**Research article**

# Management of *Vidradhi* (Abscess) through Cupping Therapy: A Case Report

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## Abstract:

*Vidradhi considered one of the ashukari vyadhi (acute disease) of shalya tantra in ayurveda due to its rapid progression and systemic involvement if not treated properly. Acharya sushruta has advised bhedana(incision)karma for its management. Vidradhi(abscess) is correlated with abscess in modern science. Incision and Drainage is treatment of choice for all types of abscess. Ischiorectal abscess is a common condition in anorectal abscess in which surgical intervention is advised. However, in certain cases patient not willing for surgery, not fit for surgery, unaffordable for procedure or may be due to certain other urgent priority may not undergo the procedure. Hence other modalities have to be thought of. Acharya Sushruta had advised Vedhan (piercing)and Vistravan karma (drainage) in certain conditions of Vidradhi. In present case patient was managed using Vedhan and Vistravana karma by Cupping therapy along with adjuvant drug therapy.*

***Case Report:***

*A 29-year-old male patient presented with complaints of severe pain in the perianal region, accompanied by restlessness, discomfort and unable to sit along with history of intermittent fever. Based on the clinical evaluation, previous laboratory investigations and assessment of presenting symptoms the patient was diagnosed with Vidradhi (abscess)as per Ayurveda. As the patient was not willing for surgery due to other priorities he was managed by Vedhan and Vistravan karma by Cupping. Because of this procedure pain and inflammation reduced in subsequent sitting of cupping. Followed by complete healing of abscess.*

***Conclusion:***

*Patient of Vidradhi can also be managed by Vedhna and Vistravan by Cupping.*



***Keywords:***

*Ischiorectal abscess, vidradhi, Vistravan, Vedhan, Cupping therapy.*

## Introduction:

Anorectal abcesses is relatively common, with an estimated incidence of 1 in 10000 people per year in general population.[1] Ischiorectal Abscess account for approximately 20-30% of cases.[2] More common in male with male to female ratio is 2:1.[2] Nearly 100% of Ischiorectal abscess cases require surgical intervention with Incision and Drainage being the first line of treatment.[3]

Abscess is a localized collection of pus [dead, dying neutrophils and proteinaceous exudate].[4] Etiological factors of abscess commonly include staphyloctoral infection, tuberculous infections, pyaemic organisms in blood. Thus, formation of pyogenic membrane having fibrinous exudates, odema and cells of inflammation. Abscess contain hyperosmolar material that draws fluid in the cavity, which increases pressure and leads to pain. Treatment principle for abscess is wide incision and drainage of the abcess cavity under appropriate anesthesia followed by treatment with Antibiotics, Anti-inflammatory and Analgesic. However, long term hospitalization and proper wound care with packing and dressing is significant for appropriate outcome.

In *Sushrut Samhita*, various procedures are mentioned scientifically for different surgical conditions. *Acharya Sushruta* also advocated *bhedana karma* for management of *Vidradhi.*[5] However, in certain conditions *Acharya Sushruta* also adviced *Vistravankarma* in management of *Vidradhi.*[6] Where abscess is not drained Acharya *Dalhan* adviced to puncture it.[7] In this case similar principle was applied for management of Ischiorectal abscess.

## Case Report – Patient information:

A 29-year-old male patient presented to the *Shalya Tantra* OPD with severe pain and erythema in the perianal region, accompanied by restlessness, discomfort and inability to sit. (Image 1)

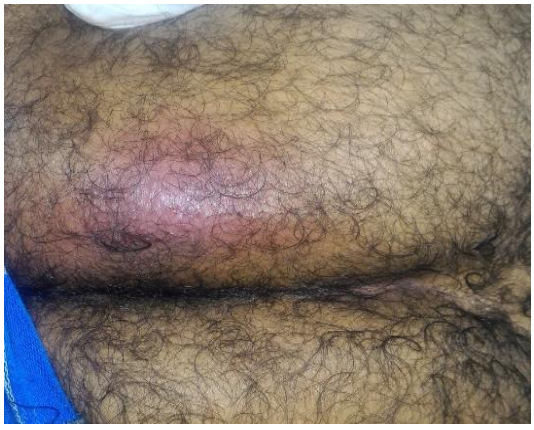

Image 01: Initial presentation showing erythema and swelling in the right gluteal region.

