Journal of Chemical Health Risks

www.jchr.org

JCHR (2025) 15(6), 1632-1639 | ISSN:2251-6727

Successful Ayurvedic Intervention in Post-Sclerotherapy Complications (Perianal Abscess): Evidence Based Case Report

Dr. Geetanjali Hiremath [1], Dr. Saher Fathima [2]

[1]Associate Professor, Dept Of Shalya Tantra, Sjgamc, Koppal. Karnataka.

[2]Pg Scholar, Dept Of Shalya Tantra, Sjgamc, Koppal. Karnataka.

Corresponding Author-

Dr Geetanjali Hiremath*

Gavishree Nagar, 1st Cross, Koppal

Karnataka—583231.

ORCID- 0009-0009-8875-1186

(Received: 07 October 2025 Revised:15 November 2025 Accepted: 23 November 2025)

KEYWORDS

Perianal Abscess, Sclerotherapy, Guda Vidradhi, Patradana, Bhedhana, Visravana

Anorectal abscesses are one of the debilitating diseases, among them perianal abscess is common. Sclerotherapy is one of the minimal invasive procedures for hemorrhoidal management but it is having post operative complications such as urinary retention, thrombosis, bleeding and infection. An anorectal abscess originates from an infection arising in the cryptoglandular epithelium lining of the anal canal spreading into adjacent spaces. A Perianal abscess presents with the symptoms like throbbing type of pain, swelling, redness and localised warmth around the anus. On the basis of clinical features, Perianal abscess can be considered as Guda Vidradhi. Vidradhi occurs when the dushita doshas affects twak, rakta, mamsa and meda resulting in the formation of shopha and ruja, the treatment of Guda vidradhi is adequate drainage. Acharya Sushrutha have explained shashtiupakramas (60 modalities of treatment) for vidradhi. Among them Bhedhana and Visravana is considered as surgical management for adequate drainiage of the abscess. Patradana, prakshalana and lepa were adapted as conservative mode of management for post operative wound. In this present case study a 75year old female patient visited Shalya Tantra OPD with the complaints of pain and swelling in perianal region since 1week along with mass per anum and burning sensation in the perianal region since 1 week and was selected for bhedana and visravana followed by prakshalana patradana and lepa application. The study was done for a period of 30days. Within the study period, result shows that the abscess cavity was filled with the healthy granulation and wound was completely healed.

Introduction

Abscesses around lower rectum and anal canal are known as anorectal abscesses. There are 5types of anorectal abscess described, perianal (60%), Ischiorectal (30%), intersphincteric (5%) supralevator (4%) and submucosal (1%). The causative organism is usually Esch.coli, less commonly Staphylococcus aureus, Bacteroides, streptococcus, B.proteus,etc. In 90% of cases the abscess starts as an infection of an anal gland. In remaining 10% of cases infection may come from blood borne infection[1].

The Perianal abscess arise from acute inflammation of anal gland [2]. And it accounts for the majority of abscesses in the anorectal region and is seen in 40-45% of these patients [3]. The pus collects within the internal sphincter and gradually paves its way between the internal sphincter and conjoined longitudinal muscle to tract down and come superficial in the perianal region. It presents with

Journal of Chemical Health Risks

www.jchr.org

JCHR (2025) 15(6), 1632-1639 | ISSN:2251-6727

throbbing type of pain around anus. This pain becomes exaggerated during defecation, some constitutional symptoms such as fever, headache may be associated with this condition. On inspection, an acute angry lump may be seen at the anal margin. And the treatment explained for this Incision and Drainage of the pus. This should be done under antibiotic cover [4]. In ayurvedic science *guda vidradhi* is co-related to Perianal abscess.

Sclerotherapy is minimally invasive operative procedure for 1st and 2nd degree haenorrhoids, but it has some complications like recurrence, hypochondriac pain, tenesmus, mucosal sloughing/ulceration, submucosal abscess, anal stricture and anal canal pain [5].

Acharya Sushrutha have explained *Guda Vidradhi* under *Antarvidradhi* [6]. *Vidhradhi* remains as localized painful condition, with all the features of *vrana shoth*a with *mahamoola, ruja* and *vritta* [7]. In the chapter *Ashtavidha shastrakarma*, Sushrutha has described *Bhedhana* and *Visravana* for *vidradhi* as a surgical management. *Acharya Sushrutha* mentioned that *Bhedhan karma* should be done at the prominent part for evacuation of dosha [8]. In the chapter *Dvivraniya chikitsa*, *Sushrutha* has described *Shashtiupakrama* for *vrana*. *Prakshalana*, *lepana* and *patradana* are one among them [9]. And these are effective in the management of *vrana. Acharya Sushrutha* has given much importance to this multidisciplinary management for all sorts of surgical wounds. Hence in this present study, both surgical and conservative management was carried out.

