

A CONCEPTUAL STUDY ON THE ABYANTARA VIDRADHI WITH SPECIAL REFERENCE TO GUDA VIDRADHI (ANORECTAL ABSCESS)

Sanjana S.*¹, Sheshashaye B.² and Shailaja S. V.³

¹Post Graduate Scholar, Department of *Shalya Tantra*, Sri Kalabyraveshwara Swamy Ayurvedic Medical College, Hospital and Research Center, Bangalore, Karnataka, India.

²Professor, Department of *Shalya Tantra*, Sri Kalabyraveshwara Swamy Ayurvedic Medical College, Hospital and Research Center, Bangalore, Karnataka, India.

³Professor and HOD, Department of *Shalya Tantra*, Sri Kalabyraveshwara Swamy Ayurvedic Medical College, Hospital and Research Center, Bangalore, Karnataka, India.



*Corresponding Author: Sanjana S.

Post Graduate Scholar, Department of *Shalya Tantra*, Sri Kalabyraveshwara Swamy Ayurvedic Medical College, Hospital and Research Center, Bangalore, Karnataka, India.

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ABSTRACT

The word *vidradhi* is derived from root word *vidra* + *dha* + ^[1] implies a painful condition like pricking, stabbing or cutting sensation in the skin. *Vidradhi* is a *Rakta Dusti Vikara* which undergoes rapid suppuration followed by formation of *Puya*. *Acharya Charaka* has explained *Vidradhi* under *Raktavaha Sroto Vikara*^[2] in which *Rakta Dushii* and *Paaka* takes place predominantly. The extremely deranged and aggravated *Vata*, *Pitta*, *Kapha* vitiates *Twak*, *Rakta*, *Mamsa* and *Meda*. *Acharya Charaka* has classified *Vidradhi* into *Bahya* and *Abhyantara vidradhi*.^[3] *Guda Vidradhi* is one among the *Abhyantara vidradhi*.^[4] *Sthana Vishesh Lakshana* of *Guda Vidradhi* is *Vata nirodha*.^[5] *Guda vidradhi* can be correlated to Ano-rectal abscess which incidence in INDIA is about 16 per 1 lakh people. Ano rectal abscess originates from an infection arising in the cryptoglandular epithelium lining of the anal canal.^[6] *Acharya Sushruta* has indicated *bhedhana karma* in treating *vidradhi*.

KEYWORDS: *Guda Vidradhi*, Ano-rectal Abscess, *Bhedhana karma*.

INTRODUCTION

Vidradhi a localized painful condition with all the features of *vrana shotha* with severe pain and tendency of early suppuration.

त्वग्रक्तमांसमेदांसिप्रदूष्यास्थिसमाश्रिताः।

दोषाः शोफं शनैर्घोरं जनयन्त्युच्छ्रिता भृशम् ॥४॥ (SU.NI-9/4)

Doshas getting aggravated and vitiates *twak*, *rakta*, *mamsa*, *meda*, *asthi* and becomes localized and produces a troublesome swelling.^[7]

ततः शीघ्रविदाहित्वाद्विद्वधीत्यभिधीयते ॥९॥ (CH.SU-17/15)

The word *Shigra* refers to quickly; a condition which is characterized by intense inflammatory process.^[8]

TYPES

Based on *doshas*

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

Vidradhi can also be classified into *Bahya vidradhi* and *Abhyantara vidradhi*.

Types	Varna	Symptoms	Srava ^[9]	Nature
Vataja	Krishna aruna varna	Throbbing, cutting type of pain	Tanu, phenila	चित्रोत्थानप्रपाकश्च
Pittaja	Shyava	jwara, daha	Tila, masha, kulattha sannibha	क्षिप्रोत्थानप्रपाक(Quick in onset and suppurates)
Kaphaja	Pandu	stabda, alpa ruja	Swetha, picchila, bahala, bahu	चिरोत्थानप्रपाक (Slow in onset and ripening)

Raktaja	Shyava	Krushna sphota, tivra daha, ruja, jwara	-	क्षिप्रोत्थानप्रपाक(Quick in onset and supporates)
Sannipataja	Nana varna	Ghatala vishama, mahan	-	Large and supporates irregularly
Kshataja	Syava	Pittaja vidradhivat	-	क्षिप्रोत्थानप्रपाक(Quick in onset and supporates)