Patient had history of intermittent fever. The patient denied any history of tobacco or alcohol use and had no known comorbidities such as Hypertension, Diabetes mellitus Tuberculosis or other Chronic Illnesses.

## Clinical Findings:

On clinical examination, Salmon pink, oval swelling on right perianal region of approximately 8-10 cm in diameter. Local temperature was raised. Hard induration was palpable with severe tenderness. Patient was mild febrile with mild tachycardia, blood pressure (100/70 mmHg), Temp- 99 Fahrenheit, Pulse - 100bpm, Respiration - 16 SpO2 - 99%. On VAS pain score was 10/10.

## Timeline:

| Time | Clinical events |
|---|---|
| 2 weeks before | Patient develop mild right perianal pain and swelling and visited to general practitioner and taken course of Antibiotics, anti-inflammatory medications. |
| 3 day before | Pain worsen, swelling increased, developed fever. |
| Day 01 | Presented to opd with severe pain, fever, erythema, restlessness, discomfort and unable to sit. Patient diagnosis with Ischiorectal abscess and planned for *vedhan* and *Vistravan* by cupping. Investigation done, 1st session of *vedhan* and *Vistravan* by Cupping done. |
| Day 03 | 2nd session of *vedhan* and *Vistravan* by Cupping done. |
| Day 07 | 3rd session of *vedhan* and *Vistravan* by Cupping done, investigations repeated. |
| Day 10 | Complete resolution of Ischiorectal abscess. |

## Laboratory investigation:

Patient investigated for CBC with TLC of 15500 per microliter, raised polymorphs 85%, Hb - 12.2 gm/dl. Patient was advised MRI, USG perianal region but he refused.

On clinical examination and based on previous lab reports, a swelling in the Ischiorectal region was found which was diagnosed as a *Vidradhi* as per *Ayurveda*. Although incision and drainage was advised as the definitive treatment, the patient expressed his inability to undergo the procedure due to his upcoming Chartered Accountancy (CA) examinations. Considering patient severe pain and the need for temporary pain relief, a minimal invasive approach was planned. *Vedhan karma* followed *Visravana* by Cupping was done to manage abscess. However, consent for possible recurrence was taken.

## Therapeutic Intervention:

Under strict aseptic conditions, the perianal lesion was shaved and prepared for the procedure in image 2. *Vedhan* was performed using a 18-gauge needle, followed by *Vistravana* with cupping applied over the abscess in image 2.

Image 2: Preparation for cupping therapy with aseptic technique.

Thick purulent discharge flowing out of the abscess cavity was observed in cup in image 2 and on gauze pad during the procedure in image 3.

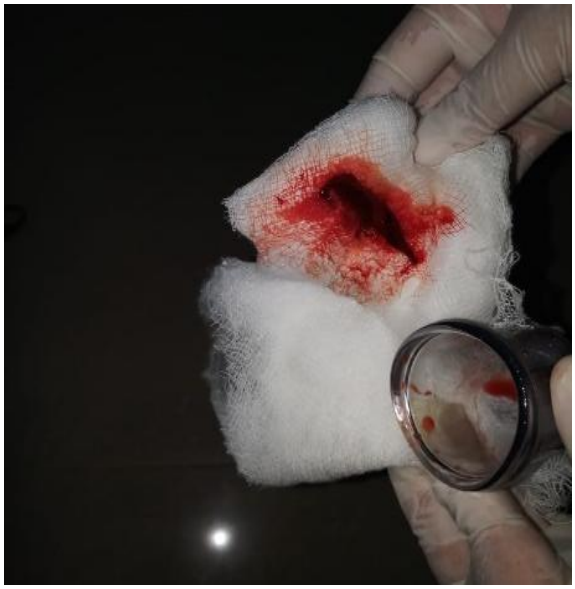

Image 3: Hemopurulent discharge observed post-cupping.

