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GUDAVIDRADHI IN AYURVEDA: DIAGNOSIS AND TREATMENT OF PERIANAL ABSCESS

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ABSTRACT

Perianal abscess is a common anorectal condition caused by infection of the anal glands, resulting in the accumulation of pus in the perianal tissues. It typically presents with severe anal pain, swelling, erythema, tenderness, and fever. Prompt treatment is essential to prevent complications such as recurrent abscesses, fistula-in-ano, and systemic infection. The standard treatment in modern medicine is incision and drainage (I&D), which provides immediate evacuation of pus and relief of symptoms. Antibiotics are reserved for selected patients, such as those with extensive cellulitis, diabetes mellitus, immunosuppression, or systemic signs of infection. In Ayurveda, a condition comparable to perianal abscess is described as Gudavidradhi, a type of *Vidradhi* (deep-seated abscess) affecting the anal region. It is believed to result from the vitiation of Pitta and Kapha Doshas, with the involvement of Rakta, Maas, and Meda Dhatus, leading to inflammation,

suppuration, pain, and swelling. Ayurvedic management aims to restore doshas balance, reduce inflammation, support wound healing, and prevent recurrence through a combination of internal herbal medicines, local therapies, dietary regulation, and lifestyle modifications. Classical formulations such as Triphala Guggulu, Kaishore Guggulu, and Gandhak Rasayana, along with local applications like Jatyadi Taila and Panchavalkala Kwatha, may be used as supportive therapies under the guidance of a qualified Ayurvedic practitioner. This article reviews the diagnosis and management of perianal abscess from both modern and Ayurvedic perspectives, highlighting the importance of timely incision and drainage when indicated and the complementary role of Ayurvedic herbal medicines and supportive therapies in postoperative wound care, symptom management, and overall recovery. An integrative approach that combines evidence-based surgical treatment with appropriate Ayurvedic care may help optimize healing and improve patient outcomes.

INTRODUCTION

Perianal abscess is one of the most common anorectal emergencies, characterized by the localized accumulation of pus in the tissues surrounding the anal canal. It usually develops as a result of infection of the anal glands, leading to acute inflammation, severe pain, swelling, erythema, tenderness, and, in some cases, fever and purulent discharge. The condition can significantly impair a patient's quality of life and requires prompt medical attention. Delayed or inadequate treatment may result in serious complications, including recurrent abscess formation, fistula-in-Ano, and systemic infection. In modern surgical practice, incision and drainage (I&D) is considered the gold standard for the treatment of perianal abscess, as it effectively evacuates the accumulated pus and relieves pressure and pain. Antibiotic therapy is recommended only in selected patients, such as those with diabetes mellitus, immunocompromised states, extensive cellulitis, or signs of systemic infection.

Ayurveda describes a condition comparable to perianal abscess under the term Gudavidradhi, a subtype of Vidradhi involving the anal region (*Guda*). Classical Ayurvedic literature explains that Gudavidradhi develops due to the vitiation of Pitta and Kapha Doshas, along with the involvement of Rakta, Maas and Meda Dhatus, resulting in inflammation, suppuration, pain, swelling, and tenderness around the anal region. If not managed appropriately, the disease may progress to Bhagandara (fistula-in-Ano, a condition that has been extensively described in Ayurvedic texts.

The Ayurvedic approach to Gudavidradhi focuses on correcting the underlying Dosha imbalance, reducing inflammation, facilitating proper drainage, promoting wound healing, and preventing recurrence. Treatment includes Shamana Chikitsa (pacifying therapy), local therapeutic procedures, dietary regulation (*Pathya*), lifestyle modifications, and the use of herbal medicines with traditionally recognized anti-inflammatory, antimicrobial, immunomodulatory, and wound-healing properties.

Classical Ayurvedic formulations such as Triphala Guggulu, Kaishore Guggulu, and Gandhak Rasayana, along with local applications including Jatyadi Taila and Panchavalkala Kwatha, are traditionally used as supportive therapies under the supervision of a qualified Ayurvedic physician. In patients requiring surgical intervention, these therapies may complement conventional management by supporting wound healing, reducing inflammation, maintaining local hygiene, and promoting postoperative recovery.

This article reviews the diagnosis and management of perianal abscess from both modern and Ayurvedic perspectives, with particular emphasis on the role of incision and drainage as the primary treatment for acute abscesses and the supportive role of Ayurvedic herbal medicines and local therapies in comprehensive patient care.

