"ROLE OF NYAGRODHADI KASHAYA PICHU IN THE MANAGEMENT OF BAHYA-BHEDYA VIDRADHI"

Hiremath Sangamesh

ABSTRACT

Abscess and wound healing is being a major problem from ages in surgical practice. Most of the abscesses are caused by infection and even though the drained abscess cavity is influenced by the both systemic and local factors like micro-organism, growth factors, vascularities and debris, A clean drained abscess cavity in normal body heals earlier with a minimum scar compare to the contaminated, therefore the present study carried out to enhance the wound healing in drained abscess cavity. To evaluate the effect of Nyagrodadhi Kashaya pichu in the management of Bahya Bhedya Vidradhi (post I&D of external Abscess). Thirty diagnosed cases of Pakva or Bhedya Vidradhi are selected for study and recorded through proforma divided in to two groups for comparative study. It was assessed by washing the cavity by kashaya and keeping pichu soaked in kashaya in the drained cavity according assessment criteria as explained detail further. Results obtained by considering the overall response of the patients to the therapy with Nygrodhadi Kashaya Picchu showed that in this series 6.6 % patients had complete remission, 13.3 % of patients got maximum improvement and 40% patients showed Moderate improvement and 40% showed Mild Improvement. Aragvadhadi kwatha drugs are having Kashaya Rasa predominance thus had action of Amapachaka, Kapha Shamana, Pitta Shamana, Rukshata, Kledashoshaka and Lekhana Guna which helps in reduction of Srava. Thus this help for Shodhana of Bhedya Vidradhi. Proper management with timely Picchu with Nyagrodhadi Kwatha and dressings gradually reduces infection and facilitate wound healing. Nyagrodhadi Kvatha Picchu in Bhedya Vidradhi cavity is more effective than Povodine Iodine on reducing Vedana, Daha, Kandu, Srava, and enhance healthy Granulation and healing. Nyagrodhadi Kvatha Picchu on the post-operative wound care in Vidradhi is recommended for the better management.

Keywords: Vidradhi, Vrana, Picchu, Nygrodhadi Kwatha

INTRODUCTION: An abscess is a collection of pus in the body. A localized area of liquefaction necrosis, with in organ or tissues is called abscess. Abscess, wound significantly impair the quality of life of people. Understanding the wound repair and mechanisms that control wound healing is fundamental to the practice of surgery, to treat the patient appropriately and to achieve closure as rapidly as possible with as little scarring and loss of function as possible. Hence a new search is taken in the management of Bhedhya Vidradhi as mentioned in various Ayurvedic classics. However Sushruta has specifically indicated kashay rasa draya kvath Prakshalana as it possess Shodhana and Ropana of vrana and however Bhedya vidradhi will be in the form of vrana. As “Nyagrodhadi” drugs are included in the present study is carried on “The Role of Nyagrodhadi Kashaya Pichu In The Management of Bahya-Bhedya Vidradhi” Sushruta in sutra stana 36 chapters explains about ropana kashay for
Prakshalana. It is said to have Vrana Shodhana and Ropana properties. To assess the significance of these properties in Nyagrodhadi Kwatha.

Even in the contemporary science the usage of various antiseptic agents in order to kill the causative organisms may be futile and still healing may take place. The other concept of secretion of Growth Factors, Inhibition of Inos (Isoform Nitric Oxide Synthase), and Stimulation of Fibroblast are gaining importance in wound healing.

**MATERIALS AND METHODS:**

**Source of Data:** Diagnosed cases of Bhedya vidradhi were taken irrespective of their age, sex, cast, creed etc from Out Patient and In Patient Department of Shalyatantra, Sri Hingulambika Ayurveda Medical college and Hospital, Gulbarga, Karnataka

30 Patients of Bhedya vidradhi selected as per inclusive and exclusive criteria was randomly divided into two groups having 15 patients in each group.

- **In Pakwa Vidradhi** First all the patients had been subjected to Bhedana and Visravana of the Vidradhi. Thereafter they are treated under the following groups.
  - **Control Group (I):** Patients of this group will be packed with Povodine-Iodine for once a day. Every day the same procedure was repeated for 15 days
  - **Treated Group (II):** Patients of this group was packed with Nyagrodhadi Kwatha Picchu for once a day. Every day the same procedure was repeated for 15 days

**Ingredients of Nyagrodhadi Kwatha:** Nyagroda, Udumbar, Ashvathya, Kadamba, Plaksha, Vetasa, Karaveera, Arka, Katuka, Jala.

