

INTEGRATING AYURVEDA WITH MODERN SURGICAL SCIENCES: A SINGLE CLINICAL CASE STUDY ON THE POST OPERATIVE MANAGEMENT OF LATERAL MALLEOLUS ABSCESS USING DASHMOOL GHRITA

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ABSTRACT

An abscess is a localized collection of purulent material within a tissue, organ, or anatomical space, resulting from microbial infection and the host inflammatory response. It represents a common clinical condition encountered across various medical and surgical specialties. The pathogenesis involves tissue destruction, leukocyte infiltration, and encapsulation of infectious material, leading to the formation of a cavity filled with pus. Clinical manifestations vary according to the site and severity of infection but commonly include pain, swelling, erythema, tenderness, and fever. Diagnosis is based on clinical assessment and may be supplemented by imaging techniques such as ultrasonography, computed tomography, or magnetic resonance imaging. Prompt management, including drainage of the abscess cavity and appropriate antimicrobial therapy, is essential to prevent complications such as sepsis, fistula formation, and spread of infection. This article reviews the

etiology, pathophysiology, clinical features, diagnostic approaches, and management strategy of abscesses, emphasizing the importance of early recognition and multidisciplinary care for

optimal patient outcomes.

KEYWORDS: Abscess, Pus, Infection, Inflammation, Incision and Drainage, Antibiotic Therapy.

INTRODUCTION

An abscess is a suppurative infection in which a cavity filled with pus and lined by a pyogenic membrane. This pyogenic membrane consists of dead tissue cells and a wall of granulation tissue consisting for the most part of phagocytic histocytes.

The suppurative infection gradually leads to cell death and liquefaction. Both tissue cells and those of the exudate are killed by the toxins of pyogenic organisms. Liquefaction of the dead tissue is caused by proteolytic enzyme released from the dead polymorphonuclear leucocytes.

The resulting yellow alkaline fluid is called 'pus'. It contains both disintegrating and living leucocyte and living and dead bacteria.

As recovery starts this pyogenic membrane is converted into fibrous tissue and the cavity is gradually covered with granulation tissue which transforms into collagen fibres. Clinically abscess presents with cardinal features-Redness(rubor), Pain(dolor), Heat(calor), Swelling (tumor) not treated then Impairment of function (functio laesa).

MATERIALS AND METHODS

Study Design Single

Clinical case study.

Ethical Considerations

1. Written informed consent was obtained from the patient before treatment and publication.
2. Patient confidentiality was maintained.
3. Ethical clearance: Since this was a single observational case report, institutional ethical approval was not mandatory.
4. Institutional guidelines should be followed. Statistical Analysis Not applicable because this is a single-case observational report.

Statistical Analysis

Not applicable because this is a single case observational report.

Clinical Presentation

A 70-year-old married male presented with:

1. Redness, pain, swelling and raised localised temperature at left lateral malleolus since 15 days.
2. Having no history of fever.
3. Having history of HTN and Parkinson.

Diagnostic Evaluation

Investigation	Findings
CBC	Raised wbc count
ultrasonography	Suggested abscess
xray	No involvement of bone in infection
History	1. No any surgical, family history, bad habits and drug allergy. 2. History of HTN and Parkinson

Therapeutic Intervention

Modern Management

1. Surgical drainage
2. Antibiotic therapy.
3. Rx HTN and Parkinson

Ayurvedic Intervention

Dashmmol ghrita application in post operative drainage of abscess.
components traditionally include

Brihat Panchamoola

Laghu Panchamoola

- | | |
|---|--------------------------------------|
| 1. Bilva (Aegle marmelos) | 1. Brihati (Solanum indicum) |
| 2 Agnimantha (Premna integrifolia / serratifolia) | 2. Gokshura (Tribulus terrestris) |
| 3. Shyonaka (Oroxylum indicum) | 3. Prishnaparni (Uraria picta) |
| 4. Patala (Stereospermum suaveolens) | 4. Kantakari (Solanum xanthocarpum) |
| 5. Gambhari (Gmelina arborea) | 5. Shalaparni (Desmodium gangeticum) |

Ayurvedic action	Therapeutic significance
shothahar	Reduced swelling
vedanasthapan	Relief pain
shodhan	cleansing
Ropan	healing



RESULT

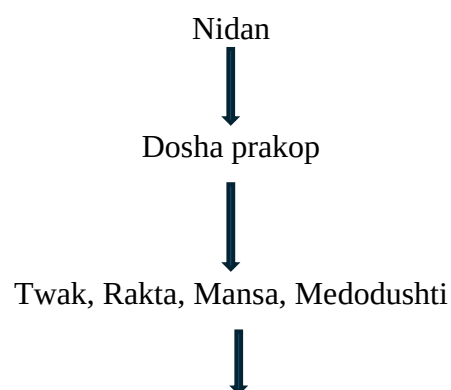
The integrated treatment demonstrated

1. Reduced clinical features such as redness, pain.
2. Reduced infection and pus formation.
3. Healthy granulation tissue formation.
4. Healing gradually occurred with satisfactory outcome.

DISCUSSION

For the management of abscess both surgical and ayurvedic treatment used resulted in controlled drainage, reduced infection and pus, healthy granulation tissue formation with satisfactory outcome.

Ayurvedic concept samprapti(pathogenesis)



Strotorodha



Shotha



Paka



Vidradhi

Predominant involvement

1. Pitta
2. Kapha
3. Twakadhatu
4. Raktadhatu
5. Mansdhatu
6. Meddhatu

Vidradhi(Abscess) According to dosha 6 types

1. Vataj
2. Pittaj
3. Kaphaj
4. Tridoshaj
5. Kshataj
6. Raktaj

According to sthan

1. Bhaya
2. Abhyantar

According to Avastha

1. Apakwa
2. Pachyaman
3. Pakwa

Dashmool ghrita is primarily known for its vatshamak, shothahara vednasthapan and rasayan properties. It helps to reduce ama and clears obstructed body channels and also healing that is

vrana ropan property. So, it used after drainage of abscess.

CONCLUSION

Integrated management combining modern medical therapy and ayurvedic ghritha application appears effective as minimally invasive therapeutic approach in lateral malleolus abscess.

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