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A Role Of *Nimpatradi Varti (Vikeshika)* And *Jatyadi Tail Varti (Vikeshika)* In The Management Of *Gudavidradhi* W.S.R. To Perianal Abscess

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ABSTRACT: -

An abscess is a collection of pus in the body. Abscesses can occur everywhere in the body. *Acharya Charaka* defines *Vidradhi* as “*Sheeghra Vidahitvat*” meaning once originated will cause *Vidhava* symbolizing its virulent nature. A pus accumulation beyond the anal verge is known as a perianal abscess. They can arise as a result of a skin infection or as a side effect of an anal gland infection (crypto-glandular). *Acharya Sushruta* has delineated *Gudavidradhi* under *Abhyantar Vidradhi*. *Gudavidrdhi* is classified as *Abhyantar Vidradhi* by *Acharya Sushruta*; *Vidradhi* remains as a localized painful condition with all the characteristics of *Vranashotha*, including throbbing pain and a proclivity for early suppuration. If *Vidradhi* develops *Pakvaavstha*, according to *Acharya Sushruta*, the first line of treatment is to drain pus through *Bhedana Karma* and then treat it as a *Vrana*. This study aims at determining the need of packing of wound created by perianal abscess after incision and drainage. Along with this objective this study determines the efficacy of prominently used *Nimpatradi Varti (Vikeshika)* and *Jatyadi Tail Varti (Vikeshika)* in aiding wound healing process to determine which one is better. In this study 30 patients were selected randomly, were divided into two Groups 15 patients in each Group, Group A (abscess cavity packed with *Nimpatradi Varti (Vikeshika)*), and Group B (abscess cavity packed with *Jatyadi Tail Varti (Vikeshika)*). The results show that packing allows for appropriate drainage and that the abscess cavity heals without complications. Finally, the abscess cavity's healing time can be reduced, implying that wound packing is required following incision and drainage (I&D). When the results of Group A and Group B are compared, it is clear that *Nimpatradi Varti (Vikeshika)* wound-healing ability is better to that of *Jatyadi Tail Varti (Vikeshika)*.

Keywords: *Vidradhi*, *Gudavidradhi*, Perianal abscess, *Nimpatradi Varti (Vikeshika)*, *Jatyadi Tail Varti (Vikeshika)*.



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INTRODUCTION

Gudavidradhi is classified as *Abhyantar Vidradhi* by *Acharya Sushruta*; *Vidradhi* remains as a localized painful condition with all the characteristics of *Vranashotha*^[1], including throbbing pain and a proclivity for early suppuration. According to *Ayurveda* and modern medical science, the most important characteristic of *Gudavidradhi*^[2] is throbbing pain in the anal area, and the patient is unable to pass flatus or stool because he is afraid of defecation due to unbearable intense pain. In the presence of pus, both *Ayurveda* and modern science define the same line of treatment. For pus evacuation, *Aacharya Sushruta* recommended performing “*Bhedana Karma*” at the most prominent section. If *Vidradhi* develops *Pakvaavstha*, according to *Acharya Sushruta*, the first line of treatment is to drain pus through *Bhedana Karma* and then treat it as a *Vrana*^[3]. *Gudavidradhi* (Perianal abscess) is very painful condition and if it would not treated properly than we see many complications like anal fistula, sepsis, continuous throbbing pain and recurrence etc., So swift surgical attention is indicated at the primary suspicion of a *Vidradhi*, in our classics many modalities of management are explained consistent be co-related with abscess.

A perianal abscess is a mass of pus that develops as a result of inflammation of the cryptoglandular epithelium lining the anal canal or a

skin infection in the acute process. Perianal abscess is the most common form of anorectal abscess. Men are more likely than women to develop perianal abscesses. While perianal abscess is normal in healthy people, other risk factors such as diabetes, Crohn’s disease, obesity, immunosuppression, and anal fissure are strongly linked. If left untreated, a perianal abscess may spread to surrounding tissues (eg; supralelevator space, ischiorectal space) or progress to a systemic infection. To relieve pain and sepsis in the majority of patients, surgical drainage under general or local anesthesia is required. Following surgical drainage, 15-47 percent of these patients develop recurrent abscess and fistula in ano formation. *Aacharya Chakradatta* mentioned *Nimbpatriadi Varti (Vikeshika)* in *VranaShoth* as having *Shodhana* and *Ropana* properties^[4]. *Aacharya Sharangdhar* mentioned *Jatyadi Tail* in *Vrana Ropana*^[5]. To assess the importance of these properties the clinical study was disbursed.

