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

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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. 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. In Ayurveda, Nadi Vrana, a condition similar to Pilonidal sinus, is described in detail in the 10th chapter of Sushruta Samhita 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. 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. Once the foreign body is extracted (Shalyaja Ahara), 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.
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CASE REPORT

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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*.

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**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. 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 Sangyaharana 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


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