Abhyantara vidradhi

According to

Acharya Sushruta - 10

Acharya Charaka - 09 (Guda not included)

Acharya Vagbhata - 10

गुदे बस्तिमुखे नाभ्यां कुक्षौ वङ्क्षणयोस्तथा ॥

वृक्कयोर्यकृति प्लीहिन हृदये क्लोमिन् वा तथा ॥ (su.ni-9/17)

Guda, Basti mukha, Nabhi, Kukshi, Vankshana, Vrukka, Pleeha, Hrudaya, Yakrut, Kloma are sthanas of Abhyantara Vidradhi.^[10]

The Avasthas in vidradhi are same as explained in Amapakveshaneeya.

Adhyaya^[11]

1) Ama Avastha

2) Pachyamana Avastha

3) Pakva Avastha

Ama shopha lakshana^[12]

Mild increase of temperature, colour as that of skin, swelling, mild pain.



Pachyamana shopha lakshana^[13]

- सूचिभिरिव निस्तुद्यते-pain resembling to pricking sensation by needle.
- दश्यत इव पिपीलिकाभिः-pain as bitten by ants.
- छिद्यत इव शस्त्रेण-as cut by sharp weapons.
- दह्यते पच्यत इव चाग्निक्षाराभ्याम्-burning sensation
- वृश्चिकवद्ध इव च स्थानासनशयनेषु न शान्तिमुपैति-as though being stung by scorpion.
- आध्मातबस्तिरिवापच्यमानलिङ्गं;

- निम्नदर्शनमङ्गुल्याऽवपीडिते प्रत्युन्नमनं
- मुहुर्मुहुस्तोदः कण्डूरुन्नतता व्याधेरुपद्रवशान्तिर्भक्ताभि काङ्क्षा च पक्वलिङ्गम् |

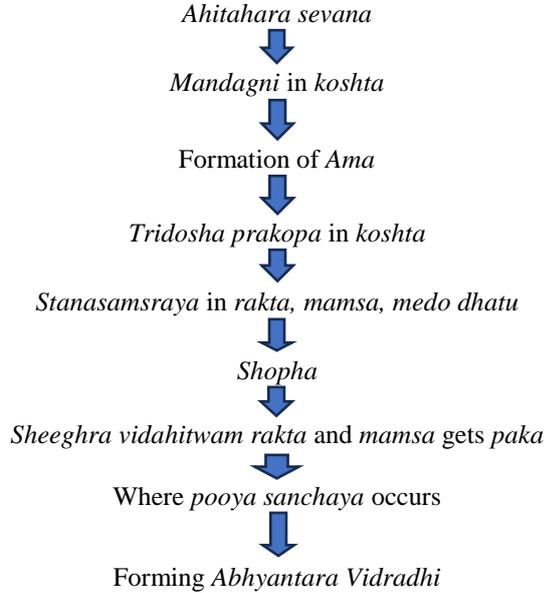
**PAKVA SHOPHA LAKSHANA^[14]**

- वेदनोपशान्तिः -subsiding of pain
- पाण्डुताऽल्पशोफता
- वलीप्रादुर्भावस्त्वक्परिपुटनं-appearance of wrinkle, cracking of skin

Abhyantara vidradhi nidana

Sl no	Aharaja nidana	Charaka samhita ^[15]	Sushrtha samhita ^[16]	Astanga hridaya ^[17]
1	Sita/parusita ahara	+	-	+
2	vidahi	+	+	+
3	Ushna	+	-	+
4	Ruksha	+	-	+
5	sushka	+	+	+
6	Ati bhojana	+	-	-
7	Virudha ahara	+	+	+

Sl no	viharaja nidana	Charaka samhita	Sushrtha samhita	Astanga hridaya
1.	vegadharana	+	+	-
2.	Shrama	+	-	-
3.	Anuchit vyayama	+	+	+
4.	Anuchita nidra asana	+	-	+
5.	Bhara vahana	+	-	-
6.	Adhwa	+	-	-
7.	Ati maithuna	+	+	-

SAMPRAPTI OF ABHYANTARA VIDRADHI

रुजावन्तं -painful

वृत्तं /सयतम्-circular or wide

Abhyanthara Vidradhi Chikitsa

वरुणादिगणक्वथमपक्वे आभ्यन्तरोथिते |

ऊषकादिप्रतीवापं पिबेत् सुखकरं नरः^[20]**Amaavastha**

Kashaya of Varunadi gana with Ushakadi gana.