Etiopathogenesis

Modern Perspective

- Infection of anal glands
- Blockage of crypts
- Spread of infection into perianal spaces
- Pus accumulation and abscess formation

Ayurvedic Perspective

- Srotorodha (obstruction of channels)
- Agnimandya (poor digestion)
- Rakta dushti (vitiated blood)
- Pitta-kapha prakopa

Clinical Features

- Localized swelling in the perianal region
- Marked tenderness on palpation.

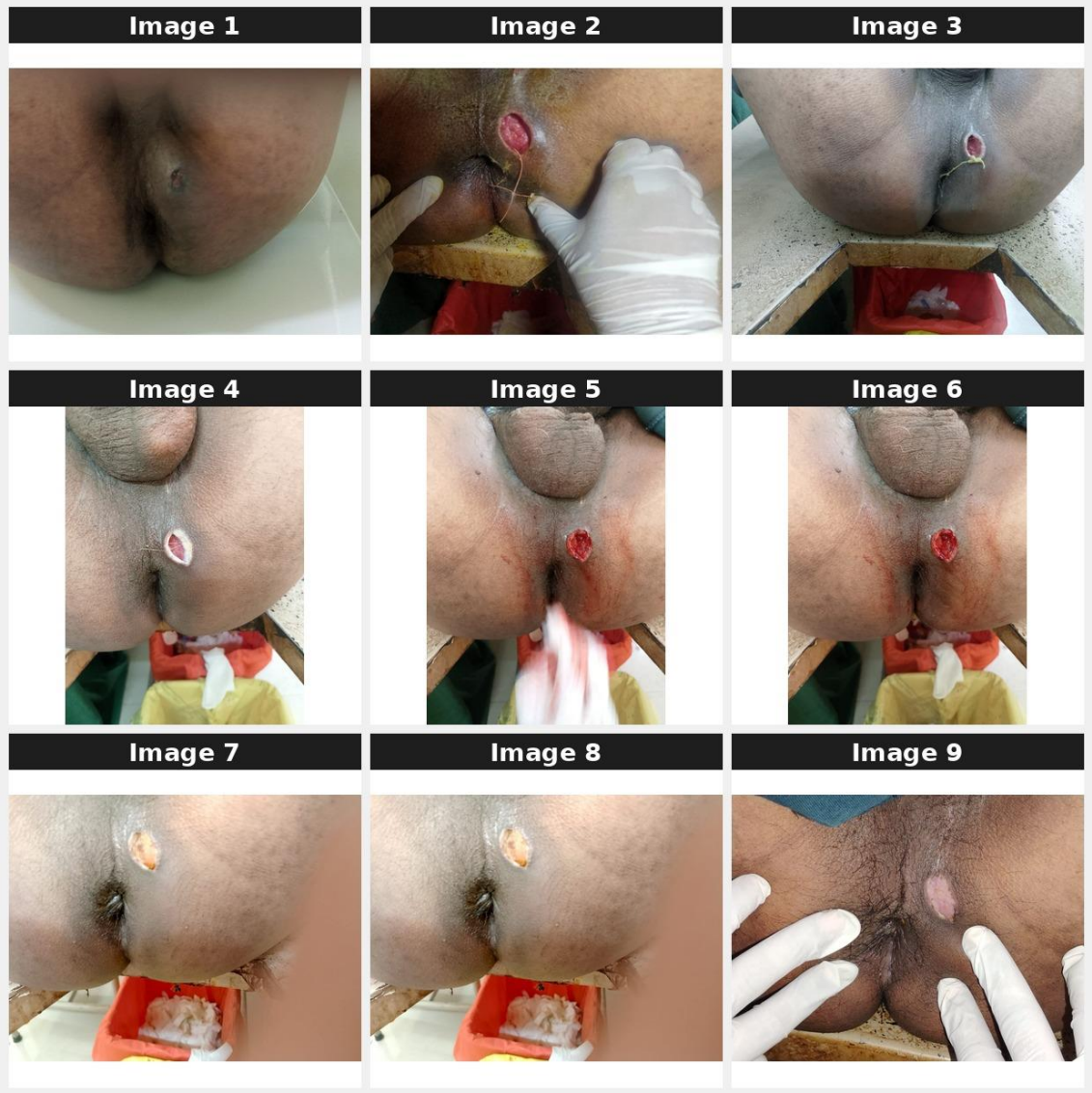
- Fluctuance indicating the presence of pus in superficial abscesses.
- Purulent discharge if the abscess ruptures spontaneously.
- Fever, chills, malaise, and fatigue in patients with extensive infection.
- Painful defecation and difficulty sitting.

