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Healing potential of *Panchatikta Ghrita* in the management of post drainage wound of Psoas Abscess- A Rare Case Report

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Abstract:
Psoas abscess is an unusual lesion that is unfamiliar to surgeon which can make an accurate and timely diagnosis. The symptoms often involve hip pain instead of abdominal or back pain. For this reason, the diagnosis of psoas abscess in patients who present with groin pain may be delayed because such pain is atypical for this condition. Here we report an interesting case of primary psoas abscess. A male patient of 50 years old age having watchmen was consulted in OPD of Shalya Tantra, Parul Ayurved PG hospital with complaints of pain associated with movements in the right hip joint, low-grade persisting fever and loss of appetite in last two months. On the basis of symptoms and USG report the case was diagnosed as psoas abscess. The right iliopsoas abscess was drained by open lateral approach under spinal anesthesia. The created big wound was treated with daily cleaning with *Panchavalkal Kwath* and dressing with *Pantchtikta Ghrita* for 8 weeks and finally wound healed completely.
Key words: *Pantchtikta Ghrita*, Psoas abscess, *Ropan*, *Vrana*, Wound

Introduction:

Iliopsoas abscess or psoas abscess first described by Mynter in 1881 in which there is a collection of pus in the iliopsoas compartment. The condition is also termed as psoitis. It may be depending on the presence or absence of underlying disease. The psoas abscess is classified as primary (30% cases) or secondary (70% cases). [1-2]The primary type is usually from an occult source in body and caused by hematogenous or lymphatic spread of bacteria. It is usually seen in immune compromised patients such as diabetics or alcoholics. The commonest organism causing this type of abscess is *Staphylococcus aureus* (88%), but other organisms such as streptococci (5%) and *Escherichia coli* (3%) are also be responsible for this abscess formation. [3]

The secondary type of iliopsoas abscess occurs as a result of local extension of an infective process. The two most common conditions leading to this type are the peritoneal inflammatory process and spinal pathology. Among these two conditions tuberculosis spine (Pott's disease) is said to be the most common cause (5% cases) of psoas abscess. The presentation of psoas abscess is sub-acute or chronic symptoms which patients consult delay towards surgeon. Most of the patients (almost 35% cases) are having symptoms that are back pain, painful/limited hip joint movement and low grade fever.[4]

In our case the psoas abscess was developed due to infection. In this

particular case, the patient had symptoms of low-grade fever and pain in the left hip for six months but was treated initially for typhoid fever and brucellosis according to the laboratory investigations performed outside our facility. Diagnosis of primary psoas abscess needs high clinical suspicion, meticulous clinical examination and radiology, microbiological investigations and histopathology. In our patient, radiological investigations led to the diagnosis, which was later confirmed by microbiological and histo-pathological reports of the drained pus. It was diagnosed as primary tubercular psoas abscess as no other source of tuberculosis was traceable.

Case History:

A male patient of 59 years old age having watchmen was consulted in OPD of Shalya Tantra, PG Parul Ayurved hospital with complaints of pain associated with movements in the right hip joint, low-grade persisting fever and progressive loss of appetite the in last two months. Chest examination was within normal limits and there was no lymphadenopathy. There was no past or family history of tuberculosis, hypertension, or diabetes mellitus. Paracetamol and diclophenac sodium was given to patient but patient did not get relief completely and pain was temporary subsided but swelling was gradually increased. Before 1 month patient was not able to stand due to pain. Patient was anaemic with feeling of severe weakness and due to that patient stopped working. As there was no improvement with conservative treatment so he was admitted in male shalya ward (MSW) of Parul Ayurvedic hospital, Limbda, Vadodara for further investigations and management.

On examination of patient was febrile and there was round shape swelling at lateral side of left iliac region with reddish and periphery greenish discolouration size of swelling of approx 11 cm with oedematous surface (Figure-1). Tenderness was found on swelling and fluctuation was positive at site of swelling.

In blood investigations [haemoglobin 6.8 gm/dl, WBC- 43400/ micro litre, Platelet-792000 /micro litre, ESR-140 mm in 1 hour, RBS was 218 mg/dl (Table-1)] were in favour of severe infection. Ultrasonography (USG) of local area suggested 11cm x 6 cm sized left psoas abscess at left peraspinal region of lower back P/O collection with air foci. Rest of abdomen was normal in USG. Hence on the basis of symptoms, local findings, laboratory investigation and USG report we made diagnosis as psoas abscess.

