



# Right Submandibular Abscess Management With Ayurvedic Medicine Single Case Report

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## ABSTRACT -

An abscess is a localized collection of pus that can develop due to bacterial infection, characterized by redness, swelling, pain, and sometimes fever. Modern medical treatments typically focus on drainage and antibiotics, but Ayurvedic medicine offers a holistic approach to managing abscesses by addressing the root causes, enhancing immunity, and promoting healing.

In Ayurved, abscesses are often linked to an imbalance in the body's doshas (Vata, Pitta, and Kapha), particularly when Pitta dosha is aggravated, leading to heat and inflammation. Ayurvedic management of abscesses involves a combination of internal therapies, external applications, dietary modifications, and lifestyle changes aimed at restoring balance and promoting natural healing.

This abstract presents a comprehensive overview of Ayurvedic management for abscesses, focusing on the principles of holistic healing, and the integration of herbal, dietary, and lifestyle interventions to effectively treat abscesses and prevent recurrence.

Keywords – Abscess, Vidradhi, Jatyadi taila, *Chedan* and *Visravan*.

## Introduction –

Definition - An abscess is a collection of pus in the body<sup>1</sup>.

When an area in the body becomes infected, the body's immune system sends white blood cells to fight the infection. These cells collect and combine with the damaged tissue and germs, creating liquid called pus.

In Ayurvedic classics, abscess is understood as *vidradhi* which is classified into two categories as *Bahya* and *Abhyantara*. As per *Acharya charak vidhradhi is a early or acute suppuration caused by vitiation of blood in abundance*. *Sushruta Nimnadarshanam* revealed *Angulya Pratyunnaman* that *Avapidite BastavivodakaSancharanam* means when *vidradhi* gets ripen it displays fluctuation test positive and *pitting oedema*<sup>2</sup>. *Sushruta* has indicated that if *vidradhi* is *pakvavastha* than *primally we should drain the abscess cavity* and subsequently *vrana* regimen should be followed strictly to avoid recurrence<sup>3</sup>. The present study deals with the *Bahyavidradhi* of Rt Submandibular Abscess.

## CASE REPORT

A previously healthy 12-year-old female patient presents with the complaint of localized pain and swelling over Rt submandibular region. Swelling was gradually increasing. On local/examination collection is localised, redness present, tender, local rise in temperature. On physical examination her vital signs included a blood pressure of 100/60 mmHg, a heart rate of 100 beats per minute, and a respiratory rate of 20 breaths per minute. Her temperature was 36 °C. Oxygen (O<sub>2</sub>) saturation was 96% on room air.

On examination, her prakṛti (body constitution), was pitta-kaphaja. Her agni bala (Digestive power) and Sharir bala (physique) was avara (poor).

The laboratory studies showed the following: haemoglobin 13.3 g/dl, leukocytes 8600/cu mm, neutrophils 70%, lymphocytes 23%, Eosinophils 04%, Monocytes 01%. Chest Xray clear.

**Treatment given-**

*Bhedan* and *Visravan* Performed (Incision & Drainage) Local Application – Dressing done with Jatyadi

Taila Internal treatment oral-

Gandhak rasayan - 500mg twice a day after meal Triphala guggulu - 500mg twice a day after meal

The internal drugs remained the same for entire five weeks

**Material and Methods – Pre- Operative –**

Inj TT 0.5ml IM

Inj Xylocaine 0.5ml S/C for sensitivity Betadine Antiseptic Purpose

Blade No 11 Artery Forcep 10cc Syringe Gauze Paece

Hydrogen Peroxide

**Operative –**

*Bhedana* and *Visravana*<sup>4</sup> i.e. Incision and Drainage Hilton method<sup>5</sup> -

Under short general anaesthesia. Supine position given to patient. Liberal incision made on most dependent part of abscess. Incision deepened layer wise along skin, subcutaneous and deep tissue. Approximately 10cc pus drained out from cavity. Cavity washed with Betadine and H<sub>2</sub>O<sub>2</sub>. 2\*2cm wound created. Wound is packed with Jatyadi Taila *puran* done.

**Post Operative –**

Jatyadi Taila – For local application

Gandhak rasayan - 500mg twice a day after meal Triphala guggulu - 500mg twice a day after meal Diet –

Laghu, Supachya Aahar.

Vihaara – Rest.

**Discussion –**

After performing *Bhedana* and *Visravana* (Incision and Drainage). All pus drained out of the cavity. All Pus pocket were break down. Cavity clean with betadine and H<sub>2</sub>O<sub>2</sub>. Wound 2\*2cm formed. Dressing with Jatyadi taila with internal medicine continued for 3 weeks. All the symptoms relived gradually Pain and pus from the cavity decreased; then wound healed with healthy granulation within 3 weeks. Patient follow up after 1month no recurrence of abscess at site.

Content of Jatyadi taila are Jati Pallav, Nimba Pallav, Naktmal Pallav, Siktha, Yashtimadhu, Kushtha,

Haridra, Daruharidra, Katuruhani, Manjistha, Abhaya, Neel , Padmak, Uttapal, Patol Pallav, Lodhra, Tutha, Sariva beeja, Naktamala beeja .Jatyadi taila have shodhana and ropana properties which helps in vascularisation and healing of the cavity<sup>5</sup>.

*Triphala guggul* reduces *kleda, paaka, putigandha, shotha* along with remarkable reduction of pain in *vrana*(wounds)<sup>6</sup>.

*Gandhak Rasayana* has *madhur rasa, katu paka* and *ushna virya*, *Gandhak Rasayana* helps in *vranavasadana*, thus helping in early wound healing and significant reduction in the pain<sup>7</sup>

### Conclusion –

Jatyadi taila have shodhana and ropana which helps in vascularisation and healing of the cavity. Gandhak Rasyana has properties of wound healing.

Triphala guggul has properties of anti inflammatory along with analgesic.

Thus this line of treatment can be used as management of abscess. Further, such cases can be studied in large population to assess the effectiveness of Ayurveda treatment.

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