

## Review Article

# Concept of Vidradhi WSR to abscess: an ayurvedic review

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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. "Sheegra vidhahivat" meaning of vidradhi itself recommends the destructiveness of the disease. Vidradhi word is advanced from vidra, i.e, a painful 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, 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, Shashtikarmas

### 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.<sup>1</sup> 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.<sup>2</sup> 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).<sup>3</sup>

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.<sup>4</sup>

## **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, painful, round or level enlarging is known as vidradhi.<sup>5</sup> Nidana: Nidanas or causative elements can be separated into two sorts as- Samanya (General), Vishesha (Specific).<sup>6</sup>

### **Samprapti**

By indulging in to ahara 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 vagbha clarified very unique samprapti.<sup>8</sup>

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**

An 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)

## **Bahaya Vidradhi**

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 preclude raktaja and kshataja vidradhi.<sup>8</sup>

Signs and symptoms are as follows:

### **Abhyantra Vidradhi**

According to location in Shustruta 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.<sup>11</sup>

According to charak Samhita: Abhyantra vidradhi are 9 types excluded guda vidradhi others are same as described in shustruta 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 clarify all trademark elements of these stages in Amapkveshaneeya Adhyaya. It is important to distinguish canker in its various stages, because line of treatment changes starting with one phases then onto the next. Consequently, investigation of Ama-Pakva Lakshanas are obligatory.

### **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.<sup>12</sup>

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.<sup>13</sup>

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

Prameha and Avarana.<sup>14</sup>

Sadhyasadyatava: vataj, pitaj, kaphaj, raktaj, or agantuja- sadhya (curable).<sup>14</sup>

Sannipataj vidradhi- Asadhya (incurable).

Vidradhi caused by all three Doshas are fatal.

**Chikitsa<sup>23</sup>**

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 cause. 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 abscess is below the deep fascia outbreak and form collar-stud abscess.<sup>2</sup>

**Derivation**

The word abscess is acquire 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.<sup>15</sup>

**Table 1: Samanya and vishesha nidanas (cause).**

Samanya Nidanas (General cause)	Vihara	Vishesha (specific cause)
<b>Vataja</b> Excess intake of kashaya, katu, tikta varaka, udalaka, mudga, upvasa, vishamashana.	By doing Ati vyayama, Ati vyaya, Atiadyasana, langhana, plavana and vegavidharana.	By taking atyaadhika guru (heavy), dry and samashruta bhojan and vegaavdharan. indulgence in foods which is pariyushitha (kept overnight), atyushna, ruksha, visham shayya, vicheshta and those aharvihara cause vitiation of rakta. <sup>7</sup>
<b>Pitaja</b> Excess intake of katu (spicy), amla, lavana, teekshna, tilatailapinakya, kulat ha, sarshapamatsya, amala phala etc.	By doing Krodha, shoka, bhaya, aayasa, upavasa. atimathuna.	
<b>Kaphaja</b> Excess intake of madhura, lavana, sheeta, guru, snigdha mahamasha, godhuma, taila, pistha etc.	By doing Divaswapna, Avyayama and Alasya.	
<b>Raktaja</b> Continous admission of Pitta prakopaka karana, Snigdha, Guru ahara		

**Table 2: Viradhi description according to all Acharya.**

Granthas	R V	A V	S u .	C h .	A . S .	A . H	M N	S h S	B P	B R	Y R	GN
<b>Reference</b>	+	+	+	+	+	+	+	+	+	+	+	+
<b>Definition</b>	+	+	+	+	+	+	+	+	+	+	+	+
<b>Nidana</b>	-	-	+	+	+	+	+	-	+	+	+	+
<b>Prakara</b>	-	-	+	+	+	+	+	+	+	+	+	+
<b>Samprapti</b>	-	-	+	+	+	+	+	-	+	+	+	+
<b>Roopa</b>	-	-	+	+	+	+	+	-	+	+	+	+
<b>Sadhyasadhyaatva</b>	-	-	+	+	+	+	+	-	+	+	+	+
<b>Chikitsa</b>		-	-	+	+	+	+	-	+	+	+	+

