

Ayurvedic Management of *Kaphaja Vidradhi* (Chronic Abscess): A Case Study

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ABSTRACT:

Vidradhi is a deep-seated inflammatory condition described in the *Sushruta Samhita*, caused by vitiation of *Doshas* affecting *Twak*, *Rakta*, *Mamsa*, *Meda* and deeper tissues. It presents with features such as *Mahamoola* (deep-rooted swelling), *Rujavantam* (severe pain) and *Vrutta/Ayata* (shape variations). *Kaphaja Vidradhi* is characterized by *Kapha* predominance and may arise due to trauma (*Abhighata*). A case of *Kaphaja Vidradhi* was managed using *Ayurvedic* principles. Surgical intervention (*Bhedana* and *Visravana*) was performed for drainage. Internal medications included *Triphala Guggulu* 500 mg twice a day, *Ras Manikya* (75 mg), *Gandhak Rasayana* (125 mg) and *Amalaki Churna* (3 gm) in divided doses for twice a day with luke warm water for a complete month. Local application of *Jatyadi Taila* was advised for wound healing till complete healing period. The patient showed significant reduction in pain, swelling, and discharge following treatment. Proper wound healing through the dressing with *Jatyadi Tailam* was observed without complications. The combined approach of surgical drainage and internal *Ayurvedic* medication is effective in the management of *Kaphaja Vidradhi*, promoting faster resolution and wound healing.

KEYWORDS: *Bhedana*, *Kaphaja Vidradhi*, *Vidradhi*, *Visravana*

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INTRODUCTION:

The word *Vidradhi* is derived from “*Vidra + Dha + i*”, where “*Vidra*” is the root word (*Dhatu*) and “*Dha*” implies “to have” or “to hold”, forming the term “*Vidradhi*”. *Nirukti*: a condition which causes *Daha* (burning sensation), such as flushing, is called *Vidradhi*.

According to *Acharya Sushruta*, the term “*Sheeghra Vidahivat*” indicates the destructive nature of *Vidradhi*. The aggravated *Doshas* vitiate the *Twak*, *Rakta*, *Mamsa* and *Meda*, and then localize within the *Asthi Dhatu* (bone) locally, leading to the formation of a gradually enlarging swelling that becomes inflamed, deep-rooted, painful and round in shape.^[1] This condition is known as *Vidradhi*. *Acharya Charaka* describes *Vidradhi* as a condition caused by the rapid or acute suppuration of vitiated *Rakta* (blood), leading to the formation of an abscess.

Vidradhi is manifestly divided into two types by *Acharya Sushruta*. This classification is based on *Rogamarga*. *Bahaya (Bahaya Rogamarga)*- 6 types (according to *Doshas*) and *Abhyantra (Abhyantra and Madhya Rogamarga)*- 10 types (according to location). According to location in *Susruta Samhita* and *Madhav Nidana* there is 10 types of *Abhyantra Vidradhi* described as follows: *Guda* (anus), *Bastimukha*, *Nabhi (umbilicus)*, *Kukshi*, *Vankahana*, *Vrikka* (kidney), *Yakrit* (liver), *Pleeha* (spleen), *Hridya* (Heart), *Kloma*.^[2] *Acharya Charaka* mentioned 9 types of *Abhyantra vidradhi* excluded *guda vidradhi* others are same as described in *Sushruta Samhita*. *Acharya Sushruta* described stages of *Shoth* as *Apakva*, *Pachyaman* and *Pakva Avasthi*.^[3]

According to *Acharya Sushruta* symptoms of “*Kaphaja Vidradhi Sharavsadrish Pandu Sheeta Stabdhoalpavedana*:

Chiroththanprapakashcha Sakandushcha Kaphoththita.^[4] *Acharya Sushruta* also describe the uniqueness of *Kaphaja Vidradhi* that in edema disease caused by *Kapha*, due to the swelling being located in *Guda Dhatu* or due to injury, in many *Vyadhis* caused by injury, when all the symptoms of *Pakwa Vrana* are not visible, then by considering *Pakwa Shotha* as *Apakwa shotha*, *Vaidhya* got illusion^[5]. *Acharya* also mention about *Chikitsa* of *Kaphaj vidradhi* that if by one incision pus not drained properly then another incision is given either in the center of the wound or nearest to the wound. Wherever the movement and bulge of the *Dosha (Puya)* appears, one should make incision so that the *Doshas (Puya)* can't remain inside.^[6] An abscess is a localized collection of pus within tissue, usually caused by bacterial infection, characterized by swelling, pain, warmth, and sometimes fluctuation, although chronic or “cold” abscesses may lack typical inflammatory signs. Common complications include spread of infection (cellulitis), rupture with sinus or fistula formation, sepsis, and damage to adjacent structures. Management primarily involves incision and drainage (I&D) as the definitive treatment, along with appropriate antibiotic therapy, analgesia, and supportive care; deeper or complicated abscesses may require imaging-guided drainage and treatment of the underlying cause to prevent recurrence.

