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Case report

A CASE CONTROL STUDY OF TILKALKA (SESAMUM PASTE) MADHUSARPIVARTI IN THE MANAGEMENT OF VIDRADHI BHEDANA AND VISTRAVANA (I & D)

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ABSTRACT

The diseases *Vidradhi* (abscess) is a common ailment irritating humankind and incapacitate the sufferer for his routine work. The primary aim of the treatment was to give an effective and safe surgical approach to this perplexing problem. The healing of wound formed after I & D still remains a major problem to the surgeon as well as to the patient. Though systemic action of drugs are in prevalence, satisfactory local management still remains a pipe dream. Routinely in modern surgical practice H₂O₂ (Hydrogen peroxide) and Betadine is commonly used for cleaning and debridement of I&D wound. H₂O₂ produces heat when come in contact with tissues and disturb the newly formed granulation tissue which decreases wound healing rate. An attempt was made at the proper understanding of the historical aspect of *Vidradhi Chikitsa* (treatment), its etiopathogenesis, methodology of wound healing after I & D both in the light of *Ayurvedic* and modern knowledge. So present study reveals efficacy of *Tilkalka* (sesamum paste) *madhusarpi Varti* w.s.r. to *Vidradhi* after its *Bhedan* and *Vistravana* (I&D) procedure. The case control study was conducted on which randomly selected 2 patients and divided in 2 groups 1st is control group treated with H₂O₂ and Betadine, 2nd is trial group treated with *Tilkalka madhusarpi Varti*. The clinical assessment was done on the basis of grading criteria with basic symptomology of *Vidradhi* after I&D like pain, local temp, discharge, colour and smell. Then mean scores levels of these symptoms before and after the treatment of 2 groups were done & final conclusion was obtained.

KEYWORDS: *Vidradhi, Bhedan, Vistravan, Tilkalka* (Sesamum paste), *Madhusarpi Varti*.

INTRODUCTION

Ayurveda (the science of life) is one of the branches of *Veda*, which forms the spine of healthy life. The recent advances and researches in *Ayurveda*, have not only promoted its utility but also established its importance in medical sciences.

India has long history and culture running over 5000yrs of using traditional medicines for health care and developing them with a modern scientific outlook. *Ayurveda* is scientific system of medicine in India. *Ayurveda* was developed through ancient wisdom, clinical experiences and various experimentation in scientific manner.

According to the *Ayurveda* human body is composed of *Dosha* (3 humour), *Dhatu* (7 elements) & *Mala* (Body wastes). *Vata, Pitta, Kapha* and *Rakta* are main constituents of body¹. When they get vitiated, they cause disease in the body. According to this theory, "*Vidradhi*" is explained in *Sushruta* and *Charak Samhitas*.

Sushruta the father of surgery has mentioned *Vidradhi* as; when the vitiated *Doshas* situated in the *Asthi* (bones), takes place in *Twacha* (skin), *Rakta* (blood), *Mamsa* (muscles) and *Meda Dhaatu* (fatty tissue) and produces excessively severe inflammatory

swelling. It is very painful having different discolouration like red, blackish etc., according to *Doshadushti* (abnormality). This type of swelling is broad based, rounded or elongated in nature, known as *Vidradhi*². Some times *Jwar* (fever) may present. *Sushruta* also mentioned that "*Nimnadarshanam Angulya Avapidite Prattyunnaman Bastavivodaka Sancharanan*" means when *vidradhi* gets ripen it shows fluctuation test positive and pitting oedema.

Charak also explained *Vidradhi* is a disease which is having the more involvement of *Rakta Dushti* and by this *Rakta Dushti*, pus formation (*Paka*) takes place predominantly³.

As per the view of modern science they explain the abscess is a localized collection of pus (Dead or dying neutrophills + protenatious exudates)⁴ near about same as the. The symptoms of abscess are mentioned as throbbing pain and fever with or without chills. They gives signs of abscess as calor (heat), rubor (redness), dolor (pain), tumour (swelling) and fluctuation test positive. These signs and symptoms are signs and symptoms of *Vidradhi* so here we can compare the pyogenic abscess with *Vidradhi*.

After *Vidradhi Bhedana* (incision of abscess) and *Vistravana* (drainage) *Karma* (procedure), *Sushruta* also mentioned the insertion of *Tilakalka Madhu Sarpi Varti*⁵ in incised wound for better healing as well as *Apunarbhav Chikitsa* (preventive treatment).

Routinely in modern surgical practice H₂O₂ (Hydrogen peroxide) and Betadine is commonly used for cleaning and debridement of I&D wound. H₂O₂ produces heat when come in contact with tissues and disturb the newly formed granulation tissue which decreases wound healing rate.