After completion, the area was thoroughly cleaned by povidone iodine solution in image 4.

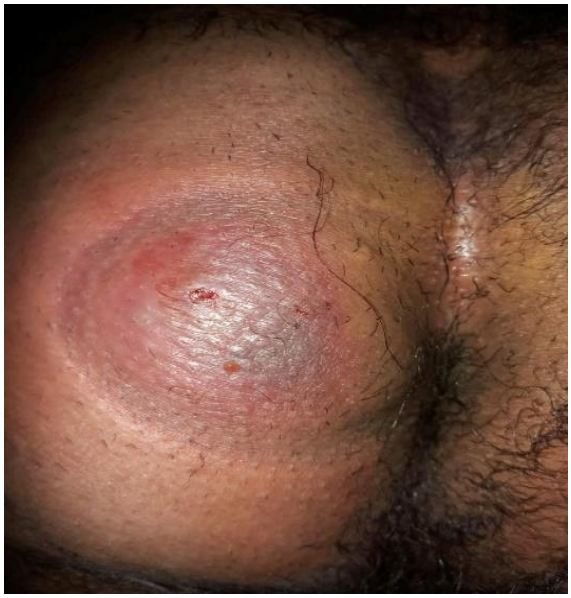

Image 4: Cleaned wound post-first sitting.

There was immediate pain relief after the procedure with VAS pain score 7/10 after 30 minutes. Oral Antibiotics, Antinflamatory medication was prescribed for 5 days. *Kaishor Guggulu* 250 mg 2 tab Thrice a day prescribed for 7days .

## Follow-up and Outcomes:

Next session of Cupping was done on 3rd and 7th Day and it's outcome are as follow.

Day 3 - Hemopurulent discharge was observed in cup in image 5.

- Significant decrease in erythema was observed in image 6.
- Pain intensity was recorded 5/10 using VAS i.e 50% reduction in pain .

Image 05: Second Cupping sessions on day 3.

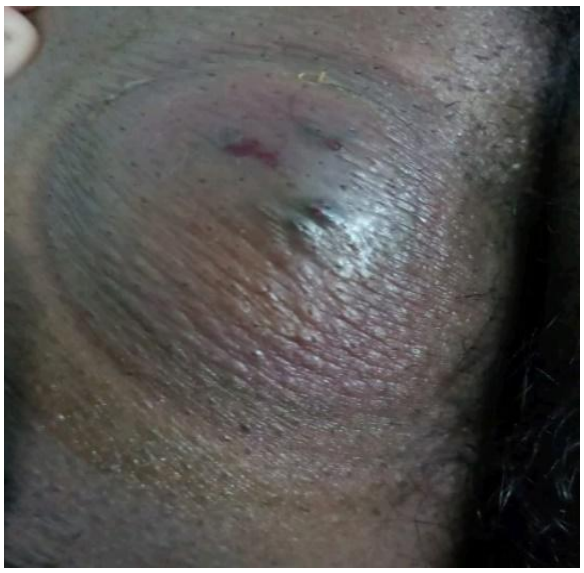

Image 06: Reduction in erythema

Adjuvant therapy - *Gandhak Rasayan* 250 mg 2 tablets thrice a day , *Arogyavardhini Vati* 250 mg 2 tablets thrice a day, *Mahamanjisthadi kadha* 20 ml twice a day was started on day 3 and continued *Kaishor Guggulu* 250 mg 2 thrice a day.

Day 7 - Decreased in Hemopurulent discharge was observed in cup in image 7.