The clinical study could also be a region of analysis work, by this the previous ideas might even be fortified or new ideas might even be supplements among this study *Nimbpatriadi Varti (Vikeshika)* was subjected to analysis of its *Shodhana* and *Ropana* property.

This study aims at determining the need of packing of wound created by perianal abscess after incision and drainage. Along with this

objective this study determines the efficacy of prominently used *Nimbatradi Varti (Vikeshika)* and *Jatyadi Tail Varti (Vikeshika)* in aiding wound healing process to determine which one is best. In this study 30 patients were selected randomly, were divided into two Groups 15 patients in each Group, Group A (abscess cavity packed with *Nimbatradi Varti (Vikeshika)*), and Group B (abscess cavity packed with *Jatyadi Tail Varti (Vikeshika)*).

AIMS AND OBJECTIVES

1. To study the etio-pathogenesis of *Gudavidradhi* (Perianal abscess).
2. To assess the wound healing property of *Nimbatradi Varti (Vikeshika)* and *Jatyadi Tail Varti (Vikeshika)*.
3. To assess the internal comparison between Group-A and Group-B.

MATERIALS AND METHODS

Sample Size

A total of 30 *Gudavidradhi* (Perianal abscess) patients were chosen at random for the study, ranging in age from 20 to 50 years old, regardless of sex, religion, or other factors.

Source of Data

Patients were chosen from OPD and IPD of the M.M.M. Govt. *Ayurved* College Campus Hospital, Ambamata and the Moti Chohatta Govt. *Ayurved* Hospital, Hathi Pole, Udaipur.

Informed Consent

Before beginning the experiment, the participants were given a thorough explanation of the treatment, and their signed, written informed consent was obtained.

Selection Criteria

Inclusion Criteria:

1. Age 20-50 years.
2. Sex both male and female.
3. Patients with signs and symptoms of *Gudavidradhi* mentioned in *Ayurvedic* literature.
4. Patients physically fit for anesthesia and surgical procedure.

Exclusion Criteria:

1. History of recurrent or chronic abscess.
2. Multiple abscess requiring drainage at current visit.
3. Unstable patients.
4. HIV, Immune deficiency syndrome.
5. Uncontrolled diabetes mellitus.
6. Immunosuppressive medications.
7. Previous participation in trial.

Lab Investigation

1. CBC
2. ESR
3. FBS & PPBS
4. BT & CT
5. HIV, HBsAg and VDRL
6. Pus culture (if needed)
7. CT Scan & MRI (if needed)

Study Type – Interventional

Study Design

- **Allocation** – Randomized
- **Endpoint Classification** – Safety / Efficacy Period
- **Primary Purpose** - Treatment
- 30 patients were selected randomly and divided into two groups (Group-A, and Group-B) of 15 patients each.
- **Mode of Administration** – Local application of *Varti (Vikeshika)* into the cavity of *Gudavidradhi*.

Table No. 1

| GROUPS | ASSIGNED INTERVENTIONS |
|--|--|
| <p>Group-A – 15 Patients <i>NIMBPATRADI VARTI (VIKESHIKA)</i> Trial group: PACKING Wound packing was applied in this group as per usual protocol.</p> | <p>Procedure – Routinely incision & drainage procedure was done and wound packing with <i>Nimbpatradi Varti (Vikeshika)</i> was placed loosely inside abscess cavity.</p> |
| <p>Group-B – 15 Patients <i>JATYADI TAIL VARTI (VIKESHIKA)</i> Control group: PACKING Wound packing was applied in this group as per usual protocol.</p> | <p>Procedure – Routinely incision & drainage procedure was done and wound packing with <i>Jatyadi Tail Varti (Vikeshika)</i> was placed loosely inside abscess cavity.</p> |

Time Frame

1. **Time frame** – 8 weeks
2. **Trial period** – 4 weeks
3. **Follow up** – 4 weeks after the completion of treatment.

