



Case Study

A CASE STUDY ON AYURVEDIC MANAGEMENT OF *BAHYA (PADA) VIDRADHI*

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ABSTRACT

Bahya Vidradhi, particularly *Pada Vidradhi*, refers to an external abscess characterized by inflammatory swelling, pain, and pus formation. This case study presents a 67-year-old diabetic male with swelling and pain below the left knee, diagnosed as *Bahya Pada Vidradhi*. The patient was treated using a holistic Ayurvedic approach, including internal medications (*Triphala Guggulu, Gandhaka Rasayana, Gokshuradi Guggulu, Punarnava Mandura*, and *Swarasas*), along with aspiration and surgical intervention (incision and drainage). Over 30 days, significant clinical improvement was observed- pain reduced from VAS 8 to 2, swelling subsided, and pus was drained successfully. The site healed with a fibrous scar, and no adverse effects were reported. This outcome supports the effectiveness of Ayurvedic management in treating abscesses, particularly when conventional therapies pose risks or limitations. The case highlights the relevance of classical Ayurvedic principles in modern clinical practice.

INTRODUCTION

Acharya Sushruta, father of Indian surgery, has explained principles of surgery in the classic *Sushruta Samhita*, which are valid even today. The term “*Sheeghra Viahitvat*,” meaning of *Vidradhi*, itself suggests the destructiveness of illness. The extremely vitiated/imbalanced *Doshas*, *Vata*, *Pitta*, and *Kapha*, get located in the *Asthi* after vitiating the *Tvak*, *Mamsa*, and *Meda*.^[1] It will give rise to deep-seated, painful, rounded, or extended swelling, called *Vidradhi*. It is classified into two types, *Bahya* and *Aabhyantara Vidradhi*. As per *Aacharya Charaka*, *Vidradhi* occurs due to acute suppuration by vitiated blood in excess, but there is no evidence of *Paka* (or suppuration) by *Raktadushti*. The *Doshas* located around the *Asthi*, on getting vitiated, will contaminate *Tvak*, *Rakta*, *Mamsa*, and *Meda*, and it leads to the formation of *Vidradhi*.

As per Ayurveda classics, *Vidradhi* can be defined as a severe, incendiary, profound, painful, round, or level enlargement known as *Vidradhi*. In contemporary science, *Vidradhi* is correlated with abscess. *Bahya* and *Aabhyantara* types of *Vidradhi* are further classified into 6 and 10 types, respectively.^[2] The 6 types of *Bahya Vidradhi* are *Vataja*, *Pittaja*, *Kaphaja*, *Sannipataja*, *Raktaja*, and *Kshataja*. As per *Aacharya Charaka*,^[3] there are 4 types of *Bahya Vidradhi*. *Raktaja* and *Kshataja* types of *Bahya Vidradhi* are not considered. The 10 types of *Aabhyantara Vidradhi* are *Guda*, *Bastimukha*, *Nabhi*, *Kukshi*, *Vankshana*, *Vrikka*, *Yakrita*, *Pleeha*, *Hridaya*, and *Kloma*. *Aacharya Charaka* has excluded *Guda Vidradhi* from *Aabhyantara Vidradhi*.

The *Vidradhi* can be correlated with “Abscess.” An abscess is a localized collection of pus and a limited assortment of discharge in a depression shaped from tissue that has been separated by infectious bacteria. In general, an abscess is caused by microorganisms such as staphylococci or streptococci.^[4] The toxins delivered by these microorganisms obliterate cells and trigger intense irritation at the site, with redness, pain, swelling, and heat. *Bahya Vidradhi* refers to inflammatory swellings that originate in the external body parts like the skin, muscles, and subcutaneous

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tissues, and are often correlated with superficial abscesses in modern medicine.^[5] *Pada Vidradhi* specifically denotes such a swelling occurring in the lower extremities, most notably the foot (*Pada*), which can impair daily locomotion and significantly reduce the patient's quality of life.^[6]

Despite modern surgical and antibiotic approaches to abscesses, the recurrence and complications due to antimicrobial resistance have renewed interest in Ayurvedic management. The present case study highlights the successful treatment of *Bahya Pada Vidradhi* using a holistic Ayurvedic protocol, integrating internal medication, external applications, and para-surgical interventions.^[7]

Case Report

Type of study: Interventional single case study

Study centre: S.G. Patel Ayurveda Hospital and Maternity Home, Anand, Gujarat.

Patient information

Patient name – ABC

Age – 67 years

Weight – 72 kg

Occupation – farmer

History of present illness: A 67-year-old male patient, K/C/O DM, has had a complaint of swelling below the knee joint in his left foot for 10 days and pain while walking since 3 days ago. He had an H/O fall from his bike 10 days ago. So, he was admitted here for further treatment.