- Near-complete reduction in erythema was observed along with wrinkles in Image 8 ,9 and 10.
- Pain intensity was recorded 2/10 using VAS i.e 80% reduction in pain .

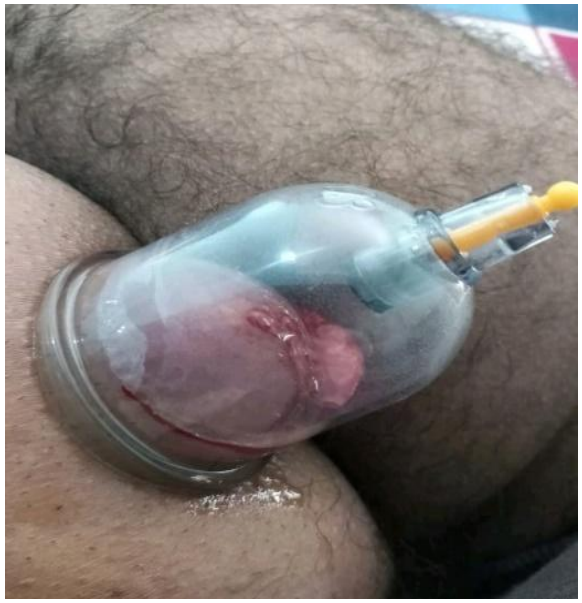

Image 07: Third Cupping session on day 07.

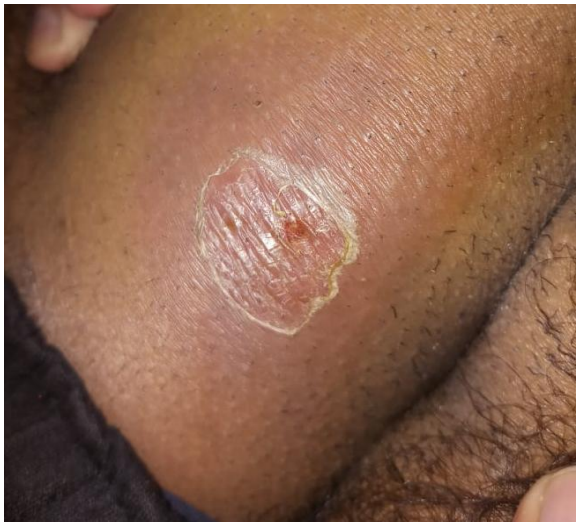

Image 08: Wrinkles were observed at wound margins.

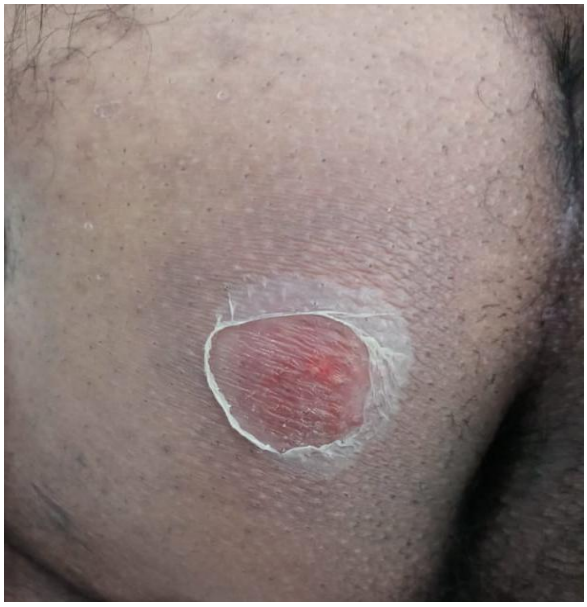

Image 09: Further contraction of the wound indicating healing.

