

THE EVALUATION OF BACTERIOLOGY IN PRE - POST KSHARA KARMA OF PERIANAL ABSCESS - A CASE REPORT

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ABSTRACT

Abscess is a collection of the pus in cavity and it is an acquired condition seen all over the body. The clinical features of abscess are swelling, pain, redness, tenderness, and local temperature. The aggravated *Doshas* vitiate the skin, blood, muscles, fat and bone tissue, become localised and produce a troublesome swelling - deep rooted, painful, slowly bulging called *VIDRADHI*. The abscess which is developed in perianal regions is called perianal abscess. Treatment of perianal abscesses requires prompt surgical drainage. However, there is no evidence that uncomplicated perianal abscesses can be safely treated only with drainage. For this reason, it is important to identify the causative organisms in pre- post I&D *Pratisaraniyakshara karma* there-fore, we accessed the microbiological analysis of this patient. Here in this case the *Ayurvedic* management of *Pratisaraniyakshara* was applied post I and D considering it as a *DustaVrana* keeping in the mind to avoid the reoccurrence and complication.

Keywords: Perianal abscess, *Gudhavidradhi*, bacteriology, *Pratisaraniyakshara*,

INTRODUCTION

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

A) Direct infection from outside due to penetrating wounds, B) Local extension from adjacent focus of

infection, C) Lymphatics, D) 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 clinical features of *Vidradhi* presenting swelling, pain, redness, local temperature can be correlated to abscess. The aggravated *Doshas* vitiate the skin, blood, muscles, fat and bone tissue, become localised and produce a troublesome swelling - deep rooted, painful, slowly bulging called *Vidradhi*. When this *Vidradhi* completes its *Pakwa Avasta*, it bursts or we have to do *Bedhana Karma* to drain vitiated substances leading to a cavity². The majority of anorectal suppurative disease results from infections of the anal glands (cryptoglandular infection) found in the intersphincteric plane. Their ducts traverse the internal sphincter and empty into the anal crypts at the level of the dentate line. Infection of an anal gland results in the formation of an abscess that enlarges and spreads along one of several planes in the perianal and perirectal spaces.³ The stages of treatment of *Vranasopha* and *Vidradhi* are similar viz, *Amavasta*, *Pachyamanavasta*, *Pakvavasta*.⁴ *Ksharas* possess the qualities like *Shodana* (cleansing) and *Ropana* (healing).⁵ Hence we planned the application of *Pratisarana Kshara* in the management of drained abscess cavity, as it enhances the healing property.

Pyogenic infection is characterized by several local inflammations. It usually presents with pus formation. These are generally caused by one of the pyogenic bacteria. Pyogenic infection may be endogenous or exogenous. The human skin and soft tissue infections are caused by microbial pathogens. These result in production of pus. Both aerobic and anaerobic bacteria have been implicated in infections. Coagulase positive *Staphylococcus aureus* has been found to be more dominant organism in pus.

Antibiotic resistance among bacteria is becoming more and more serious problem throughout the world. It is said that evolution of the bacteria towards resistances to antimicrobial drugs, including multidrug resistances, is unavoidable because it represents a particular aspect of the general evolution of bacteria

that is un-stoppable. Antibiotic resistance emerges commonly when patients are treated with empirical antimicrobial drugs. Monitoring of the resistance patterns in the hospital is needed to overcome these difficulties and to improve the outcomes.

This study was designed to evaluate the profile of aerobic pyogenic bacteria in perianal abscess along with their susceptibility to our trial drug.

Case Report

A 15-year-old male patient came to *Shalya Tantra* OPD at our hospital with.

- **Chief complaints** of hard mass of swelling around the anus and discomfort in sitting from 12 days. Past history told by patient was previously 6 days before he had severe throbbing pain at perianal region and was associated with tenderness and fever.

- **On clinical examination** we found externally a large tender mass, skin with red appearance and local temperature and on per rectal digital examination we found a soft tender mass at 3 o'clock position in which fluctuation and fluid thrill test were positive and there were no any internal opening found. The mass was completely fixed, and tenderness elicited. After thorough examination and detail history taking, we diagnosed it as perianal abscess. Later the line of treatment was planned to do incision and drainage followed by *Pratisaranīyakshara* application under saddle block.

Preoperative Procedure:

- Patient was nil orally 6 hours before OT
- Enema was given before surgery
- Surgical profile investigations such as CT, BT, HB%, HIV, HbSAG, RBS, were done
- Consent of the patient,
- Injection Lignocaine test dose and part preparation was done

And the patient was prepared for procedure according to standard protocol.

Operative procedure:

- Under saddle block with all aseptic precaution in lithotomy posture part painted and draped.
- Initially manual dilatation of anal canal by lignocaine jelly.

