

A CASE REPORT OF PILONIDAL SINUS (NADI VRANA) TREATED BY GUGGULU KSHARSUTRA

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Abstract

Pilonidal sinus can be compared with *shalyaj nadi* described in *Ayurveda*, It is a type of *Dushta vrana* commonly seen in sacrococcygeal region, wherein a blind tract is formed containing weak hair accumulation in the hair follicles, which if ignored can be chronic and may undergo acute exacerbation. Sushruta, father of Indian surgery advocated use of *ksharsutra* in the management of *nadi vrana* i.e pilonidal sinus. A case report of 38 years old – young male, who presented with complaints of a sinus at natal cleft region associated with pain, discharge, slough, odour, edema and discoloration of the skin with a history of 8 months has been discussed in this article.

Key words: pilonidal sinus, *nadi vrana*, *dushta vrana*, *guggul ksharsutra*

Introduction

The word *nadi* implies a tunnel or tube like structure and the *nadi vrana* is treated as sinus. Sinus is a blind tract lined by granulation tissue or epithelium. Pilonidal sinus is quite similar to *shalyaj nadi* described in *Ayurveda*.

Pilonidal means nest of hair & it is derived from the Latin word for hair (*pilus*) and nest (*nidus*)¹, it is a benign disease that occurs in young adults in the age group of 15-30 years after puberty when sex hormones are known to affect pilosebaceous glands & change healthy body hair growth². Pilonidal sinus is a short tract leading from an opening in the skin near natal cleft region or intergluteal region containing hair usually presented during third decade. As far as the management of pilonidal sinus is concerned various treatments have been developed so far by modern medical science.

The main principle of treatment of pilonidal sinus is to eradicate the sinus tract, complete healing & also prevention of recurrence. So many different techniques have been developed e.g. Z-plasty procedure, cryosurgery, vacuum assisted closure, excision with secondary healing, excision with primary closure, local flap surgery etc. Modern treatment employs wide excision which usually depends on secondary healing and leaves an ugly scar behind whereas treatment of pilonidal sinus using *ksharsutra* is basically a parasurgical procedure which requires minimal incision and produces very less scar. Management of pilonidal sinus with *ksharsutra* is also cost effective and is a day care procedure in which patient is discharged on the same day and asked to visit the hospital on 7 days of intervals.

In *Ayurvedic* texts, no direct reference to pilonidal sinus as a disease entity is found. However, *Shalyaj nadi* described by *Sushruta* is quite similar to pilonidal sinus. In this article case report of a recurrent pilonidal sinus successfully treated by *guggul ksharsutra* is discussed.

CASE REPORT

A male patient, aged about 38 years, presented with a sinus at super natal cleft region associated with pain, redness and oedema in the outdoor patient department (OPD) of *Shalya Tantra*, Apex institute of *Ayurvedic* Medicines and Hospital, Chunar, Mirzapur, Uttarpradesh. Patient was thoroughly examined locally as well as systematically. The local findings revealed a foul smelling sinus tract extending from the skin near super natal cleft region to subcutaneous tissues beneath associated with slough and purulent discharge. All the other laboratory findings were found to be within normal limits. There was no history of DM, TB, HTN or any other major ailments. Patient presented a history that he underwent surgery

for couple of times by local Bengali doctor, in which he used a thread (not known) in the surgery but wound created by him during surgery did not heal even after 6 months of continuous treatment. As stated by the patient, he consulted many doctors but the wound remained the same causing a big financial burden on him. One of the doctors he consulted suggested him to go with *Ayurvedic* treatment for the same that is why he visited Apex trust hospital, Mirzapur.

Intervention

Under all aseptic conditions the local area was painted with antiseptic solution and draped with sterile cut sheet. Lignocaine 1% solution was injected in and around the sinus so as to achieve local anesthesia. Sinus tract was widened using artery forceps and weak accumulated hair present in the sinus tract was removed. Now the sinus was irrigated with sterile water and antiseptic solution. A malleable silver probe was then inserted in the sinus and was taken out from the other end of sinus by piercing. Following the probe a *ksharsutra* (guggulu) was put in situ and its ends were tied. A cutting axis was also made in the sinus and the same was extended using scissor. *ksharsutra* was changed in every visit of the patient. In third visit, the sinus tract was lay opened (cut through) and patient was released from the hospital. After 1 month of cut through procedure wound healed completely leaving minimal scar behind. Along with above procedure patient was also advised to take regular light, protein-rich diet and *Triphala guggulu* 2TDS, *Amalaki rasayan* 3gm BD, *Arogyavardhni bati* 2BD, *Ropan Shashank* for local application.

OBSERVATION AND RESULTS

After 7 days of application of *ksharsutra* the clinical features of the *vrana* were improved i.e. the foul smell, continuous discharge and pain subsided apparently. By the end of 14 days healthy granulation tissue started to appear. On 21st day, cut through was done in the remaining tract and patient was discharged from the hospital advising to apply *Ropan Shashank* locally twice a day for a month. Patient revisited the hospital after 1 month and on examination, the wound healed completely leaving minimal scar behind. With a follow up for a period of 3 months, the patient showed no signs of recurrence.

DISCUSSION

Effect on vrana vedana (i.e.pain): Initially there was much pain and tenderness in and around the sinus tract but after 7 days of primary treatment, the pain and tenderness reduced to a great extent.

Effect on varna (i.e.colour): Change in the colour occurred as it got converted from *Dushta vrana*³ to *shudha vrana*⁴. After 14 days of treatment, the slough almost disappeared and the healthy pinkish granulation tissue came in appearance.

Effect on strav (i.e.discharge): Initially there was presence of purulent discharge but by the end of 2nd week, discharge from the sinus reduced. Slight serous discharge was present during treatment and complete disappearance of discharge was noticed by the end of 21 days of treatment.

Effect on gandha (i.e. odour): The foul smell present in the beginning subsided apparently by the end of 7 days.

Effect on akriti (i.e. shape): After 50 days of *ksharsutra* treatment the tract healed completely and had all signs of *rudha vrana*⁵ (i.e.healed wound) .



CONCLUSION

ksharsutra therapy is one of the most important therapeutic procedures described in *Ayurveda*. This minimal invasive procedure has very good potential in the management of *pilonidal* sinus or *nadi vrana*. Therapy has its origin from *Ayurveda* and it is well accepted by the patients of all age. When it comes to treat people who panic or abstain from surgery, this therapy helps a lot with remarkable results.

REFERENCES:

1. Gray's Anatomy Williams P.L, 38th Ed. ELBS, 1995.
2. Maurice BA, Greenwood RK. A conservative treatment of Sacrococcygeal Pilonidal Sinus. Br Journal of Surgery 1964; 51:510-12
3. Sushrut Sambhita, Ayurved tatva sandipika, edited by Kaviraj Dr. Ambikadatta shashtri: Published by Varanasi, Choukhamba sanskrit Sansthan- Reprint 2011. Sutra Sthan 22/7, page.no. 123.
4. Sushrut Sambhita, Ayurved tatva sandipika, edited by Kaviraj Dr. Ambikadatta shashtri: Published by Varanasi, Choukhamba sanskrit Sansthan- Reprint 2011. Chikitsa Sthan 1/7, page.no. 4.
5. Sushrut Sambhita, Ayurved tatva sandipika, edited by Kaviraj Dr. Ambikadatta shashtri: Published by Varanasi, Choukhamba sanskrit Sansthan- Reprint 2011. Sutra Sthan 23/20, page.no. 128.