



ISSN 2456-3110

Vol 9 · Issue 2

February 2024

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

**JAIMS**

An International Journal for Researches in Ayurveda and Allied Sciences



**Maharshi Charaka**  
Ayurveda

Indexed

# Integrated approach in multiple opening Pilonidal Sinus by *Chedana Karma, Ksharakarma* and *Jathyadi Ghrita*: A Case Report

Sreenath PS<sup>1</sup>, Rakhy M<sup>2</sup>

<sup>1,2</sup>Assistant Professor, Dept. of Shalya Tantra, Ahalia Ayurveda Medical College & Hospital, Palakkad, Kerala, India.

## ABSTRACT

Pilonidal sinus is one among diseases of rectum and anal canal where usually a hair gets caught inside the skin near the sacral region between the buttocks. It is associated with foul smelling pus discharge and pain. Usually seen in jeep drivers and hair dressers.<sup>[1]</sup> Normal treatment followed is z plasty. But the healing of the wound is a challenging task. Here is a case of multiple opening pilonidal sinus of a 28 year old male where an integrative approach has been done successfully and the wound is applied with *Kshara* and finally daily dressing done with *Jathyadi Ghrita* is administered.

**Key words:** *Jathyadi Ghrita, Kshara, pilonidal sinus, Z-plasty*

## INTRODUCTION

Pilonidal sinus is an infectious condition that typically occurs in the sacral region between the buttocks, umbilicus and axilla. It is characterized by the presence of hair, dirt, and debris within the sinus. This condition can cause severe pain and often leads to infection, resulting in the discharge of pus, blood, and a foul odor. Pilonidal sinus primarily affects men, especially young adults, and is more common in individuals who spend prolonged periods sitting, such as Jeep drivers.<sup>[1]</sup> In Ayurveda, *Nadi Vrana*, a condition similar to Pilonidal sinus, is described in detail in the 10th chapter of *Sushruta Samhita Nidana* and its management is mentioned in the 17th chapter of *Chikitsa Sthana*. According to Ayurveda, when a wound with pus is

neglected and unhealthy foods and activities are continued, the pus penetrates deep into the tissues (skin and muscle), resulting in tissue destruction. This condition is referred to as *Gati* due to the movement of pus and *Nadi* (sinus) due to its spread through a tube. *Nadi Vrana* is further classified into *Vataja, Pittaja, Kaphaja*, and *Shalyaja Nadi Vrana*.<sup>[2]</sup> In the case of Pilonidal sinus, it can be correlated with *Shalvaja Nadivrana*. The management of *Shalyaja Nadivrana* involves the removal of the foreign body (*Shalya*) through *Chedana* and *Ksharakarma*.<sup>[3]</sup> Once the foreign body is extracted (*Shalyaja Aharana*), the wound is treated according to the *Shasti Upakrama* prescribed by Acharya until complete healing is achieved.

## Presenting complaints

Patient complains of pain in the right side of cleavage of buttocks associated with pus discharge since 2 years and the symptoms aggravated since 1 week.

## History of present illness

Patient 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 2 years Back, for which he underwent surgery. Now he has noticed swelling and mild pus Discharge which used to aggravate on persistent sitting. For the same he came for admission in our hospital.

## Address for correspondence:

Dr. Sreenath PS

Assistant Professor, Dept. of Shalya Tantra, Ahalia Ayurveda Medical College & Hospital, Palakkad, Kerala, India.

E-mail: pssreenath007@gmail.com

Submission Date: 14/12/2023 Accepted Date: 22/01/2024

## Access this article online

Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

DOI: 10.21760/jaims.9.2.51

### History of Past Illness

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

### Surgical history

Previously he was operated for the same.

### Family History

Nothing significant.

### Personal History

Diet: mixed

Habits: Coffee 2 times in a day

Maturation: 4 - 5 times /day

Bowel: 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.

### 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: 9.5\*3cm

On inspection

Previously operated scar marks of suture present

Discharge present at 13cm away posteriorly from anal

Canal

Redness: +

On Palpation

Tenderness: +

In duration: + +

Fluctuation: Absent

Pigmentation: + +

#### Investigation

USG of abdomen and pelvis

Impression - No Significant abnormality detected.

Chest X Ray

PA view: Normal

**Diagnosis:** Pilonidal Sinus

#### Treatment

*Chedhana Karma* of *Nadi Vrana* (Wide excision) & *Ksharakarma*

#### Surgical Procedure

##### Pre-Operative

Informed consent for the procedure

Patient advised for NBM for 2 hours before procedure.

Injection TT 0.5ml IM injection stat given

Part preparation done

Injection Xylocaine 2% - 0.3ml S/C test dose given.