Methodology/ Treatment given:

The right iliopsoas abscess was drained by open lateral approach under spinal anesthessia and pus was sent for microbiological investigations and histopathology (Figure-2-3). The pus was positive for acid fast bacilli. After the report of pus culture and sensitivity Pipracillin + tazobactum antibiotic started by intra venous route for 7 days along with analgesics and multivitamins. The wound cleansing was done with luke warm *Pantchvalkala Kwatha* daily two times for initial 15 days. [5] After cleaning the wound dressing was done *Pantchtikta Ghrita* (Table-2) in the form of *Pichu* (tape gauze) daily two times morning and evening for 15 days (Figure-6).[6] Along with the local wound care *Pantchtikta Ghrita Guggulu* and *Gandhaka Rasayan* was given orally for complete 2 months up to healing of wound. Along with these treatments AKT was started as extra pulmonary TB and continued for 6 months.

Table-1: Laboratory Investigations:

Investigation	**Observed values**	**Normal values**
Hb%:	6.8	13.5 -18 g/dl
RBS:	218 mg/dl	70-140 mg/dl
WBC:	43400	4000-10500 micro litre
DLC (Neutrophilla with toxic granulation)	**N:**90 % **E:**1 % **B:**0 % **L:** 8 % **M:**1%	50-70% 0-7% <1 % 20-40% <10%
Platelet:	792000/cumm	150000-450000/cu mm
ESR:	140 mm in 1 hour	2-13 mm in 1 hour
BT	3min 50 sec	
CT	6min 40sec	
Sr.urea:	73 mg/dl	15-37mg/dl
Sr. Creatnine:	1.4 mg/dl	0.5 -1.5 mg/dl
Sr.Uric acid:	7.1 mg/dl	3.5 -7.2 mg/dl

Table-2: Ingredients of Panchatikta Ghrita (3.072 liters**)**

Ingredients	**Botanical name**	**Quantity**
Nimba/ neem	*Azardica indica*	480 g
Patola	*Luffa acutangula*	480 g
Vyaghri	*Solanum xanthocarpum*	480 g
Guduchi	*Tinospora cordifolia* Linn.	480 g
Vasa	*Adhatoda vasica*	480 g
Haritaki	*Terminalia chebula*	128 g
Vibhitaki	*Terminalia bellirica*	128 g
Amalaki	*Emblica officinalis*	128 g
Ghrita	Clarified butter	768 ml
water for decoction	Tap water	12.288 liters

Progress of wound healing:

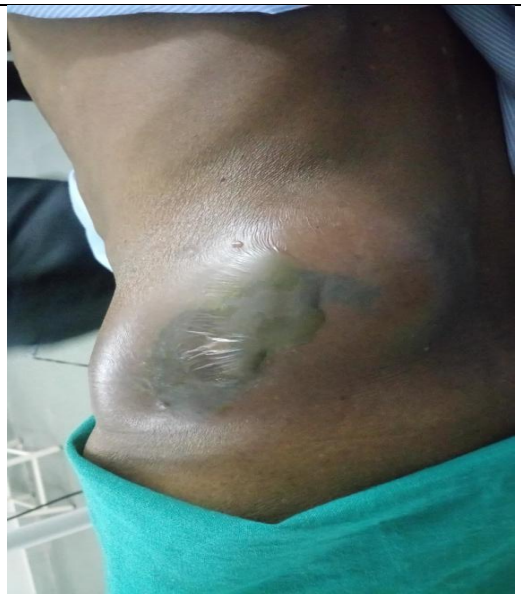

Fig-1: Iliopsoas abscess (Patient in OT Before I and D)