CASE REPORT:

A 54 years old Hindu married male patient farmer by occupation visited in the OPD of *Shalya Tantra*, National Institute of Ayurveda Jaipur, with the complaint of swelling in Right gluteal region. Local examination, a fluctuant swelling was present in the right gluteal region, where tenderness, raised temperature, skin discoloration or any skin disruption were not found. Symptoms of acute inflammation are found in normal abscess, except cold abscess, but in this case, despite the absence of cold abscess, these type of symptoms are absent which is different from normal abscess because of paralysis (right side hemiparesis). Patient had h/o trauma in cervical spine 5-6 years back and due to spine injury patient got weakness, wasting of muscles and numbness in whole extremities (right>>left) and didn't get any specific symptom except swelling in thigh region. According to Ayurveda, doctor also get confused and there is no pain, redness, raised temperature in case of *Kaphaja Vidradhi* so the doctor leaves the *Pakwa Vidradhi* as *Apakwa Vidradhi*.

On examination, *Kaphaja Vidradhi* (abscess) was found in right gluteal region. Patient had h/o trauma in cervical spine and due to spine injury patient got weakness, wasting of muscles and numbness in whole extremities and didn't get any specific symptom except swelling in thigh region.

On general examination, no pallor, icterus, edema, clubbing were present. No lymph nodes were palpable. Blood pressure was 130/80 mmhg.

Before starting the treatment; routine hematological tests, urine examination were done. (Table no. 1) on 1st visit almost 10 ml pus was aspirate from the swelling and sent for culture and sensitivity test. (Table no. 2)

THERAPEUTIC INTERVENTION:

After investigations and physical examination patient's line of treatment was planned into two terms one is *Shastra Karma* and another is *Shaman Chikitsa*.

Shastra karma (surgical procedure)

In surgical procedure incision (*Bhedan*) and drainage (*Visravan*) with counter incision followed by in situ corrugated drain and about 700 ml pus was drained under small amount of local anesthesia (inj. lignocaine 2%) and a sample was send for tuberculosis culture. Serum electrolyte of the patient was found with in normal range. No any chronic illness was found except cervical spine injury due to trauma 5-6 years back. After drainage of pus wound was cleaned with normal saline and dressed with *Jatyadi Tailam*. Daily dressing was done in first weeks after *Shastra Karma* then alternate day dressing was done till complete healing. At 4th pod corrugated drain was removed and dressing done with *Jatyadi Tailam*.

Shaman chikitsa

After *Shastra Karma* patient is treated with some oral drugs and locally application of drugs such as *Triphala Guggulu* 500 mg twice in day, a combination of *Rasamanikya*, *Shuddha Gandhak* and *Amalaki Churna* was given for 7 days and patient was advised to apply *Jatyadi Tailam* locally on the

wound. Follow up were done after every 7 -7 days. On 1st, 2nd and 3rd follow up

same treatment was given to the patient.

Table-1: Investigations:

Investigations	Observed Findings
Hb	15.8 g/dl
TLC	12.2
RBS	94.2 mg/dl

Table -2: Pus swab culture report:

Organism	Before	After
Staphylococcus aureus	Present	Absent

Table -3: Timeline and treatment prescribed

Follow up	Given treatment
1 st	1. <i>Triphala guggulu</i> 500mg <i>Rasa manikya</i> 75 mg <i>Shuddha Gandhak</i> 125 mg <i>Amalaki churna</i> 3 gm with luke warm water BD 2. <i>Jatyadi Tailam</i> for local application
2 nd	Repeated same t/t
3 rd	Repeated same t/t

Result

After one month the patient was found to have a substantial recovery in symptoms and culture test.



