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A Single case study of Pilonidal Sinus managed through Ayurvedic Surgical Treatment Vis-à-vis through *Chedhana Karma* (Wide Excision)

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ABSTRACT

Pilonidal sinus is a very common anorectal problem that more often arises in the hair follicles of natal cleft of the sacrococcygeal area. It is due to penetration of hair through the skin into subcutaneous tissue. It forms unhealthy granulation tissue in the deeper plane. It is of infective origin and occurs in sacral region between the buttocks, umbilicus, axilla. It is common in hair dressers (seen in interdigital clefts), jeep drivers. More commonly seen in between age group of 20-40 years. It is common in males and mostly affects hairy men. Incidence of pilonidal disease is about 26 per 100,000 population. Pilonidal disease occurs predominantly in males, at a ratio of about 3-4:1. When the causes, pathology, clinical symptoms and the examination are taken under consideration and when we read *Shalyaja Nadi Vrana* mentioned by Acharya Sushruta we can correlate this disease with Pilonidal Sinus. Treatment of *Nadi Vrana* is *Chedana Karma* or with the usage of *Kshara Karma*. Similarly in contemporary science procedure of wide excision is gold standard for the management of Pilonidal Sinus, which was already mentioned by Acharya Sushruta under the treatment of '*Nadi Vrana*'. We can proudly say that Pilonidal sinus can be completely managed by principles of Ayurveda. Here we report a case of Pilonidal Sinus in 35 year male patient, who had been operated 8 years back for Pilonidal Sinus. Now, he has presented with recurrence of same complaints with sinus at natal cleft region associated with the pain, discharge, swelling since one month.

Key words: Pilonidal Sinus, Shalyaja Nadi Vrana, Chedhana, Case Report.

INTRODUCTION

Pilonidal sinus is epithelium lined tract, situated short distance behind anus, containing hair and unhealthy diseased granulation tissue. It is due to penetration of hair through the skin into subcutaneous tissue. It forms

unhealthy granulation tissue in the deeper plane. It is of infective origin and occurs in sacral region between the buttocks, umbilicus, axilla. Pilonidal sinus usually contains hair, dirt and debris. It can cause severe pain and can often become infected. If it becomes infected, it may ooze pus, blood and foul odour. A Pilonidal sinus is a condition that mostly affects men and common in young adults. It's also more common in people who sit a lot like Jeep drivers.

Ayurveda gives a complete description of *Nadi Vrana* and its management in *Sushruta Samhita Nidana* 10th chapter and its management mentioned in *Chikitsa Sthana* 17th chapter.

According to Ayurveda one who neglects a wound with full of pus and continues unhealthy foods and activities, then the pus goes deep inside, destroying the tissue (skin and muscle) because of its moving inside

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greatly it is known as *Gati* and since the spread is through a tube it is called as *Nadi* (sinus).

It is divided into *Vataja*, *Pittaja*, *Kaphaja* and *Shalyaja Nadi Vrana*. Here Pilonidal sinus can be co-related with *Shalyaja Nadivrana*

Shalyaja Nadi Vrana

Any foreign body which enters the skin/ tissue produces a sinus quickly, which exudes a warm liquid, frothy, clear /blood mixed, accompanied with pain. It can be managed through removal of *Shalya* (foreign body). Here, *Chedana* of *Shalyaja Nadi Vrana* is done, *Shalyaja Aharana* (extraction of foreign body done) then *Vrana* is managed based on *Shasti Upakrama* told by Acharya till the wound is completely healed.

CASE REPORT

A 35 years old male 128341/39691 came to our OPD on 28-3-2022 with complaints of pain, swelling and discharge at lower back region (Sacrococcygeal).

History of present illness

As per the statement given by the patient, he was apparently normal one month back, then he gradually noticed swelling in the lower back associated with discharge, he also had history of Pilonidal sinus 8 years back, for which he underwent surgery on the same place, now he has noticed swelling and mild pus discharge which used to aggravate on persistent sitting and used to reduce on taking rest for long duration in prone position, since 1 month. Hence, he has approached our hospital on 28-03-2022 further management.

