

**CONCEPT OF VIDRADHI WSR TO ABSCESS: AN AYURVEDIC REVIEW**Jayanth B S¹, Vishwanath Sharma², Shailaja S V³,

¹PG Scholar, Department of Shalya Tantra, Sri Kalabyraveshwara Swamy Ayurvedic Medical College, Hospital and Research Center, Bengaluru.

²Professor, Department of Shalya Tantra, Sri Kalabyraveshwara swamy Ayurvedic Medical College, Hospital and Research Center, Bengaluru.

³Professor and HOD, Department of Shalya Tantra, Sri Kalabyraveshwara Swamy Ayurvedic Medical College,

Corresponding Author: drjayanth2210@gmail.com

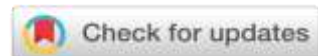
<https://doi.org/10.46607/iamj1012052024>

(Published Online: May 2024)

Open Access

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Article Received: 11/04/2024 - **Peer Reviewed:** 29/04/2024 - **Accepted for Publication:** 13/05/2024.

**ABSTRACT**

Ayurveda, a characteristic arrangement of medication, started in India over 3,000 years prior. The term Ayurveda is taken from the Sanskrit words ayur (life) and veda (science or information). In this manner, Ayurveda means information on life. In the wake of Collecting the information from various samhitas, ayurvedic texts and current books. Acharya sushruta- the father of Indian surgery has logically characterized in a foundational way an abundance of clinical material and the standards of the board for vidradhi, which are legitimate even today. "Sheegra vidhahivat' meaning of vidradhi itself recommends the destructiveness of the disease. Vidradhi word is advanced from vidra, i.e, a painfull condition like pricking, stabbing or cutting sensation in the skin. The infection Vidradhi (abscess) is a typical infirmity disturbing mankind and debilitating the victim for his standard work. It presents as a limited expanding with torment, red discoloration, local rise of temperature, delicacy and confined capacity of impacted part. it is normal in India with second most noteworthy frequency because of helpless disinfection, stuffing and deficient sustenance. Around the world, roughly 40-50 million individuals are contaminated every year with amoebic abscesses. The current exploration article is intended for relative investigation of Vidradhi and Abscess as far as Samprapti (Pathophysiology), Lakshanas (Clinical elements) and Chikitsa (Treatment) affirms that Vidradhi and Abscess can be comparable disease entities.

Keywords: Vidradhi, Abscess, Darana karma, Shashtikarma

INTRODUCTION

Ancient Acharyas and their counterparts in this era tried and as yet making an honest effort to keep the man youthful and solid. Contribution of acharya sushruta to the study of a medical procedure and medication are numerous and generally significant, careful methods and systems referenced by acharya sushruta, are significant a large number of the careful illnesses are managed in sushruta samhita intricately, vidradhi is one such disease. Acharya sushruta – "Sheegra vidhahivat " meaning of vidradhi itself recommends the destructiveness of the illness. Exasperated doshas vitiate the skin, blood, muscle, fat and bone tissues, get limited and produce an irksome enlarging, which gradually inflamed, deep rooted, is painful and round.¹ This is vidradhi. Abscess is a localized collection of pus and a limited assortment of discharge in a depression shaped from tissues that have been separated by irresistible bacteria.² An abscess is caused when such microscopic organisms as staphylococci or streptococcus admittance to strong tissue (e.g., through a little injury on the skin).³ The toxins delivered by these duplicating microorganisms obliterate cells and, in this way, trigger an intense irritation at the site, with its trademark indications of redness, pain, expanding, and heat.