Pachyamaanaavastha

Vidradhi situated in Koshta when attains Pachyamaanaavastha protrudes externally, indicating this protuberance as the site of affliction.

Upanaha should be applied locally.

Pakvaavastha

Regression of tenderness locally.

Regression of symptoms like burning sensation.

Treatment of Vidradhi PakvaavasthaBhedana Karma^[21]Similar to Vrana Chikitsa^[22]**Sadhyasadhyata**

आमो वा यदि वा पक्वो महान् वा यदि वेतरः |

सर्वो मर्मोत्थितश्चापि विद्रधिः कष्ट उच्यते ||

The abscess located on मर्मो, irrespective of the abscess being in ama or pakva Avastha, either big or small the abscess is Kasta Sadhya.^[23]**Samprapti Ghataka^[18]**

Dosha	Pitta pradhana tridosha
Dushya	Twacha, raktha, mamsa, meda
Agni	Jataragnijanya, dhatvagnijanya
Strotas	Rasa, raktha, mamsa
Strotodusti	Sanga, vimargagamana.
Udbhavasthana	Amashaya (kapha, pitta); pakvash aya (vata)
Rogamarga	Bahya and Abhyantara
Adhithana	Guda pradasha
Vyadhi swabhava	Ashukari

Samanya lakshana of vidradhi

महामूलं रुजावन्तं वृत्तं चा(वा)सप्यथवाऽसयतम् |

तमाहुर्विद्रधिं धीरा, विज्ञेयः स च षड्विधः^[19]

महामूलं- vidradhi are deeply seated

Samanya chikitsa

Acharya Sushruta describes Saptopakrama for shopa in Amapakveshaneeya adhyaya.^[24]

Sl no	Upakrama	Avastha
1)	Vimlapana	Amaavastha
2)	Avasechana	Amaavastha
3)	upanaha	Pachyamana avastha
4)	Patana	Pakwa avastha
5)	shodhana	Pakwa avastha
6)	Ropana	Pakwa avastha
7)	Vaikritapaham	Pakwa avastha

Role of paneeya kshara

पानीयस्तुगरगुल्मोदराग्नि सङ्गजीर्णोचकानह

शर्कराशर्मर्याभ्यन्तरविद्रधि क्रिमि विषार्शः सुपयुज्यते^[25]

Paneeya Kshara plays a role in the management of Abhyanthara Vidradi since Kshara has properties like Agni deepana, Dosh pachana, Shodhana, Tridoshagna, Siravyadha in abhyantara vidradhi

In Abhyanthara vidradhi presenting with parsvasula (pain in flanks) siravyadha should be done in between the axilla & breast on the left flank.^[26]

सर्वावस्थासु सर्वासु गुग्गुलुं विद्रधीषु च॥

कषायैर्यागिकैर्युञ्ज्यात्स्वैःस्वैस्तद्वच्छिलाजतु^[27]

Lepas used in vidradhi

Vataja vidradhi- vyaghri lepa, shigru lepa

Pittaja, raktaja, abhigataja vidradhi-sarivadi lepa.

Oral medicines in vidradhi

Punarnavadi kwatha

Vidradhihara Kashaya(Sahasra yoga –(kashaya prakarana, 41)

Shobhanjana kwatha

Varunadi kwatha

Pathya-Apathya in Guda Vidradhi

Pathya- shigru, karavellaka, Punarnava, patola, kadali, rakta shali, ghruta, mamsa rasa, honey, bittergaurd, garlic

Apathya- dadhi, Matsya, diwaswapna, vegadharana.

The origin of anal abscess is mostly by an infection or blockage at Anal Gland.

ANAL GLANDS are at the base of the anal crypts and are located at the level of the dentate line.

SYMPTOMS- acute pain in the anal area and the patient is unable to pass flatus or stool because he is afraid of defecation.

AIMS

To understand the concept of Guda vidradhi and Anorectal abscess.

Clinical approach in various types of Anorectal Abscess.