History of past illness– Diabetes mellitus (on medication for the last 3 years)

Past treatment history – Not any

Surgical history – Not any

Family History – Not any

Personal History

Diet - Veg.

Appetite – Regular

Sleep – Disturbed

Bowels – Normal (one time/day)

Micturition – Normal (4-5 times/day, 1 time/night)

Habits – Tea (2 times/day)

Addictions – Not any

General examination

Table 1: General examination

Blood pressure	126/80 mmHg
Heart rate	72/bpm
Respiratory rate	24/min
BMI	24.17 Kg/m ²
Icterus	Absent
Pulse rate	72/min
Height	175 cm
Weight	74 kg

Table 2: Local examination (Figure 1)

Clinical Parameters	
Location of <i>Vidradhi</i>	Below the left knee joint
Size	14 * 4 cm
Inspection	Redness, swelling
Palpation	Tenderness, raised temperature
Fluctuation test	Positive (anterior aspect of left leg below the knee joint)

Table 3: Symptoms with severity and duration

Symptoms	Severity	Duration
Pain (Dolor)	8 (VAS score)	20 days
Swelling (Tumor)	Severe (+++)	
Heat (Color)	Raised temperature (+++)	
Redness (Rubor)	Mild (++)	
Loss of function (Functio laesa)	Unable to bear weight	

Table 4: Laboratory Investigations (done on 20/03/2025, Figure. 2)

Test	Observed Values
Haemoglobin	15.64 mg%
Total WBC count	7380 cells/cu mm

Total RBC count	5.27 cells/ cu mm
Differential count	N: 75% L: 20% E: 02% M: 03% B: 00%
Platelet count	2,13,000
E.S.R.	03 mm/hr

Treatment plan**Table 5: Shamana Chikitsa (internal medications) with their pharmacological action, dose, and duration^[8,9]**

S.No.	Shamana Chikitsa (internal medication)	Pharmacological action	Dose	Duration
1.	<i>Triphala Guggulu</i>	Antibacterial, antioxidant, wound healing, and reduces inflammation	2tab BID, after food	15 days
2.	<i>Gandhaka Rasayana</i>	Antibacterial and Blood purification	2 Tab BID, after food	15 days
3.	<i>Gokshuradi Guggulu</i>	Anti-inflammatory, diuretics	2 Tab BID, after food	15 days
4.	<i>Punarnava Mandura</i>	Antioxidant, anti-inflammatory, blood purifier	2 Tab BID, after food	15 days
5.	<i>Nimbapatra Swarasa + Guduchi Swarasa + Bhumiamalaki Swarasa</i>	Antimicrobial, antioxidant, immunomodulatory, hepatoprotective, blood purifier	50ml BD	15 days

Shamana Chikitsa is continued for another 45 days.**Table 6: Surgical treatment (I & D)**

S. No.	Shastra Karma (Surgical treatment)	Description
1.	Incision and Drainage (20/03/2025)	Under LA Preoperative note: Informed written consent of the patient. Taken, required investigation done, pt. and part preparation done, xylocaine sensitivity test dose given, Inj. TT 0.5ml given. Operative note: supine position given to the patient, painting and draping done with all aseptic precautions. Leg anterior aspect, vertical incision taken and serous fluid drained, cavity explored with the little finger, scooping and fasciotomy done. Haemostasis was achieved, and dressing was done. The patient was hemodynamically stable. Postoperative note: watch for BP, temp., bleeding, light and wholesome diet advised, cleaning and dressing done.

Table 7: Treatment timeline

Date	Status	Intervention
Day 1 (27/02/2025)	Pain (8-Vas score), swelling (+++), redness (++), temperature (+++), unable to bear weight, and walk normally	Shamana Chikitsa given (As mentioned in Table 5)
Day 3 (01/03/2025)	Pain (8-Vas score), swelling (+++), redness (++), temperature (+++), unable to bear weight, and walk normally	Aspiration done (30ml), Shamana Chikitsa continued.

Day 13 (10/03/2025)	Pain (7-Vas score), swelling (++), redness (++), temperature (++), unable to bear weight, and unable to walk normally	Aspiration done (20ml), <i>Shamana Chikitsa</i> continued.
Day 23 (20/03/2025)	Pain (7-Vas score), swelling (++), redness (++), temperature (+), patient can bear weight	<i>Bhedana</i> and <i>Visravana</i> (I & D), <i>Shamana Chikitsa</i> continued.
Day 30 (27/ 03/ 2025)	Pain (6-Vas score), swelling (++), redness (+), temperature (+), patient can bear weight	<i>Shamana Chikitsa</i> continued.
Day 45 (12/ 04/ 2025)	Pain (4-Vas score), swelling (+), redness (+), temperature (+), patient can bear weight and walk normally	<i>Shamana Chikitsa</i> continued.
Day 60 (25/ 04/ 2025)	Pain (2-Vas score), no swelling, no redness, normal temperature, patient can bear weight and walk normally.	End of the treatment



