

# Vidradhi in Bṛhat-Trayī: A Critical Review of Literature

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**Abstract:-** The disease Gudavidradhi is a common condition that causes a person disoriented and unable to do daily duties. The discomfort in this condition is continuous and acute due to the inflammation and pus collection. An ano-rectal abscess is caused by an infection that starts in the crypto-glandular epithelial lining of the anal canal and spreads to nearby regions, resulting in fistulas in 40% of cases. Perianal (60%), ischiorectal (20%), intersphincteric (5%), supralevator (4%), and submucosal (1%) are the traditional sites of anorectal abscesses, in order of decreasing frequency. Early, sufficient, and dependent drainage is the therapy for Gudavidradhi (Anal abscess). As a result of its anti-inflammatory and anti-bacterial properties, Sushruta has recommended Bhedana Karma in combination with topical application to promote early healing and infection prevention. Both Acharya Charaka and Sushruta have made observations in this situation. According to Acharya Charaka, this is the condition in which severe suppuration occurs, resulting to Vidradhi (abscesses), and according to Acharya Sushruta, the vitiated doshas in Guda (anal region) vitiate Twak (skin), Rakta (blood), Mamsa (muscles), Meda (fat), and Asthi (bone), causing Vidradhi (abscess). Gudavidradhi (anorectal abscess) is closely linked to Perianal Abscesses in terms of clinical characteristics. In the treatment of gudavidradhi (anal abscess), techniques such as Bhedana (incision) and Visravana (draining) karma are effective. The phenomena of wound creation as a result of inflammation and abscess, as well as its healing and treatment using Shashtiupakrama or Saptokrama (60 upakrama), is Acharya Sushruta's basic important contribution

**Keywords:-** Gudavidradhi, Anorectal abscesses, Bhedana karma, Bṛhat-Trayī.

## I. INTRODUCTION

Vidradhi (abscess) gets its name from the amount of suppuration it produces. Gudavidradhi (anal abscess) is one of the eight adhisthana (place) for antravidradhi (abscess) outlined by Acharya Sushruta. [1] He has also identified VataNirodha (obstruction by air), which causes acute pain during faeces. [2] Acharya Sushruta has explained the forms of vidradhi (anal abscess), Gulmarooipi and ValmikavatSammunata. [3] Fistula in Ano is caused by abscesses that grow around the lower rectum and anal canal. The most common pathogen is E coli, while additional pathogens include Staphylococcus albus, Staphylococcus aureus, Streptococcus, and Pseudomonas.[4] Acharya

Sushruta classifies Gudavidradhi (Anal abscess) as antarvidradhi. Vidradhi endures as a localised painful condition with all of the symptoms of Vranashotha (inflammation) [5-8], such as acute pain and a predisposition for early suppuration. Gudavidradhi (anal abscess) is associated to anal abscess based on symptoms. Anal abscess is most commonly caused by an infection or obstruction of an anal gland, although it can also be caused by a bloodborne infection or a lack of immunity. [9-10] A perianal abscess is caused by an infection in a mucous-secreting gland in the anal canal surrounding anus. An ano-rectal abscess is caused by an infection in the crypto-glandular epithelium that lines the anal canal. The most essential element of Gudavidradhi (Anal abscess) according to Ayurveda and modern medical research is acute pain in the anal area, and the patient is unable to pass flatus or stool because he is afraid of defecation because of the awful suffering. Both Ayurveda and modern science describe the same path of treatment when pus is present. According to Acharya Sushruta, Bhedan Karma (incision) [11-12] should be performed at the most conspicuous part for dosha expulsion. Acharya Sushruta places a high value on this thorough treatment for all forms of surgical wounds. However, Acharya Sushruta has advised tiktaras, shodhaka, and ropakadurgs for the treatment of draine. [13]

## II. EPIDEMIOLOGICAL DERIVATION

Vidradhi = Vidra + dha+ I

The word vidradhi derived from-

Vidra = root word (Dhatu)

Dha = Suffix

I = Suffix

Vidra: the word meaning is

- A hole
- A chasm
- Piercing pain

In the present context, piercing pain is more relevant as it is the main symptom of vidradhi.

Dha: meaning is 'to have'

I: it is affix in formation of word 'vidradhi'.