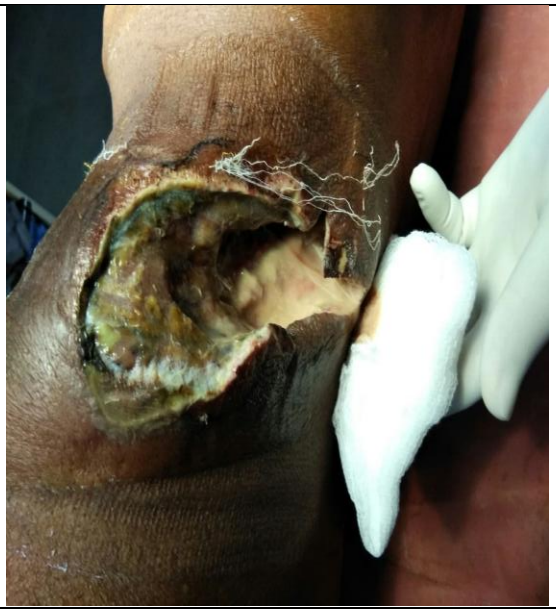

Fig-2: Wound status After I and D

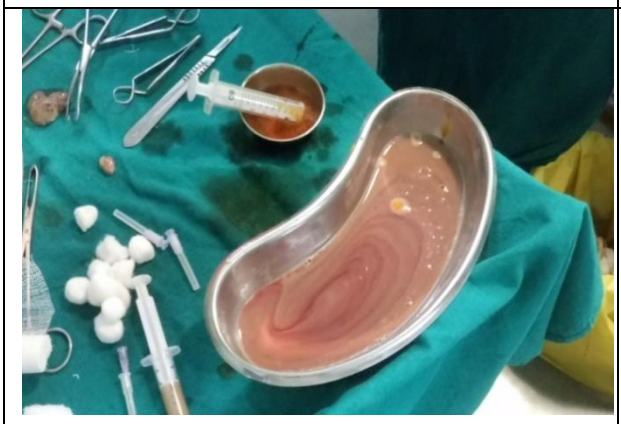

Fig-3: Drained pus after I and D

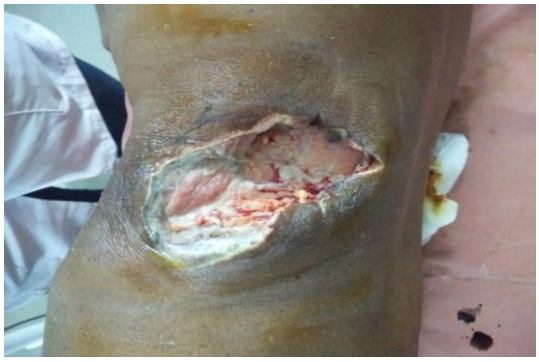

Fig-4: Wound Status after one month daily dressing with Panchatikta Ghrita

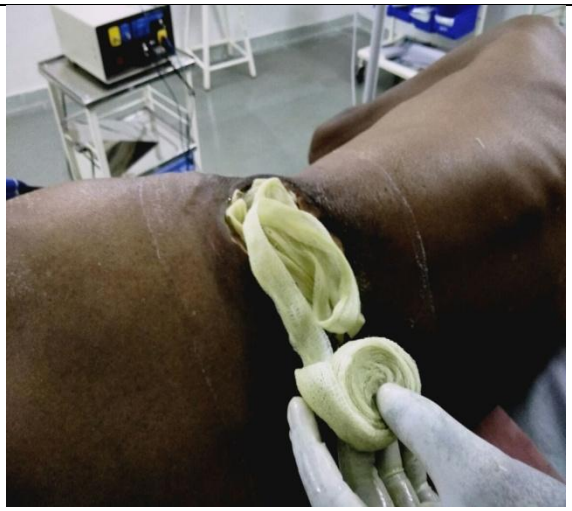

Fig-5: Packing of Panchatikta Ghrita in wound daily once in the morning

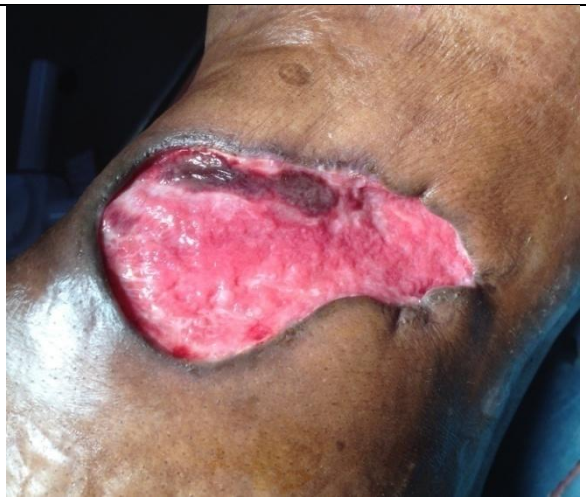

Fig-6: Clean and healing wound after application of Panchatikta Ghrita

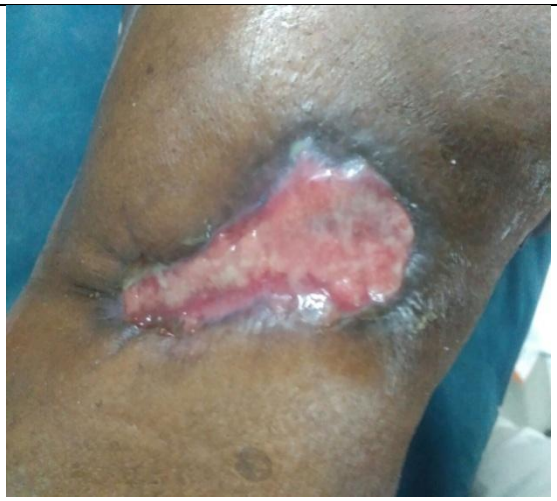

Fig-7: Healed scar of post drainage wound due to psoas abscess

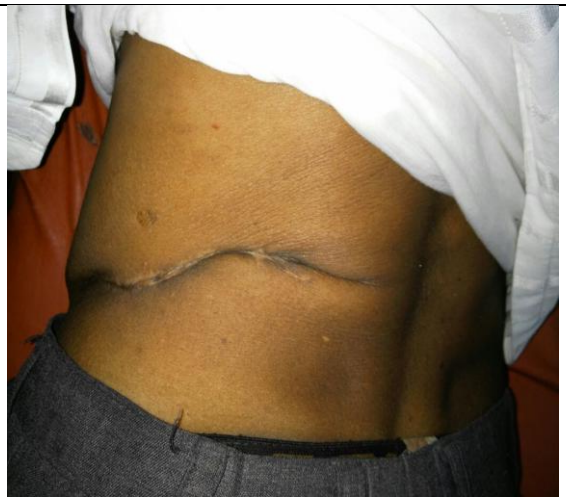

Fig-8: Follow up after 3 months with simple scar

Result and Discussion:

The wound case was done in the hospital for 1 month in IPD and the measurement of wound was taken (16 cm x 11 cm). After surgery the wound was so ugly with foul smell with discharge, necrosed tissue and sign of infection (Figure-2). Daily dressing and IV antibiotics continued for 10 days and after 30 days the wound became clean with reduced size (8cm x3cm) and looking good (figure-4). Dressing with panchatikta ghrita was done with packing of ghrita soaked gauze pieces in the cavity daily (Figure-5). After one and half month wound became clean with normal granulation tissue and marked wound contraction without inflammation (Figure-6). Lastly after 2 months wound was healed completely with white scar (Figure-7). After complete healing patient was followed up after one month and there was a normal post scar (Figure-8).

