

## Role of Dashang Lepa in the management of Parotid Abscess - A Case Report

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Parotid abscess is a suppurative condition of the parotid gland and adjacent space, commonly managed with intravenous antibiotics and surgical drainage. However, incision and drainage may result in complications such as facial nerve injury, salivary fistula, secondary infection, and delayed healing. Ayurveda does not mention parotid abscess directly but correlates it with Pittaja Vidradhi, which is characterized by rapid onset, suppuration, swelling, blackish discoloration, fever, and burning sensation. Present case is a 46-year-old female patient presented with swelling, throbbing pain, pus discharge, and difficulty in mastication. She was treated in the Shalakya Tantra dental OPD with internal medicines including Avipattikara Churna, Guduchyadi Kwatha, and Aushadha Siddha Jala, along with external application of Dashanga Lepa. Pathya Apathya (dietary and lifestyle regulations) were strictly advised. Within one week, the patient experienced almost complete relief. Dashanga Lepa, supported by internal medicines and Dosha-based management, provided safe and effective treatment for parotid abscess, highlighting Ayurveda's holistic approach.

**Keywords:** Parotitis, Parotid Abscess, Dashanga Lepa, Pittaja Vidradhi

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## Introduction

Parotid abscess is suppuration of the parotid space. Contents of parotid space include parotid gland and its associated parotid lymph nodes, facial nerve, external carotid artery and retromandibular vein. The fascial layer is very thick superficially but very thin on the deep side of the parotid gland where the parotid abscess can burst to form a parapharyngeal abscess and then spread to the mediastinum.[1]

Dehydration, particularly in postsurgical cases and debilitated patients, with stasis of salivary flow is the predisposing cause. Infection from the oral cavity travels via the Stenson's duct to invade the parotid gland. Multiple small abscesses may form in the parenchyma. They may then coalesce to form a single abscess. Furthermore, parotid abscess is a dangerous complication of parotitis. The most common organism is *Staphylococcus aureus* but *Streptococci*, anaerobic organisms and rarely the Gram-negative organisms have been cultured.[2]

Clinical features include swelling, redness, indurations and tenderness in the parotid area and at the angle of mandible. Parotid abscess is usually unilateral, but bilateral abscesses may occur. Fluctuation is difficult to elicit due to thick capsule. Opening of the Stenson's duct becomes congested and may exude pus on pressure over the parotid. The patient is toxic, running high fever and dehydrated.[3]

Treatment of parotid abscess is to correct dehydration, improve oral hygiene and promote salivary flow. Intravenous antibiotics are instituted. Surgical drainage under local or general anaesthesia is carried out by a preauricular incision as employed for parotidectomy. Skin flap is raised to expose the surface of the gland, and the abscess or abscesses are bluntly opened working parallel to the branches of the VIIth nerve. Skin incision is loosely approximated over a drain and allowed to heal by secondary intention.[4]

A direct description of parotid abscess is not found in *Ayurvedic* texts, but it can be correlated with *Pittaja Vidradhi*. The classical symptoms include swelling similar to *Pakwa Udumbara* (ripened fruit of cluster fig), *Shyava Varna* (blackish discoloration), along with *Jwara* (fever) and *Daha* (burning sensation). Term *Kshipra Utthana Prapakavastha* denotes its rapid onset and quick suppuration.[5]

Ayurveda also highlights that not every disease is mentioned by name; rather, the line of treatment should be based on *Dosha* involvement and *Samutthana Vishesha* (the specific causative factors).[6]

The conventional treatment of parotid abscess involves incision and drainage through a preauricular incision. Although this surgical procedure is associated with several potential complications such as injury to the branches of the facial nerve, salivary fistula formation, secondary infection, and delayed wound healing. In contrast, *Dashanga Lepa* has significant therapeutic benefits in such cases.

Its anti-inflammatory, analgesic and *Kledahara* properties help in reducing pain, swelling, and suppuration without the need for invasive intervention. Clinical observations suggest that *Dashanga Lepa* provides a safe, simple, and effective alternative, ensuring complete healing while eliminating the risks associated with surgical management.

## Case Report

### Chief Complaints with Duration

A 46-year-old female patient has been suffering from swelling over the left pre auricular region associated with throbbing pain. She also complained of pus discharge from the mouth and difficulty in mastication. She reported episodes of bleeding from the gums.

The patient was asymptomatic until two years ago, when she suddenly developed swelling over the left pre auricular region accompanied by mild pain. In addition, the patient had fever, malaise, and vomiting. These symptoms persisted for 2-3 days and resolved after receiving antibiotic and antipyretic treatment from the dental hospital. However, this time the symptoms were more severe compared to the previous episode. She presented with swelling and throbbing pain over the pre auricular region, along with pus discharge from the mouth, difficulty in mastication and bleeding from the gums. She again visited a dental hospital, where surgical intervention was advised. On the same day, the patient came to our dental OPD seeking treatment for the same condition.

**Past History:** Recurrent history of sialadenitis

## Personal History

A) *Kshudha* - Poor *Agnimandya* (low digestive power), *Amla Udgara* (sour eructation), *Gal Pradeshe Daha* (burning in throat), *Hrallasa* (nausea).

B) *Nidra* - *Samyaka*

C) *Mala Pravrutti* - *Vibandha* (constipation)

D) *Mutra Pravrutti* - *Samyaka*

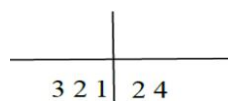
## Oral Examination

Oral hygiene - Poor

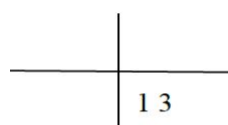
Pus point on opposite to maxillary second quadrant second molar tooth. Pus came out from pus point.

