IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Gudavidhradhi An Ayurveda And Modern Review With Special Reference To Perianal Abscess.

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Abstract

Perianal abscess is a common acute anorectal condition characterized by localized pain, swelling, tenderness, and pus collection in the perianal region. In modern medicine, it is primarily attributed to cryptoglandular infection and a high risk of fistula-in-ano. Ayurveda provides a detailed description of analogous conditions under Vidradhi and the Purvarupa of Bhagandara. Acharyas such as Sushruta and Charaka describe symptoms including pain, swelling, suppuration, burning, and discharge, which closely correlate with the clinical features of perianal abscess. This review explores Ayurvedic conceptualization, classical references, modern understanding, and integrative approaches of management. The article also research evidence from clinical studies, and the scope of integrative protocols. Early recognition and timely intervention through Ayurveda and modern proctology can prevent complications, especially the transition of abscess into fistula, thereby reducing recurrence and improving quality of life.

Keywords: Perianal Abscess, Vidradhi, Bhagandara, Purvarupa, Ayurveda, Shastra Karma.

Introduction

In Ayurveda Acharya Sushruta, the pioneer of Shalya Tantra, classified Bhagandara as one of the Ashta Mahagada (eight grave diseases) due to its chronicity, recurrence, and difficulty in management [1]. By studying the Purvarupa of Bhagandara, Ayurveda offers an early diagnostic perspective of perianal abscess, which may help in preventing fistula development. Perianal abscess is one of the most frequently encountered proctological emergencies. Its global incidence is estimated at 16–20 per 100,000 population annually, predominantly affecting males aged 20–40 years [2]. It is characterized by acute pain, swelling, redness, and purulent discharge

in the perianal region. The abscess originates from infection of anal glands located in the intersphincteric space, progressing to suppuration and collection of pus. Complications include fistula-in-ano, recurrence, sepsis and in rare cases necrotizing fasciitis. Despite surgical drainage being the gold standard, recurrence and fistula formation occur in 30–50% of patients [3]. This integrative review aims to highlight the classical and modern correlation, management strategies, and the potential role of Ayurveda in clinical practice.

Conceptual Review

1. Ayurvedic View on Gudavidradhi

Etymological Interpretation

The term Vidradhi comes from Vidra (Dhatu) meaning *to break or split*, and Dha meaning *to hold*, with the suffix 'i' indicating a condition. Hence, Vidradhi denotes a state where internal tissues undergo inflammatory breakdown.

Nirukti [4]

"Yat Daha Janayati Tat Vidradhi"—the condition which produces burning sensation, pain, and swelling is termed Vidradhi.

Paribhasha (Definition)

Vidradhi is defined as a deep-seated, painful, inflamed swelling, either round or diffuse, with a tendency to suppurate.

Vidradhi in Ayurveda

The term Vidradhi refers to localized swelling due to dosha-dushya sammurchana leading to suppuration. Acharya Sushrut States Vidradhi occurs due to vitiation of Pitta and Kapha with involvement of Mamsa, Meda, Rakta, and Vata, manifesting either internally or externally, rapidly increasing and suppurating. [5] Charak describes Vidradhi as a deep-seated inflammatory swelling arising due to vitiation of Tridosha, especially Pitta and Rakta, leading to Paka (suppuration) and severe pain. He explains internal (Abhyantara) and external (Bahya) types and emphasizes early management to prevent rupture. [6] Vagbhata similarly describes Vidradhi as a painful, hot, and progressive swelling, noting that it may occur in various body tissues. He highlights dosha-based presentations and stresses Shamana and Shodhana line of treatment, including Mridu Virechana and Rakta-Pitta pacifying measures. [7]