Madhu (Honey) is having a property that most of the micro-organism cannot grow in it due to low water activity and pH is 3.2- 4.5. When *Madhu* used as topically it dilutes with body fluid, results in formation of hydrogen peroxide.⁶



Krishnatilakalka (paste of black Sesamum seed), *Madhu* (honey) and *Ghritha* (butter) pasted together and

applied on a sterile roller cotton bandage piece (*Varti*). Insertion of this *Varti* in the cavity of *Vidradhi* after its *Bhedana* (incision) and *Vistravana* (drainage), is very effective by their *Shodhan* (cleansing agent), *Ropana* (Healing property), *Dahahara*, *Shoolahara* and *Sheeta* (cold) *Guna* (property)⁷.

While going through the *Sthanik Chikitsa* (local treatment) for *Vidradhi* after its *Bhedana* and *Vistravana* in *Sushruta Samhita* we came across the use of *Tilakalka* (Paste) *Madhu Sarpi Varti*.

METHODOLOGIES

The materials required for the study are

1. *Krishnatilakalka* (paste)
2. *Madhu* (honey)
3. *Sarpi* (*Ghritha*)
4. Roller cotton bandage (*Vikeshika*)
5. Betadine
6. Hydrogen peroxide

Dravya Properties	<i>Krishnatilakalka</i> (paste)⁸	<i>Madhu</i>⁹	<i>Ghritha</i>¹⁰
English name	<i>Sesamum seed</i>	Honey	Ghee/Butter
Latin name	<i>Sesamum indicum</i>	-	-
<i>Rasa</i>	<i>Madhur</i>	<i>Madhur</i>	<i>Madhur</i>
<i>Virya</i>	<i>Ushna</i>	<i>Sheeta</i>	<i>Sheeta</i>
<i>Vipaka</i>	<i>Madhur</i>	<i>Madhur</i>	<i>Madhur</i>
<i>Doshaghnata</i>	<i>Vata-pitta-kapha nashak</i>	<i>Vata-pitta-kapha hara</i>	<i>Vata-pitta hara</i>
<i>Karma</i>	<i>Shodhan-Ropana</i>	<i>Shodhana, Ropana, Lekhana, Sandhana kara</i>	<i>Rakshoghna, Balya</i>

Preparation of Drug

1. *Krishnatilakalka* (paste)
2. *Madhu* (honey)
3. *Sarpi* (*Ghritha*)(fig.1)

All these drugs was taken in equal proportions and mixed to form sufficient amount of *Kalka* (paste). A sterile cotton roller bandage was dipped in that *Kalka* (Paste) for soakage.

Thus this *Tilakalka* (paste) (fig.2) *Madhu Sarpi Varti* (fig.3) was prepared with all aseptic precautions in O.T, *Shalyatantra* department of S.V.N.H.T's *Ayurved* college Rahuri.

Dosage of Medicine

1. *Krishnatilakalka* (paste), *Madhu* and *Sarpi* was taken in equal quantity depending upon the cavity of *Vidradhi*.
2. Betadine and hydrogen peroxide was taken in equal quantity to soak the cotton roller bandage depending upon the cavity of *Vidradhi*.

Mode of Administration

Local application of *Varti* into the cavity of *Vidradhi*.

Duration of Treatment

Upto the wound healing means epithelialization. An informed written consent of patient was considered before starting treatment. After registration of the patient for research study specially prepared research proforma was filled up with respect to history, physical and clinical examination and investigations. The clinical trial on 02 patients was conducted and observed. In both groups, patients was diagnosed on the basis of signs and symptoms described in the ancient and modern literature of *Vidradhi*.

Group A : Experimental group

- Patients were selected and treated with local insertion of *Tilakalka* (paste) *Madhu Sarpi Varti* after *Vidradhi Bhedana* (incision) and *Vistravana* (drainage).

Group B: Control group

- Patients were selected and treated as control group with local insertion of hydrogen peroxide and Betadine *Varti*. (fig.4)

SELECTION CRITERIA

Inclusive Criteria

1. Age between 18 to 60 yrs.
2. Sex both male & female.
3. Site perianal and ischeorectal abscess (*Gudavidradhi*).

4. Ripe abscess with positive fluctuation test.
5. Classical signs and symptoms of *Vidradhi* mentioned in *Ayurvedic* literature.
6. Patients physically fit for anesthesia and surgical procedure.