Etymological deductions Vidradhi = vidra+ dha the word vidradhi is gotten from: Vidra = root word (Dhatu) and Dha implies is to "have" I: it is appended in line of word "vidradhi". Nirukti: which causes dha, for example causing flushing sensation is called as "vidradhi". Paribhasa (definition): severe incendiary profound, painful, round or level enlarging is known as vidradhi. 5 Nidana: Nidanas or causative elements can be separated into two sorts as- Samanya (General), Vishesh (Specific)

Samprapti

By indulging in to aharaja and viharaja nidanas, which cause vitiation of blood; the doshas getting exasperate cause vitiation of twacha, mamsa, meda, asthi, snayu, kandara and cause an enlarge bumpy swelling from them; either outside or inside the body

arranged somewhere inside went with serious agony; being either round or wide, this is known as 'vidradhi'. For kshataja vidradhi, Acharya sushruta and vagbahta clarified very unique samprapti.⁸ Vata getting irritated by attack by weapons and so forth, or by inadmissible food sources. What's more, by dislodging the heat at the site of injury, prompts the exacerbation of pitta and rakta and leads to abscess, introducing side effects of pitta and rakta and delivering entanglements, auxiliary infections and disease.

Historical review A detailed review comes from the period of Rigveda to the period of Bruhatrayees, vidradhi as disease is narrate in entire. In Rigveda and Atharvaveda, we can find only the name ere as in other samhita and sangraha, Nidana panchaka with management in detail is found clearly. **BHEDA and PRAKARA (Types):** Vidradhi is manifestly divided into two types by acharya sushruta. This classification is based on rogamarga. Bahaya (bahaya rogamarga)- 6 types (according to doshas) Abhyantra (Abhyantra and Madhya rogamarga)- 10 types (according to location

Bahya Vidradhi According to Acharya Sushruta and every acharyas mentioned 6 types but Acharya Charak has mentioned 4 types of vidradhi as he precludes raktaja and kshataja vidradhi.⁸

Signs and symptoms are as follows:

Abhyantra Vidradhi According to location in Shushruta samhita and madhav nidana there is 10 types of abhyantravidhi described as follows:

Guda (anus), Bastimukha, Nabhi (umbilicus), Kukshi, Vankahana, Vrikka (kidney), Yakrit (liver), Pleeha (spleen), Hridya (Heart), Kloma. 11

According to charak Samhita: Abhyantra vidradhi are 9 types excluded guda vidradhi others are same as described in shushruta samhita. In vidradhi Nidana Chapter of Sushruta Samhita, there is no immediate reference of Ama, Pachyamana and Pakva stages and their clinical highlights. However, he clarifies all trademark elements of these stages in Amapkveshaneeya Adhyaya. It is important to distinguish the

canker in its various stages, because the line of treatment changes starting with one phase then onto the next. Consequently, investigation of Ama-Pakva Lakshanas is obligatory.

Upadravas If surgeon is not able to identify the therapeutic stage and incised in unripe stage cause: Destruction of muscle, veins, ligaments, joints, bones, excessive bleeding, pain, tearing, and other complications or development of traumatic abscess.¹² At the point when the doctor either by dread or obliviousness concludes the illness as unripe through it is ready, then, at that point, the discharge staying somewhere inside not getting an opening. makes a major tear above in its own place, prompting development of a sinus, then, at that point, it turns out to be either reparable with trouble or even serious or incurable.¹³

Vidradhi as Updravas: Vidradhi can manifest as upadravas of other diseases.

Prameha and Avarana.¹⁴

Sadhyasadhyatava: vataj, pitaj, kaphaj, raktaj, or agantuja- sadhya (curable).¹⁴

Sannipataj vidradhi- Asadhya (incurable).

Vidradhi caused by all three Doshas are fatal.

Chikitsa²³

In Amapakveshaneeya Adhyaya, Acharya Sushruta explains Saptoupakramas for Shopha, that can be even applicable to Vidradhi (abscess) also. The order for application of upakramas is as follows. Review of modern literature Introduction Most of the abscesses are caused by infection and occasionally by chemical injury and other causes. Abscess may be acute or chronic. If an abscess is intense its center is normally condensed and filled with the intricate liquid we call pus, framed from the liquefaction of necrotic tissue. If the abscess is persistent, it contains regularly dry like clay in light of the fact that the discharge become dried out and brittle as in caseous corruption of tuberculosis. An intense sore is encircled by intense aggravation. A persistent abscess is normally isolated from encompassing tissue by a mass of stringy tissue, frequently with little irritation remaining. Some types of abscesses are below the deep fascia outbreak and form collar-stud abscess.² Derivation The word abscess is acquired from Latin word ‘abscessus’, which means for departure or going away. Definition An abscess is a circumscribed area of inflammation or an abnormal cavity that contains pus when matured.¹⁵