Table No.1: Showing Types of Vidradhi According to Various Acharyas

Acharya / Text	Types Mentioned
Charaka Samhita (Ch. Sutra. 17)	**1. Dosha Bheda (Based on dominant Dosha)** • Vataja • Pittaja • Kaphaja • Raktaja • Sannipataja **2. Sthana Bheda (Based on site)** • Bahya (External) • Abhyantara (Internal)
Sushruta Samhita (Su. Ni. 9)	**1. Bahya Vidradhi (External)** Occurs in Tvak, Mamsa, Sira, Snayu. **2. Abhyantara Vidradhi (Internal)** Ten types based on organ location: • Vidradhi in **Hridaya** (Heart) • **Yakrit** (Liver) • **Pliha** (Spleen) • **Vasti** (Bladder) • **Pakvashaya** (Large intestine) • **Kshudrantra** (Small intestine) • **Amashaya** (Stomach) • **Garbhapinda** (Uterus region) • **Vrikkas** (Kidney region) • **Guda / Prishtha** (Perianal / Back region)
Ashtanga Hridaya (A.H. Nidana 11)	• Vataja • Pittaja • Kaphaja • Raktaja • Sannipataja • Bahya • Abhyantara
Madhava Nidana (M.N. 36)	• Vataja • Pittaja • Kaphaja • Raktaja • Sannipataja • Bahya • Abhyantara

Symptoms: severe pain (shula), swelling (shopha), redness (raga), throbbing, suppuration (paka), and fever. When occurring in Guda Pradesh, it is termed Guda Vidradhi, correlating with perianal abscess.

Upadrava (Complications) of Vidhradhi [8]

Sushruta Samhita explains that Vidradhi can lead to multiple complications, including the spread of infection, formation of fistula, septicemia, and systemic involvement if not managed properly. Specific upadravas noted in the context of guda vidradhi (anal abscess) include fistula formation, bacteremia/sepsis, fecal incontinence, recurrence due to improper care, and in rare cases, death from infection spreading throughout the body. Sushruta also notes that abscesses can lead to depletion of tissues and strength, systemic features such as fever, diarrhea, fainting, dyspnea, and consumption, making the disease far more severe, sometimes untreatable when associated with these upadravas

Sadhyasadhyatva (Prognosis/Curability) [9]

Sushruta states that Vidradhi is of six main types according to doshic involvement. Among these, the form caused by aggravation of all three doshas simultaneously (Sannipataja or Sarvaja Vidradhi) is considered asadhya (incurable). Other types—Vataja, Pittaja, Kaphaja, Raktaja, and Mamsaja—are treatable if managed in the initial ("ama" or unripe) stage and if complications are not present. For these, Sushruta advocates prompt and appropriate treatment, similar to the management of inflammatory swellings (sopha)

Samprapti (Pathogenesis)

- **Doshas:** Predominantly Pitta-Kapha with Vata association.
- **Dushyas:** Rakta, Mamsa, Meda dhatus.
- **Srotas:** Purishavaha srotas.
- **Karya-Karana:** Inflammation → suppuration → pus collection → sinus formation.

In Ashtang Hridaya, abhighataja samprapti of Vidhradi is: trauma (abhighata) aggravates doshas, especially vata; these vitiated doshas affect local dhatus, causing inflammation and suppuration, resulting in abscess formation. [10]

This sequence closely matches the modern pathogenesis of cryptoglandular infection leading to abscess and fistula.

2. Modern View on Perianal Abscess [11]

Perianal abscess is a localized collection of pus in the tissue surrounding the anal canal, usually resulting from infection of the anal glands located at the dentate line. It is a common anorectal emergency, characterized by pain, swelling, and tenderness near the anus. Most cases arise secondary to cryptoglandular infection and may progress to fistula-in-ano if not adequately managed.

Perianal abscess is defined as a purulent collection located in the perianal subcutaneous tissue**,** typically originating from obstruction and infection of intersphincteric anal glands**.**

Etiology [12]

- Cryptoglandular infection (most common).
- Secondary causes: Crohn’s disease, tuberculosis, trauma, HIV, malignancy.