### • Nirukti

Due to abundance of vitiated blood, it quickly gets suppuration and that is why it is called Vidradhi.[14]

**• DEFINITION:**

*Dushtha Rakta Atimatravat* – due to excessive vitiation of rakta

*ShigramVidahyate*- abscess get vitiated quickly

*TatahsheegramVidahitatVidhradiItiyabhidheeyate*- this is called *vidhradi* because of *vidaha*. According to Acharya Charaka, *vidradhi* is produced by exceedingly early or severe suppuration caused by an abundance of vitiated blood. [15] An abscess is a localised collection of pus (dead and dying neutrophils with proteneous exudate). [16] When an abscess arises around the lower rectum and anal canal, it is known as an anorectal abscess. [17]

**• Vidradhi Types and Location:** [18]

*Vidradhi* is of two main types –

- a. *Bahyavidradhi*(external abscess)
- b. *Abhyantaravidradhi* (internal abscess)

*Bahyavidradhi* are of 6 types:

1. *Vataja*,
2. *Pittaja*
3. *Kaphaja*
4. *Sannipataja*
5. *Kshataja*
6. *Raktaja*

Sr. no	Types	Sushrut	Charak	AshtangHridaya	AshtangSangraha
1	<i>Vataj</i>	+	+	+	+
2	<i>Pittaj</i>	+	+	+	+
3	<i>Kaphaj</i>	+	+	+	+
4	<i>Raktaj</i>	+	-	+	+
5	<i>Sannipataj</i>	+	+	+	+
6	<i>Kshataj</i>	+	-	+	+

Table 1: Types mentioned by various acharyas are given in following: [19]

**III. ABHYANTAR VIDHRADI:[20]**

*Abhyantaravidradhi*(internal abscess) of 10 types depending upon the locations

- Guda
- Bastimukha
- Nabhi
- Kukshi
- Vangshana
- Vrikka
- Yakrit
- Pliha
- Hridaya
- Kloma

Types of Abscesses- there are mainly 4 types of abscesses.

- Pyogenic
- Pyemic
- Metastasis
- Cold abscess

Anatomical Classification- mainly three types

- Cutaneous
- Subcutaneous
- Deep abscess.

According to recent studies, abscesses can arise anywhere in the body, from superficial skin abscesses to

deep abscesses in muscle organs or internal cavities. [21] External locations include the fingers and hands, neck, axilla, breast, foot, thigh, Ischio-rectal and Perianal region, abdominal wall, and dental abscess. Internal abscesses include those in the abdomen (subphrenic, pelvic, paracolic, amoebic and pyogenic liver abscess, splenic abscess, pancreatic abscess), Perinephric, Retroperitoneal, Lung, Brain, and Retropharyngeal. [22]

**• Understanding Perianal Abscesses as *GudaVidradhi*:** [23]

The four primary types of ano rectal abscesses are as follows:

- Perianal Abscesses
- Abscesses of the Ischio-rectum
- Mucous submucous
- Pelvirectal Abscesses

**• Perianal Abscess**

This is frequently caused by anal gland suppuration, thrombosed external pile suppuration, or another infected perianal disease. It is located in the subcutaneous area of the external sphincter. [24]

**• EPIDEMIOLOGY:[25-27]**

The table includes a description of *Aharaja nidana* concerning *GudaVidradhi/ AntarVidradhi* (abscess in an interior region of the body) by *Vrihatrayi*.

SR. NO	Aharaj Nidan	CH. Samhita <sup>13</sup>	SU. Samhita <sup>14</sup>	AshtangHridaya <sup>15</sup>
1	Sita/parusitahara	+	-	+
2	Vidahi	+	+	+
3	Usna	+	-	+
4	Ruksha	+	-	+
5	Suska	+	+	+
6	Atibhojan	+	-	-

Table 2: Aharaj nidana accordance to *Vrihatrayi*

The table includes a description of viharaj nidana concerning GudaVidradhi/ AntarVidradhi (abscess in an interior region of the body) by Vrihatrayi.

VIHARAJ HETU/NIDAN:[28-29]

SR. NO	AharajNidan	CH. Samhita <sup>13</sup>	SU. Samhita <sup>14</sup>	AshtangHridaya <sup>15</sup>
1	Vega vidharana	+	+	-
2	Shram	+	-	-
3	AnuchitVyayam	+	+	+
4	AnuchitNidraAsan	+	-	+
5	BharVahan	+	-	-
6	Adhwa	+	-	-
7	AtiMaithun	+	+	-

Table 3: Viharaj nidana by Vrihatrayi

#### IV. AGANTUJA NIDAN

Extraneous objects, such as a piece of wood, bamboo, or glass, can enter the body and cause vitiation of the blood, muscle suppuration, and abscess if not removed.