History of Past Illness

N/K/C/O T2DM/HTN/IHD/COPD/Thyroid dysfunction.

Surgical history

Previously he was operated for Pilonidal sinus through Z plasty method

Family History : Nothing significant.

Personal History

Ahara : *Shakaahari*

Vyasana : Coffee 2 times in a day

Mutra : 4 -5 times /day

Mala : once in a day.

General Examination

Built - Moderate

Appearance – Normal

Temperature - 98°F

Pulse Rate - 84 BPM

Respiration Rate -18 cycles/min

Blood Pressure -130/80 mmHg

Nourishment - Moderate

No evidence of cyanosis / koilonychia

Systemic Examination

CNS

Higher mental function test : Conscious well oriented with time, place & person.

Memory : Recent and remote: Intact

Intelligence : Intact

Hallucination/delusion/speech disturbance : Absent

Cranial nerve/sensory nerve/motor system : Normal

Gait : Normal

CVS

Inspection : No scar/pigmentation found

Auscultation : S1 and S2 heard

Percussion : Normal cardiac dullness

RS

Inspection : B/L symmetrical,

Palpation : Trachea is centrally placed, non-tender

Auscultation : B/L NVBS heard

Percussion : Normal resonant sound

Abdomen/GIT

Soft and non tender

No Organomegaly

Normal bowel sounds heard

Musculo Skeletal System

Gait : Normal

All range of movement : Possible

On Local Examination

Sacro coccygeal region

Shape : Oval

Swelling measuring : 4*1.5cm

On inspection

Previously operated scar marks of suture present and 5 in number

Discharge present at 3cm away posteriorly from anal canal

Redness : +

On Palpation

Tenderness : +

Induration : ++

Fluctuation : Absent

Pigmentation : ++

Investigation**USG of abdomen and pelvis (26/03/2022)**

Impression - mild fatty liver.

Otherwise No Significant

Chest X Ray (26/03/2022)

PA view : Normal

Diagnosis : Pilonidal Sinus

Treatment : *Chedhana Karma* of *Nadi Vrana* (Wide excision)

Surgical Procedure**Pre-Operative**

- Informed consent for procedure & Spinal Anaesthesia taken.
- Patient advised for NBM for 6 hours before procedure.
- Injection TT 0.5ml IM injection stat given

- Part preparation done
- Injection Xylocaine 0.3ml S/C test dose given.
- Proctolytic enema given two times before operation

Operative Procedure

- Under Spinal Anesthesia Aseptic precaution Patient put on prone position
- External opening identified about 5 cm of anal verge upon the previous operative scar mark
- Probing done and track identified Anteriorly about 7cm from the external opening
- A small nick made on skin at the end sinus track and probe is taken out.
- With the probing sinus track wide excision is done in oval shape, leaving a margin of 3cms on either side of the track
- Complete flap excised containing sinus track
- Bleeders identified and cauterized, Haemostasis achieved
- Wound thoroughly irrigated with *Triphala Kashaya*
- Patient withstood the procedure well
- Wound dressing done with *Jatyadhi Taila*

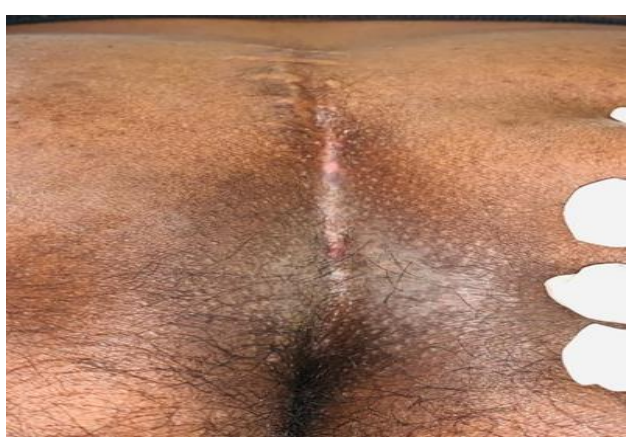
Post-Operative

- NBM for 6 hours.
- Immobilization of patient after 6 hours.
- Intravenous Fluid - DNS and NS one pint, each 100 ml/ hour is profused
- Catheterization done
- Input and output chart maintained
- Vitals Recorded every 2 hours