Scope Of The Study

Abscesses around lower rectum and anal canal are known as anorectal abscesses. The causative organism is usually Esch.coli, less commonly Staphylococcus aureus, Bacteroides, streptococcus, B.proteus,etc. In 90%of cases the abscess starts as an infection of an anal gland. The Perianal abscess arise from acute inflammation of anal gland. It presents with throbbing type of pain around anus. This pain becomes exaggerated during defecation. On inspection, an acute angry lump may be seen at the anal margin. The treatment explained is adequate incision and drainage. Recent studies have better defined their epidemiology of 8-23 per 100,000 people.

In modern management surgical procedure like Incision and drainage is done for the abscess under antibiotic cover. But inadequately drained abscesses can lead to the extension of the infection into adjacent tissues and worsens the clinical status and it may lead to the formation of the anal fistulas. Post operative care of the wound plays an important role in preventing reoccurrence of the abscess. That can be effectively managed with the ayurvedic treatment.

Acharya sushruta has explained sixty treatment modalities for wound healing. *Bhedhana* and *visravana, Prakshalana, patrdana* and *lepana* are among them. Hence the present study was undertaken to treat the abscess effectively by using multidisciplinary procedures such as *bhedhana* and *visravana* as a surgical management for *vidradhi*. Post operatively *prakshalana, patradana* and *lepa* as conservative mode of treatment for wound management.

Case Report

A 75-year-old female patient presented to the Shalya Tantra OPD of SJGAMC Hospital koppal, with complaints of pain and swelling in the perianal region for the past 7 days. Associated with on & off fever since 7 days. The patient was apparently healthy 15days ago, she had noticed mass per anum which was painful for which she consulted local hospital and underwent sclerotherapy, following the procedure she developed pain and swelling which was gradual in onset, progressive, and associated with throbbing sensation. The swelling increased in size over time, causing discomfort during sitting and defecation. Hence, they visited our hospital for further management.

k/c/o hypertension since 1year not under medication

Journal of Chemical Health Risks

www.jchr.org

JCHR (2025) 15(6), 1632-1639 | ISSN:2251-6727

Personal History

Bowel - Constipated – 2days once

Appetite- reduced

Micturition – Normal 4-5 time/days

Sleep – Disturbed

PHYSICAL EXAMINATION

BP- 150/90mmhg

PR- 80bpm

GENERAL SURVEY

Appearance- Ill built

Gait – Normal

Pallor – present

Cyanosis – Absent

Clubbing – Absent

Lymphadenopathy – Absent

Oedema - Absent

SYSTEMIC EXAMINATION

CNS – Well oriented

CVS – S1 S2 heard, no any added sounds

RS – NVBS heard

p/A – Non tender, no palpable mass

LOCAL EXAMINATION

Inspection-

Number- 01

Site – perianal and ischioanal region

Shape- Oval

Swelling- present at the perianal region

Slough ++ + Redness +++

Palpation –

Temperature- Raised

Tenderness - +++

Floor- Sloughed

Base – Gluteal muscle

PER RECTAL EXAMINATION

Sphincter tone– Normal

Internal pit felt at 6'o clock position

PRE-OPERATIVE ORDERS—

- Written informed consent from the patient for surgery was taken
- 2% inj. Xylocaine sensitivity test
- Part preparation of the patient
- Administration of T.T 0.5ml, IM

OPERATIVE PROCEDURE-

- Under SAB, under all aseptic precaution in lithotomy position part painted and draped.
- DRE done to rule out other pathologies, and internal pit felt at 6'o clock position.
- Cruciate incision was taken over the dependent area of the swelling, and the pus was drained out and the pus locules were broken out with sinus forceps.
- During the procedure the fistulous tract was noticed which was connected to the cavity at 5'o clock position then fistulectomy was done.
- Haemostasis achieved through out the procedure.
- Then wound was washed with betadine and hydrogen peroxide, f/b NS wash then cavity was filled with betadine-soaked ribbon gauze.
- Patient withheld the procedure well and shifted to ward with all vitals within limits.