- Physical – traumatic injury, extreme heat or cold, and radiation
- Chemical - Simple chemical poisons, such as cyanide.
- Acids are organic toxins, such as paraquat
- Bacteria, parasites, and viruses are all infective.
- Immunological - Cell-mediated antigen-antibody interaction.

#### ROOPA

Vidradhi is characterised by deep rootedness, redness, excruciating agony, and an oval or spherical form. The discomfort worsens as the swelling develops.

The major symptom of all types of vidradi is extreme pain. The acute pain in the vidradhi is caused by vitiated pitta, whereas the swelling is caused by kapha. Raga is caused by a vitiated rakta. Along with rakta, vitiated tridoshas cause paka.

The Table shows roopa of Different Types of Vidradhi in brief:

Sr. No	Lakshan	Vataj	Pittaj	Kaphaj
1	Vama	Aruna/Krushna	Pitta/Shyava	Shweta/Pandu
2	Akar	Kathora	Pakvodumbara	Sharava
3	Prapakakala	Vishama	Kshipra	Chira
4	Vedana	+++	-	+
5	Daha	-	++	-
6	Jwar	-	-	-
7	kandu	-	-	++
8	Trushna	-	-	-
9	Sraava	Ruksha, Aruna, Shyava, Pheneela	Kwatha of tila, Masha Kulattha	Shweta, Pichilla, Bahu

Table 4: Lakshan of Vidradhi

#### V. CLINICAL FEATURE

- Severe throbbing pain
- Indurations
- Itchiness in the perianal area
- Abscess evidence, such as fluctuation, does not need to be noticed and is a late indicator.

- High-grade fever accompanied by chills and rigors.
- Diabetics are more likely to get this condition.
- Per rectal examination is unpleasant, and boggy on the side of the lesion can be felt.
- fistula-in-ano can result if vidradhi is not addressed. [30-31]

Sr no.	Samprapti Ghatak	Ghatak
1	Dosha	Pitta PradhanaTridoshaja
2	Dushya	Twacha, Rakta, Mamsa, Snayu, Kandara,
3	DoshaAdhistan	Asthi
4	Agni	Jatharagnijanya,Dhatvagnijanya
5	Strotas	Rasa, Rakta, Mamsa, Asthi, Purishavaha&Annavaha
6	Strotodusti	Sanga, Vimargamanam&Atipravritthi
7	Udbhavastana	Amashaya (Kapha, Pitta), Pakvashaya (Vata)
8	Adhistan	Gudapradesh
9	RogaMarga	Bahya and Abhyantara
10	VyadhiSwabhav	Ashukari

Table 5; Samprapti (Pathophysiology):

**VI. SAMPRAPTI**

The doshas get inflamed as a result of nidansevan, vitiates the tvacha, rakta, meda, and asthi, and becomes localised at some point, resulting in a bothersome swelling, slowly bursting up, rooted deep, painful, rounded or broad, known as 'vidradhi.'

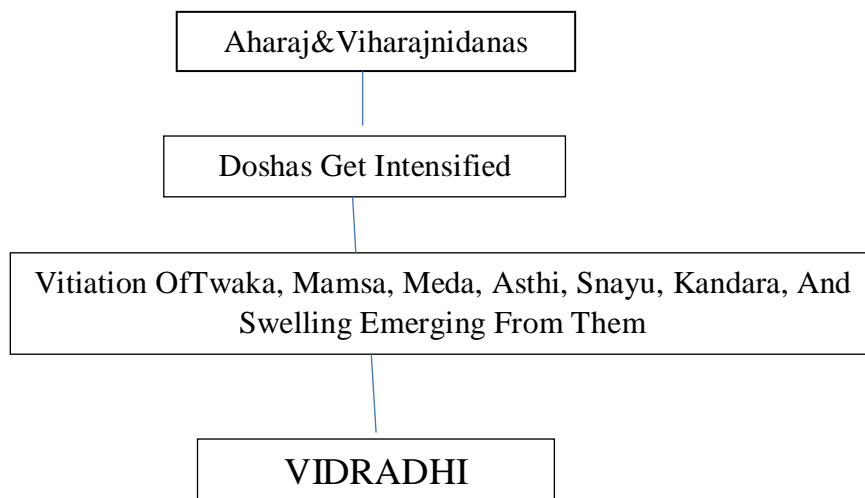
By engaging in aharaaj and viharajnidanas, the doshas get intensified, producing vitiation of twaka, mamsa, meda, asthi, snayu, kandara, and swelling emerging from them; either outside or inside the body positioned deep inside accompanied by intense agony; this is called as 'vidradhi'.

