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The Management of Perianal Abscess with an Udumber Ksheer Pichu – A Case Report

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Abstract:- Anorectal abscesses and fistula are among the most common diseases encountered in adults. Abscess and fistula should be considered the acute and chronic phases of the same anorectal infection. An anorectal abscess occurs when a cavity in the anus becomes filled with pus. It causes extreme pain, fatigue, rectal discharge, and fever. The abscess can vary on the spectrum of complexity based on the location and involvement of surrounding tissue. Abscesses are thought to begin as an infection in the anal glands spreading into adjacent spaces and resulting in fistulas. The prevalence rate of anal fistula is 8.6 cases per 100,000 population. 40% of fistula results from an anorectal abscess that occurs due to infection of the glandular epithelium of the anal canal. The treatment of an anorectal abscess is early, adequate, and dependent on drainage. Its management is fairly straightforward, with incision and drainage. Crohn's disease, diabetes, and obesity increase the risk for perianal abscess. This condition can be co-related to vidradhi in Ayurveda. The disease Vidradhi is a common ailment irritating humankind and incapacitating the sufferer in his routine work. The healing of the wound formed after I & D remains a major problem to the surgeon as well as to the patient. An attempt was made at the proper understanding of the historical aspect of Vidradhi Chikitsa, its etiopathogenesis, and the methodology of wound healing after I & D both in the light of Ayurvedic and modern knowledge. So present case study of Vidradhi was carried out at the outpatient department of Shalya Tantra at Mahatma Gandhi Ayurved College, Hospital and Research Centre, Salod (Hirapur) under Datta Meghe Institute of Medical Sciences, which was successfully treated.

Keywords:- *Vidradhi, Perianal Abscess, Pichhu.*

I. INTRODUCTION

Piles, fissures, fistula, and abscesses are common anorectal diseases in human beings. Abscess and fistula are considered the acute and chronic phases of the same anorectal infection. Abscess begins as an infection in the anal glands spreading into adjacent spaces and resulting in the fistula. (1)The prevalence rate of anal fistula is 8.6 cases per 100,000 population. 40% of fistula results from an anorectal abscess that occurs due to infection of the glandular epithelium of the anal canal. (2)

According to the *Ayurveda* human body is composed of *Dosha, Dhatu & Mala. Vata, Pitta, Kapha* and *Rakta* are main constituents of body.(3) When they get vitiated, they cause disease in the body. According to this theory, "Vidradhi" is explained in *Sushruta* and *Charak Samhitas. Sushruta* the father of surgery has mentioned *Vidradhi* as; when the vitiated *Doshas* situated in the *Asthi*, take place in *twacha, Rakta, Mamsa,* and *Meda Dhaatu* and produce excessively severe inflammatory swelling. It is very painful having different discolorations like red, blackish, etc., according to *Doshdushti*. This type of swelling is broad-based, rounded, or elongated, known as *Vidradhi*. (4) Sushruta also mentioned that "*Nimnadarshanam Angulya Avapidite Prattyunnaman Bastavivodaka Sancharanan"* means when *vidradhi* gets ripened it shows fluctuation test positive and pitting edema. *Charak* also explained *that Vidradhi* is a disease which is having more involvement in *Rakta Dushti* and by this *Rakta Dushti,* pus formation (Paka) takes place predominantly. (5)

As per the view of modern science, they explain the abscess is a localized collection of pus. (6) near about the same as the symptoms of abscess are mentioned as throbbing pain and fever with or without chills. They give signs of abscess as calor (heat), rubor (redness), dolor (pain), tumor (swelling), and fluctuation test positive. These signs and symptoms are signs and symptoms of *Vidradhi* so here we can compare the pyogenic abscess with *Vidradhi.* The primary aim of the treatment was to give an effective and safe surgical approach to this perplexing problem. The healing of the wound formed after I & D remains a major problem to the surgeon as well as to the patient. Though systemic action of drugs is in prevalence, satisfactory local management remains a pipe dream. Routinely in modern surgical practice, H2O2 (Hydrogen peroxide) and Betadine is commonly used for cleaning and debridement of I&D wound. H2O2 produces heat when coming in contact with tissues and disturbs the newly formed granulation tissue which decreases the wound healing rate. An attempt was made at the proper understanding of the historical aspect of *Vidradhi Chikitsa* (treatment), its etiopathogenesis, and the methodology of wound healing after I & D both in the light of *Ayurvedic* and modern knowledge. So present study

