



EFFECTIVENESS OF AYURVEDIC MANAGEMENT OF ABDOMINAL WALL ABSCESS: A SINGLE CASE STUDY

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ABSTRACT

Abdominal wall abscess is a localized collection of pus within the abdominal wall tissues, commonly associated with pain, swelling, tenderness, and systemic features of infection. In Ayurveda, such conditions can be correlated with *Vidradhi* based on clinical presentation. A female patient aged about 65 years presenting with a painful, inflamed swelling over the abdominal wall with purulent discharge was treated using Ayurvedic surgical and medicinal principles. The management included *paatana* and *visravana* followed by *vraṇa shodhana* and *vraṇa ropana* procedures. Significant reduction in pain, discharge, and swelling was observed, with healthy granulation and complete wound healing. Ayurvedic management was found to be effective and safe in treating *vidhradi* w.s.r. to abdominal wall abscess.

KEYWORDS: Abdominal wall abscess, *Vidradhi*, Ayurveda, Case study.

INTRODUCTION

Abdominal wall abscess is a common surgical condition resulting from localized infection, trauma, or post-operative complications.^[1] Standard management includes incision and drainage/hilton's method^[2] along with antibiotics. However, delayed healing and recurrence are frequent concerns. Ayurveda describes similar conditions under *Vidradhi*, where there will be vitiation of dathus like *twak*, *rakta*, *mamsa* and *medha* which causes tissue destruction which leads to *shopha*, *ruja* and other symptoms.^[3] *Acharya Sushruta* has emphasized timely drainage (*paatana* and *visravana*) followed by *vraṇa chikitsa* measures in treating *pakwa vidradhi*.^[4] This case study documents the successful management of an abdominal wall abscess using Ayurvedic principles.

MATERIALS AND METHODS

Study Design - Single case study.

CASE REPORT

A female patient aged about 65 years old with known case of diabetes mellitus since 20 years and hypertension since 6 months was apparently healthy 3 days back, patient developed painful swelling over the right side of the abdominal wall associated with blackish discoloration, tenderness, and purulent discharge. For which patient consulted our hospital for further evaluation and management.

Vayaktika vrittanta

Ahara – vegetarian

Nidra – disturbed

Mutra – 4-5 times/day, 1-2 times / night

Mala – 1-2 times/day

Vyasana – Nil

General examination

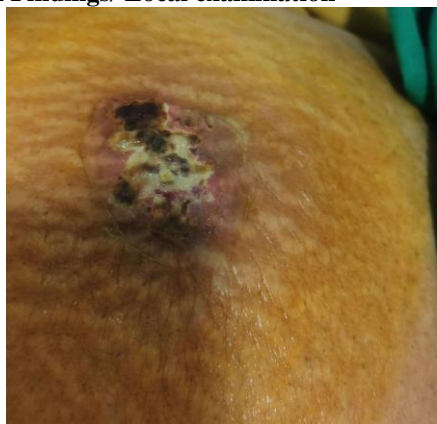
GC – Fair

Built – moderate

Nourishment – moderate

Temperature - 98.1°F
 BP - 130/90 mm of Hg
 Pulse rate - 78bpm
 RR - 12 cycles/min

Clinical Findings/ Local examination



On Inspection

Site - right upper quadrant of abdomen
 Size - approx. 5 x 4cm
 Swelling - present
 Discoloration - blackish discoloration
 Discharge - purulent discharge

On Palpation

Induration - present
 Tenderness - present
 Discharge - purulent discharge

Investigation

FBS - 302mg/dl
 PPBS - 316 mg/dl
 Pus - Culture and sensitivity - Culture yields "staphylococcus aureus"

Diagnosis - Abdominal wall abscess correlating with *Bahya vidradhi*.

Treatment Intervention

Purva karma - Patient consent obtained, part painting and draping done.

Pradhana karma - *Paatana* and *Visravana* of *vidhradi*.

