



# A Single case study of Perianal Abscess associated with Arshas Managed through Ayurvedic Surgical Treatment Vis-à-vis through *bhedhana karma* (incision) followed by Kshara sutra procedure

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## ABSTRACT

An anal abscess, also known as a peri anal or rectal abscess, occurs when a cavity in the anus becomes filled with pus. Perianal abscess is a common acute general surgical condition. Ninety per cent are cryptoglandular in origin and caused by blockage and infection of the anal glands within the intersphincteric space of the anal canal. Inflammatory bowel disease is a further important cause. Infection can spread downwards to the perianal skin, alongside the rectum (ischio-rectal), above the pelvic floor (supralevator), or between the internal and external sphincters (intersphincteric). Other risk factors include smoking (twofold risk) and diabetes mellitus. Perianal abscess is twice as common in men as women, and the mean age at presentation is 40 years

Acharya sushruta- the father of Indian surgery has correlated abscess with vidradhi i.e, "Sheegra vidhahitvat"

meaning of vidradhi itself recommends the destructiveness of the disease.

a painfull condition like pricking, stabbing or cutting sensation in the skin. The infection Vidradhi (abscess) is a

typical infirmity disturbing mankind and debilitate 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, and deficient sustenance.

Around the world, roughly 40-50 million individuals are contaminated every year with amoebic abscesses Here we report a case of Perianal abscess in 43 year male patient, with the complaints of pain in peri anal region since 5 days .

**KEY WORDS:** PERIANAL ABCESS ,*arshas*, *vidradhi*, *bhedhana karma*

**INTRODUCTION:** Anorectal abscess is caused by the non-specific obstruction and subsequent infection of glandular crypts of the rectum

- (1). Depending upon the spread of infection, it is mainly classified into perianal, intersphincteric, supralelevator, and ischiorectal
- (2). Among these abscesses, ischiorectal abscesses are more vulnerable to infection because of reduced vascularisation of fat tissue
- (3). The incidence of anorectal abscess is 1:10000, approximately 68000 to 96000, with a male prevalence of 3:1
- (4), and surgically drained abscess incidence is 16 per 100,000 per year
- (5). Ischiorectal abscess can spread laterally through the conjoint longitudinal muscle in the anterior or posterior midline direction and will lead to horseshoe abscess
- (6). Its characteristic U-shape and its ring-like pattern will make it an aggressive perianal disease. Surgical management of an ischiorectal or horseshoe abscess consists of cruciate incision over the most fluctuating part, along with excision of the skin edges, de-roofing, and abscess
- (7). A high rate of recurrence has been associated with horseshoe abscesses, ranging between 18% and 50%
- (8). Poor drainage, failure to break down loculations, and the absence of multiple fistulous tracts, all increase the risk of recurrence. Complications of horseshoe abscess include sepsis, recurrent abscess, and foetal incontinence
- (9). In Ayurveda, ischiorectal abscess can be co-related with Gudavidradi (perianal abscess)
- (10) and bhedana karma (incision) is considered the primary line of management
- (11). Improper treatment of guda vidradi leads to nadi vrana (sinus) and in future it may end up in formation of Bhagandara (fistula in ano)
- (12). Kshara sutra ligation is considered as the most popular and effective line of management in bhagandara
- (13). Here we report a case of anorectal abscess which is associated with arshas which was managed effectively with bhedana karma followed by Kshara sutra ligation.

## CASE REPORT-

A 43 years old male 173742/48962 came to our OPD on 4-10-2023 with complaints of pain and swelling in peri anal region

### History of present illness-

As per the statement of the patient ,he was apparently healthy 5 days back. He gradually developed swelling over peri anal region along with pain and pus.He also complaints of hard stools since 1 month. For this he consulted nearby physician and got no relief . for the Management of the same he visited our hospital on 4-10-2023

### History of Past Illness

N/K/C/O T2DM/HTN/IHD/COPD/Thyroid dysfunction.

**Surgical history:** Nothing significant.

**Family History:** Nothing significant.

**Personal History-**

*Ahara : Shakaahari*

*Vyasana:* Coffee 2 times in a day

*Mutra:*4 -5 times /day

*Mala:* once in a day.

**General Examination-**

Built -Moderate

Appearance - Normal

Temperature -98° F

PR -84 BPM

RR -18 cycles/min

BP -130/80 mmHg

Nourishment -Moderate

No evidence of cyanosis/koilonychia

**Systemic Examination-**

**CNS:**

Higher mental function test: Conscious well oriented with time, place & person.

Memory: Recent and remote: Intact

Intelligence: Intact

Hallucination/delusion/speech disturbance: Absent

Cranial nerve/sensory nerve/motor system: Normal

Gait: Normal

### CVS:

Inspection: No scar/pigmentation found

Auscultation: S1 and S2 heard

Percussion: Normal cardiac dullness

### RS

Inspection: B/L symmetrical,

Palpation: Trachea is centrally placed, non-tender

Auscultation: B/L NVBS heard

Percussion: Normal resonant sound

### Abdomen/GIT:

Soft and non tender

No Organomegaly

Normal bowel sounds heard

### Musculo Skeletal System

Gait – Normal

All range of movement -possible

### On Local Examination-

Per rectal examination:

External pile Mass present at 9 o clock position

Swelling measuring 4\*3 cm at 4 o'clock position

### On Palpation:

Tenderness -+

Induration - +

Fluctuation - absent

Pigmentation - +

### Investigation :

USG of perianal region (03/10/2022)

Abscess measuring approximately 4\*3 cms volume 25cc, noted in anal region to the left side

Soft tissue edema noted adjacent to the abscess

Perianal areas are normal

Chest X Ray (03/10/2022)

PA view- Normal

**Diagnosis-** perianal abscess with Arshas

**Treatment-** Bhedhana karma ( incision and drainage ) followed by Kshara sutra ligation

### Surgical Procedure

#### Pre-Operative

Informed consent for procedure & Spinal Anesthesia taken.