Different samprapti were explained by acharyasushruta and vagbhata for kshatajvidradhi. When a person's body is injured by relevant reasons, such as eating and engaging in improper activities,

The vata-distributed ushma of the assault or wound increased rakta and pitta, resulting in heat, thirst, burning sensations, and other pitta-related symptoms.

When vata is irritated by a weapon, or by eating improper food, or by shifting heat at the site of trauma, pitta and rakta are intensified, which can give rise to abscess formation, exhibiting pitta and rakta symptoms, and may lead to further complications or secondary disorders.[32]

**VII. SAMPRAPTI OF VIDRADHI:**



**VIII. PATHOPHYSIOLOGY: (MODERN VIEW)**

A localised deposit of pus in a cavity caused by pathogenic microorganisms breaking down tissues is known as an abscess. An abscess occurs when bacteria such as staphylococci or streptococci gain access to solid tissue (e.g., by means of a small wound on the skin). Toxins produced by these developing bacteria damage cells, causing an acute inflammation with symptoms like redness, pain, swelling, and heat at the site. (See inflammation for further information.) Leukocytes (white blood cells) congregate at

the site and employ phagocytosis to break down dead tissues and absorb pathogens. The accumulated extracellular fluid, broken-down tissues, and dead bacteria and leukocytes mix to form a thick yellowish pus. At the same time, nearby healthy cells form a tissue capsule around the pus and form a cell wall that separates the abscess from healthy tissues. The pus escapes, the swelling and pain lessen, and the delimiting cell wall grows back into the abscess chamber when an abscess ruptures naturally or through surgical intervention.



**A. Investigation:**

- Haematological examination
- Urine analysis - Routine - Microscopic

**B. Specific investigation:**

- Pus cultures test
- Radiological investigation
- Computed tomography (CT),
- Magnetic resonance imaging (MRI)
- Trans rectal Ultra sonography (TRUS) [33]

**C. Differential Diagnosis:**

- Inflammatory bowel disease
- Infected hemorrhoids
- Fissure- in- ano
- Fistula- in- ano
- Acute proctitis
- Abscess of cowper's gland or bartholin's gland [34-35]

**IX. UPADRAVAS**

While a direct complication may not occur in Bahya Vidradhi (external abscess), a physician or surgeon's failure to identify the therapeutic stages of draining an abscess can result in a complication known as upadras (reactions) that damage cells and cause acute inflammation.

If the incision is made before the muscles, veins, ligaments, joints, and bones are fully developed, there will be significant destruction of muscles, veins, ligaments, joints, and bones, excessive bleeding, pain, small tear in the skin, and the appearance of numerous complications, including the development of traumatic abscess. [36]

**X. SADHYASADHYATWA:**

- Six of the vidradhi indicated that tridoshas are incurable. When the remaining ones are unripe, prompt action should be taken to cure them.
- Sushruta emphasises that prognosis is a crucial issue for physicians in another setting. He goes on to say that whether ripe or unripe, huge or tiny, all vidradhi at key areas are problematic.
- All three Doshas create Vidradhi, which is deadly.[37-39]

**XI. CHIKITSA****A. SAMANYA CHIKITSA**

Sushruta describes Saptokramas for shophha in Amapakveshaneeya. According to Ayurveda the following is the advised order in which Upakramas should be applied.

Table concerns with the saptoupa krama and their use in specific avastha [40]

Sr. No	Upakramas		Avasthas
1	Vimlapanam	Dissolution of the inflammatory swelling by pressing the fingers.	Amavastha
2	Avasechanam	Blood letting	Amavastha
3	Upanaaha	Poultice by ripening	Pachyamanavastha
4	Patan Kriya	Operative Procedure	Pakwastha
5	Shodhana	Debridement of slough cleaning of the wound	Vrana
6	Ropana	The drugs are used which enhances healing	Vran
7	Vaikritapaham	To bring normal pigmentation	Vran

Table 6: Saptoupakarma

In Dvivraneeya Adhyaya, Sushruta covers sixty Upakramas in great detail. Poorva, Pradhan, and paschyat karma are the three types of karma.

