

A CASE STUDY ON POST OPERATIVE CARE OF DRAINED ISCHIORECTAL ABSCESS BY AYURVEDIC REGIMEN

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ABSTRACT

An abscess is a collection of pus in a cavity formed by disintegrating tissue and surrounded by inflamed tissue. A collection of pus in the tissue around the anus and rectum caused due to infection of anal glands is known as anorectal abscess. Ischiorectal abscess means collection of pus in the space between the external anal sphincter and the pelvic bone. *Aacharya Sushruta* explained that if *vidradhi* attains the *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 38 year old male patient suffering from left sided ischiorectal abscess was admitted and treated with surgical incision and drainage and one

month post operative care was taken by ayurvedic regimen without antibiotics.

KEYWORDS: Ischiorectal abscess, *vidradhi*, *pakvaavastha*.

INTRODUCTION

Piles, fissure, fistula and abscess are common anorectal diseases in human being. Abscess and fistula are considered as the acute and chronic phase of same anorectal infection. In ayurvedic classics, abscess is considered as *vidradhi* which is classified into two types as *Bahya* and *Abhyantara*.^[1] Abscess begins as an infection in the anal glands spreading into adjacent spaces and resulting into fistula.^[2] The prevalence rate of anorectal fistula is 8.6 cases per 100,000 population, in that about 40% of fistula results from anorectal abscess.

Ischiorectal abscess is formed in the ischiorectal fossa that means, in the space between the pelvic bone and external anal sphincters.^[3] The cardinal feature of anorectal abscess particularly ischiorectal abscess is severe throbbing pain.^[4] Aacharyasushruta mentioned that *Nimnadarshanam, Angulya Avapidte Pratyunnaman Bastavivodakasancharanam* means when *vidradhi* gets ripen, it shows fluctuation test positive and pittingoedema. *Aacharyasushruta* explained that when *vidradhi* attains *pakvaavastha*, the first line of treatment is to drain the pus through *bhedana* and later, it should be treated as *vrana*.^[5]

CASE REPORT

A 38 years old male patient presented with the chief complaints of throbbing pain and swelling at left side of anal verge over the ischiorectal fossa since from one week with low grade fever and pus discharge. Patient was asymptomatic before one week after that he suddenly noticed the swelling over ischiorectal fossa which is painful and mild fever. Then he was approached towards our hospital for the investigation and ayurvedic management. Patient doesn't have any premorbid illness like hypertension and diabetes.

Surgical, food and drug allergy history and family history were nil. Vitals and systemic examination were normal. Local examination revealed reddish discoloration over left side of anal verge and ischiorectal fossa of left side. There was induration along with tenderness and local temperature at left ischiorectal fossa. Fluctuation test is positive. On digital examination, there is anal spasm with tenderness over anal verge. Laboratory investigations showed a normal blood picture except slight raised TLC count, also the blood sugar level was within limits.

TREATMENT GIVEN

Surgical operation was considered for drainage of pus from gluteal swelling, in that procedure cruciate incision was taken without local anesthesia and *patana* was done on left ischiorectal fossa and pus was drained out and all loculi were broken by inserting the fingers in abscess cavity. Incised flaps of skin were excised and wound was left opened.

Post operative care of wound was taken –For one month, after that patient is discharged and managed at OPD basis for some days.

1. Nidanparivarjan
2. Regular Dressing – Shodhan and Ropan Shodhan of wound was done by panchawalkallakwath and ropan was done by yastimadhutailam.

3. Shigrupatraswaras- shigru is a natural antibiotic, so instead of using any antibiotic we can use shigrupatra swaras-30ml once a day early in morning on empty stomach.
4. Aragavdhkapilavati – 2 vati at apankali.e before meal to relieve constipation.
5. Mahamanjishthadikwath -20ml twice a day after meal.

DISCUSSION

Among the ano rectal abscess, ischiorectal abscess is common in 30% of patients. This is all due to faulty life style and dietary changes. So, *nidanparivarjan* (prevention) is most important factor. According to Ayurveda, *malavsthmbh* (constipation) and *raktadushti* are the main causes of *gudavidradhi* (ischiorectal abscess). So it should be avoid by taking fiber rich diet to relive constipation and *raktashudhikarahara*, *aushadhi* and *vihara*. Post operative care of wound of drained ischiorectal abscess was taken without antibiotics and analgesics, because *shigrupatraswaras* (*Moringaoleifera*) contains pterygospermin which is a natural antibiotics. Also it contains the 46 types of antioxidants. hence, collectively *shigrupatraswaras* shows the antibiotic, analgesic and antioxidant properties.^[6] *Aragvadhkapilavati* contains main ingredient *aragvadh* (*Cassia fistula*) which relieves constipation because it is *madhur*, *madhur*, *shitadravya* and acts as a smooth laxative.

Mahamanjishthadikwath was given for *raktashodhan* purpose because we know that, *vidhradhi* is a *raktadushtijanyavyadhi*, as all the contents in *mahamanjishthadikwath* shows *raktashodhan* properties. Regular dressing was done by *panchawallakalkwath* and *yastimadhutailam*. *Panchawallkalkwath* is *pittakaphahra* because of its *kasahyarasa*. *Panchawallkalkwath* (decoction) was used for cleaning (*shodhan*) the wound, it acts as a desloughing agent. It reduces pain, discharge and oedema (inflammation) due to its *pittakaphahara* properties. *Yastimadhutailam* was used to apply locally over the wound. *yastimadhutailam* is a *madhur*, *madhur*, *sheeta* in properties. It is *vatanashak* and *vranaropaka* (healing in nature), it reduces pain, and helps in wound healing mechanism (*vranaropana*).

IMAGES-1.Before treatment**2. After Treatment.**

Incision and drainage (patana and shodhan)



Post operative wound care- DAY-3rd



Post operative wound care- DAY-14th



Post operative wound care –DAY-31st

CONCLUSIONS

Patient presenting with ischioanal abscess and also patient presented with throbbing pain, swelling, pus discharge and tenderness over ischioanal fossa. After *bhedanakarma* (incision

and drainage) pus is drained and necrotic tissue was excised. Later, post operative care was taken with regular dressing by local application of *yastimadhutailam*, which has a *vranaropana* properties and helps in vascularisation and healing of the cavity. Internally *shigrupatraswaras* was given to the patient for one month, which gives bactericidal action and also prevents the secondary infection. Pus discharge was reduced with healthy granulation tissue. To relieve the constipation *aragvadhkapila vati* was given which gives best smooth laxative property and to subside the *raktadushti* and for *apunarbhava*, *mahamanjishthadikwath* was given which gives *raktashodhak* properties.

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