Journal of Chemical Health Risks

www.jchr.org

JCHR (2025) 15(6), 1632-1639 | ISSN:2251-6727

POST OPERATIVE ORDERS

- NBM till further orders
- Monitoring vitals
- After pod-1 ---
    1. Dressing with jatyadi taila
    2. Dashanga lepa application
    3. Patradana with Guduchi patra
    4. Guda purana with jatyadi and yashtimadhu taila
    5. Oral medications
    6. Iv antibiotics

TIMELINE

TABLE NO- 01: TIMELINE

DATE	CLINICAL FEATURES	THERAPEUTIC INTERVENTIONS
JULY 17, 2023	Pain and pus discharge from perianal region	• Planned for Incision & Drainage
JULY 18, 2023 (operative day)	Pain and pus discharge from perianal region	• Incision & Drainage f/b Fistulectomy • Antibiotic • Analgesic
JULY 19, 2023 (Post operative day 1)	Pain at perianal region Slough present Size- 24*8*19cm	• Dressing with Jatyadi taila and Yashtimadhu taila • Guda purana with Jatyadi taila and Yashtimadhu taila • Antibiotic • Analgesic
JULY 24, 2023 (Post operative day 5)	Moderate pain Slough present Surrounding tissue induration present Size- 21*7*18cm	• Dressing with Jatyadi taila and yashtimadhu taila • Panchavalkala Kashaya prakshalana • Guda purana with Jatyadi taila and Yashtimadhu taila • Triphala guggulu 1BD • Kaishora guggulu 1BD • Gandhaka rasayana 1BD • Abhayarishta 10ml BD
JULY 29, 2023 (Post operative day 10)	Moderate pain Moderate slough present Surrounding tissue induration present Pale granulation present Size- 18*6*12cm	• Dressing with Jatyadi taila and yashtimadhu taila • Panchavalkala Kashaya prakshalana • Guduchi patradana • Guda purana with Jatyadi taila and Yashtimadhu taila
AUGUST 03, 2023 (Post operative day 15)	Mild slough Moderate Pain Pale granulation present	• Dressing with Jatyadi taila and yashtimadhu taila • Panchavalkala Kashaya prakshalana

Journal of Chemical Health Risks

www.jchr.org

JCHR (2025) 15(6), 1632-1639 | ISSN:2251-6727

	Surrounding tissue induration present Size- 14*5.5*9cm	• Guduchi patradana • Dashangalepa application • Guda purana with Jatyadi taila and Yashtimadhu taila
AUGUST 8, 2023 **(Post operative day 20)**	Mild pain, Mild Slough Healthy granulation Surrounding tissue induration reduced Size- 09*4*5cm	• Dressing with Jatyadi taila and yashtimadhu taila • Panchavalkala Kashaya prakshalana • Guduchi patradana • Dashangalepa application • Guda purana with Jatyadi taila and Yashtimadhu taila
AUGUST 13, 2023 **(Post operative day 25)**	Mild pain Slough absent Induration of surrounding tissue absent Healthy red granulation Size- 5*3*3cm	• Dressing with Jatyadi taila and yashtimadhu taila • Panchavalkala Kashaya prakshalana • Guda purana with Jatyadi taila and Yashtimadhu taila
AUGUST 19, 2023 **(Post operative day 30)**	Mild pain Slough absent Induration of surrounding tissue absent Healthy red granulation Size- 2*2*2cm	• Dressing with Jatyadi taila and yashtimadhu taila • Panchavalkala Kashaya prakshalana • Guda purana with Jatyadi taila and Yashtimadhu taila.
AUGUST 30. 2023 **(FOLLOW UP)**	No Pain Slough absent No induration Healed	• Abhayarishta 10ml BD • Triphala Guggulu 1BD

GRANULATION TISSUE SCORE

TABLE NO-02: GRANULATION TISSUE SCORE

SCORE	GRANULATION TISSUE FORMATION
1	NO/MINIMAL GRANULATION TISSUE
2	LOW GRANULATION TISSUE
3	MODERATE GRANULATION TISSUE
4	EXTENSIVE GRANULATION TISSUE
5	VERY EXTENSIVE GRANULATION TISSUE

OBSERVATIONS

TABLE NO- 03: OBSERVATIONS

Journal of Chemical Health Risks

www.jchr.org

JCHR (2025) 15(6), 1632-1639 | ISSN:2251-6727

	1st day	5th day	10th day	15th day	20th day	25th day	30th day
Length	24cm	21cm	18cm	14cm	09cm	05cm	02cm
Width	8cm	7cm	6cm	5.5cm	4cm	3cm	2cm
Depth (ribbon gauze)	19cm	15cm	12cm	09cm	5cm	3cm	2cm
Granulation tissue score	Score 2	2	3	3	4	4	4
Surrounding tissue induration	Present	Present	Present	Reduced	Reduced	Absent	Absent