ASSESSMENT CRITERIA: [6]

All criteria were assessed weekly till completion of the trial. For statistical analysis

1. Pain (VAS Score)

reporting of B.T. and A.T. were assessed. All criteria were analysed for statistical significance within the group, and in between the groups for their comparative efficacy.

The patient's response was assessed using criteria by assigning the required score to each parameter. The scoring system used was as follows –

Table No. 2 – Showing Pain

| Score | Explanation |
|-------|---------------------|
| 0 | No pain |
| 1 | Mild pain (1-3) |
| 2 | Moderate pain (4-7) |
| 3 | Severe pain (8-10) |

2. Tenderness

Table No. 3 – Showing Tenderness

| Score | Explanation |
|-------|--|
| 0 | No tenderness |
| 1 | Pain on deep palpation |
| 2 | Pain on light presser |
| 3 | Pain on touch |
| 4 | Patient does not allow palpation due to pain |

3. Exudate Quantity

Table No. 4 – Showing Exudate Quantity

| Score | Quantity |
|-------|----------|
| 0 | None |
| 1 | Minimal |
| 2 | Moderate |
| 3 | Profuse |

4. Circumference of the wound

Table No. 5 – Showing Circumference of the wound

| Score | Length x width(cm ²) |
|-------|----------------------------------|
| 0 | 0 |
| 1 | <1 |
| 2 | 1.0 – 2.0 |
| 3 | 2.1 – 3.0 |
| 4 | >3.1 |

5. Wound bed appearance

Table No. 6 – Showing Wound bed appearance

| Score | Granulation tissue |
|-------|------------------------|
| 0 | Granulation (Red) |
| 1 | Sloughy (Yellow/Green) |
| 2 | Necrotic (Black) |
| 3 | Hyper granulation |

RESULTS

Nonparametric data Wilcoxon matched-pairs signed rank test was used to calculate within the group results, while Mann-Whitney test was used to calculate between the groups.

1. Individual Analysis (Within The Group)

(A) Variable Wise Analysis In Group – A

(Wilcoxon matched-pairs signed rank test)

Table No. 7 Effect of treatment on all variables of Group-A

W = 120, N = 15

| Variables | Mean | | Diff. In Mean | % Relief | S.D. | S.E. | p value | Re. |
|---------------------------------------|------|------|---------------------|-------------|--------|--------|---------|------|
| | B.T. | A.T. | | | | | | |
| Pain | 2.80 | 0.87 | 1.93 | 68.92 | 0.4577 | 0.1182 | <0.0001 | E.S. |
| Tenderness | 3.20 | 0.80 | 2.40 | 75.00 | 0.5071 | 0.1309 | <0.0001 | E.S. |
| Exudate Quantity | 2.87 | 0.93 | 1.94 | 67.59 | 0.5936 | 0.1533 | <0.0001 | E.S. |
| Circumference of the wound | 3.73 | 1.86 | 1.87 | 50.13 | 0.6399 | 0.1652 | <0.0001 | E.S. |
| Wound bed appearance | 2.93 | 0.87 | 2.06 | 70.30 | 0.4577 | 0.1182 | <0.0001 | E.S. |

(BT – Before Treatment, AT – After Treatment, Diff. – Difference, S.D. – Standard Deviation, S.E. – Standard Error, Re. – Remark, E.S. – Extremely Significance, N.S. – Not Significance, W = Wilcoxon signed rank, N = Number of pairs)

(B) Variable Wise Analysis In Group – B

(Wilcoxon matched-pairs signed rank test)

