pittaja

ABHYANTARA VIDRADHI

According to

- Acharya Sushrutha and Madhav Nidana– 10
- Acharya Charaka – 09 (Guda not included)
- Acharya Vagbhata – 10

गुदे बस्तिमुखे नाभ्यां कुक्षौ वङ्क्षणयोस्तथा ।

वृक्क्योर्यकृति प्लीहिन हृदये क्लोम्नि वा तथा ॥ (सु०नि० 9/18)

Guda, Basti mukha, Nabhi, Kukshi, Vankshana, Vrukka, Pleeha, Hrudaya, Yakrut, Kloma are sthanas of Abhyantara Vidradhi.

SAMPRAPTI OF VIDRADHI

- I. Mithyaaharvihar sevana
- II. Mandagni in koshta
- III. Formation of Ama
- IV. Tridosha prakopa in koshta
- V. Stanasamsraya in teak, rakta, mamsa, medo, asthi dhatu
- VI. Shopha
- VII. Sheeghra vidahitwam rakta and mamsa gets paka
- VIII. Where pooya sanchaya occurs
- IX. Forming Abhyantara Vidradhi

AVASTHA^[17-19]

Chart 3: Ama and Pakva Avastha (Stages of Maturation)

Stage	Symptoms (Lakshan)
Amavastha	Slight fever, red and hard swelling, cold feeling, minor pain, initial inflammation
Pachyamanaavastha	Intense, stinging pain (like insect or scorpion sting), discomfort while sitting, lying or standing, inflammation ripening
Pakvavastha	Pain reduces, pus discharge starts, swelling becomes soft, appearance of discoloration, relief by pressing, craving for food returns

BAHYA VIDRADHI CHIKITSA

Amavastha and pachyaman avastha should be treated by the same procedures as that of Shopa. If Vidradhi attains Pakawastha, the first line of treatment is to drain the pus i.e Bhedana and Visrawana karma. Later, vrana shodhana is done.^[20]

SAPTOPAKARMA

Chart 4: Upakarmas (Therapies According to Stage)

Upakarma (Treatment)	Purpose	Applicable Stage
Vimlapana	Dissolving inflammation by pressing	Amavastha
Avasechanam	Bloodletting	Amavastha
Upanaha	Poultice to aid ripening	Pachyamanaavastha
Patana Kriya	Surgical drainage	Pakvavastha
Shodhana	Debridement and wound cleaning	Vrana (Wound stage)
Ropana	Application of healing agents	Vrana
Vairatapaham	Restoring normal skin color (repigmentation)	Vrana

SADHYASADHYATA

आमो वा यदि वा पङ्को महान् वा यदि वेतरः ।

सर्वो मर्मोत्थितश्चापि विद्रधिः कष्ट उच्यते ॥ (सु०नि० 9/24)

The abscess located on marma, irrespective of the abscess being in ama or pakwa avastha, either big or small the Abscess is Kasta Sadhya.

REVIEW OF MODERN MEDICINE

Definition

Abscess - An abscess is a localised collection of pus (dead, dying, neutrophils and proteinaceous exudate) in a cavity. When abscess occurs around lower rectum & anal canal known as Ano-rectal abscess. Mostly originates from the anal gland opening at the base of the anal crypts.

Clinical feature

- Severe throbbing pain.
- High grade fever with or without chills and rigors.
- Sign of abscess as Calor (heat), Rubor (redness), Dolor (Pain), tumor (swelling).
- Indurations, itching perianal region.

CLASSIFICATION OF ABSCESS**Chart 5: Classification of Abscess.**

Basis of Classification	Types of Abscess	Description
According to Etiology (Cause)	Pyogenic abscess Tubercular abscess Amoebic abscess Pneumococcal abscess	Caused by pyogenic bacteria (e.g., <i>Staphylococcus aureus</i>), with inflammation and pus. Cold abscess due to <i>Mycobacterium tuberculosis</i> , usually spine or lymph nodes, slow progression. Amoebic abscess of liver, caused by <i>Entamoeba histolytica</i> . Pulmonary abscess due to pneumococcal infection.
According to Duration	Acute abscess Chronic abscess	Acute: sudden onset, severe pain, fever, redness, tenderness, rapid pus collection. Chronic: slow-growing, less painful, often tubercular in origin (cold abscess).
According to Location	Superficial abscess Deep abscess	Superficial: found in skin or subcutaneous tissue, easily detected. Deep: located in organs (liver, brain, lungs), may present with systemic symptoms.
According to Temperature / Reaction	Hot abscess Cold abscess	Hot: acute pyogenic, shows classical signs of inflammation (redness, heat, pain). Cold: tubercular, without acute inflammation, soft swelling, slow in nature.
According to Number	Single abscess Multiple abscesses	Single: solitary pus collection. Multiple: disseminated abscesses, often in septicemia or systemic infections.

Investigations

Haematological examination

Biochemical examination. Conventional radiology is helpful in abscess containing gas.

Isotope scanning is helpful in locating collection of pus or site of infection by accumulation of radioactive Technetium after its Intravenous injection. Mostly used as diagnostic tool in Brain abscess, hepatic abscess and osteomyelitis. Conventional radiology is useful in abscess containing gas. Isotope filtering is useful in finding assortment of discharge or site of disease by collection of radioactive technetium after its intravenous infusion. For the most part

utilized as indicative apparatus in brain abscess hepatic abscess and osteomyelitis. Ultrasound is Important in diagnosis in internal abscess. CT scan is particularly helpful to differentiate between abscess and tumour by showing necrotic centre in case of abscess.^[22]

TREATMENT

There are two lines of treatment: conservative and Operative.

- **Conservative**

In initial stage, when the pus is not yet formed, conservative treatment can be advised.

Give rest to affected part and patient. Appropriate antibiotics like cefoperazone, amikacin, Tobramycin. Fresh blood transfusion, adequate hydration, parenteral Nutrition.

- **Operative**

When the pus formation occurred, it should be drained. A Golden rule of a famous surgeon. 'Where there is pus, let it out.' By Incision and drainage (Hilton's method).^[23]

INTERPRETATION

All classical texts recognize Vataja, Pittaja, Kaphaja, and Sannipataja types of Bahya Vidradhi.

Raktaja and Kshataja types are mentioned in Sushruta, Ashtanga Sangraha, and Ashtanga Hridaya, but not in Charaka Samhita.

Samprapti of Samanya Vidradhi (General Abscess Formation)

The disease process begins with the consumption or exposure to causative factors (Hetu sevana).

This leads to the vitiation (dushti) of Rakta (blood).

Subsequently, there is a pathological involvement of tissues including the skin (twacha), muscle (mamsa), fat (meda), bone (asthi), ligaments (snayu), and tendons (kandara).

The result is painful swelling, which eventually manifests as Vidradhi (abscess).

Samprapti of Kshataja Vidradhi (Traumatic Abscess Formation)

This form arises following injury, either from weapons or due to the consumption of incompatible or harmful food.

The trauma or poor diet disturbs the heat at the site of injury.

This leads to vitiation of Pitta and Rakta, which initiates an inflammatory response.

As a consequence, painful swelling develops, culminating in the formation of Vidradhi.

CONCLUSION

A comprehensive review of the concepts related to Vidradhi provides valuable insights into its causative factors (Hetu), pathogenesis (Samprapti), clinical features (Lakshanas), and treatment approaches (Chikitsa). This understanding aids in the practical identification and management of similar infectious conditions.

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