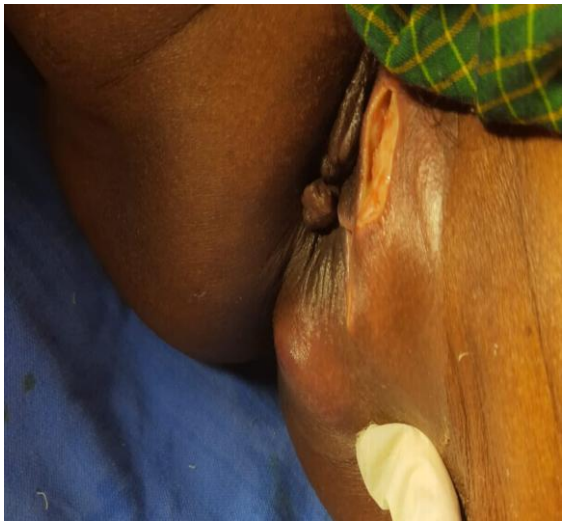

FIGURE 1: When patient first came to opd- Left perianal abscess

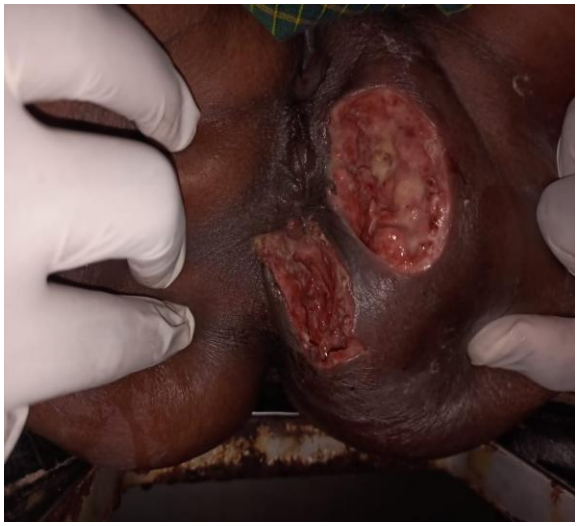

FIGURE 2- Post operative abscess cavity Depth- Day1

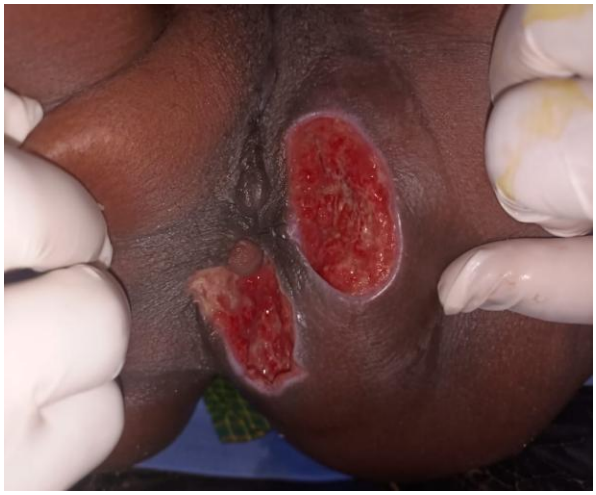

FIGURE 3: on day 14th healthy granulation seen

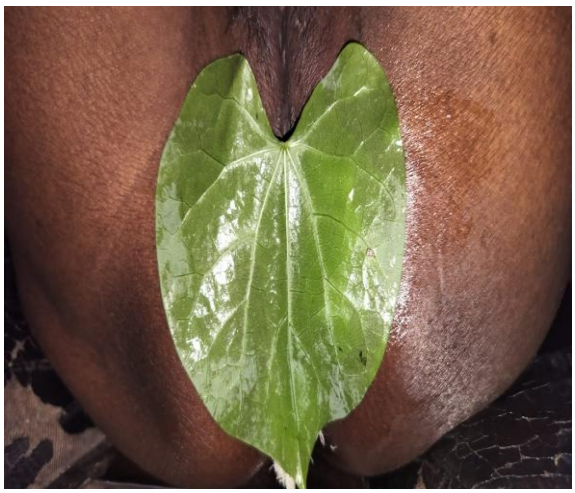

FIGURE 4: *patradana* with *guduchi patr*

Journal of Chemical Health Risks

www.jchr.org

JCHR (2025) 15(6), 1632-1639 | ISSN:2251-6727

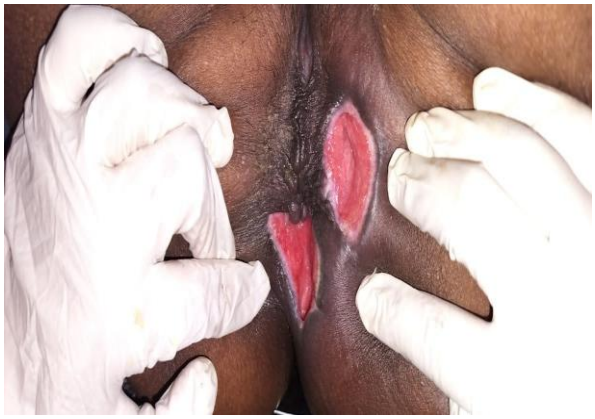

FIGURE 5: significant reduction in size

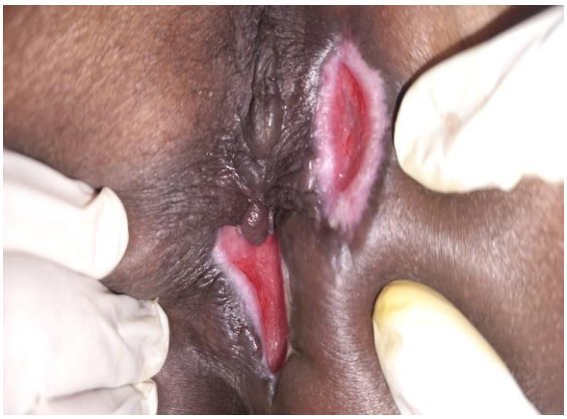

FIGURE 6: significant reduction in depth of cavity. (Day 20)