Table No. 8 Effect of treatment on all variables of Group-B

W = 120, N = 15

| Variables | Mean | | Diff. In Mean | % Relief | S.D. | S.E. | p value | Re. |
|---------------------------------------|------|------|---------------------|-------------|--------|--------|---------|------|
| | B.T. | A.T. | | | | | | |
| Pain | 2.80 | 1.00 | 1.80 | 64.28 | 0.5606 | 0.1447 | <0.0001 | E.S. |
| Tenderness | 3.27 | 1.00 | 2.27 | 69.41 | 0.4577 | 0.1182 | <0.0001 | E.S. |
| Exudate quantity | 2.93 | 1.13 | 1.80 | 61.43 | 0.4140 | 0.1069 | <0.0001 | E.S. |
| Circumference of the wound | 3.67 | 1.73 | 1.94 | 52.86 | 0.4577 | 0.1182 | <0.0001 | E.S. |
| Wound bed appearance | 2.93 | 0.93 | 2.00 | 68.25 | 0.3780 | 0.0975 | <0.0001 | E.S. |

2. Percentage of Difference After Treatment:

Table No. 9 showing % Difference of individual variable in both groups:

| S. No. | Variable | % Diff. in Group-A | % Diff. in Group-B |
|----------------------------|----------------------------|--------------------|--------------------|
| 1 | Pain | 68.92 | 64.28 |
| 2 | Tenderness | 75.00 | 69.41 |
| 3 | Exudate quantity | 67.59 | 61.43 |
| 4 | Circumference of the wound | 50.13 | 52.86 |
| 5 | Wound bed appearance | 70.30 | 68.25 |
| Average % of Relief | | 65.67 | 62.88 |

3. Internal Comparison: (Between The Group)

(Mann-Whitney Test)

Table No. 10 Intergroup comparison of various variables of both groups

| Variables | Mean | | Diff. | U | % Relief | p value | Re. |
|-----------------------------------|---------|---------|-------|--------|----------|---------|------|
| | Group-A | Group-B | | | | | |
| Pain | 1.93 | 1.80 | 0.13 | 98.50 | 6.73 | 0.4690 | N.S. |
| Tenderness | 2.40 | 2.26 | 0.13 | 97.50 | 5.41 | 0.4616 | N.S. |
| Exudate quantity | 1.93 | 1.80 | 0.13 | 100.50 | 6.73 | 0.5374 | N.S. |
| Circumference of the wound | 1.87 | 1.93 | -0.06 | 105.50 | -3.20 | 0.7185 | N.S. |
| Wound bed appearance | 2.06 | 2.00 | 0.06 | 105.50 | 2.92 | 0.6776 | N.S. |

U = Mann-Whitney

Overall Assessment of Treatment:**Table No. 11 Overall assessment of effect of the treatment on patients of *Gudavidradhi* (Perianal abscess) of both the groups**

| Result | Group-A | | Group-B | | Total | |
|-------------------------------|-----------------|-------|-----------------|-------|-----------------|-------|
| | No. of patients | % | No. of patients | % | No. of patients | % |
| Cured: 100% improvement | 2 | 13.33 | 1 | 6.66 | 3 | 10.00 |
| Marked Improvement: >76-99% | 1 | 6.66 | 0 | 0.00 | 1 | 3.33 |
| Moderate Improvement: >51-75% | 9 | 60.00 | 12 | 80.00 | 21 | 70.00 |
| Mild improvement: >26-50% | 3 | 20.00 | 2 | 13.33 | 5 | 16.66 |
| Unchanged: < 25% | 0 | 0.00 | 0 | 0.00 | 0 | 0.00 |
| Total | 15 | 100 | 15 | 100 | 30 | 100 |

In Group-A:

In this group 13.33% patient were found with **complete relief (cured)**, 6.66% patient were found with **marked improvement**, 60% patient were found with **moderate improvement** and 20% patient was found with **mild improvement**.

In Group-B:

In this group 6.66% patient were found with **complete relief (cured)**, 80% patient were found with **moderate improvement** and 13.33% patient was found with **mild improvement**.

DISCUSSION:

The present study is “**A Role of Nimbatradi Varti (Vikeshika) and Jatyadi Tail Varti (Vikeshika) in the Management of**

Gudavidradhi w.s.r. to Perianal Abscess” being discussed in detail with reasoning.