Classification (according to Parks) [11]

- Perianal abscess
- Ischiorectal abscess
- Intersphincteric abscess
- Supralevator abscess

Clinical Features

- Severe throbbing perianal pain.
- Tender swelling, erythema, warmth.
- Fever, malaise.
- Pain aggravated by sitting, walking, defecation.
- Fluctuation on examination.

Investigations

- Clinical examination.
- Digital rectal examination (tender induration).
- MRI/Endoanal ultrasound in recurrent/complex cases.

Complications [13]

- Fistula-in-ano in 30–50% cases.
- Sepsis, necrotizing fasciitis.

Integrative Approach to Perianal Abscess Management

1. Ayurvedic Surgical Interventions (Shastra Karma)

Ayurveda provides precise guidance for surgical management of abscesses (Vidradhi) and fistula (Bhagandara), which can be correlated with modern surgical principles:

Ashtavidh Shastra Karma by Sushrut[14]

Sushruta outlines Ashtavidh Shastra Karma as the eight fundamental surgical procedures used for a wide range of conditions, providing a structured approach to operative techniques in Ayurveda. These are:

Chedana (excision): Complete removal of a diseased part or growth.

Bhedana (incision): Making an opening or cut in tissue, such as abscesses or swellings.

Lekhana (scraping): Removing unwanted or dead tissue.

Vedhana (puncturing): Piercing to access fluids or relieve pressure.

Eshana (probing): Exploring tracts or cavities, such as fistulous tracts.

Aharana (extraction): Pulling out foreign bodies or diseased tissues.

Vistravan (drainage): Drawing out accumulated fluids like pus or blood.

Seevana (suturing): Stitching wounds or surgical openings for closure

Role of Bhedana and Vistravana in Vidhradi Chikitsa

- **Indication:** When abscess reaches the maturation stage with localized fluctuation.
- **Procedure:**
  - Assessment of dosha predominance (Pitta-Kapha): Determines the site and depth of incision.
  - Sterile incision made at the point of maximum fluctuation.
  - Evacuation of pus along with necrotic tissue, if present.
  - Cleansing with Panchavalkala Kwatha or other antiseptic decoctions.
  - Post-incision care: Application of Jatyadi Taila or Shatadhauta Ghrita to enhance tissue healing and reduce inflammation.
- **Modern Correlation:** Directly parallels Incision & Drainage (I&D)**,** minimizing risk of systemic sepsis and preventing progression to deeper tissue involvement.

B. Kshara Sutra Therapy

- **Indication:** Chronic or complex fistula formation, especially in perianal or post-abscess tracts.
- **Surgical Advantage:**
  - Minimally invasive
  - Reduces recurrence
  - Preserves sphincter function (critical in anal fistula)
- Modern Correlation: seton placement in fistula surgery, which ensures controlled drainage and tract healing.

C. Jalaukavacharana (Leech Therapy)

- **Indication:** Early inflammatory stage with localized congestion and edema.
  Clinical Benefits:
  • Reduces venous stasis and inflammation
  • Improves microcirculation and tissue oxygenation
  • Helps prevent early suppuration and need for surgical drainage

2. Modern Surgical Management

Modern surgery focuses on timely intervention, minimizing complications, and restoring function:

A. Incision and Drainage (I&D)

- **Timing:** Immediate for mature abscess; delayed I&D increases risk of systemic infection.
- **Technique:**
  - **Anesthesia:** Local or regional depending on abscess site.
  - **Incision:** Over the point of maximum fluctuation.
  - **Pus evacuation** with gentle probing to ensure all loculations are drained.
  - **Irrigation:** Saline or antiseptic solution.
  - **Packing & dressing:** To prevent premature closure and recurrence.
- **Complications Managed:** Hematoma, recurrence, cellulitis.

- **Postoperative Care:**
  - Analgesics, anti-inflammatory medications.
  - Sitz baths to prevent infection.
  - Stool softeners to avoid straining.