Paschat karma - *Vrana chikitsa* with *Jathyadi taila*

Inj. Monocef IV BD X 3 days

Inj pan 40mg IV BD X 3 days

Inj PCT 1gm IV BD X 3 days

GRBS - monitoring BD



Internal medications

Cap. Grab 1 TID after food

Chirabilwadi Kashaya 3tsp BD before food

Regular medications

Glycomet GP2 - 1 BD

Telsartan LN 40 - 1 OD

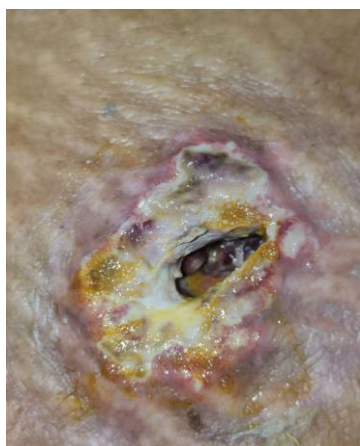
ASSESSMENT CRITERIA

Pain, Discharge, Swelling, Wound size.

OBSERVATIONS

- Day 0** → Patient presented with painful swelling, tenderness, discharge, blackish discoloration.
- Day 1** → *Paatana* & *Visravana* performed, daily dressing with *Jatyadi Taila* initiated.
- Day 7-10** → Marked reduction in pain, discharge, swelling.
- Day 14-20** → Healthy granulation tissue formation observed.
- Day 30-40** → Complete healing with scar formation; no recurrence or secondary infection noted.

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Name	[Redacted]	Ref. By
Age/Sex	45/Male	Reg. Date
Reg. No.	C 20123	Report On
Corporate	SKARCHI & RC	07/04/2025 16:47
Test Name	Observed Values	Reference Range
MICROBIOLOGY REPORT		
SPECIMEN	Pus	
RESULT	Culture yields "Staphylococcus aureus" after 48hrs of aerobic incubation at 37 C.	
ANTIBIOGRAM	ZONE OF INHIBITION(mm)	
AMOXICIN (40)	SENSITIVE - 21mm	
AMOXICLAV	RESISTANT - 00mm	
CO-TRIMOXAZOLE	RESISTANT - 00mm	
LEVOFLOXACIN	RESISTANT - 00mm	
CEPHOTAXIME	SENSITIVE - 30mm	
CEFOXITIN	SENSITIVE - 26mm	
CEFUROXIME	SENSITIVE - 26mm	
IMIPENEM	SENSITIVE - 28mm	
DOXYCYCLINE HYDROCHLORIDE	SENSITIVE - 26mm	
CEFEPIME	SENSITIVE - 26mm	
LINEZOLID	SENSITIVE - 26mm	
TEICoplanin	RESISTANT - 00mm	
VANCOMYCIN	SENSITIVE - 21mm	
CLINDAMYCIN	SENSITIVE - 36mm	
CLINDAMYCIN	SENSITIVE - 30mm	
MEROPENEM	SENSITIVE - 36mm	
AZITHROMYCIN	RESISTANT - 00mm	
<p>End of Report</p> <p>MR. APARNA V MSc Microbiology</p> <p>DR. SHRUTHI Consultant Pathologist</p> <p>KEERTHI Lab Technologist</p> <p>Page 1 of 1</p>		



DAY 3



DAY 8



DAY 15



DAY 21



DAY 26



DAY 31

RESULT

1. Pain and swelling reduced significantly.
2. Complete cessation of discharge was noted.
3. Healthy granulation tissue formed.
4. The wound healed without complications or recurrence.



DAY 37



DAY 43

DISCUSSION

The present case demonstrates the successful management of *Bahya Vidhradi* (abdominal wall abscess) using Ayurvedic principles. In this case, the integration of *Paatana* and *Visravana* (incision and drainage) followed by *Vrana Chikitsa* (wound care) offered better clinical outcomes. The use of *Jatyadi Taila* as a local dressing was particularly effective. Its antimicrobial, anti-inflammatory, and wound-healing properties facilitated pus drainage, controlled infection, and promoted granulation tissue formation. Internal medications such as *Chirabilwaadi Kashaya* and *Grab* capsule further supported systemic healing by addressing inflammation and enhancing immunity. The patient's comorbid condition posed a higher risk for delayed wound healing, but the selected Ayurvedic regimen prevented recurrence and secondary infection.

CONCLUSION

This single case study demonstrates that Ayurvedic management is effective in treating abdominal wall abscess. The approach provides safe, economical, and satisfactory clinical outcomes and can be considered a complementary option in abscess management.

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