Figure-1: Before treatment

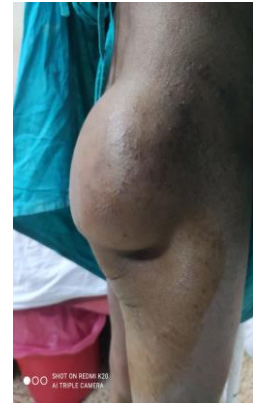


Figure-2: Before treatment lateral view



Figure-3: During Incision and drainage



Figure-4: During Incision and drainage



Figure-5: after I & D and placing of CR drain



Figure-4: After complete healing

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PUS PYROGENIC CULTURE & SENSITIVITY
SPECIMEN: COLONY COUNT

ORGANISM GROWN: *Staphylococcus aureus*

ANTIBIOTIC SENSITIVITY

Group A (Primary Drugs)	Interpretation	Group C (Supplemental Drugs)	Interpretation
Tigecycline	16-20 23 S	Chloramphenicol	13-18 I
Cefazolin	16-20 23 S	Ciprofloxacin	16-20 11 R
Clindamycin	15-20 23 S	Gentamicin	13-14 26 S
Ceftriaxone	>25 28 S	Spectinomycin	16-18 17 R
Group B (Optional Primary Drugs)		Group D (For Urine Only)	
Amoxicillin clavulanate	12-14 10 R	Nitrofurantoin	15-16 20 S
Cefuroxime	20-24 18 R	Fosfomycin	16-18 20 S
Linezolid	18-20 25 S	Reserve Drugs (Emergency Use Only)	
Doxycycline	18-15 19 S	Trimethoprim	13-19 10 R
Tetracycline	15-18 21 R	Ampicillin sulbactam	12-14 20 R
Vancomycin	15-15 21 S		

S-Sensitive I-Intermediate R-Resistant

Dr. Aditya Mishra
Consultant Microbiologist (MBBS, MD)

Figure-7: Investigations BT

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Tetracycline	15-18 21 R	Ampicillin sulbactam	12-14 20 R
Vancomycin	15-15 21 S		

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Figure-8: Investigations AT

DISCUSSION:

Acharya Sushrut has described *Bhedan Karma* in *Vidradhi*, *Granthi*, *Stanvidradhi*, *Vrinshopha* etc.^[7] in this case before starting the treatment all investigation were done and after that *Bhedan* and *Visravan Karma* done in patient. After this procedure, patient advice to apply *Jatyadi Tailamm* for wound healing and some compound drugs were advised for 1st 7 days. After every 7 days patient visited hospital for follow up.

In swellings (edema) caused by *Kapha dosha*, the inflammation is situated in the deeper tissues (*Dhātus*). Because the complete signs of maturity (suppuration) do not appear, even a mature swelling may be mistaken for an immature one, leading to confusion or ignorance on the part of the surgeons. In such a condition, if the skin shows normal coloration, the site of swelling is cold and thick, pain is minimal, and the

swelling feels hard and dense like a stone, then there should be no doubt (that it is *Kapha*-origin swelling).^[8]

Only that *Vaidhya* who clearly understands the three stages of swelling—*Amā* (immature), *Pachyamāna* (ripening), and *Pakva* (mature)—is truly called a *Vaidhya*; all others are to be regarded as impostors.^[9]

Jatyadi Tailamm is uses in *Naadivrana* and *Dushtavrana*^[10]. Most of the ingredients used in *Jatyadi Tailamm* are *Shothahara*, *Vedanasthapan* and *Ropak*, which are important in wound healing.

Triphala guggulu is well known for its wound healing properties. The drug is mentioned in *Yogaratanakar* under the chapter *Vidradhi Chikitsa*.^[11] It soothes the inflamed mucous layer and helps in checking the further infection. *Guggulu* is best known anti-inflammatory drug of ayurveda. *Rasa Manikya* has *Vata* and *Kapha Shamak* properties. The main

ingredient of *Rasa Manikya* is *Hartaal* which has anti-inflammatory property.^[12] *Gandhak Rasayan* mainly acts on skin, blood and it is *Rasayan* in action. *Gandhak* is *Ushna Veerya* and *Katu Rasa Vipaki* so act as best *Kaphagna* and *Kledaghna*.^[13] *Amalaki Churna* have anti-inflammatory, antipyretic and analgesic properties. It also have antimicrobial and antioxidant property.^[14] After one month of administration of medicine and local application of *Jatyadi Tailamm* wound was healed properly. *Staphylococcus aureus* infection found negative and medication was stopped.