3. Integrative Surgical Perspective

Table No. 2 showing Combine Ayurveda and modern surgery can optimize outcomes:

Stage	Ayurvedic Intervention	Modern Surgical Correlation	Benefit
Early Inflammation	Jalaukavacharana	Observation & antibiotics	Reduces tissue congestion, prevents progression
Abscess Formation	Chhedana & Shodhana	I&D	Immediate pus evacuation, limits tissue destruction
Chronic Tract/Fistula	Kshara Sutra	Seton placement / fistulotomy	Continuous drainage, preserves sphincter, prevents recurrence
Healing & Recovery	Shamana Chikitsa, Local applications	Dressings, Sitz baths, Antibiotics if indicated	Promotes tissue repair, reduces infection, accelerates recovery

Key Surgical Insights from Integrative Approach:

1. **Early intervention is critical**: Both systems emphasize preventing progression to deeper tissues or systemic infection.
2. **Minimally invasive techniques** (Kshara Sutra or seton placement) are preferred for fistulas to preserve function.
3. **Local healing aids** (medicated oils, herbal washes) complement modern wound care to reduce pain, inflammation, and recurrence.
4. **Dietary and lifestyle measures** improve surgical outcomes by reducing local and systemic aggravation of doshas or inflammation.
5. **Special Populations**: Children, elderly, and immunocompromised patients benefit from a tailored integrative surgical approach combining gentle purgation, careful drainage, and conservative post-op care.

Research Evidence

- Clinical trials on Kshara Sutra show high efficacy in managing perianal fistula with low recurrence [15].
- Jatyadi Taila and Panchavalkala Kwatha demonstrated significant wound healing and anti-inflammatory effects in ano-rectal disorders [16].
- Studies suggest Ayurveda-based interventions may reduce postoperative pain and accelerate healing in perianal surgeries [17].

Discussion:

Perianal abscess can be correlated with Vidradhi, and more specifically Guda Vidradhi, which represents the early inflammatory and suppurative stage in the perianal region. Recognizing dosha imbalance, localized tissue inflammation, and pus formation at this stage enables early intervention and may help prevent the development of a chronic sinus. Shastra Karma procedures such as Bhedana-Vistravan, Shodhana (purification), and Kshara Sutra therapy align closely with modern drainage and seton techniques, while additionally emphasizing sphincter preservation, recurrence prevention, and promotion of healthy granulation. Adjunct measures like Jalaukavacharana for reducing congestion, Jatyadi Taila and Panchavalkala Kwatha for wound healing, along with Ropana and Shamana therapies, contribute to reduced pain, controlled inflammation, and improved post-procedural comfort.

From the modern perspective, perianal abscess is a common surgical emergency, and incision and drainage (I&D) remain the primary treatment. However, recurrence rates of 30–50% and the frequent progression to fistula-in-ano indicate the need for supportive and preventive approaches. An integrative management strategy, combining timely surgical evacuation of pus with Ayurvedic wound healing and tissue-repair therapies, offers faster healing, reduced recurrence, and better sphincter preservation. This holistic approach is particularly advantageous for children, elderly patients, and immunocompromised individuals. Clinical evidence also supports the effectiveness of Kshara Sutra in managing chronic fistula and the role of Ayurvedic formulations in promoting postoperative recovery.

Conclusion:

Perianal abscess poses a significant clinical challenge, with modern surgery providing rapid resolution but not always preventing recurrence. Ayurveda complements surgical care through early diagnosis, minimally invasive interventions, and wound-healing adjuvants.

An integrative strategy, combining modern I&D or seton procedures with Ayurvedic therapies and lifestyle measures, ensures effective infection control, accelerated healing, recurrence prevention, and sphincter preservation. This patient-centered, evidence-informed approach represents a promising model for comprehensive management of perianal abscess and fistula-in-ano. Future research should focus on standardized integrative protocols and long-term outcomes to strengthen clinical guidelines.

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