



## Review Article

www.ijrap.net (ISSN:2229-3566)



## CONCEPT OF ABHYANTARA VIDRADHI WITH INSIGHT ON VRIKKA VIDRADHI: A REVIEW

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Received on: 12/02/21 Accepted on: 25/03/21

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DOI: 10.7897/2277-4343.120259

## ABSTRACT

*Vidradhi* is a *rakta dushti vikara* which undergoes rapid suppuration i.e., formation of *pooya*. *Acharya Charaka* has explained *Vidradhi* under *Raktavaha Sroto vikara* in which *Rakta Dushti* and *Paaka* takes place predominantly. *Acharya Sushruta* has explained ten *adhishthana* of *Abhyantara vidradhi*, among these *vrikka vidradhi* is also mentioned. *Vrikka* is derived from root word 'vrikkadane' meaning to take. *Acharya Charaka* described *Vrikka* among 15 *kosthanga*. He mentioned *vrikka* as the *moola* of *Medovaha srotas*. According to *Ashtanga sangraha*, *Kashyapa Samhita*, *Bhela Samhita* *Vrikka* is a *kosthanga*. *Vrikka* is also a *Matruja bhava* derived from essence of *rakta* and *medas*. Moderners are of view that this brownish, reddish ovoid develops by the mesoderm of the intermediate cell mass. Some of the conditions affecting *Vrikka* are *Mutrasada*, *Mutrashmari*, *Vrikka Vidradhi*, *Vrikka Arbuda*. Among them *Vrikka Vidradhi* can be correlated as Renal abscess. An attempt is made to understand the concept of *Abhyantara vidradhi* with insight on *Vrikka Vidradhi*.

**Keywords:** *Abhyantara vidradhi*, *Vrikka vidradhi*, Renal abscess, *Paneeeya kshara*

## INTRODUCTION

*Vidradhi* is formed by *dushta rakta* in *ati matra* (excess quantity) leading to faster suppuration. It can be correlated as Abscess based on *Nidana panjaka*, *lakshana* like which is *vritta* (Round), *mahamoola* (deep seated), associated with *ruja* (pain).<sup>1</sup> An Abscess is a circumscribed collection of pus or a cavity formed by liquefaction necrosis within solid tissue. There are 3 varieties of abscess seen in surgical practice—Pyogenic abscess, --Pyemic abscess, --Cold abscess. Pyogenic abscess is a localized collection of pus in a cavity lined by granulation tissue, covered by pyogenic membrane. It is the commonest form of an abscess, subcutaneous, deep or it can occur within viscera such as liver, kidney, spleen etc. Renal abscess comes under pyogenic abscess.<sup>2</sup> *Vidradhi* is classified as *Bahya* and *Abhyantara* since it is mentioned under *Bahya* and *Abhyantara rogas*. Under *Bahya rogamarga* *Acharya Charaka* and *Vagbhata* has mentioned *raktaadhaya dhatus* along with *twak*. Under *Abhyantara rogamarga koshta*, *amashaya* and *pakvashaya* has been mentioned where *rogas* like *jwara*, *shwasa*, *udara*, *gulma*, *vidradhi*, *arshas*, *visuchika*, *pleehadaya* will occur.<sup>3</sup> By the view of *acharyas* one can understand that *Abhyantara rogas* occur in the region of thorax and abdomen which includes kidney also. *Vrikka* are 2 in numbers and the *Vidradhi* which occurs in *Vrikka* is known as *Vrikka vidradhi* which comes under *Abhyantara rogas* and it is need to be understood with its clinical applicability.

*Abhyantara vidradhi*

*Acharya Sushruta* has mentioned *vidradhi* under *abhyantara rogas*. Due to *Ahitahara sevana* leads to *mandagni* in *koshta* leading to formation of *ama* thereby *tridosha prakopa* in *koshta*

which takes *stanasamsraya* in *rakta*, *mamsa*, *medo dhatu* of different *adhishthana* that leads to *shopha* and *sheeghra vidahitwam* then *rakta* and *mamsa* gets *paka* where *pooya sanchaya* occurs forming *Pakwa shopha* and *Abhyantara vidradhi*.<sup>4</sup> *Acharya Sushruta* has explained ten *adhishthana* of *abhyantara vidradhi*, viz. *guda* (anal canal), *basti mukha* (urinary bladder), *nabhi* (umbilicus), *kukshi* (abdomen), *vankshana* (scrotum), *vrikka* (kidney), *yakrit* (Liver), *pleeha* (spleen), *hridaya* (heart), *kloma* (pancreas), among these *vrikka vidradhi* is also mentioned.