Table 1

SAMNYA NIDANA	VVIHARA
Vataja Excess intake of kashaya, katu, tikta varaka, udalaka, mudga, upvasa, vishamashana.	By doing Ati vyayama, Ati vyaya, Atiadyasana, langhana, plavana and vegavidharana.
Pitaja Excess intake of katu (spicy), amla, lavana, teekshna, tilatailapinakya, kulat ha, sarshapamatsya, amala phala etc. By doing Krodha, shoka, bhaya, aayasa, upavasa. atimathuna	By doing Krodha, shoka, bhaya, aayasa, upavasa. atimathuna
Kaphaja Excess intake of madhura, lavana, sheeta, guru, snigdha mahamasha, godhuma, taila, pistha etc.	By doing Divaswapna, Avyayama and Alasya.
Raktaja Continous admission of Pitta prakopaka karana, Snigdha, Guru ahara	

Table 2

TYPES	SYMPTOMS	COLOR	DISCHARGE	NATURE	SURFACE
VATAJA	Throbbing, cutting, Puncturing & piercing like Pain. 10	Blackish Red color Spreading tendency Bumpy and irregular placement	Thin, unctuous, reddish gray and foamy	Spreading tendency	Bumpy and irregular placement

<i>Pittaja</i>	<i>Burning sensation, intoxication, thirst and delirium, fever. 11</i>	<i>Red coppery and Black</i>	<i>Like decoction of tila, masha and kultha.</i>	<i>Quick grow and suppurate</i>	<i>Smooth</i>
<i>Kapaja</i>	<i>Mild pain, itching, nausea, stiffness and shivering</i>	<i>Pale yellow</i>	<i>White, slim, thick and abundant</i>	<i>spread slowly</i>	<i>sharava</i>
<i>Rakataja</i>	<i>Severe pain, fever and symptoms like in pitaja vidradhi. 1</i>	<i>bluish</i>	<i>Bluish black</i>	<i>Quick grow and suppurate</i>	<i>Krishanasap hotaavatra</i>
<i>Sannipataja</i>	<i>excruciating pain</i>	<i>Various colors</i>	<i>thin, yellow, white in colour.</i>	<i>raised rim, is severe, large and suppurates irregularly</i>	<i>Huge and Irregular</i>
<i>Kshataja</i>	<i>rise in temperature, flaming sensation, thirst. This vidradhi of exogenous 13</i>	<i>Same as pittaj vidradhi</i>	<i>As pittaj vidradhi</i>	<i>As pittaj vidradhi</i>	<i>As pittaj vidradhi</i>

Table 3 Upakramas

<i>Vimlapana</i>	<i>Dissolution of the inflammatory swelling by pressing with fingers</i>	<i>Amavastha</i>
<i>Avasechanam</i>	<i>bloodletting</i>	<i>Amavastha</i>
<i>Upanaha</i>	<i>Poultice For Ripening</i>	<i>Pachyamanavastha</i>
<i>Patana</i>	<i>Operative procedure</i>	<i>Pakvavastha</i>
<i>Shodhana</i>	<i>Debridement of slough cleaning of wounds</i>	<i>Vrana</i>
<i>Ropana</i>	<i>The drugs are used which enhance healing</i>	<i>Vrana</i>
<i>Vaikritapaham</i>	<i>To bring normal Pigmentation</i>	<i>Vrana</i>

Types

There are four kinds of abscess seen in surgical practice.¹⁶

Pyogenic abscess, pyaemic abscess, metastatic abscess, cold abscess

Pyogenic abscess

It is a localized collection of pus in a cavity lined by granulation tissue, covered by pyogenic membrane. It contains pus in loculi. Pus contains dead WBC's, multiplying bacteria toxins and necrotic material.