Accurate diagnosis is of paramount importance in such cases. In the present case, classical acute inflammatory signs typically associated with an abscess were notably absent. In routine clinical practice, the absence of these signs may lead to a provisional diagnosis of a cold abscess. However, in this patient, the presence of hemiparesis contributed to an initial lack of symptom perception, thereby masking the clinical presentation.

Consequently, a detailed and systematic evaluation was undertaken, which helped to exclude the possibility of a cold abscess and establish the diagnosis of a chronic abscess. This clinical entity closely correlates with the description of Kaphaja Vidradhi as mentioned by Acharya Sushruta in classical Ayurvedic literature, where both its features and management have been elaborated.

Furthermore, it is noteworthy that such atypical presentations can pose a diagnostic challenge, and even experienced surgeons may encounter difficulty in arriving at a definitive

diagnosis without thorough investigation.

CONCLUSION:

In present case report it is significant that *Ayurveda* have an important role in *Vrana Ropan* mentioned in texts and all type of *Vidradhi* can easily treated by *Ayurvedic* formulation. *Ayurveda* gives an absolute result by not only relieving the symptoms but also by improving the general health of patient. In conclusion, accurate diagnosis plays a crucial role in atypical presentation of abscess.

Declaration of Patient consent:

The informed written consent has been taken from patient for publication of data and images without disclosing the identity of patient.

Limitation of study:

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor: The corresponding author is the guarantor of this article and its contents.

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REFERENCES:

1. Shastri AD. Sushrutsamhita ayurveda Tatvasandipika. 1st edition , nidana sthana 9, shlok no- 4-6, vol – 1, chaukhambha Sanskrit sansthan, Varanasi, 2013, p- 341
2. Shastri AD. Sushrutsamhita ayurveda Tatvasandipika. 1st edition , nidana sthana 9, shlok no- 7-18, vol – 1, chaukhambha Sanskrit sansthan, Varanasi, 2013, p- 342
3. Shastri AD. Sushrutsamhita ayurveda Tatvasandipika. 1st edition , sutra sthana 17, shlok no- 7-9, vol – 1, chaukhambha Sanskrit sansthan, Varanasi, 2013, p- 93
4. Shastri AD. Sushrutsamhita ayurveda Tatvasandipika. 1st edition , nidana sthana 9, shlok no- 9, vol – 1, chaukhambha Sanskrit sansthan, Varanasi, 2013, p- 342
5. Shastri AD. Sushrutsamhita ayurveda Tatvasandipika. 1st edition , sutra sthana 17, shlok no- 10, vol – 1, chaukhambha Sanskrit sansthan, Varanasi, 2013, p- 93
6. Shastri AD. Sushrutsamhita ayurveda Tatvasandipika. 1st edition , sutra sthana 5, shlok no- 11-12, vol – 1, chaukhambha Sanskrit sansthan, Varanasi, 2013, p- 24
7. Shastri AD. Sushrutsamhita ayurveda Tatvasandipika. 1st edition , sutra sthana 25, shlok no- 6-8, vol – 1, chaukhambha Sanskrit sansthan, Varanasi, 2013, p- 134
8. Shastri AD. Sushrutsamhita ayurveda Tatvasandipika. 1st edition , sutra sthana 17, shlok no- 10, vol – 1, chaukhambha Sanskrit sansthan, Varanasi, 2013, p- 93
9. Shastri AD. Sushrutsamhita ayurveda Tatvasandipika. 1st edition , sutra sthana 17, shlok no- 11, vol – 1, chaukhambha Sanskrit sansthan, Varanasi, 2013, p- 94
10. Sharangdhar samhita madhyam khanda, chapter 9/168
11. Satyavati GV. Commophora mukul: a study of anti-inflammatory activity. Rheumatism. 1969;4:141) :21-26
12. Rasa Tarangini. Sadananda sharma. Reprint ed. Varannasi: Motilal Banarsidass; 2012. 11th Tarang (Haritala Vijnaniya) verses 35-40. P- 130
13. Rasa Tarangini. Sadananda sharma. Reprint ed. Varannasi: Motilal Banarsidass; 2012. 8th Tarang (Gandhaka Vijnaniya) verses 38-42. P-45
14. Charak Samhita. Agnivesha; Revised by Charak and Dridhbala. Translated and edited by Sharma RK, Dash B. Varanasi: Chowkhambha Sanskrit Series office; 2014, Sutrasthana - Dravyaguna Vijnaniya Adhyaya, Chapter 26. P-34.