1. Discussion on the concept of the disease.
2. Discussion on the drug review.
3. Discussion on the results obtained.

Discussion on the concept of the disease:

In present scenario perianal abscess is very common in people –

1. Because of altered food habits and life style.
2. Because of busy schedule people are not taking care of themselves, and not taking care of proper hygiene.

Gudavidradhi is characterized by throbbing pain in the anal area, and the patient is unable to release flatus or stool because he is terrified of defecation owing to excruciating extreme pain,

according to *Ayurveda* and current medical science.

Both *Ayurveda* and modern science recommend the same treatment when pus is found. For pus evacuation, *Aacharya Sushruta* advised performing '*Bhedana Karma*' in the most visible area.

Discussion on the Drug review:

In cases of perianal abscess, antibiotics are the treatment of choice post incision and drainage (I&D), but now a days resistance to antibiotics and other post-operative complications are happening in every cases. Hence – I have chosen *Nimbatradi Varti (Vikeshika)* as a drug formulation in this study for the purpose of *Shodhana* and *Ropana* of *Vrana*.

Discussion on the results obtained:

Effect of treatment –

Pain –

Pain decreased by 68.92% in Group-A with a p-value of <0.0001, and by 64.28% in Group-B with a p-value of <0.0001. The percentage improvement in both groups is nearly comparable, with a p-value of <0.0001 that is statistically extremely significant in both. When comparing two groups, the p-value 0.4690 indicates that the difference is not significant.

Tenderness –

Tenderness reduces to 75% in Group-A, and to 69.41% in Group-B. The percentage improvement in both groups is nearly comparable, with a p-value of <0.0001 that is statistically extremely significant in both. The p-value 0.4616 for the internal comparison between the groups is not significant.

Exudate Quantity –

Exudate quantity decreases to 67.59% in Group-A, and to 61.43% in Group-B. The

percentage improvement in both groups is nearly comparable, with a p-value of <0.0001 that is statistically extremely significant in both. When comparing two groups, the p-value 0.5374 indicates that the difference is not significant.

Circumference of the wound –

Circumference decreases to 50.13% in Group-A, and to 52.86% in Group-B. The percentage improvement in both groups is nearly comparable, with a p-value of <0.0001 that is statistically extremely significant in both. The p-value 0.7185 for the internal comparison between the groups is not significant.

Wound bed appearance –

Granulation tissue formation was up to 70.30% in Group-A and 68.25% in Group-B. The percentage improvement in both groups is nearly comparable, with a p-value of <0.0001 that is statistically extremely significant in both. The p-value 0.6776 for the internal comparison between the groups is not significant.

CONCLUSION

- A comparison of *Gudavidradhi* and Perianal abscess in terms of *Samprapti* (pathophysiology), *Lakshanas* (clinical features), and *Chikitsa* (treatment) indicates that *Gudavidradhi* and Perianal abscess are similar disease entities.
- After a thorough analysis of 30 *Gudavidradhi* (Perianal abscess) patients, who were divided into two groups based on the method of intervention, the results were easily compared between the two groups.
- Despite the fact that Incision and Drainage is the conventional therapy for *Gudavidradhi* (Perianal abscesses), there is little evidence to justify the extra steps to assess the efficacy of packing taken after I&D; as well as the wound healing properties of *Nimbatradi Varti (Vikeshika)*, complications, and recurrence, for both short and long periods of time.

- Group-A was treated with *Nimbatradi Varti (Vikeshika)* and Group-B was treated with *Jatyadi Tail Varti (Vikeshika)* after conducting I&D under local anesthetic.
 - The improvements in the symptoms of *Gudavidradhi* (Perianal abscess) are more relief in Group-A 65.67%, than Group-B 62.88%.
 - The patients in both the groups have responded well to treatment. On comparison of the both the groups the data is statistically not significant, but on the basis of overall effect at the end of trial, *Nimbatradi Varti (Vikeshika)* is more effective in the management of *Gudavidradhi* (Perianal abscess).
 - Patients in both groups reported no negative side effects from any intervention.
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