**Table 3: Signs and symptoms of various types of vidradhi.**

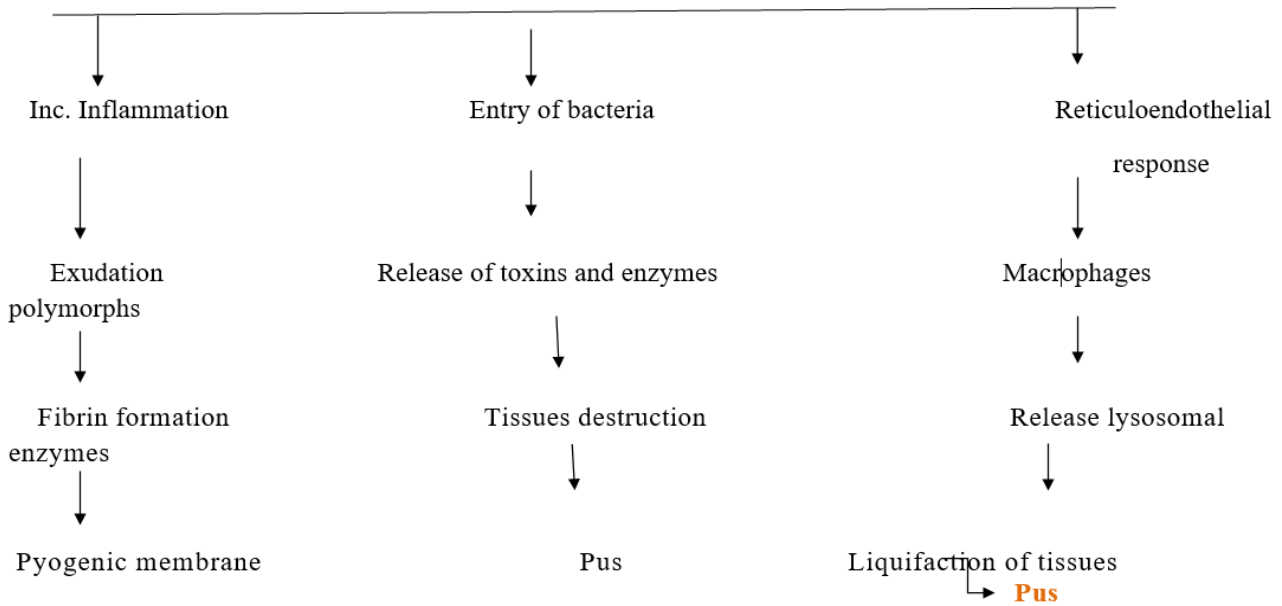
Types	symptoms	Color	Discharge	Nature	Surface
<b>Vataja</b>	Throbbing, cutting, Puncturing & piercing like Pain. <sup>10</sup>	Blackish Red color	Thin,unctuo-us, reddish gray and foamy	Spreading tendency	Bumpy and irregular placement
<b>Pittaja</b>	Burning sensation, intoxication, thirst and delirium, fever. <sup>11</sup>	Red coppery and Black	Like decoction of tila, masha and kultha.	Quick grow and suppurate	Smooth
<b>Kapahja</b>	Mild pain, itching, nausea, stiffness and shivering	Pale yellow	White, slim, thick and abundant	Spread slowly	sharava – earthen saucer
<b>Raktaja</b>	Severe pain, fever and symptoms like in pitaja vidradhi. <sup>12</sup>	bluish	Bluish black	Quick grow and suppurate	Krishanasap hotaavatra
<b>Sannipataj a</b>	excruciating pain	Various colors	thin, yellow, white in colour.	raised rim, is severe, large and suppurates irregularly	Huge and Irregular
<b>Kshataja (Agantuja)</b>	rise in temperature, flaming sensation,thirst. This vidradhi of exogenous <sup>13</sup>	Same as pitaja vidradhi	As pittaj vidradhi	As pittaj vidradhi	As pittaj vidradhi

**Table 4: Ama and Pakva Lakshanayas.<sup>11</sup>**

	Amavastha	Pachyamanavastha	Pakva
<b>Laksa- hanas</b>	Somewhat ascent of local temp., typical shade of the skin, cold fiery, enlarging, hardness, little torment and expanding are the lakshanas of Amavastha <sup>16</sup> .	Different kinds of agony like pricking of needles, biting by subterranean insects, insects are meandering all around the body, cutting by sharp instrument or weapons, hitting with stick, squeezing with hand, scouring with fingers, consuming and cooking with flame and so forth Patient doesn't get alleviation in standing, sitting, and lying, as though stung by scorpion <sup>17</sup> .	Subside pain, pallor, diminished aggravation, appearance of kinks, discouraged for all intents and purposes, rising again in the wake of squeezing with finger, development of discharge as in bladder so that, by squeezing one end it moves to opposite side and craving for food <sup>18</sup> .

**Table 5: Upakarmas.**

	Upakramas	Avasthas
<b>Vimlapanam</b>	Dissolution of the inflammatory swelling by pressing with fingers	Amavastha
<b>Avasechanam</b>	Blood letting	Amavastha
<b>Upanaaha</b>	Poultice for ripening	Pachyamanavastha
<b>Patana kriya</b>	Operative procedure	Pakvavastha
<b>Shodhana</b>	Debridement of slough cleaning of the wounds	Vrana
<b>Ropana</b>	The drugs are used which enhances healing	Vrana
<b>Vaikritapaham</b>	To bring normal pigmentation	Vrana



**Figure 1: Pathological events.**

*Types*

There are four kind of abscess seen in surgical practice.<sup>16</sup>

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.<sup>16</sup>

Pathophysiology: Pathological events are summarized below:<sup>17</sup>

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.<sup>18</sup>

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

*Investigations<sup>18</sup>*

*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 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 in internal abscess. CT scan is particularly helpful to differentiate between abscess and tumour by showing necrotic centre in case of abscess.

*Treatment<sup>18</sup>*

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 part and patient.<sup>18</sup>

Appropriate antibiotics like cefoperazone, amikacin, tobramycin.

Fresh blood transfusion, adequate hydration, parenteral nutrition.

*Operative*

When the pus formation occurred, 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).<sup>19</sup>

*Pyæmic abscess*<sup>20</sup>

Description: The condition in which multiple abscess create 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.<sup>21</sup>

*Cold abscess*<sup>21</sup>

As the name suggest abscess is 'cold' and non-reacting to the 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. Brownish 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.

*Treatment*<sup>22</sup>

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

**CONCLUSION**

An 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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