- POORVA KARMA -11 UPAKRAMAS
- PRADHAN KARMA -8 UPAKRAMAS
- PASCHYAT KARMA- 41 UPAKRAMAS

These can also be used to treat vidradhi.

Unripe abscesses should be treated in the same way that shophha abscesses are. Bloodletting should be done for the inflamed doshas. The application of poultice is used in the ripening procedure. Cut the ripened open and treat them like a wound.

Blood letting with the use of leeches is beneficial in all varieties of vidradhi. One of the therapy options is mild purgation and a light diet. Sudation can be given to anybody except pittajvidradhi. [41]

**XII. VISHESH CHIKITSA (SPECIFIC TREATMENT)****A. VATAJ VYADHI: [42]**

- Ama:**  
Apply a thick paste of crushed root of vata-relieving medications combined with ghee, oil, and fat to relieve vata.
- Pachyamana**  
As a poultice, Kakolyadi and Tarpanadi should be combined with aquatic meat cooked with fat, sour, and salt. It should be fed vesavarakeasara, milk, and payasa on a regular basis, and blood should be drawn.
- Pakva**  
If it continues to ripen with the aforesaid therapy, an incision should be made.
- Vran:**  
The wound should be cleaned with panchamool decoction and filled with salty oils combined with bhadradarvadi medicines and madhuka.

**B. PITTAJ VYADHI: [43]**

- a) Ama  
Sharkara, laja, and madhuk combined with sariva, all mashed with milk, or payasa, ushira, and Chandana, should be applied over pitta abscesses. It should be watered with a decoction, cold infusion, milk, and sugarcane juice, or ghrita made with kakolyadi medicine and sugar.
- b) Pachyamana:  
Trivit and haritaki powders should be licked with plenty of honey, and blood should be drained with leeches.
- c) Pakva:  
Even after the above treatment, vidradhi progresses to pakwavastha, which must be opened.
- d) Vran:  
It should be pasted with pounded tila and yashtimadhi with honey and ghee, and bandaged with thin clean cloth after washing with decoction of milk tree or aquatic plants.

**C. KAPHAJ VIDRADHI: [44]**

- a) Ama  
In amavstha, kapha abscesses should be regularly fomented with hot bricks, sand, cold cow-dung, husk dust, and urines.
- b) Pachyamana:  
Impurities in these avasthas should be flushed out using decoction, emetics paste, and poultices, as well as gourd bloodletting.
- c) Pakva:  
After obtaining pakwavastha, it should be incised. It should be cleansed with an aragwadhadi medicine decoction.
- d) Vrana  
The wound should be thoroughly dressed and filled with haridratrivit, parched grain flour, and sesamum with honey. Oil should be made from kullatika, danti, trivit, shyama, arka, and tilwaka, as well as cow's urine and rock salt.

**D. RAKTAJ VIDRADHI:**

Blood-related abscesses should be treated with the same treatments as pittajvidradhi.

**E. KSHATAJA VIDRADHI:**

All techniques suggested for pittajvidradhi should be used to treat an abscess produced by exogenous sources.

**F. PATHYA AND APATHYA [45]**

In Guda Vidradhi

- **Pathya:** Shigru, Karavellaka, Punarnava, Chitraka, Patola, Kadali, Raktashali, Taila, Ghrita, Mamsarasa and Water boiled and cooled with Chandana.
- **Apathya:** Dadhi, Matsya, Divaswapna.

Some of the medicines which can be given orally in gudavidradhi: [46]

- Punarnava, Devadaru, Shunti, Dashamula, and Haritaki are used to make Kwatha, which is infused with ShuddhaGuggulu or Erandataila.
- Shobhanjanakwatha
- Shigruswarasa should be given orally
- Punarnavadi Kwatha
- Varunadikwatha
- Pathamulachoorana.

**XIII. CONCLUSION**

Vidradhi is mentioned in the CharakaSamhita on a few occasions. Sushruta was the first to write a distinct chapter on the condition, including its etiopathogenesis, symptomatology, kinds, prognosis, and therapy. Vagbhata followed suit. All of the material found in classical literature is collated and presented in this research, together with tables and reliable references. This will make it easier for researchers to gather all prospectives or variants in terms of etiological variables, roopa, and samprapti from samhitaas in one spot. This can also assist a doctor distinguish between different varieties of vidradhi since some of the signs and symptoms are similar to those of various abscesses, allowing him to use references and adopt a holistic approach to the disease's care.

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