ABSCESS**DEFINITION**

A circumscribed collection of pus or a cavity formed by liquefaction necrosis within solid tissue.^[28]

TYPES OF ABSCESS

1) PYOGENIC ABSCESS 2) PYAEMIC ABSCESS 3) COLD ABSCESS
ANORECTAL ABSCESS

DEFINITION

The Abscess around lower Rectum and Anal canal are known as Anorectal abscess. The commonest causative organism are E.coli, Staphylococcus, Streptococcus, Bacteroides.^[29]

90% of the Ano-rectal Abscess starts as an infection of an Anal Gland in the Peri-anal region.

In remaining 10% cases infection may come from blood borne infection.

Eg: extension of a cutaneous boil.

Other causes: Injury to ano-rectal region

Perianal haematoma

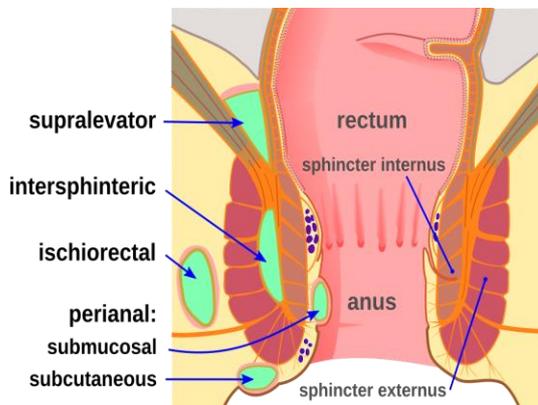
Ano-rectal abscess associated with Fistula-in-ano
Crohn's disease.

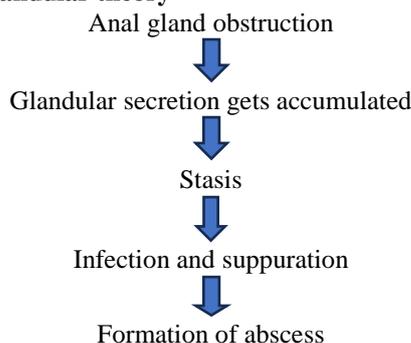
POTENTIAL SPACES^[30]

The Ano-rectal canal is surrounded by number of potential spaces which form the ideal seats for lodging of Infection and formation of Abscess at different sites.

These spaces are filled with Fat, Fascia and Adipose tissue.

- 1) Perianal
- 2) Sub mucous
- 3) Ischio rectal
- 4) Pelvi rectal



PATHO-PHYSIOLOGY**Crypto-glandular theory**

- A localised deposition of pus in a cavity caused by pathogenic microorganisms is known as an abscess.
- An abscess occurs when bacteria such as staphylococci or streptococci gain access to 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- rubor
- Pain- dolor
- Heat at the site-calor
- Swelling
- Loss of function

Physical examination

- Localized swelling
- Tenderness
- Hyperemia
- Induration

Laboratory investigations

Routine blood investigations:

- Complete blood count, rbs, serology.
- Pus for culture and sensitivity
- Transrectal ultra sonography

PERI-ANAL ABSCESS**Causes**

Peri-anal abscess usually arise from the Infection of Anal Gland or thrombosed external pile.

1. Pus collects within the internal sphincter and gradually paves its way between the internal sphincter and conjoint longitudinal muscle to tract down and comes superficial in the peri-anal region.
2. Infection of a thrombosed external pile may also result in formation of peri-anal abscess.

Clinical features

- Throbbing pain around the anus
- Pus discharge
- Patient feels difficult to sit
- Fever and headache may be associated

On Examination

Inspection: A Lump may be seen at the anal margin

Digital examination: sometimes Peri-anal abscess may

not be visible, but can be felt by digital examination just below the dentate line as a very tender cystic lump.

TREATMENT**AIM OF ANO-RECTAL ABSCESS MANAGEMENT**

“Adequate drainage of abscess and preservation of sphincter function”.

Incision and drainage

- Incision and drainage of the pus with appropriate Antibiotics should be advised.
- Cruciate incision is placed on the prominent part of the swelling under Anaesthesia.
- The Sinus Forceps is passed into the Abscess cavity , the blades of forceps are opened to break the Loculi for adequate drainage.
- The Internal Sphincter should be separated from the mucosa and lower part of the internal sphincter should be incised to prevent the formation of fistula.
- The skin edges should be kept wide open for proper drainage and the abscess cavity is packed and healing will start by formation of granulation tissue

**ISCHIO-RECTAL ABSCESS****Causes**

- The common cause is extension of anal gland inflammation laterally through the external sphincter.
- Infection may be through blood/lymph.
- Penetrating injury causing direct infection from outside.
- Ischio-Rectal fossa is full of fat and poorly vascularized.