Proctoclysis enema given two times before operation

##### Operative Procedure

Under local anesthesia

Aseptic precaution

Patient put on prone position

External opening identified about 3.5 cm of anal verge upon the previous operative scar mark

Probing done and track identified. Anteriorly about 9.5cm 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 were identified and cauterized

*Ksharakarma* done using *Apamarga Kshara* and washed with *Nimbu Swarasa*.

Hemostasis achieved

Wound dressing done with *Jathyadi Ghrita*.

##### Post-Operative

Intravenous Fluid

DNS one pint 100 ml/ hour infused.

Vitals Recorded every 2 hours

##### Oral medicines

1. *Abhayarista* (15ml-0-15ml) after food with water
2. Tablet *Triphala Guggulu* (2-0-2) after food
3. Tablet *Gandaka Rasayana* (2-0-2) after food
4. Tablet *Anuloma DS* 2hs before food

##### External treatment

Sitz bath with *Triphala* powder bd

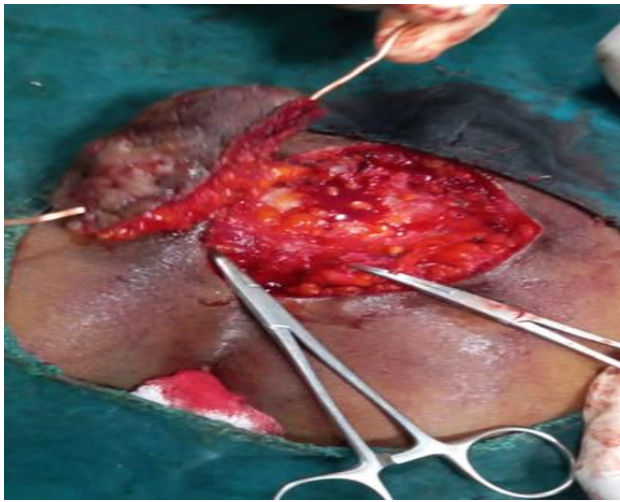
Daily wound cleaning and dressing with *Jathyadi Ghrita*.



Before treatment



Probing before operative procedure



Intra op- Wide excision done



After Ksharakarma



Post op day 1 applying *Jathyadi Ghrita*



Post op day 20



Post op day 35

### DISCUSSION

Pilonidal sinus is a fairly common condition that primarily affects men between the ages of 20 and 40. It is usually observed in individuals with a sedentary lifestyle or those who spend prolonged periods of sitting, especially if they have a hairy back. While there have been various surgeries attempted to address Pilonidal sinus, such as Z Plasty, Limberg flap procedure, Saucerization, wide excision, laser diathermy, and more, many of them have shown a high rate of recurrence, except for wide excision. Interestingly, when we explore *Acharya Sushruta's* teachings, the main approach for treating *Nadi Vrana* (Pilonidal sinus) involves *Shastra Chikitsa* through

*Chedhana Karma* or the application of *Kshara*, either as *Varti* or *Sutra Prayoga*.<sup>[4]</sup> In this particular case, we followed *Acharya Sushruta's* guidance and performed *Chedana Karma* of *Shalyaja Nadivrana*, with the added use of local anesthesia for *Sangyahaarana* to enhance patient comfort throughout the procedure.

## CONCLUSION

This case was successfully managed by means of *Sushrutokta Chedhana Karma*. *Chedhana Karma* along with *Ksharakarma* holds high success rate and low recurrence rate hence considered as first line of management for *Shalyaja Nadi Vrana* vis-a -vis Pilonidal Sinus.

## REFERENCES

1. Sriram Bhat M, SRB's Manual of Surgery, 5th Edition Published by Jaypee Medical Publishers, p967

2. Prof. K.R Srikantha Murthy, Sushruta Samhita with English Translation of text, vol -2 edition 2017, p166-168
3. Prof. K.R Srikantha Murthy, Sushruta Samhita with English Translation of text, vol -1 edition 2017, p528-529
4. Meghana D, Siddayya Aradhyamath, Adithya J.V., Shivakumar Aladakatti, Mallinath I T. A Single case study of Pilonidal Sinus managed through Ayurvedic Surgical Treatment Vis-à-vis through Chedhana Karma (Wide Excision). J Ayurveda Integr Med Sci 2022;5:153-158.

**How to cite this article:** Sreenath PS, Rakhy M. Integrated approach in multiple opening Pilonidal Sinus by Chedana Karma, Ksharakarma and Jathyadi Ghrita: A Case Report. J Ayurveda Integr Med Sci 2024;2:316-320. <http://dx.doi.org/10.21760/jaims.9.2.51>

**Source of Support:** Nil, **Conflict of Interest:** None declared.

\*\*\*\*\*