Mode of infection: Local extension, by lymphatics, blood stream or haematogenous.¹⁶

Pathophysiology: Pathological events are summarized

below:¹⁷

General: Temperature is elevated. Occasionally when infection is more, then rigors can occur.

Local: Five traditional neighborhood signs are because of hyperaemia and provocative exudates.¹⁸

Increase in local temperature. Redness of the skin over the inflamed area. Tenderness. Swelling. Loss of function.

Investigations¹⁸

Haematological examination

Biochemical examination. Conventional radiology is helpful in abscess containing gas. Isotope scanning is helpful in locating collection of pus or site of infection by accumulation of radioactive Technetium after its intravenous injection. Mostly used as a diagnostic

tool in brain abscess, hepatic abscess and osteomyelitis. Conventional radiology is useful in abscess containing gas. Isotope filtering is useful in finding assortment of discharge or site of disease by collection of radioactive Technetium after its intravenous infusion. For the most part utilized as indicative apparatus in brain abscess hepatic abscess and osteomyelitis. Ultrasound is important in diagnosis of internal abscess. CT scan is particularly helpful to differentiate between abscess and tumour by showing necrotic centre in case of abscess.

Treatment¹⁸

There are two lines of treatment: conservative and operative. Conservative In initial stage, when the pus is not yet formed,

conservative treatment can be advised. Give rest to affected parts and patients. ¹⁸

Appropriate antibiotics like cefoperazone, amikacin, tobramycin. Fresh blood transfusion, adequate hydration, parental nutrition.

Operative When the pus formation occurs, it should be drained. A golden rule of a famous surgeon. 'Where there is pus, let it out.' By Incision and drainage (Hilton's method). ¹⁹

Pyæmic abscess²⁰

Description: The condition in which multiple abscesses are created from the contaminated emboli are called Pyæmic abscess. It is described by auxiliary foci of supuration in different parts of the body. This is brought about by lodgment of septic emboli, comprising of bunch of living beings, tainted cluster or vegetation, framed as consequence of separating of contaminated clots. This condition is likewise connected with many conditions like acute osteomyelitis and acute bacterial endocarditis. Such pyæmia is additionally found in intense a ruptured appendix when infective emboli pass into the entry venous framework and cause portal pyæmia.

Treatment

Antibiotics and if need incision and drainage.

Metastatic abscess: it is an abscess which occurs as a spread from other abscess, for example, lung abscess causing metastatic abscess in the brain. ²¹

Cold abscess²¹

As the name suggests, abscess is 'cold' and non-reacting to nature. It does not produce hot and painful abscess as seen in pyogenic abscess. Brawny induration, oedema and tenderness are conspicuous by their absence. Only when they are associated with secondary infection a few of these features are present. Cold abscess is almost the sequel of tubercular infections anywhere in the body commonly in the lymph nodes. As the name recommend abscess is 'cold' and non-responding to the nature. It doesn't create hot and agonizing inflammation as seen in pyogenic abscess. Brown induration, oedema and delicacy are prominent by their nonattendance.

Just when they are related with optional disease a couple of these highlights are available. Cold abscess is practically the continuation of tubercular diseases anywhere in the body, normally in the lymph nodes.

Treatment²²

Once the diagnosis is authenticated, a full antitubercular regime should be started. If the abscess persists in or to be present, aspiration may be attempted.

CONCLUSION

A review of literature about Vidradhi and abscess with a comparative analysis (similar examination) as far as Samprapti (pathophysiology), Lakshanas (clinical feature) and Chikitsa (treatment) affirms that Vidradhi and Abscess can be practically identical infection substances.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Jayanth B S et al: Concept of Vidradhi WSR to abscess: an ayurvedic review. International Ayurvedic Medical Journal {online} 2024 {cited May 2024} Available from:

http://www.iamj.in/posts/images/upload/903_908.pdf