Clinical Features

- Severe Throbbing Pain.
- Indurations, Itching in perianal region.
- High grade fever with Chills and Rigors.
- If not treated it will be create Fistula-in-ano.

TREATMENT**Incision and drainage**

An attempt should be made to find out whether Abscess is from Peri-Anal or Pelvi-Rectal abscess above. If it is an extension of Peri-Anal abscess then the probe should be passed into the Anal canal through that opening and sphincterotomy and lay open the track .

If the abscess has extended from Pelvi-Rectal abscess, the Incision is widened and the abscess cavity is curetted. The abscess cavity is packed with antiseptic solution and followed by T-bandage.

SUB-MUCOUS ABSCESS

- 5% of cases are of Sub Mucous Abscess.
- The Abscess is situated deep to the mucous membrane of the Anal canal.
- Sub-mucous abscess can be drained by small incision.

PELVI-RECTAL ABSCESS

- Pelvi-rectal abscess usually occurs above the Levator ani and below the Pelvic peritoneum.
- It is a simple pelvic abscess which may occur from Appendicitis, Diverticulitis, Salpingitis.
- It may occur due to the probe is forced through the levator ani.

Treatment

- Drainage of pelvi-rectal abscess through anterior wall of rectum.
- When ischio-rectal abscess is untreated leading to pelvi-rectal abscess.

- Incision and drainage followed by opening in the levator ani.

Complications

- Reoccurrence -in extra anal causes- crohn's disease, hidradenitis supportiva.
- Inadequate drainage leading to fistula-in-ano
- Improper wound care
- Iatrogenic- incontinence if any injury to external sphincter.

If peri-anal abscess are not treated

Leads to

- 1) Rupture into the anal canal
- 2) It may rupture to the exterior causing fistula-in-ano
- 3) May pass laterally through the external sphincter to form ischio-rectal abscess.

**DISCUSSION**

- Guda vidradhi has more prevalence when compared to other types of Abhyantara vidradhi.
- Guda being one of the Dashapranayatanas, management of guda vidradhi is of utmost importance.
- Guda is the portion that is attached to sthula antra and measures of 5 1/2 angula in length.
- The features of guda vidradhi is similar to that of anorectal abscess-

	Guda vidradhi	Anorectal abscess
Nidhana	Ushna tikshna ahara, virudha ahara	Spicy food, anal gland obstruction
samprapti	Prakupita dosha lodges in twak, raktha, mamsa, meda, asthi Shotha undergoes paka ↓ vidradhi	Cryptoglandular theory
poorvaroopa	Shopha,	Redness, local rise of temperature, swelling
Sthanika	Ruja; Shopha	Pain; swelling
Sarva dehika	Jwara	Fever
chikitsa	Amavastha-lepa Pachyamana- upanaha PakvaAvastha-Bhedana karma	Incision and drainage.

- The principle of management of abscess is homogenous with the chikitsa of guda vidradhi explained in our classics.
- Acharya sushruta explains bhedhana karma for all types of vidradhi.

यतो यतो गतिं विद्यादुत्सङ्गो यत्र यत्र च |

तत्र तत्र व्रणं कुर्याद्यथा दोषो न तिष्ठति ||१२||^[31]

After determining the swelling and the direction of the sinus wound should be created so that the vitiated pus blood is removed.

विद्रधिं सर्वमेवामं शोफवत्समुपाचरेत् |

प्रततं च हरेद्रक्तं पक्वे तु व्रणवत्क्रिया||१||^[32]

- आम avastha should be treated in the same way शोफवत्समुपाचरेत्.
- Bloodletting should be done.
- पक्व विद्रधिं open and treat them as व्रणवत्क्रिया.

CONCLUSION

- Based on *nidana, samprapti, lakshana* and *chikitsa* it can be considered that *Guda Vidradhi* can be correlated to Ano-Rectal Abscess.
- On the basis of *Ama Avastha, pachyamana avastha* and *pakva avastha* –the *bhishak* should plan the line of treatment accordingly.
- *Acharya susruta* practised *rakta mokshana* and *bhedana karma* in *abhyantara vidradhi* as emergency management which highlightens the importance of *shalyachikitsa* as *pradhanatama*.

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