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CONCEPT OF VIDRADHI CORRELATION WITH ANORECTAL ABSCESS

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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. "Sheegravidhahivat" 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 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.

Keywords: Vidradhi, Abscess, Darana karma, Shashtikarmas

INTRODUCTION

Acharya sushruta – "Sheegravidhahivat " 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 painfull 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).

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.[4]

Review of literature

Review of ayurvedic literature

Etymological deductions

Vidradhi = vidra+ dha +i

The word vidradhi is gotten from:

Vidra = root word (Dhatu) and Dha implies is to “have”

I:it is append in line of word "vidradhi". Nirukti: which cause daha for example causing flushing sensation is called as "vidradhi". Paribhasa (definition): severe incendiary profound, painfull, round or level enlarging is known as vidradhi.5 Nidana: Nidanas or causative elements can be separated into two sorts as- Samanya (General), Vishesha (Specific).[6]

Samprapti

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 raktaand leads to aabscess, introducing side effects of pitta and rakta and delivering entanglements, auxiliary infections and disease.

BHEDA and PRAKARA (Types): Vidradhi is manifestly divided into two types by acharya sushruta. This classification is based on rogamarga.
Bahaya (bahayarogamarga)- [6] types (according to doshas)

Abhyantra (Abhyantra and Madhya rogamarga)- 10 types (according to location) BahyaVidradhi
According to Acharya Sushruta and Ah, AS, BP, MN, YR, GN every acharyas mentioned 6 types but Acharya Charak has mentioned [4] types of vidradhi as he precluderaktaja and kshataja vidradhi.[8]
Signs and symptoms are as follows:

AbhyanatraVidradhi

According to location in Shustrutasamhita and madhavnidana there is 10 types of abhyantravridhi described as follows:

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

According to charak Samhita: Abhyantravidradhi are 9 types excluded gudavidradhi others are same as described in shustrutasamhita.

Upadravas

If surgeon is not able to identify the therapeutic stage and incised in uripe stage cause: Destruction of muscle, veins, ligaments, joints, bones, excessive bleeding, pain, tearing, and other complications or development of traumatic abscess.[12],[13]
Vidradhi as Updravas: Vidradhi can manifest as upadravas of other disease.

Prameha and Avarana.[14]

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

Sannipatajvidradhi- Asadhya (incurable).

Vidradhi caused by all three Doshas are fatal. Chikitsa

Review of modern literature correlate with anorectal abscess.

Introduction

Perianal abscesses are the most common type of anorectal abscesses. These abscesses can cause significant discomfort for patients. They are located at the anal verge and, if left untreated, can extend into the ischioanal space or intersphincteric space since these areas are continuous with the perianal space. They can also cause systemic infection if left untreated.[13,14]

Etiology

Ninety percent of all anorectal abscesses are caused by non-specific obstruction and subsequent infection of the glandular crypts of the rectum or anus. A perianal abscess is a type of anorectal abscess that is confined to the perianal space. Other causes can include inflammatory bowel diseases such as Crohn's disease, as well as trauma, or cancerous origins. Patients with recurrent or complex abscesses should be evaluated for Crohn's disease.[13,15,16]

Epidemiology

The prevalence of perianal abscesses and anorectal abscesses, in general, are underestimated, since most patients do not seek medical attention, or are dismissed as having symptomatic hemorrhoids. The mean age at presentation is 40 years old, and adult males are twice as likely as females to develop an abscess.[17,18]Risk factors include anything that causes immunosuppression or poor wound healing such as smoking, HIV, immunosuppressive drugs, and diabetes. Crohn's disease is also a known risk factor for developing a perirectal abscess.[19]

Pathophysiology

On presentation, patients will typically complain of severe pain in the anal area, which has generally been present for several days. This is due to an infection of the anal glands, which are not adequately draining through the anal crypts. The anal glands empty into ducts that traverse the internal sphincter and drain into the anal crypts at the level of the dentate line. If not adequately draining, infection of these glands will form an abscess that can spread along several planes, such as the perianal or perirectal spaces. Once a fluid collection forms, it can spread along the path of least resistance, which is typically into the intersphincteric space and other potential spaces such as the supralevator space or ischiorectal space.[20,21]

Aerobic and anaerobic organisms are responsible for these abscesses, including Bacteroides fragilis, Peptostreptococcus, Prevotella, Fusobacterium, Porphyromonas, Clostridium species, Staphylococcus aureus, Streptococcus, and Escherichia coli.[19]

Treatment / Management

Perianal abscesses are an indication for timely incision and drainage. Antibiotic administration alone is inadequate and inappropriate. Once incision and drainage are performed, there is no need for antibiotic administration unless certain medical issues necessitate the use. Such conditions include valvular heart disease,

immunocompromised patients, diabetic patients, or in the setting of sepsis. Antibiotics are also considered in these patients or cases with signs of systemic infection or significant surrounding cellulitis.[13,22]

Incision and drainage are typically performed in the clinic setting or immediately in the emergency department.

More extensive abscesses may require the operating room for the adequate exam under anesthesia to ensure adequate drainage and inspect for other diseases such as fistula in ano.[13]

Complications

Sepsis
Recurrent abscess
Fistula formation[23]

Conclusion

An review of literature about Vidradhi and abscess with a comparative analysis can be practically identical infection substances.

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