

## AYURVEDOKTA AUSHADHI CHIKITSA OF NAADIVRANA – A CASE REPORT

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## ABSTRACT

Here we are presenting a case of 35-year-old female patient, diagnosed with sinus tract in left anterior perianal and posterior vulval region along with collection in anterolateral vulval region and was suggested to undergo operative for the same. We correlated the symptoms with *Naadivrana* and designed our treatment protocol. The main aim of treatment was to heal the tract formed and to avoid abnormal granulations. Our treatment included administration of *Ayurvedic* oral medications viz. *Somtajvir*, *Sukshma Triphala* and *Triphala Guggulu* which helped the patient to be symptom-free within a duration of 4 months. Significant positive changes were observed on MR Fistulogram also.

**Keywords:** *Naadivrana*, *Somtajvir Rasayana*, *Sukshma Triphala*, *Triphala Guggulu*

## INTRODUCTION

A sinus is a tract leading from skin or mucous surface to a deep-seated focus of suppuration, a vestigial structure or to aberrant secreting tissue<sup>1</sup>. It can be correlated with *Naadivrana*. *Naadivrana* is a condition in which there is formation of an inflammatory channel in our body which is having single opening<sup>2</sup>. The line of treatment advised for the patient was tract

an operative. But as the patient was not willing for treatment, she approached us to seek *Ayurvedic* medications. We thought of the pathology from an *Ayurvedic* point of view and designed the below mentioned treatment protocol. The medicines which were given to the patient include *Somtajvir*, *Sukshma Triphala* and *Triphala Guggulu*. The main aim of

treatment was to heal the tract formed and to avoid abnormal granulations. The patient was symptom-free within a duration of 4 months. Significant positive changes were observed on MR Fistulogram also.

## CASE REPORT

### PATIENT'S INFORMATION

35-year-old female patient, office staff by profession, diagnosed with sinus tract in left anterior perianal and posterior vulval region along with collection in anterolateral vulval region, visited our OPD of *Shree Vyankatesh Ayurved* with the MR of Fistulogram done.

### HISTORY OF PRESENT ILLNESS

She was complaining of localized constant dull pain for around 15 days before the first consultation. Along with that, there were few episodes of shooting pain. Along with the pain, she was also having localized swelling and redness along with occasional pus discharge. There was H/O fever for 2-3 days in the

initial days. She had antibiotics and painkillers for the same, which resulted in temporary relief. Later when the complaints aggravated, she was suggested to undergo MR of Fistulogram and after going through the report, surgeon suggested her to undergo operatives for the same. As the patient was not willing to have an operation, approached us for *Ayurvedic* management of the same.

### CLINICAL FINDINGS

**General examination** – All the vitals of patient were normal. General condition was ok. Patient was experiencing constant dull pain with episodes of shooting pain in perineal and vulval region. Sleep was disturbed because of the pain.

**Local examination** – Local examination revealed redness, swelling and tenderness in perianal and vulval region along with an opening through which pus was draining in anterior perianal region.

### TIMELINE

Table No. 01 – Timeline of the case

Date	Relevant medical history
25/01/2023	Redness, swelling and pain in perianal and vulval region
27/01/2023	Previous complaints increasing in nature
	Episodes of fever
29/01/2023	Consulted family doctor, taken medicine for the same
02/02/2023	Redness and swelling were reduced and constant dull pain along with few episodes of shooting pain present
07/02/2023	Complaints aggravated
	Family doctor advised for MR of Fistulogram
	Findings of sinus tract in left anterior perianal and posterior vulval region along with collection in anterolateral vulval region
	Advised operative
08/02/2023	Patient was not willing for operative. Thus, approached us for Ayurvedic management of the same.