Treatment given: Oral medicines

1. *Abhayarista* (20ml-0-20ml) after food with water
2. *Draksava* (20ml-0-20ml) after food with water
3. Tablet *Triphala Guggulu* (1-0-1) after food with water

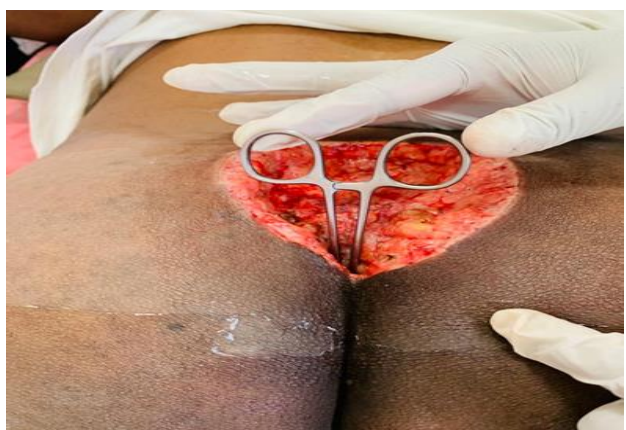
- 4. Tablet *Gandhaka Rasayana* (1-0-1) after food with water
- 5. Tablet *Anuloma DS* (0-0-1) after food with water
- 6. *Swamla* Compound (1tps-0-1tps) after food with water



Before Operation



Complete flap excised containing sinus track



Day 4 - Sinus Forceps Inserted to know the depth of the track



The depth of the sinus track was approximately 4cms deep



Day - 10



Day - 13



Day -18 Sinus track depth reduced to 1.5cm



Day 22



Day 24



Completely healed on 30th day

5. Tablet *Anuloma DS* (0-0-1) after food with water
6. *Swamla* Compound (1tps-0-1tps) after food with water
7. *Chitrakadhi vati* (2-0-2) before food with water
8. Tablet *Amalaki* (1-1-1) after food with water
9. *Ajamamsa* Rasayana (1tps-0-1tps) after food with water

Daily Wound dressing should be done with *Jatyadhi Taila* and *Triphala Kashaya*

DISCUSSION

Pilonidal sinus is very common disease, effecting predominantly male population between age 20 to 40 years, hairy men with predominantly sedentary life style or whose occupation remains prolong sitting. Although there are newer Surgeries being tried for the management of Pilonidal sinus like Z Plasty, Limberg flap procedure, Saucerization and wide excision, laser diathermy and many more. Still all these surgery causes with high reoccurrence except for wide excision. Similarly, when we look at *Acharya Sushruta* concept, the main line of *Nadi Vrana* is *Shastra Chikitsa* by *Chedhana Karma* or by application of *Kshara* either as *Varti* or *Sutra Prayoga*. Hence, in this case *Chedana Karma* of *Shalyaja Nadvrana* completely on guidance of *Acharya Sushruta*. Except we used spinal anaesthesia for *Sangya Harana* for better patient compliance during entire procedure.

CONCLUSION

In this case of Pilonidal sinus we successfully managed case by *Sushrutokta Chedhana Karma*. As we have discussed regarding the pros and cons in the management of Pilonidal sinus in contemporary science all of them are associated with high recurrence rate and low success rate which is not acceptable from the patient perspective. Hence, *Chedhana Karma* which is having high success rate and low reoccurrence rate still holds good on first line of management for *Shalyaja Nadi Vrana* vis-a-vis Pilo Nidal Sinus.

Advice on discharge

1. *Abhayarista* (20ml-0-20ml) after food with water
2. *Draksava* (20ml-0-20ml) after food with water
3. Tablet *Triphala Guggulu* (1-0-1) after food with water
4. Tablet *Gandhaka Rasayana* (1-0-1) after food with water

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