**DURATION OF TREATMENT:** Nyagrodhadi Kwatha Picchu will be carried for maximum 15 days.

**ASSESSMENT CRITERIA:** The effect of therapy will be assessed by subjective and objective parameters based on the clinical observation before and after treatment by grading. The patients will be observed for the progress on 5th, 10th, and 15th day & it is noted in the specially prepared case sheet

**PARAMETERS:**

**Subjective parameters**

1. Pain

**Objective parameters**

1. Discharge.
2. Granulation tissue
3. Size of the cavity

**Assessment criteria:** The patient’s response was assessed on the basis of subjective and objective criteria by assigning the suitable score to each parameter. The method adopted for scoring was as follow,

**GRADINGS:**

- **PAIN**
  1. Grade – 0(-) - No pain
  2. Grade – 1(+) - pain relieved without using analgesics (mild pain)
  3. Grade – 2(++)- Pain relieved with using of analgesics (moderate)
  4. Grade – 3(+++) - Pain not relieved even after using analgesics (severe)

- **DISCHARGE:**
  1. Grade – 0(-) - No discharge
  2. Grade – 1(+) - If cavity wets 4x4 cm gauze piece (mild)
  3. Grade – 2(++)- If cavity wets 6x6 cm gauze piece (moderate)
  4. Grade – 3(+++) - If cavity wets more than 6x6 cm gauze piece (Profuse)

- **GRANULATION TISSUE:**
  1. Grade – 0(-) - Healthy granulation
2. Grade 1(+) - Moderate granulation
3. Grade 2(++) - Unhealthy granulation
4. Grade 3(+++) - Granulation tissue absent

**OBSERVATION & RESULTS:**
Graphical presentation of Overall Effectiveness’ of Group A & Group B according signs & symptoms as follows

**INCIDENCE OF PAIN:**

![Graph of Incidence of Pain](image)

**INCIDENCE OF DISCHARGE:**

![Graph of Incidence of Discharge](image)

**INCIDENCE OF GRANULATION:**

![Graph of Incidence of Granulation](image)

**INCIDENCE ON SIZE OF CAVITY:**

![Graph of Incidence of Cavity Size](image)

**Overall Effect of the Nygrodhadi Kashaya:**

<table>
<thead>
<tr>
<th>Grades of Response</th>
<th>No of Patients</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete remission</td>
<td>01</td>
<td>6.66</td>
</tr>
<tr>
<td>Maximum improvement</td>
<td>02</td>
<td>13.3</td>
</tr>
<tr>
<td>Moderate Improvement</td>
<td>06</td>
<td>40</td>
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<tr>
<td>Mild Improvement</td>
<td>06</td>
<td>40</td>
</tr>
<tr>
<td>Unchanged</td>
<td>00</td>
<td>00</td>
</tr>
</tbody>
</table>

**Graphical presentation of Overall Effectiveness’ of Group A & Group B according signs & symptoms as follows**

- Grade 1(+) - Moderate granulation
- Grade 2(++) - Unhealthy granulation
- Grade 3(+++) - Granulation tissue absent
Considering the overall response of the patients to the therapy with Nyagrodhadi Kashaya Picchu showed that in this series 6.6% patients had complete remission, 13.3% of patients got maximum improvement and 40% patients showed Moderate improvement and 40% showed Mild Improvement.

Overall Effect of the povidine - Iodone Picchu:

<table>
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<tr>
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<th>Percentage (%)</th>
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<td>02</td>
<td>13.3</td>
</tr>
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<td>Moderate Improvement</td>
<td>08</td>
<td>53.3</td>
</tr>
<tr>
<td>Mild Improvement</td>
<td>05</td>
<td>33.3</td>
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<tr>
<td>Unchanged</td>
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</tbody>
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Considering the overall response of the patients to the therapy with povidine - Iodone Picchu showed that in this series no patients had complete remission, 13.3% of patients got maximum improvement and 53.3% patients showed moderate improvement and 33.3 patients showed mild improvement.