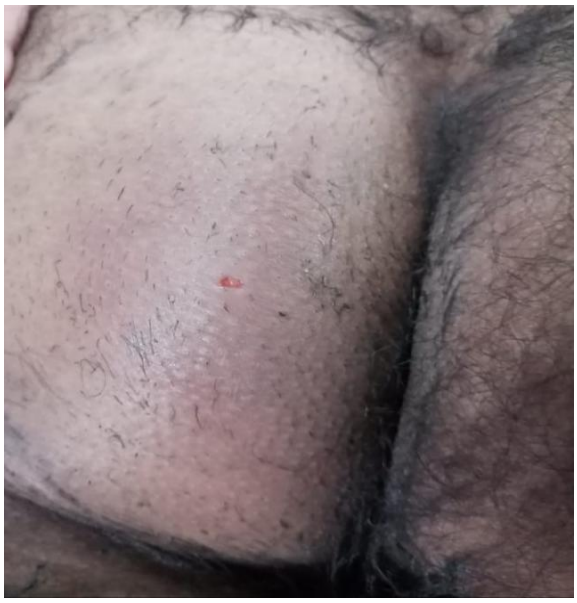

Image 10: Nearly healed wound with resolved inflammation

Patient investigated for CBC on day 07 with TLC - 10000 per microlitre, polymorphs 60% , Hb- 14.9gm/dl .

Previous medications continued for 5 more days.

Day 10 - Completely healed *Vidradhi was seen in image 11* .

- No Pain. ( VAS 0/10).

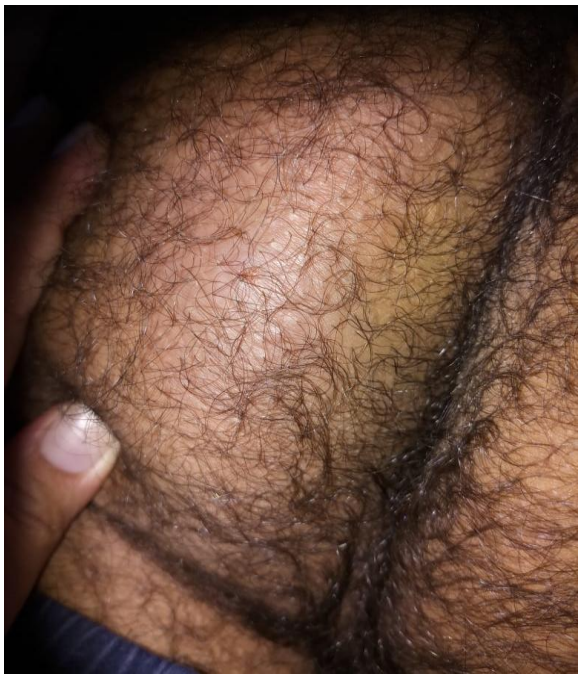

Image 11: Completely healed *Vidradhi* .

Adjuvant therapy - Continued the same medicine for 5 more days .

## Discussion:

In this case, due to the patient's upcoming examinations and unwillingness to undergo surgical drainage hence, he was managed by minimal invasive intervention using *Ayurvedic* principles. Character of pain described by patient was indicating of somewhat *pachyaman- pakvavastha* of *Vidradhi*. *Vedhan* (piercing) with a 18 G needle followed *Vistravana* by cupping therapy provided an effective means of draining the pus and relieving pressure-induced pain. Therapeutic principles for abscesses, infected wounds and cellulitis include a combination of surgical and para surgical procedures along with oral medications. *Ayurveda* as well as contemporary science describes same line of treatment in the presence of pus in *Vidradhi.*

According to *Acharya Yogratnakar, raktamokshan* should be performed in the condition involving excessive *shotha* (inflamation), particularly where there is pain and *sopha (*swelling) in *vrana* and *Vidradhi*. When the *shopa* in *Vidradhi* is not responding to the therapy like *lepa*, *swedana* and *bhedan* then that *sopha* (swelling) can be still resolved effectively by

*Raktaavasechana* (blood letting).[8] According to *Sushruta Vistravana* is advised in *Vidradhi*.[9] *Raktamokshan* was advised by various methods such as *jaluoka*, *prachhan*, *shringa*, *alabu* but for *Rakta dushti* in *Avagadhtar* (deeper layers) *rakta vistravan* by *alabu* (cupping) was advised. [10].