Patient advised for NBM for 6 hours before procedure.

Injection TT 0.5ml IM injection stat given

Part preparation done

Injection Xylocaine 0.3ml S/C test dose given.

Proctolytic enema given two times before operation

## Operative Procedure

- Under Spinal Anesthesia Aseptic precaution Patient put on lithotomy position
- Incision of about 4 cm was done on left side of anal region at 4 o'clock position and pus was drained out
- External pile Mass were identified at 9 o'clock position and ligated with kshara sutra
- Bleeders identified and cauterized, Haemostasis achieved
- Wound thoroughly irrigated with *Triphala Kashaya*
- Patient withstood the procedure well
- Wound dressing done with *Jatyadhi taila*

## Post operative

NBM for 6 hours.

Immobilization of patient after 6 hours.

Intravenous Fluid- DNS and NS one pint, each 100 ml/ hour is profused

Catheterization done

Input and output chart maintained

Vitals Recorded every 2 hours

## Treatment given: Oral medicines

1. *Abhayarista* (20ml-0-20ml) after food with water
2. *Drakshava* (20ml-0-20ml) after food with water
3. Tablet *Triphala Guggulu* (1-0-1) after food with water

4. Tablet *Gandhaka Rasayana* (1-0-1) after food with water

5. Tablet *Anuloma DS* (0-0-1) after food with water



Before operation

water

6. *Swamla* Compound (1tps

**Observation period -**

Day 1<sup>st</sup> , 5<sup>th</sup> day ,10<sup>th</sup> day, 15<sup>th</sup> day

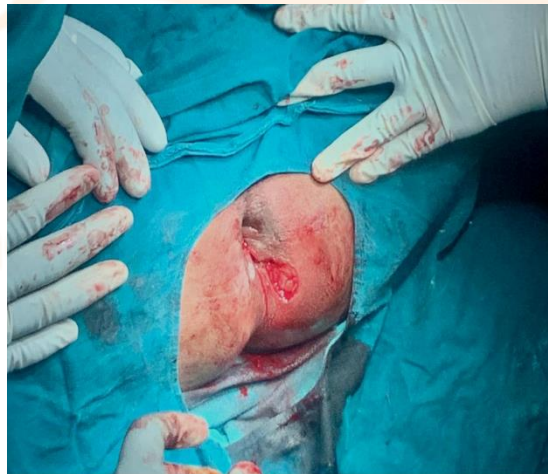


Fig-2: during operation



Fig-4: On 10th Post-operative day



Fig-5: On 15th Post-operative day



Fig-3 On 5th Post-operative day

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## **Discussion :**

The most of the perianal abscess pathology has postulate of crypto anal gland infection cause. Here we adopted incision and drainage followed by Pratisarana Kshara application, most of the perianal abscess and open wound around the anal opening are more vulnerable for infection and henceforth reoccurrences chances are more in the form of abscess or fistula in ano. Kshara are prepared from herbal drugs and it includes the basic properties of the original herbal drugs. Kshara is predominant with Agnibhuta (fire element) hence having teekshna property. It consists of Sparsha Guna (consistency property) due to its predominant of Vayubhuta (wind element) and hence give quick action. So, above factors clearly state that Kshara is having predominance of Agni and Vayubhuta. Kshara is having Tejobhuta (agni element) property predominantly hence it is having the property of corrosiveness. According to Shushruta Kshara is the most superior procedure among Shastra and Anushastra (sharp instrument and substitute of sharp instrument) because it is having superior qualities like chedana, bhedana, lekhana etc. So, Khara having Lavana (Salty), Tikta (bitter) Rasa; and Ruksha (dry), Teekshana Guna (properties); Ushna (hot) Virya (Potency); and Katu (Pungent) Vipaka (attributes of durg assimilation).

In contemporary science there are many treatment options for piles like cryo surgery, sclerosant injection therapy, infra-red therapy, rubber band ligation and open and closed haemorrhoidectomy etc. These treatment modalities have their own limitations in respect of postoperative complications, pain, haemorrhage, delayed healing, stricture formation etc. In comparison to haemorrhoidectomy, Ksharasutra ligation therapy is said be better as it has minimum post operative undesirable sequels. In the present case there was no post-operative haemorrhage and retention of urine after Ksharasutra ligation. The delayed complications like anal stricture and fecal incontinence, were not observed.

## **Conclusion**

Kshara Karma is a minimally invasive procedure. It destroys the unhealthy tissues and promotes healing process. The Kshara preparations have therapeutic and pharmaceutical uses and even proved to be effective in treating many disorders. Application of these preparations has replaced surgical procedure. Many researches also reveal that Kshara therapy not only minimizes complication but also reduces recurrence of diseases with minimal side effects. Healthy diet and lifestyle modifications can prevent the recurrence of disease.

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