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reveals the efficacy of *Udumber Ksheer Pichu* w.s.r. to Vidradhi after its Bhedan and Vistravana (I&D) procedure. (7)

II. CASE REPORT

A 38 years old male presented with the chief complaints of pain and swelling on the left side of the gluteal region for two weeks with Throbbing pain in the left gluteal region, and Discomfort when sitting down for the last 2 weeks. Fever on and off for one week Patient was investigated and was known to be a diabetic and hypertensive. For that he took Tab. VogGM 1 twice a day before a meal, And Tab.Envas 5mg OD for HTN. Surgical and food allergy history were nil and all family members were healthy according to the patient's statement. The patient is having the personal habit of cigarette smoking (3-4) per day from 5-10 yrs and alcohol consumption occasionally from 10 years.

On examination, vitals like blood pressure, pulse, and systemic examination was normal. Local examination shows redness and swelling were present in the left gluteal region. On palpation revealed tenderness and pitting edema along with raised local temperature and Induration is present but not communicating to the anal canal and show fluctation test negative. On digital examination, Sphincter tone was normal, there was no internal opening felt or active bleeding seen along with no induration communicating with an anal region or any evidence of any growth felt.

Laboratory investigations showed a normal blood picture except raised ESR 93 mm/ 1st hr, Random Blood Sugar - 301 mg %, SGOT – 187 mg %, and SGOT - 182 mg % and show the presence of glucose in urine and further investigation of HbA1C shows 6.61 which shows the patient is diabetic. So for further treatment surgical I & D is chosen but, medical opinion has denied surgical intervention and advised higher dosage for diabetes and suggested to get further respiratory medicine opinion and gastroenterologist opinion, along with USG abdomen and pelvis. So, Respiratory medicine advises that the patient is fit from a respiratory point of view with due risk of anesthesia but the final fitness is to be given by an anesthetist only. An ultrasound shows an impression of hepatosplenomegaly with a grade 2 'fatty liver. The gastroenterologist advises that patient is unfit due to raised liver enzymes. After all the investigations. We concluded that the patient is unfit for the operative procedure.

- *Treatment given*

After 5 days the patient came with the same complaints along with the bursting of the abscess. And pus discharge from the abscess. (Fig: 1)So the application of *Udumber ksheer Picchu* was planned for proper treatment of an abscess. The application of *Udumberksheerpicchu*is was done from the second day(Fig: 2) and, for internal administration *Gandharva Haritakichurna* 5gm after food at night is given with lukewarm water for 5 days. Sitz bath with lukewarm water twice a day. The patient was further initiated with antibiotics, analgesics, and dressing with *Udumber ksheer Picchu* was done. The patient recovered well with complete healing of the wound within 6 weeks.

Subsequently, the perianal area is cleaned with normal saline, and then *udumberksheer Pichu is* applied over the perianal abscess twice a day for 7 days, and the dressing is done. (Fig:3), During this time, it was observed that the cavity was filling with healthy granulation tissue, reduced discharge and the patient was able to sit and perform normal activities without pain. After 6 weeks, the tract was completely healed without any discharge (Fig:4), later the patient was followed up for 6 months and no recurrence of symptoms was observed