Gum recession on lower anterior tooth

Generalized marginal calculus present



Mobile tooth IRT -



Missing tooth IRT -

## Materials and Methods

A patient presenting symptoms of parotid abscess was selected from the *Shalakya Tantra* OPD of ITRA Jamnagar. Both internal as well as local treatments were given to the patient. A medicinal drug *Dashanga Lepa* was selected based on the classical reference of *Bhaishajya Ratnavali*. [7]

## Therapeutic Intervention

After examining the patient, *Avipattikara Churna* was administered for *Deepana*, *Pachana*, and *Anulomana* to address digestive symptoms such as *Agnimandya* (low digestive power), *Amla Udgara* (sour eructation), *Gala Pradeshe Daha* (burning in throat), as *Agnimandya* can lead to various disorders. Additionally, *Guduchyadi Kwath* was prescribed considering *Pitta Pradhana Jwara* (fever) *Avastha* as *Kantha* and *Talupaka* are symptoms of *Pittaja Jwara*. A combination of *Guduchi*, *Haritaki* and *Sunthi Churna* in the form of *Aushadha Siddha Jala* (medicated water) was given to patient for *Ama Pachana*, as *Ama* is compared with *Visha*,

Possessing *Sukshma Guna* which causes *Rakta Prakopa* and spreads in *Srotasa* (channels) causing *Vikara* (disease). *Aushdha Siddha Jala* has *Sukshma Guna* due to *Agni Sanskara*. *Dashanga Lepa* was applied externally over the pre auricular area.

## Pathya Apathya (dietary and lifestyle guidelines)

The patient was strictly advised to avoid heavy meals, cold drinks, ice cream, junk food, curd, salad, fruit, fermented food items, and spicy foods. The regular intake of *Aushadha Jala* throughout the day was recommended as part of their routine. *Pravata Sevana* (Head wind) *Diwaswapa* (daytime sleeping), *Ratri Jagarana* (night awakening), over eating should be avoided. Strictly advised to take only green gram and rice for 3 days around 7:30 PM.

**Table 2: Content of Dashanga Lepa (Bhaishajya Ratnavalli. Visarparogadhikar)**

SN	Drug	Botanical Name	Part Used	Proportion
1.	Shirisha	Albizzia Lebbeck Benth. Fabaceae	Bark	1 part
2.	Madhuyasthi	Glycyrrhiza glabra Linn.	Root	1 Part
3.	Raktchandana	Pterocapus Santalinus Linn.	Heart wood	1 Part
4.	Tagara	Valeriana Wallichii DC.	Root	1 part
5.	Ela	Elettaria Cardomomum Linn.Maton	Seed	1 part
6.	Haridra	Curcuma Longa Linn.	Rhizome	1 part
7.	Daruharidra	Berberis Aristata DC.	Stem	1 part
8.	Jatamansi	Nardostachys Jatamansi DC.	Root/ Rhizome	1 part
9.	Kushtha	Saussurea Lappa C.B. Clarke	Root	1 part
10.	Hribera	Pavonia Odorata Willd	Root	1 part

## Observation and Results

Within one week of treatment, the patient reported almost complete relief in symptoms. The swelling and throbbing pain over the pre - auricular region subsided markedly. Pus discharge and bleeding from the gums were no longer observed. The patient also experienced significant improvement in mouth opening and mastication, indicating functional recovery. Local redness was reduced, and overall facial symmetry was completely restored. The management successfully resolved the *Pakva Avastha* (suppurative stage) of the abscess without recurrence and further progression of the abscess during follow-up.

### Pictogram of Parotid Abscess



**Before Treatment**



**After Treatment - 1 Week**

### Discussion

*Dashanga Lepa*, known for its anti-inflammatory properties, According to *Ayurvedic* principles, formulations like *Lepa Kalpana* are not only beneficial in skin diseases but can also be effectively applied in inflammatory conditions such as parotid abscess. *Lepa* is prepared by grinding medicinal substances into a smooth paste for local application, which provides both symptomatic relief and curative benefits. *Dashanga Lepa* is one such classical formulation that is widely used in *Visarpa*, *Shotha*, *Kushtha*, *Jwara* and *Vrana*, owing to its *Shothahara*, *Vedanasthapana*, *Kushtaghna*, and *Raktashodhaka* properties.

These same principles can be extended to conditions like parotid abscess, where inflammation, pain, and suppuration are the prime features. The ingredients of *Dashanga Lepa* predominantly exhibit *Katu - Tikta Rasa* and *Ruksha Guna*, which assist in *Sroto Shodhana* and reducing local *Kleda*. Its *Raktashodhaka* action purifies blood locally and helps in controlling the spread of *Dushta Rakta Dhatu*, thereby reducing suppuration. Furthermore, *Bhrajaka Pitta* situated in the skin, facilitates the absorption of medicine.

From a modern point of view, *Dashanga Lepa* reduces prostaglandin levels, thereby alleviating both pain and inflammation. Improved blood circulation at the site enhances nutrient supply and accelerates the healing process.

### Conclusion

The present case demonstrates the successful management of parotid abscess with *Dashanga Lepa* and internal medicines, avoiding the need for surgical drainage. The formulation effectively reduces inflammation, pain, and suppuration, restoring normal function without complications. This highlights the therapeutic potential of *Dashanga Lepa* in conditions resembling *Pittaja Vidradhi*, where rapid onset and suppuration are predominant.

Ayurveda emphasizes that not every disease is mentioned by name in the classics; instead, treatment is planned according to *Dosha* involvement and *Samutthana Vishesha* (causative factors). By following these fundamental principles, even complex conditions like parotid abscess can be managed effectively. Thus, *Dashanga Lepa* represents a safe, non-invasive, and complication free modality, reinforcing the holistic *Ayurvedic* approach of treating the root cause and ensuring complete healing.

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