RESULTS



Figure 3: Aspiration from local site**Figure 4: Before Treatment (1,2,3), After 15 days (4), After 45 days (5), After 60 days (6)****Table 8. Assessment at the intervals of 30 and 60 days of treatment**

Timeline	Pain VAS score	Swelling	Pus
Day 1	8	Severe (+++)	Present
Day 15	7	Moderate (++)	Pus drained (30ml)
Day 30	6	Moderate (++)	Second time accumulated pus drained (20 ml)
Day 45	4	Mild (+)	Not present
Day 60	2	Not present	Not present

Along with *Shamana Chikitsa*, aspiration of 30ml of pus is done two times. The I&D is performed at the local site, and scooping and fasciotomy are done. Effect on *Vedana* (pain)- pain and tenderness at the site are completely reduced after 30 days of management. Severe pain was present at the initial stage (VAS 8), which was reduced by 6 and 2, respectively, at the end of 15 days and 6300 days of treatment. Effect on *Sopha* (swelling)- moderate swelling (++) was present at the initial stage, which is completely reduced after 30 days of treatment. The figures of before and after treatment suggest the successful management of the *Bahya Pada Vidradhi*.

Table 9: Local assessment parameters before and after treatment

Parameters	Before treatment	After treatment
Pain and tenderness	VAS 8 (Severe)	VAS 2
Pus	Present	Absent
Swelling	Severe (+++)	Absent
Site	Below the left knee joint (anterior aspect)	Fibrous scar mark
Discoloration	Pale	Mild lightening

DISCUSSION

Bahya Vidradhi, particularly *Pada Vidradhi*, represents a significant pathological condition in Ayurvedic and contemporary medicine, closely correlating with superficial abscesses. This case study documents the successful Ayurvedic management of a 67-year-old diabetic male patient presenting with classic features of *Bahya Vidradhi*, including localized swelling, severe pain (VAS score of 8), and purulent discharge in the left leg. The treatment approach highlights the integrative potential of Ayurveda through the administration of *Shamana Chikitsa* (internal medications), aspiration, and minor surgical intervention (I&D with fasciotomy).

The Ayurveda formulation utilized- comprising *Triphala Guggulu*, *Gandhaka Rasayana*, *Gokshuradi Guggulu*, and *Punarnava Mandura*- exploits their synergistic anti-inflammatory, antimicrobial, and immunomodulatory properties. The use of fresh herbal juices (*Nimbapatra*, *Guduchi*, *Bhumiamalaki*) as supportive therapy further ensured *Sodhana*, immune modulation, and hepatoprotective action, aligning with the Ayurvedic principle of systemic purification. Importantly, the internal medications were well tolerated and produced no adverse effects, even in a patient with diabetes mellitus.

The surgical intervention was carefully planned with aseptic measures and was vital in

draining accumulated pus, reducing microbial load, and accelerating healing. This integrated Ayurvedic protocol effectively addressed both local and systemic manifestations of the condition. Post-treatment evaluations revealed complete resolution of symptoms: VAS pain score reduced to 2, swelling and pus were absent, and a fibrous scar remained as evidence of tissue repair. The results confirm the therapeutic potential of classical Ayurvedic interventions even in cases where comorbidities like diabetes may otherwise complicate prognosis.

This case reinforces the relevance of ancient surgical principles outlined by *Acharya Sushruta* in modern clinical settings. Furthermore, it offers a viable alternative for abscess management in the era of increasing antibiotic resistance. While this observational study is limited by its single-case design, it opens avenues for broader clinical investigations comparing Ayurvedic and conventional approaches to abscess management in terms of efficacy, safety, and recurrence.^[10]

CONCLUSION

This case study demonstrates the efficacy of a comprehensive Ayurvedic management strategy for *Bahya (Pada) Vidradhi*, integrating internal medications, para-surgical intervention, and aspiration. The therapeutic protocol effectively reduced inflammation, resolved the abscess, and improved the patient's quality of life without complications, even in the presence of diabetes mellitus. The integration of classical Ayurvedic formulations with minor surgical procedures, in accordance with Sushruta's principle, facilitated both symptomatic relief and tissue healing. The favourable outcome in terms of pain reduction, absence of pus, and resolution of swelling suggests that Ayurvedic protocols can offer reliable, safe, and cost-effective alternatives to conventional management, especially in cases where antibiotic resistance is a concern. However, larger-scale, controlled clinical studies are warranted to validate these findings and establish standard treatment guidelines. This case adds to the growing evidence base supporting Ayurveda as a

holistic system for managing both acute and chronic inflammatory conditions effectively.

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