Table 1: Symptoms based on *adhishthana*

<i>Stana</i>	<i>Sushruta</i>
<i>Guda</i>	<i>Vata nirodha</i> (obstruction of flatus)
<i>Basti mukha</i>	<i>Krichra &amp; alpa mutrata</i> (difficulty & scanty micturition)
<i>Vrikka</i>	<i>Parsva sankocha</i> (constriction of flanks with dragging pain)
<i>Kukshi</i>	<i>Aatopa</i> (gurgling noise)
<i>Nabhi</i>	<i>Hikka</i> (hiccough)
<i>Hridaya</i>	<i>Hrudshoola</i> (pain in heart) <sup>5</sup>

*Vrikka vidradhi*

*Vrikka* is situated in *vaama* and *dakshina parshva* i.e., the lumbar regions on either side in the posterior abdominal wall. *Parshva "kaksha adho bhaga"* that which lies below axilla. *Vrikka* is formed from the *prasada bhaga* of *rakta* and *medas*. *Vrikka* is a *Matruja bhava* derived from essence of *rakta* and *medas*. Shape of *vrikka* is *golaka* i.e., round nodular shape. *Vrikka*, *basti* & *vankshana* plays a major role in *mutra utpatti*. Hence *Vrikka* is correlated as Kidney which is responsible for the formation of

urine (waste product). Function of *vrikka* is *pushtikara* & formation of *medo dhatu*. These are the *koshthangas* responsible for the excreting excess of water, salts & *mala* from *rakta*. Function of *vrikka* is *pushtikara* and formation of *medo dhatu*. They have been considered as *moola* of *medo vaha srotas*. *Acharya Sushruta* has mentioned *vrikka* and *kati* as the *moola* for *Medovaha srotas*.<sup>6</sup> When *Medovaha srotas* is injured it leads to *sweda aagamana*, *snigdha angata*, *talv shosha*, *sthoala shopha* and *pipasa*. *Vrikka vidradhi* comes under *abhyantara* of *Parshva Sankocha*. *Acharya Sushruta* has mentioned *parshva utpatana* i.e., *utpatanam urdvamaakrusyativa* which is nothing but pulling or dragging type of pain. This type of pain is experienced by the patient with Renal abscess as a cardinal symptom.

### Samprapti ghataka of vrikka vidradhi

*Dosha: Tridosha*

*Dushya: Rakta, mamsa, medas*

*Agni: Jatharagni, dhatwagni*

*Ama: Jatharagnijanya ama and dhatwagnijanya ama*

*Srotas: Raktavaha srotas, Medovaha srotas, Mamsavaha srotas*

*Sroto dushti: Sanga, Atipravritti*

*Sanchara Sthana: Raktavaha srotas, Medovaha srotas, Mamsavaha srotas*

*Vyakta Sthana: Vrikka*

*Roga marga: Abhyantara roga marga*

*Vyadhi swabhava: Chirakari /ashukari*

*Sadhyasadhya: Krichra sadhya*

*Vrikka vidradhi* can be correlated with Renal abscess.

### Renal abscess

Renal abscess comes under pyogenic abscess. A Renal abscess is a collection of suppurative material in the renal parenchyma. Pus is formed following infection of soft tissue around kidney or infection of peripheral kidney tissue. It is an uncommon disease. Causative organism is usually *Streptococcus aureus*. Injury to kidney often predisposes this condition, which forms small haematoma resulting in the growth of organisms. Now a day's abscess of kidney is seen, where the infecting organism is *E-coli*.

### Pathophysiology

Renal cortical abscess results from hematogenous spread of bacteria from a primary extra- focus of infection. Source is not known up to 1/3<sup>rd</sup> of cases at the time of diagnosis. Renal corticomedullary abscess develops as an ascending infection by organisms already isolated from urine. In case of any injury in renal parenchyma abscess is more likely to extend to renal capsule and perforate forming perinephric abscess.

Intra renal abscess develop within the renal capsule and the perirenal fascia of gerota. Untreated and fulminant infection can rupture through the capsule and can involve perinephric space and peritoneum.

3 areas are of considerable importance when dealing with infections in kidney,

--Anterior perirenal space which contains portions of pancreas, intestine and colon.

--Perinephric space which contains Gerota's fascia and adrenals

--Intrarenal space which contains renal parenchymal tissue

Pus may pass up leading to the formation of subphrenic abscess or down into the pelvis.<sup>7</sup>

### Clinical features

- High Fever, chills
- Severe pain in flank
- Fullness in the loin
- Tenderness & rigidity
- Varying degree of malaise

### Physical examination findings

- If suppuration is confined to upper portion of the perinephric fat, tenderness lies just beneath the lower ribs.
- When suppuration involves the lower part signs become more prominent, e.g., Visible swelling, oedema, etc. become evident.
- Scoliosis with concavity towards the side of abscess due to spasm of psoas muscle.
- The diaphragm is raised and immobile on the affected site.