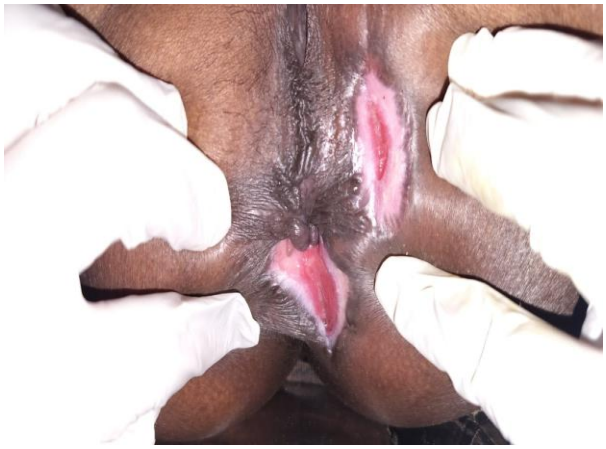

FIGURE 7: Day 25, Depth 2cm wound healthy Healthy granulation on Day 29

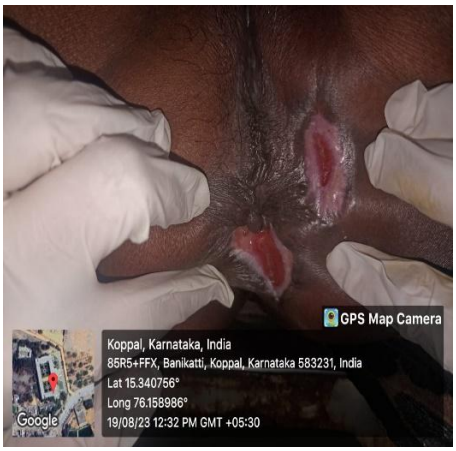

FIGURE 8: Depth- 0.5cm, granulation

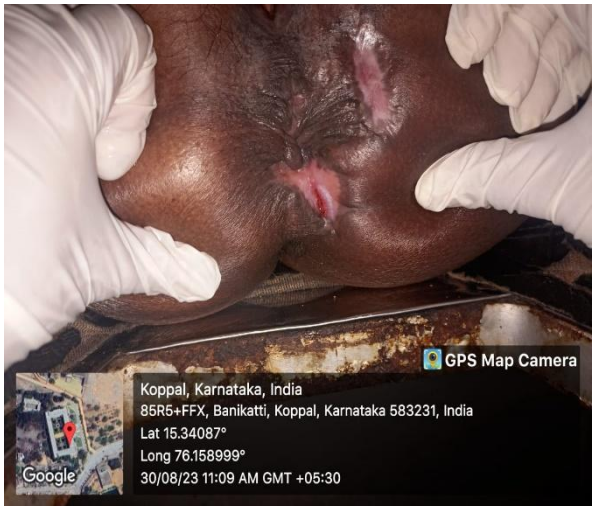

FIGURE 9: Follow up – Cavity closed

Journal of Chemical Health Risks

www.jchr.org

JCHR (2025) 15(6), 1632-1639 | ISSN:2251-6727

Discussion

The present case is diagnosed as perianal abscess, secondary to infection caused due to sclerotherapy for haemorrhoids in some local hospital. The management of this abscess become difficult due to its spread, reoccurrence, extension, and formation of anal fistulas. hence, the goal of our treatment is to treat and prevent the complication as effectively as possible. So, here in this case we have planned *Bhedhana* and *Visravana* for perianal abscess and during Post operative period wound was cleaned with betadine solution and hydrogen peroxide f/b NS wash and cavity was packed with ribbon gauze soaked with *jatyadi taila*. After 10th day wound was cleaned with *panchavalkala Kashaya* and cavity was packed with ribbon gauze soaked *jatyadi taila* and daily *Gudapoorana* with *jatyadi taila* and *yashtimadhu taila* 10ml each was given to attain laxity of sphincter muscles, which inturn helps in relief of pain. After 11th day *Guduchi patradana* and *dashanga lepa* application was done *dashangalepa* was used as it helps in reduction in the hardness of the surrounding part of wound, as *guduchi* is *Kashaya* and *tikta rasayukta* and have chemical constituents like Alkaloids, Terpinoids, Steroids and Glycosides, which helps in easy wound healing and softening of the tissues surrounding the wound. *Panchavalakala Kashaya* sitz bath was adviced daily. Along with these procedures 6doses of antibiotics were given and oral medications were adviced- *triphala guggulu* 1BD, *gandhaka rasayana* 1BD, *kaishora guggulu* 1BD, and *Abhayarishta* 10ml BD.