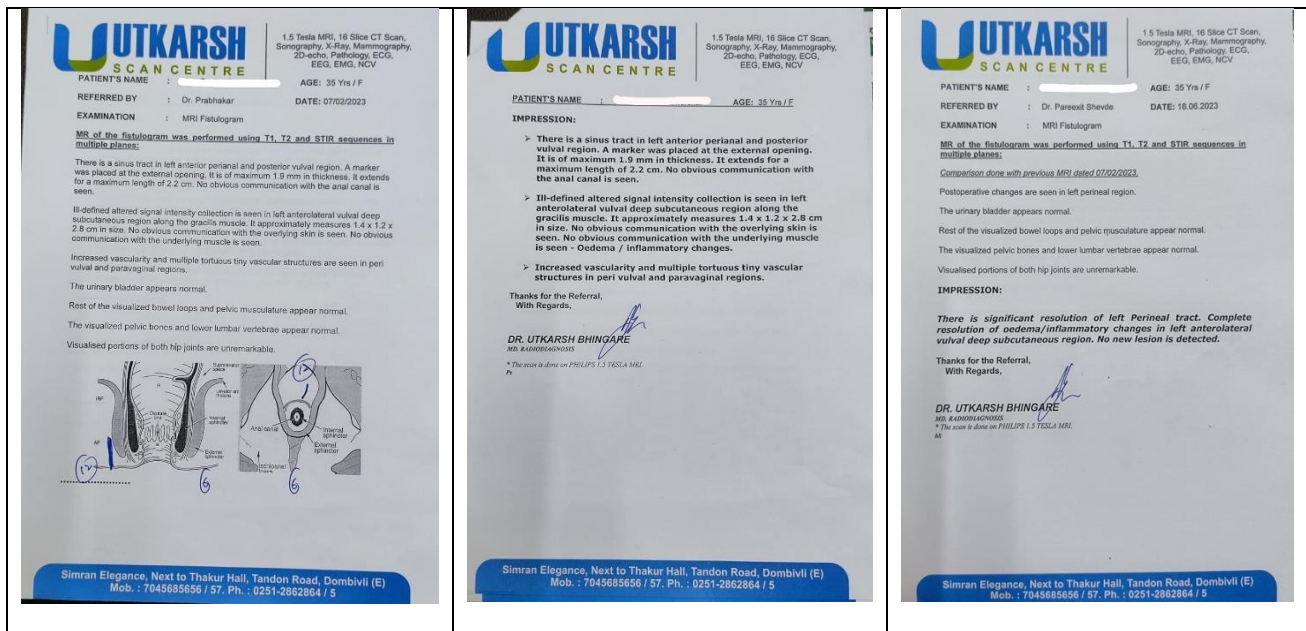
### DIAGNOSTIC ASSESSMENT

**Investigations** (Photos of reports attached in the end)  
MR of Fistulogram dated 07/02/2023 – There is a sinus tract in the left anterior perianal and posterior vulval region. A marker was placed at the external opening. It is of maximum 1.9 mm in thickness. It extends for a maximum length of 2.2 cm. No obvious communication with the anal canal is seen. Ill-defined altered signal intensity collection is seen in

left anterolateral vulval deep subcutaneous region along the gracilis muscle. It approximately measures 1.4 X 1.2 X 2.8 cm in size. No obvious communication with the overlying skin is seen. No obvious communication with the underlying muscles is seen – Oedema / inflammatory change. Increased vascularity and multiple tortuous tiny vascular structures in peri vulval and paravaginal regions.

MR of Fistulogram dated 18/06/2023 – There is significant resolution of left perianal tract. Complete

resolution of oedema / inflammatory changes in left anterolateral vulval deep subcutaneous region. No new lesion is detected.



## THERAPEUTIC INTERVENTION

Table No. 02 – Intervention

Date	Medications	Dose
08/02/2023	1.Somtajvir	Contents of 1 capsule early morning empty stomach with warm water
	2.Sukshma Triphala	250 mg twice a day after food with warm water
	3.Triphala Guggulu	250 mg twice a day after food with warm water
22/02/2023	1,2,3	Same as above mentioned
22/03/2023	1,2,3	Same as above mentioned
06/04/2023	1,2,3	Same as above mentioned
21/04/2023	1,2,3	Same as above mentioned
20/05/2023	1,2,3	Same as above mentioned
04/06/2023	1,2,3	Same as above mentioned
19/06/2023	No further intervention given	

*Apathya* – Excess exercise, withholding of natural urges, consumption of dry or astringent food items, Gram flour, Refined wheat flour, use of green chillies in diet, continuous exposure to wind or sunlight, excess sexual indulgence.

## FOLLOW UPS AND OUTCOME

Table No. 03

Physician assessed outcome	Patient assessed outcome	Before treatment	After treatment
Local examination		redness, swelling and tenderness in perianal and vulval region along with an opening through which pus was draining in	No of the before mentioned findings observed.

		anterior perianal region	
	Localized pain	Constant dull pain along with few episodes of shooting pain	No pain experienced.
	Pus discharge	Present in anterior perianal region	No such complaint.
	Fever	Present for first 2-3 days of treatment	No such complaint

No adverse or unanticipated event occurred during the course of treatment.

## DISCUSSION

The patient approached us as she was not willing for the operation to be done. But she was very anxious because of pain, swelling and pus discharge. If we go through the signs and symptoms of a patient, there is vitiation of *Tridosha*, specifically *Vata* and *Kapha*. *Dushyas* include *Rasa*, *Rakta*, *Mamsa*. The *Khavaigunya* occurred because of continuous sitting job. The medicines which were given to the patient include *Somtajvir*, *Sukshma Triphala* and *Triphala Guggulu*. *Somtajvir* contains *Somnathi Tamra Bhasma* and *Jasad Bhasma* with *Bhavana* given of *Dhattur*, *Tulasi*, *Ardrak*, *Kantakari*, *Guduchi*, *Yash-timadhu* and *Kutaki*. All the medicines we are using are well known to have *Krumighna*, *Shothaghna*, *Shoolaghna*, *Lekhaneeya*, *Kledashoshana* and *Kledapachana* properties. When we started with the treatment, the pus discharge decreased gradually resulting in diminished episodes of fever and pain. For a certain duration thereafter, dull continuous pain was

persistent but that improved very fast. After a duration of 4 months, the patient was completely symptom-free. Then, we repeated the MR Fistulogram and found very positive findings as mentioned above.

## CONCLUSION

Based on the single case study, it can be concluded that *Naadivrana* can be managed by *Ayurvedokta Aushadhi Chikitsa*. This study is based on a single case. So, further large sample size study is required to know the better results.

## REFERENCES

1. Pubs.rsna.org, Radiology, Vol. 41, No. 3, H. Courtney Gage, E. Rohan Williams
2. Acharya Yadavji Trikamaji, Shi Dalhanacharya, commentator, Sushruta Samhita chapter 10 Nidanasthana, Chaukhamba Surbharati Prakashana, page no. 306

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