



Research Article

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A CASE REPORT ON RAKTAMOKSHANA IN NON-SUPPURATIVE ABSCESS OF NATAL CLEFT

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ABSTRACT

Abscess is an acquired condition seen all over the body. The clinical features of abscess are swelling, pain, redness, tenderness, and local temperature can be correlated. The abscess in natal cleft is seen very common in males than females as males have more hairs; the buttocks moves and hair breaks off by friction and collects in the cleft which makes local inflammation turns to suppurative and later burst open forming an sinus which further leads to pilonidal sinus of natal cleft. Here the commonly used treatment is conservative antibiotics which leads to antibioma and surgical interventions incision and drainage only in suppurative stage and which may have chance of re-occurrences. Hence we can see the similarities of above mentioned symptoms with pachamanavasta vdradhi where swelling is present without suppuration. Hence according to ayurvedic management Rakta mokshana with jalouka (Leech) treatment modalities are utilized according to presentation of disease. The patient got relief in 5days of treatment and there was no reoccurrence even after 2 follow ups. Henceforth ayurvedic management in non-suppurative stage of abscess is significant to practice in our routine clinical practice.

Keywords: Natal cleft Abscess, pachamanavasta vidradhi, jaloukacharana.

INTRODUCTION

As Abscess is a collection of pus in the body and pyogenic Abscess is the commonest variety of Abscess.

- Direct infection from outside due to penetrating wounds
- Local extension from adjacent focus of infection
- Lymphatics
- Blood stream of hemorrhage

The cardinal features of acute inflammation are usually present. These are rubor (redness), dolor (pain), calor (heat) and swelling (tumor). The suppurative infection gradually leads to cell death and liquification.¹

The painful swelling in the cleft is due to frequent friction between buttocks and hairs broken off and collects in the cleft. Such loose hairs travel down the inguinal furrow to penetrate the soft and moistened skin at the region. After the initial entry dermatitis and inflammation shuts around the loose hairs and once the sinus is formed, intermittent negative pressure of that area may suck other loose hairs into the pit.² From the primary sinus, secondary tracts may spread laterally, which may emerge at the skin as granulation tissue lines discharging openings.

The aggravated doshas vitiate the skin, blood, muscle fat and bone tissue become localized and produce a troublesome swelling. The stages of treatment of vranashopha and vidradhi are similar viz Amavata, Pachamanavasta, Pakwavasta, In the condition of pachamanavasta (pre-suppurative stage) tenderness, redness, swelling and localized temperature are present.³ This condition is predominance of pitta dosha where avasechana i.e. jaloukavacharana is performed for Rakta mokshana.⁴

CASE REPORT

A 32 year old male patient came to SJG Ayurvedic medical college Department of Shalya Tantra with complaint of pain, swelling, tenderness at Natal cleft from 4 days. On local

examination we found a swelling, tenderness and localized temperature. The swelling was non-suppurative and mild fissure were present and such condition are more vulnerable to form pilonidal sinus. Henceforth we planned for Rakta mokshana with jalouka (leech) application considering the condition as pachamanavasta vidradhi, after taking consent from the patient all required investigations were done. With all aseptic measures, the jalouka (leech) applied on most prominent swelling for 15minutes and about 10-12ml of blood is drained. We called patient on 3rd day for 2nd sitting of Raktamokshana, on local examination there was mild swelling and no pain and tenderness was present same procedure of bloodletting was done for 15minutes and about 10-15ml of blood is drained. And orally Gandhaka Rasayana vati 2BD is given for 5days. And orally medication is continued as same for another 10days. After complete treatment of 15days, patient was called for 2 follow-up on 2 successive 15days and patient was totally feeling better. There was no pain, swelling and even on local examination there was no any tenderness and inflammatory signs were found.

DISCUSSION

Here in this case the commonly adopted initial treatment is conservative by antibiotics or later by surgical techniques in contemporary science for management of non-suppurative Abscess.

In conservative antibiotics it leads Antibioma and with I & D lead more painful, bleeding and healing by secondary intention. If the condition was ignored without treatment means further leads to pilonidal sinus. The treatment procedure was planned by considering as pachamanavasta vidradhi where the pitta dosha is predominant and in this state Raktamokshana is advices as best treatment modalities. Hence jalouka (leech) is applied to drain vitiated blood. Leech saliva contains several bio-active substances including prostaglandin, vasodilators, antibiotics, anesthetic and anticoagulants.⁵

Orally Gandhaka Rasayana and Mahamanjistadi khada act as Raktashodhaka which enhances shodhana and ropana.

CONCLUSION

The approach of Ayurveda Raktamokshana therapy in the management of non-suppurative Abscess of Natal cleft. It not only cures but also minimizes the rate of complication and re-occurrence. It is a good therapy in terms of cost of treatment.



Fissure & swelling



After 1st sitting



After 2nd sitting



After one month

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