Conclusion

Perianal abscess are the most common type of anorectal abscess. If left untreated, can extend into the ischioanal space or intersphincteric space results in the formation of Fistula in ano. Incision and drainage should be done adequately to prevent the reoccurrence. *Guda vidradhi* is explained under *antar vidradhi* and the treatment principle explained is *Bhedhana* and *visravana. Acharya sushrutha* have explained *Shashtiupakramas* for the effective management of wound. Here in this study after *bhedhana* and *visravana* some *upakramas* like *prakshalana, patradana* and *lepa* has been incorporated for the better management of wound during post operative period.

Conflict Of Interest: No any conflict of interest

References

1. Das, S. *A Concise Textbook of Surgery*, 6th ed.; Chapter 46; pp 955, 1225; S. Das Publications: Kolkata.

2. Das, S. *A Concise Textbook of Surgery*, 6th ed.; Chapter 46; pp 955, 1225; S. Das Publications: Kolkata.

3. Perianal Abscess. ScienceDirect Topics. https://www.sciencedirect.com/topics/medicine-and-dentistry/perianal-abscess (accessed Nov 19, 2025).

4. Das, S. *A Concise Textbook of Surgery*, 6th ed.; Chapter 46; pp 955, 1225; S. Das Publications: Kolkata.

5. Bhat, S. R. *SRB's Manual of Surgery*, 4th ed.; Chapter 25: Rectum and Anal Canal; pp 1042–1043, 1223; Jaypee Brothers Medical Publishers: New Delhi.

6. Thakral, K. K. (Ed.). *Sushrutha Samhita*, Vol. 1; Nidana Sthana 9, Shloka 17; Chaukhamba Orientalia: Varanasi; pp 801, 995.

7. Thakral, K. K. (Ed.). *Sushrutha Samhita*, Vol. 1; Nidana Sthana 9, Shloka 5; Chaukhamba Orientalia: Varanasi; pp 797, 995.

8. Thakral, K. K. (Ed.). *Sushrutha Samhita*, Vol. 1; Sutra Sthana 25, Shloka 5, 12; Chaukhamba Orientalia: Varanasi; pp 289–290, 995.

9. Ambikadutta shastri (Ed.). *Sushrutha Samhita*, Vol. 1; Chikitsa Sthana 1, Shloka 8; Chaukhamba Orientalia: Varanasi; pp 5, 237.