Primary Treatment: Incision and Drainage (I&D)

Incision and drainage is mandatory in acute perianal abscess

Procedure

- Local or regional anesthesia
- Surgical incision over the most fluctuant area
- Complete drainage of pus
- Irrigation of cavity.
- an artificial opening (window) at the 6 o'clock position for drainage,
- Open wound dressing



I&D relieves pressure, removes pus, and prevents spread of infection

1) Kaishore Guggulu

Dose: 1–2 tablets twice daily after meals with warm water.

Pharmacological Actions

- Blood purification
- Reduces residual swelling
- Antimicrobial
- Anti-inflammatory

Kaishore guggulu helps in clearing remaining infection

2) Triphala Guggulu

1–2 tablets twice daily after meals with warm water.

Pharmacological Actions

- Anti-inflammatory
- Antimicrobial
- Wound healing
- Blood purification
- Reduces residual swelling

3) Gandhak rasayan

Pharmacological Actions

- Blood purification
- Antimicrobial
- Anti-inflammatory

125mg B.D before meal

4) (Panchavalkala Kwatha Prakshalana) (Local Cleansing Therapy)

Method

- Used for local wound washing once or twice daily
- **Benefits**
- Supports wound healing
- May reduce microbial growth,
- May reduce inflammation and local swelling
- Maintains local hygiene

Jatyadi Oil

- Supports wound healing
- May help reduce inflammation
- May help prevent infection
- May reduce discomfort

Diet and Lifestyle Recommendations

Pathya (Recommended)

1. Easily Digestible Foods

Warm, freshly prepared, light meals are preferred to support digestion.

Soft foods such as Yavagu (medicated rice gruel), Manda (rice water), and light soups are traditionally advised during acute inflammatory stage**.**

2. High-Fiber Foods

Whole grains such as barley (*Yava*) and oats.

Vegetables like bottle gourd (*Lauki*), ridge gourd (*Tori*), spinach, and other easily digestible vegetables.

Fruits such as papaya, apple, pear, and pomegranate.

3. Adequate Fluid Intake

Herbal infusions such as coriander (*Dhanyaka*) water or cumin (*Jeeraka*) water may be used traditionally to support digestion.

4. Foods Supporting Healing

Ghee in moderation, as it is traditionally considered supportive for tissue nourishment.

Fresh fruits and vegetables rich in vitamins and minerals.

Apathya (To Avoid)

Spicy, very hot, and oily foods that may aggravate inflammation.

Deep-fried foods and processed foods.

Constipation

Alcohol

Prolonged sitting.

Follow-Up and Monitoring

Reduction in pain, swelling, and local inflammation.

Proper drainage from the wound site.

Progressive healing of the incision area.

Monitor for persistent discharge

Review after 7–10 days

Daily wound dressing

DISCUSSION

Although incision and drainage is considered the primary and essential emergency intervention for perianal abscess, the possibility of recurrence and development of fistula-in-Ano remains a significant clinical concern. The incorporation of Ayurvedic supportive therapies during the postoperative period may help in promoting wound healing, alleviating

inflammation, supporting tissue regeneration, maintaining healthy blood function, and improving digestive balance.

Kaishore Guggulu and **Gandhak Rasayana** are considered supportive formulations in inflammatory and infective conditions due to their traditionally described properties of reducing inflammation, supporting tissue healing, and maintaining systemic balance.and Triphala Guggulu act on infected tissues and reduce suppuration. Panchavalkala Kwatha Prakshalana supports local wound hygiene and healing.

CONCLUSION

Perianal abscess is primarily managed through timely surgical intervention, with incision and drainage being the standard approach for effective evacuation of pus and control of infection. Following surgical management, Ayurvedic supportive therapies such as **Triphala Guggulu, Gandhak rasyan, kaishore Guggulu** and **Panchavalkala Kwatha** may contribute to improved wound healing, reduction of inflammation prevention of recurrence, and lowering the likelihood of fistula development when used under appropriate medical supervision.

A combined approach integrating modern surgical care with Ayurvedic principles may provide a holistic management strategy by addressing both the acute pathology and the postoperative healing process in patients with perianal abscess.