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# Management of Hidradenitis Suppurativa by *Guggulu* based *Apamarga Ksharasutra* - A Case Study

Dr. Sarika AK<sup>1</sup>, Dr. M. R. Poornima<sup>2</sup>, Dr. Srinivasa Masalekar<sup>3</sup>

<sup>1</sup>Post Graduate Scholar, Department of Shalya Tantra, Govt. Ayurveda Medical College, Bengaluru, Karnataka, India.

<sup>2</sup>Post Graduate Scholar, Department of Shalya Tantra, Govt. Ayurveda Medical College, Bengaluru, Karnataka, India.

<sup>3</sup>Associate Professor, Department of Shalya Tantra, Govt. Ayurveda Medical College, Bengaluru, Karnataka, India.

## ABSTRACT

Hidradenitis Suppurativa (HS) is a chronic infective and fibrous disease of the skin bearing apocrine sweat glands characterised by recurrent painful deep seated rounded nodules and abscesses. Axilla, groin, perianal and perineal regions are the common sites. Onset is usually after puberty between 20 and 40 years of age. This recurrent inflammatory skin condition with an estimated prevalence of 1-4 % is more frequent in women. The disease tend to become chronic with subcutaneous extension leading to indurations, sinus and fistula having a profound impact on the quality of life. The clinical features of HS can be compared with *Naadivrana* mentioned in classics. The treatment modalities of *Naadivrana* includes mainly *Shodhana* and *Ksara Sutra* application are adopted in the present case. In modern system of medicine there are no curative (medical) therapies for HS, only symptomatic treatment can be done. This includes adjuvant therapy (e.g., pain management, smoking cessation, weight loss, treatment of super infections, hygiene practises, topical wound dressings) to topical and systemic agents (e.g., antibiotics, anti-inflammatory agents, anti-androgen drugs) and surgical interventions such as excisional surgery and laser surgery. *Shodhana Chikitsa* is not only effective in eliminating toxins. It has a wide range of therapeutic uses such as improving circulation immunity and eradicating diseases etc, *Guggulu* based *Apamarga Kshara Sutra* has the combined effect of *Apamarga Kshara*, *Guggulu* and Turmeric and said to be unique drug formulation for cutting and healing of sinus tract.

**Key words:** *Hidradenitis Suppurativa*, *Naadivrana*, *Shodhana*, *Guggulu* based *Apamarga Kshara Sutra*.

## INTRODUCTION

This is a chronic inflammatory disease culminating in suppurative Abscesses, sinus tracts, and scarring. It most commonly occurs in the skin of axillae and groins, which contains apocrine glands. Less common sites include scalp, breast, chest and perineum. HS appears to have a genetic predisposition with variable penetrance, and is strongly associate with obesity, smoking, poor hygiene, diabetes mellitus and steroids.

### Address for correspondence:

Dr. Sarika AK

Post Graduate Scholar, Department of Shalya Tantra, Govt.

Ayurveda Medical College, Bengaluru, Karnataka, India.

E-mail: mr.poornima4@gmail.com

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The pathophysiology involves follicular occlusion followed by folliculitis and secondary infection with skin flora (usually staphylococcus aureus and Propionibacterium acnes). Clinical course of disease is highly variable. Mild cases may present as recurrent isolated nodules, while severe instances of the disease with chronic inflammation may leads to scarring, cicatrisation, contractures, keloids and rarely squamous cell carcinoma. Secondary infection and hormonal influence plays a major role in the disease expression. Clinically patients develop tender, subcutaneous nodules which may not point and discharge, but usually progress to cause chronic inflammation and scarring.<sup>[1,2,3]</sup>

### Diagnostic criteria

Diagnosis relies on the presence of,

- Typical lesions i.e., deep seated painful nodules: “blind boils” in early lesions: abscesses, fistular, bridged scars and “tomb stone” open comedos in secondary lesions.

- Typical topography i.e., axilla, groin, perianal region and infra mammary region.

#### Severity grading/stages

The 3 clinical stages are

- Stage 1: Single or multiple abscess formation, without sinus tracts and cicatrization.
- Stage 2: Recurrent abscesses, with tract formation and cicatrization. These may be single or multiple widely separated lesions.
- Stage 3: Diffuse or near diffuse involvement or multiple interconnected tracts and abscesses are observed across the entire area<sup>[4]</sup>

The classification is useful as a guide to choose between medical and surgical treatment.

The condition is managed by advising patients to stop smoking and lose weight where appropriate. Symptoms can be reduced by the use of antibiotic soaps, tea tree oil and non-compressive and aerated underwear. Medical treatments include topical and oral antibiotics and anti-androgen drugs. In some cases patients may require radical excision of the affected skin and subcutaneous tissue with reconstruction. Healing by secondary intention more frequently leads to contractures and functional impairment. In ayurvedic texts no direct reference to Hidradenitis Suppurativa is found. But in *Susrutha Samhita* there is description regarding 8 types of *Naadivrana*, whose clinical features can be compared with HS.<sup>[5]</sup>

#### CASE REPORT

A female patient aged 19 years, n/k/c/o DM or HTN or Hypothyroidism, presented with the complaint of multiple pus discharging abscesses with localized hardened areas in both axillae and groins region since age of 12, even before her menarche, which was recurring in nature. She consulted at nearby hospital but found no relief. So, for further management she consulted at our hospital.