Also according to *Acharya Vaghbhat, vyadhi* which reside in a *twak* advised *Vistravan* by *alabu, ghati* .[11] *Vidradhi* reside in the 7th layer of *twacha* called *Mamsadhara* which is deepest layer.[12] Hence *Vistravan* by Cupping was done after *Vedhan* with adjuvant drug therapy.

In *Vidradhi*, the pathology involves the vitiation of multiple *Dosha*, predominantly *Pitta*, *Kapha*, *Vata*, and *Rakta* as well as the impairment of *Mamsa Dhatu.* The condition typically presents as localized swelling with severe pain, occasional Sravana (discharge or exudation), if ruptured indicates tissue breakdown and active inflammation. *Vedhan* (piercing) releases localized pressure, helping to alleviate *vata* which in turn leads to decrease in pain. *Raktamokshana* (Vistravan) performed using cupping therapy plays a vital role in the management of this condition by eliminating *Dushta Rakta.* It alleviates *pitta dosha* leading to reduction of *daha* (burning sensation) and *Raga* (redness). Suction of cupping aids in the removal of *sanga* (congested fluids) thereby reducing excess *Kapha*. It pacifies the local inflammatory response and stimulates lymphatic drainage. The decompression effect of cupping pacifies *Vata Dosha* by relieving pressure and pain. Additionally, *Stravana* facilitate *sodhana* (the expulsion of local toxins), reduces congestion and promotes *Mamsa Dhatu Poshana* (nourishment of muscle tissue) thus enhancing tissue healing and preventing the progression to *Paka* (suppuration).

To enhance this local approach, internal administration of classical Ayurvedic formulations plays a complementary role. *Gandhak Rasayan* is highly effective as a *Rakta Shodhak* (blood purifier). It supports wound cleansing, antimicrobial protection and healing.[13] *Arogyavardhini Vati*, described in *Bhaishajya Ratnavali*, improves *Agni, kledashoshak,* regulate *Pitta*, helpful in *Rakta Dushti* related conditions [14]. *Mahamanjisthadi* Kadha, works systemically to pacify *Pitta* and *Kapha*, detoxifies the blood, and reduces inflammation. [15] *Kaishor Guggulu*, acts as an anti-inflammatory and detoxifying compound by balancing *Vata-Pitta*, removing chronic inflammatory toxins and helping prevent the formation of *Paka* through its *Shothahara* and *Raktashodhaka* effects .[16]

Notably, after the second and third sessions of cupping significant improvement was observed including pain relief, reduction in erythema and early signs of epithelialization. In abscess there is stasis of inflammatory mediators at tissue level. Negative pressure in cupping facilitates

removal of this stagnant fluid which allows inflow of fresh blood with new WBC's improving healing and tissue repair.

This comprehensive approach and immediate management gives several advantages like immediate pain relief, less tissue trauma, shorter hospital stays, minimal scar and quicker return to normal activities. The successful outcome demonstrates how minimal invasive measures can be employed effectively in this clinical scenarios when surgery is contraindicated or declined by the patient. It also emphasizes the importance of an integrative approach combining *Ayurvedic* therapeutic principles .

## Conclusion:

*Acharya Sushruta* has advised *Bhedana* as conventional treatment of *Vidradhi*. In this case of due to unavoidable reasons minimal invasive approach was performed including *Vedhan* and *Vistravan* karma. This combined approach help for immediate reduction of pain in *Vidhradhi* patient and along with adjuvant oral medication it healed quickly.

## Patient perspective:

The patient expressed great relief and satisfaction that surgery was avoided, the condition was managed through a minimally invasive procedure and he was able to attend and perform in his examinations without disruption.

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