**DISCUSSION ON THE RESULTS OBTAINED:**

**Effect of treatment:** It includes the assessment of result as made by adopting gradings obtained. It included assessment of pain, discharge, granulation, size of the cavity. These signs and symptoms were given scoring patterns and were assessed statistically to see the significance.

**Effect on Vedana:** Nyagrodhadi Kashaya drugs having Vata Shamaka properties. After applying the drug it shows the bacteriostatic action and anti-inflammatory properties; due to which reduction in edema and debridement of necrotic tissue occurs, which enhances wound healing

**Effect on Srava:** The property of Lekhana and Kleda Shoshaka of Nyagrodadhti Kvatha due to Kashaya Rasa and Tikta Rasa may help in reducing the Vrana Srava.

**Effect on Granulation:** Nygrodadhi kvatha possess Vrana Ropana, Mamsa Vardhaka and Tikta Rasa in maintaining the stability of Tvak and Mamsa. This may proliferate the fibroblasts and neovascularisation and helps in newly formed granulation tissue.

**Effect on Size of Cavity:** Due to the Kashaya rasa of Nyagrodhadi Kvatha drugs enhances contraction of wound and healing which is observed by decrease in size of the wound.

**Mode of Action of Drugs:** The vrana does not shows signs of healing in presence of discharge and slough. For the
removal of slough and discharge, the drugs should have the qualities of Laghu, Rooksha and Kashaya Rasa and by its Ama Pachana, Kapha Shamana, Pitta Shamana, Kledashoshaka and Lekhana property checks the Srava and removes the slough. Also these drugs are of Sheeta Veerya which helps in Daha Shamana. Due to Vranashodhana and Ropana action of Nyagrodhadi Kvatha which shows significant relief in the symptoms and lead to its proper healing which is the goal of treatment.

CONCLUSION: Ayurveda explains the character of Vidradhi in its definition itself, ‘Sheegra Vidhahitvat’. In Modern Science Pathology also says acute inflammation may result in suppuration that is the formation of pus. A review of literature about Vidradhi and Abscess with a comparative analysis in terms of samprapti (Pathophysiology), Lakshanas (Clinical features) and chikitsa (Treatment) confirms that Vidradhi can be understood as abscess in view of the contemporary science. By the virtue of Shodhana, Srava Hara, Daha Hara, and Vrana Shodhana & Ropana actions of Nyagrodhadi Kwatha, the local Dhatu Dushti was ceased. Proper management with timely Picchu with Nyagrodhadi Kwatha, and dressings gradually helps to achieve local hygiene, debridement, reduces infection and facilitate wound healing. Nyagrodhadi Kwatha Picchu in Bahya Bedhya Vidradhi is an ambulatory type of treatment which gives quick action and no side effects also can be used as better alternative to povidine Iodine.Hence it may be a good choice, as it is easily available, bacteriostatic agent, more economical and effective. Recommended for the better management in Bahya Bedhya Vidradhi.

REFERENCES:
1.Sushruta, Sushruta Samhita, Chikista Stana 16/24, page No 97, with Ayurveda Tattva Sandipika By Kaviraja Ambikadutta Shastri, Part 1 , Chaukambha Sanskrit Sanstana Varanasi, Reprint - 2013
2.Agnivesha, Charaka Samhita,Sutra stana17/95 page No 358, Revised By Charaka and Dridhabala with Vidyothini Hindi commentary By Pt Kashinath Shastri, Dr Gorakhanath Chaturvedi, part II, Chaukhambha Bharati Academy Varanasi, Reprint 2009
4.Sushruta, Sushruta Samhita, Chikista Stana 16/24, page No 97, with Ayurveda Tattva Sandipika By Kaviraja Ambikadutta Shastri, Part 1 , Chaukambha Sanskrit Sanstana Varanasi, Reprint - 2013
5.Sushruta, Sushruta Samhita, Chikista Stana 16/24, page No 97, with Ayurveda Tattva Sandipika By Kaviraja Ambikadutta Shastri, Part 1 , Chaukambha Sanskrit Sanstana Varanasi, Reprint - 2013

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