### Investigation

- *Acharya Sushruta* has mentioned various diagnostic tool which has been used for management purpose also in present era. Example *achushana* which is meant for sucking vitiated blood and pus.
- Renal ultrasonography shows hypoechoic area within the kidney and it is an initial screening tool for detecting parenchymal lesions and abnormal deformities. Radioactive Gallium scan is used to detect inflammatory tissues and abscesses.
- Renal biopsy: A renal biopsy is a procedure used to extract a kidney tissue for laboratory analysis to identify the type of kidney disease, severity of the disease.
- CT Scan is by far the study of choice in evaluating intrarenal abscesses and helps in characterising infections as diffuse or focal, for detecting the presence of gas and to determine perinephric extension. Abscess and necrotic neoplasm are almost indistinguishable in CT.

### Treatment

In *Apakva avastha- Rakta pitta prasadaka, Rakta shodhaka, Shophahara chikitsa*

In *Pakva avastha- Shodhana, Ropana, Bhedana, Visravana.*

*Acharya Sushruta* explained *Bhedana karma* and *siravyadha* in *antarvidradhi* as emergency management which highlights the importance of *Shalya chikitsa* as *Pradhanatama*.

Drinking *varunadi kashaya* with *ushakadi gana* in *apakva* stage gives *sukha* in case of *antarvidradhi*. In internal abscess and *parsvasula* (pain in flanks) *siravyadha* should be done in between the axilla and breasts on the left flank. Internally *Paneeeya kshara* is given as it performs *pachana karma* in *ama avastha*. It does *vilayana* of *doshas* and *dosha shodhana*. In *apakva* stage, drugs of *Varunadi gana kashaya* is taken with *Ushakadi gana Churna* in forenoon. *Ghrita* made with *virechana gana* drugs. *Asthapana* and *anuvasana basti* is given.

When *pakva vidradhi* fills the *srotas* with *pooya* it comes out of body i.e., *swayam pravrutam* either in *urdhwa* or *adho marga* hence it should be neglected for 10 or 12 days.

*Tiktaka ghrita* mixed with honey should be given internally.<sup>8</sup>

If abscess manifests in patients of diabetes, the treatment mentioned so far should be considered along with treatments of diabetes. Bed rest and local heat are the general measures which may help the patient. Bed rest accelerates healing. Antibiotics should be started immediately. Percutaneous drainage is as effective as surgery for abscesses of size 3-5 mm. When response to antibiotic therapy is not satisfactory, drainage of abscess is required. Incision must be large enough to open up all the pockets above and below the kidney. The surface of kidney is carefully palpated to detect any unruptured cortical abscess, which should be incised and drained.

Early diagnosis, management of renal and perinephric abscess is important to prevent complications of septicaemia or even death.

## DISCUSSION

Renal cortical abscess results from hematogenous spread of bacteria from a primary extra- focus of infection. *Abhyantara vidradhi* needs early diagnosis and management. *Sushruta* while explaining the *Samprapti* of *vidradhi* mentioned about the vitiation of *doshas* in *twak, mamsa, rakta, medas, asthi* whereas the same pathology i.e., hematogenous spread is the main source of infection in renal abscess. *Sushruta* mentioned that the symptoms of *abhyantara vidradhi* should be understood as similar with those of *Bahya vidradhi*, by means of their *apakva* and *pakva avasthas*. But the *avastha bheda* of *abhyantara vidradhi* is difficult to rule out practically. *Acharya Sushruta* practiced *Bhedana karma* and *Siravyadha* in *Abhyantara vidradhi* as emergency management in order to save the life of the patient which highlights the importance of *Shalya chikitsa* as *Pradhanatama*.<sup>9</sup> Antibiotics should be started immediately mainly when the size of the abscess is small up to 3 mm. Advanced technology for diagnosis of renal abscess like USG, X-ray, MRI, CBC, urine culture, etc. are practiced. With the help of these tools' diagnosis of *vrikka vidradhi* can be made precisely on the evidence based on investigations which may be helpful to correlate with renal abscess.

## CONCLUSION

*Abhyantara vidradhi* is a condition which has to be managed as soon as it is diagnosed or if any symptoms persist for a prolonged period. *Vrikka vidradhi* is a condition where there is *Parshwa prusta kati graha, vedana, jwara, parshwa sankocha, pooya mutrata* and *rakta mutrata*. In ancient times, the *yukti* of the *Vaidya*, has made to treat the patients by means of *doshik* predominance in the early stage itself and now in the modern era investigation made the diagnosis easier. *Paneeya kshara* plays a role in the management of *abhyantara vidradhi* since *kshara* has properties like *Chedana, Bhedana, Tridoshaghna* and *Ropana*.

As the *lakshanas* of *abhyantara vidradhi* is similar like that of *Bahya vidradhi* management can be based on the dominance of *doshas* also.

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## Cite this article as:

Prashanti L P et al. Concept of *Abhyantara vidradhi* with insight on *Vrikka vidradhi*: A Review. Int. J. Res. Ayurveda Pharm. 2021;12(2):115-117 <http://dx.doi.org/10.7897/2277-4343.120259>

Source of support: Nil, Conflict of interest: None Declared

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