**Family history** - Nothing Significant

#### Personal history

Diet - Mixed, Built - Normal, Nourishment - Moderate, Gait - Normal, Habits - Nothing Specific

**Menstrual history** - Regular cycles, 3-5/26-28 days with dysmenorrhoea.

#### Clinical examination findings

- Pallor - Absent
- Icterus - Absent
- Clubbing - Absent
- Cyanosis - Absent
- Lymphadenopathy - Absent
- Odema - Absent

#### Systemic examination

**CVS** - s1s2 heard no added heard, NAD pr - 80 beats / min

**RS** - NVBS heard, no added sounds heard, NAD rr- 21/min

**GIT** - p/a soft non-tender, no organomegaly

**CNS** - hmf intact, orientation to time place person intact, cr. Nr. Within normal limits

#### Local examination

Right and Left axillae

Inspection - blackish discoloration of the area with 3-5 muco-purulent abscesses with opening

Palpation - slight raise in temperature, with tenderness and had communicating sinuses between the openings

#### Right and left groin

Inspection - blackish discoloration of the area with 3-5 muco-purulent abscesses with opening.

Palpation - slight raise in temperature, with tenderness and had communicating sinuses between the openings.

#### MANAGEMENT

- Patient was initially planned for *Shodhana* followed by *Shamana*.
- *Snehapana* was done with *Guggulu Tiktaka Ghritam* in the dose of 30ml, 60ml, 90ml, 120ml,

150ml, for 5 days followed by *Abhyanga* with *Eladi Taila* and *Parishekha Sweda* with *Nalpamaradi Kwatha*.

- *Virechana* was planned with 50gms of *Trivrut Avaleha* with *Triphala Kashaya Anupana*. And patient had 18 *Vegas (Avara Shuddhi)*, so 3 days of *Samsarjana Krama* was followed.
- For *Shamana Oushadha*, *Trayantadi Kashayam*<sup>[6]</sup> 3tsp BD+ *Gulgulu Panchapala Churna*,<sup>[7]</sup> 1tsp HS with *Madhu + Madhusnuhi Rasayana*<sup>[8]</sup> 1tsp OD in empty stomach + *Guggulu Tiktaka Ghrita* 1 tsp at night.
- Locally, *Parishekha* was done with *Triphala Kashaya* and followed by *Guggulu* based *Apamarga Kshara Sutra* was tied to the tracts connecting the opening which was changed every week till the tract cut opened.

## RESULT

After the whole *Shodhana* process, she had lost her initial weight of 96kgs to 87 kgs and the abscesses at the groin region were completely healed. And after 5 sitting of *Kshara Sutra*, the openings of axillae got healed.

## DISCUSSION

*Acharya Sushruta* has explained *Upanaha*, *Prakshalana*, *Kshara Taila Poorana* and *Ksharasutra Prayoga* in the treatment of *Nadivrana*. As per *Sushruta*, *Kshara Karmukata* is *Lekhana*, *Dahana*, *Pachana*, *Tridoshagna* and *Vishsesha Kriyakarana*.

We can consider this as *Kapha Pittaja Vyadhi* and *Snehapana* with *Pitta Hara Dravyas* were given and internal medication was to reduce the *Kapha Dosha* and hence bring the normalcy.

*Guggulu* based *Apamarga Ksharasutra* applied for inter-communicating sinus tracts helped in *Shodhana* and *Ropana* of sinus tracts. As *Guggulu* is having anti-inflammatory and analgesic properties due to its *Snigdha*, *Picchila Guna* and *Vatahara* property. *Apamarga* is *Kapha-Vatahara* due to its *Katu, Tikta Rasa* and *Ushna, Tikshna Guna*. *Apamarga* is also *Vrana Shodhaka*, *Vrana Ropaka* and *Krimighna* as it

possesses anti-inflammatory and anti-microbial action. It also reduces the pus discharge. Internal medication such as *Trayantadi Kashayam*, *Gulgulu Panchapala Churna*, *Madhusnuhi Rasayana* and *Guggulu Tiktaka Ghrita* are having *Kapha Pittahara* properties and is *Tridoshaghna* thus bringing the normalcy in *Doshas*.

## CONCLUSION

According to the *Yukti* of the *Vaidya* and by seeing the *Balaabala* (strength) of the patient, this can be one of the treatment protocol to treat *Hidradenitis Suppurativa*.



Right Axillary Area (3<sup>rd</sup> Sitting)



Left Axillary Area (3<sup>rd</sup> Sitting)



After 5<sup>th</sup> Sitting

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