Panchatikta refers to herbs which are bitter in test which are the main ingredients in this herbal ghee. It is widely used as medicine for the treatment of deep seated ulcers and abscess, sinus, asthma, rhinitis, cough and cold, cardiac diseases and gout and conditions such as psoriasis and arthritis.[7] It is useful in relief of the inflamed part of the body, mostly due to aggravated *Pitta Dosha* and purify the blood from toxins. It is also beneficial in skin disorders of *Vata* and *Kapha Dosha*. It acts on aggravated *Kapha* and *Pitta Dosha* so it is beneficial in this case due to tridosha properties.

Panchavalkal, have five ingredients which are *Kashaya rasa* (Astringent) predominance and clinically found *Shodhan* activity. [8] In this case also it is helpful for the sloughing out the dead tissue and *Shodhan* of wound. The oral drugs *Gandhak Rasayan* is helpful to improve the immunity system as it is one of the *Rasayan* drug in Ayuveda.[9] So with the help of local application of the *Panchavalkal Kwath* for *Shodhan*, *Panchatikta ghrita* for *Ropan* and systemic drugs healed the big wound effectively.

Conclusion:

This single case study highlighted that post drainage of psoas abscess can be healed with *Panchatikta ghrita* and oral medication without complication. This is safe, cost effective and good healing potential drug for the wound care and need to be studied further in more number of cases for its validation.

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