III. DISCUSSION

In 34% of patients, an acute phase of Ano-rectal abscess gets complicated into the fistula in ano. (8)Management of perianal abscesses has remained largely unchanged for over 50 years. The evidence for postoperative wound packing is limited and may expose patients to painful procedures with no clinical benefit and at a considerably increased cost. The Multicentre observational study is carried out in the UK which shows 43·8 percent of wounds were healed by 8 weeks after surgery and 86 percent of patients had returned to normal function. 7·6 percent of abscesses had recurred and 26·7 percent of patients developed a fistula in ano by 6 months following surgery. Patients reported a twofold to threefold increase in pain scores during and after dressing changes. From all these, we can conclude that Recurrent abscess is rare and fistula occurs in one-quarter of the patients. Packing is painful and costly. (9)The plan of care proceeded with *avagahasweda* or sitz bath which helps in maintaining the hygiene of the perineal and peri-anal area and reducing the inflammation, pain, and relaxing the spasm of sphincter muscles. (10)*Gandharva Haritaki churna* helps easy evacuation of bowel and relieves constipation. *Udumber ksheer* has activities including antidiabetic, antibacterial, anti-inflammatory, hepatoprotective, and antimicrobial activities. (11)*udumberksheer* is having *shodhana* and *ropana* properties. *Shodana*drugs on topical application reduce pain, discharge, and edema of the surrounding tissue. Initially, drugs act as a debriding agent, removing slough and necrotic material from the wound and subsequently promoting smooth and uncomplicated healing. They reduce wound infection due to their bactericidal action on the drug. The dressing soaked with *shodhana* drugs provides a moist environment that enhances epithelialization, prevents scale formation, beneficial in infected wounds with drug-resistant bacteria. (12)After 3 sitting of application wound was found healthier and minimized the pain and discomfort and further helped the patient perform his routine activities.

IV. CONCLUSION

A patient presented with a perianal abscess with failure to get surgical intervention and the patient presented with pus discharge in the perianal region with necrotic tissue. After the pus is drained and later treated with *udumber ksheer Picchu* along with diabetic and hypertension control. Pus discharge

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was reduced with healthy granulation tissue and the cavity completely healed. Udumber*ksheerpicchu*have *shodhana* and *ropana* properties and anti bactericidal action which helps in vascularisation and healing of the cavity. Following the treatment, there was no recurrence of abscess formation and no formation of a fistula. So *Udumberksheerpicchu* can be widely used in perianal abscess as a local application and it is very cost-effective.

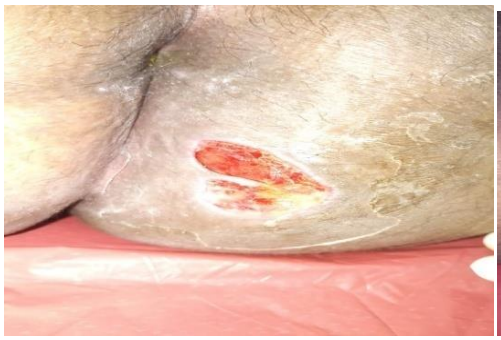

Fig. 1: abscess after bursting

Fig. 2: application of udumber ksheer Picchu

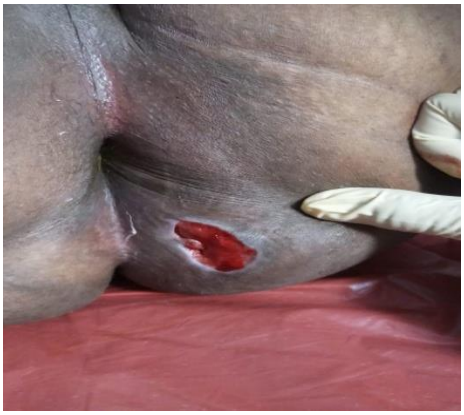

Fig. 3: wound with healthy granulation

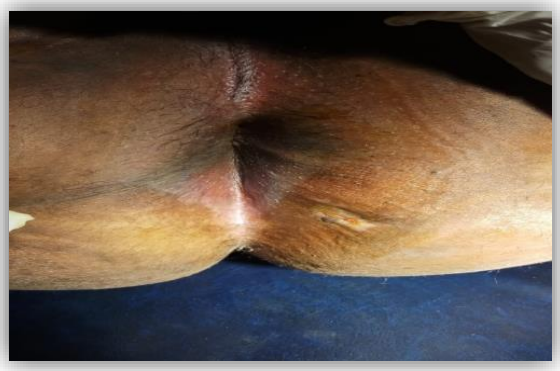

Fig. 4: complete healing of wound after 6 weeks

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