- Pus samples were collected during incision and drainage, the specimens were collected in sterile container or aspirated into sterile syringes and transported to the microbiology laboratory.
- After complete breaking of pus loculi and the cavity was followed by *Pratisarinyakshara* application for about 60 seconds and *Nimbuswarasa* wash was given. And finally, the *Yastimadu* soaked pads were inserted in the cavity followed by anal pack and sterile dressing was applied.
- These samples were processed on suitable culture media and incubated at 37 degree celcius under aerobic conditions. The organisms were identified by biochemical reactions, Gram stains, motility tests as applicable as per standards operative procedures and interpreted as per C Clinical Laboratory Standard Institution guidelines.

Post-Operative: patient was shifted to post-op ward and anal pack was removed after 4 hours and orally started after 6 hours, on next of post-surgery during dressing the discharge from the cavity is collected in sterile container and sent for bacteriology study, sitz bath was advised with *Triphala Kwatha* twice a day and patient was discharged after 2 days hospital stay with medication.

Discharge medicines:

Triphala Guggula BD; *Gandhaka Rasayana* BD; *Abhayarista* 10ml BD with water; *Triphalachoornakashaya* sitz bath

Follow up: Every alternate day's patient was asked to come for dressing and it took 5 weeks to heal completely later patient was called every month for follow ups for 6 months but no any reoccurrence of abscess or fistula in ano were found.

Results: After regular follow ups for about more than 6 months without any re-occurrence, it gave a satisfaction that the surgical management of perianal abscess followed by *Pratisarinyakshara* application yields good result and it not only cures but also minimizes the rate of complication and re-occurrence.

DISCUSSION

Aerobic culture yields Bacterial growth and the organism isolated

the specimen was collected during I&D procedure for about 5ml of pus in sterile container *Staphylococcus aureus* was the most common isolated bacteria from the pus which was 84.6% followed by *proteus spp* was about 16% .

And repeat pus culture was done by collecting the discharge on 2nd day after the procedure of *pratisariniya kshara* application. The aerobic culture yields bacterial growth and the organism isolated are *staphylococcus aureus* was about 12% and *proteus spp* was absent.

Most of the perianal abscess pathology has postulate of crypto anal gland infection cause. Here we adopted incision and drainage followed by *PratisaranaKshara* application, most of the perianal abscess and open wound around the anal opening are more vulnerable for infection and henceforth reoccurrences chances are more in the form of abscess or fistula in ano. *Apa-marga Kshara* are prepared from herbal drugs and it includes the basic properties of the original herbal drugs. *Kshara* is predominant with *Agnibhuta* (fire element) hence having *Teekshna* property. It consists of *SparshaGuna* (consistency property) due to its predominant of *Vayubhuta* (wind element) and hence give quick action. So, above factors clearly state that *Kshara* is having predominance of *Agni* and *Vayubhuta*. *Kshara* is having *Tejobhuta* (*agni* element) property predominantly hence it is having the property of corrosiveness⁶. According to *Shushruta Kshara* is the most superior procedure among *Shastra* and *Anushastra* (sharp instrument and substitute of sharp instrument) because it is having superior qualities like *Chedana*, *Bhedana*, *Lekhana*⁷ etc. So, *Khara* having *Lavana* (Salty), *Tikta* (bitter) *Rasa*; and *Ruksha* (dry), *Teekshana Guna* (properties); *Ushna* (hot) *Viry* (Potency); and *Katu* (Pungent) *Vipaka* (attributes of drug assimilation)⁸.

CONCLUSION

The surgical management of perianal Abscess followed by *Pratisarinyakshara* application yields good

result and it not only cures but also minimizes the rate of complication and re-occurrence and with bacteriological study we came to know its Anti-microbial action and suppress the growth of micro-organism and

antimicrobial therapy can be avoided. According to *Ayurvedic* classics *Kshara* has a property of *Krimigna*. It is a good therapy and patient satisfactory.



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REF BY : Dr Sangamesh MS (Ayu)	AGE : 36 SEX : Male

LABORATORY REPORT

Culture Sensitivity Report

Sample for Aerobic Culture: Pus (5ml)

Report: Aerobic culture yields Bacterial Growth and the organism isolated is *Staphylococcus aureus* 84.6%, *Proteus spp* 16%

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LABORATORY REPORT

Culture Sensitivity Report

Sample for Aerobic Culture: Pus (2ml)

Report: Aerobic culture yields Bacterial Growth and the organism isolated is *Staphylococcus aureus* 16%.

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Fig 1 perianal Abscess

Fig 2 During I & D

Fig 3 Scanning report

Fig 4 After 15 days

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