Exclusive Criteria

1. Age below 18 yrs. and above 60 yrs
2. Patients having any type of malignancy
3. Patients with HIV infection/AIDS
4. Patients with HBsAg infection
5. Patients with diabetes mellitus
6. Patients in acute alcohol withdrawal state
7. Patients under malnutrition

PROCEDURE

8. Anaemia having Hb < 8 gm/dl.
9. Cold abscess, Pyemic abscess, Perianal sinus, Fistula in ano.
10. Patients physically unfit for anaesthesia and surgical procedure.

Investigations

1. Haemogram
2. BSL
3. BT, CT
4. HIV
5. HBsAg
6. Urine routine

EXPERIMENTAL GROUP	CONTROL GROUP
<i>Bhedana & Vistravana.</i>	Incision & Drainage.
With all aseptic precautions and required premedications spinal anaesthesia with Inj. Lox heavy 2% (Neon pharma) given by anaesthetist.	With all aseptic precautions and required premedications spinal anaesthesia with Inj. Lox heavy 2% (Neon pharma) given by anaesthetist.
Position Lithotomy.	Position Lithotomy.
Cruciate incision was given with the help of surgical blade no. 11. (fig.5)	Cruciate incision was given with the help of surgical blade no. 11.
Drainage of pus with the help of little and index finger.	Drainage of pus with the help of little and index finger.
Excision of flap.	Excision of flap.
Wiping with sterile cotton pad.	Wiping with sterile cotton pad.
	Cleaning of the wound with H ₂ O ₂ & Betadine one by one.
Insertion of <i>Tila Kalka (paste) Madhu Sarpi Varti</i> in the cavity. (fig.6)	Insertion of H ₂ O ₂ & Betadine <i>Varti</i> in the cavity.
Placing of sterile pad and fix with sticking.	Placing of sterile pad and fix with sticking.
Non medicinal advice I. NBM for 6 hrs. II. Head low position for 24 hrs. III. Sitz bath with lukewarm water. IV. TPRBP as per need.	Non medicinal advice I. NBM for 6 hrs. II. Head low position for 24 hrs. III. Sitz bath with lukewarm water. IV. TPRBP as per need.
Medication for 3 days Inj. Monocef 1gm iv BD (Ceftriaxone)(Aristo) Inj. Mikacin 500mg iv BD (Amikacin)(Aristo) Inj. Aciloc 50mg iv BD (Ranitidine)(Cadila) Tab. Zerodol S 1 BD (Aceclofenac 100mg + serratiopeptidase 15mg) (Ipca) IV fluids according to hydration status of patient.	Medication for 3 days Inj. Monocef 1gm iv BD (Ceftriaxone)(Aristo) Inj. Mikacin 500mg iv BD (Amikacin)(Aristo) Inj. Aciloc 50mg iv BD (Ranitidine)(Cadila) Tab. Zerodol S 1 BD (Aceclofenac 100mg + serratiopeptidase 15mg) (Ipca) IV fluids according to hydration status of patient.
Follow up On alternate day to change the <i>Varti</i> upto epithelialisation of the edges.	Follow up On alternate day for dressing upto epithelialisation of the edges.

CONCLUSION

Tilkalka Madhusarpi Varti acts as a *Lekhan* (debridement), *Shodhan* (cleansing agent), *Ropan* (healing property) by its *Sheet* and *Shoolhara* property. *Tilkalka (paste) Madhusarpi Varti* was similarly acts without disadvantages comparatively Betadine and H₂O₂. It was observed that wound healing rate greater as compare to Betadine and H₂O₂. *Tilkalka, Madhusarpi Varti* minimizes the scar after complete healing of

wound. Present Case control study was open a new research path for the better wound healing after I & D with the help of traditional medicine.

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Photographs of the Study

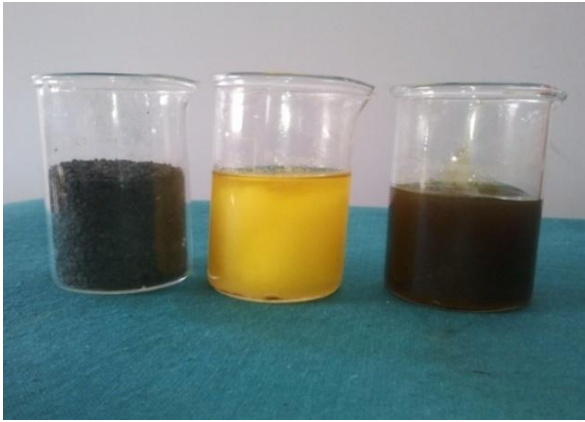


Figure 1: Tila, Ghrita, Madhu



Figure 2: Tilakalka



Figure 3: Tilkalkamadhusarpi Varti



Figure 4: H2O2 Betadine Varti



Figure 5: Perianal Abscess I&D



Figure 6: Insertion of Varti