



ISSN 2456-3110

Vol 2 · Issue 5

Sep-Oct 2017

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS



Charaka
Publications

Indexed

Management of Hydradenitis Suppurativa by *Apamarga Kshara Sutra* - A Case Study

Chiranth Kumar R,¹ Syeda Ather Fathima,² Kulkarni Sharad³

¹Post Graduate Scholar, ²Professor & HOD, Department of Post Graduate Studies in Shalya Tantra, Govt. Ayurvedic Medical College, Bengaluru, Karnataka, ³Assistant Professor, Dept. of Prasuti Tantra & Stree Roga, Jain AGMAMC, Varur, Hubballi, Karnataka, India.

ABSTRACT

Hydradenitis suppurativa (HS), also known as Acne Inversa, is a chronic disease characterized by recurrent, painful, deep-seated, rounded nodules and abscesses. Subsequent hypertrophic scarring and suppuration of apocrine gland bearing skin: axilla, groin, peri-anal and perineal regions are main features. Onset is usually after puberty. The disease tends to become chronic with subcutaneous extension leading to indurations, sinus and fistula having a profound impact on the quality of life. The exact aetiology remains unknown. The clinical features of HS can be compared with *Naadivrana* mentioned in classics. Treatment modalities of *Naadivrana* includes mainly *Ksharataila Poorana* and *Ksharasutra* application are adopted in the present case. A case report of patient suffering from HS since 4.5 years (c/o multiple pus discharging abscesses and hardened area in both axillary region) was treated by number of allopathic surgeons and physicians but there was minimal relief and recurrence (6-7 times) even after Incision and Drainage (I&D) and wide excision. The patient was under Ayurveda treatment for approximately 5 months and pus discharge, hardness reduced completely and is on followup since 8 months there is no recurrence, patient was treated internally with *Gandakarasayana*, *Triphala Guggulu* and *Varunadi Kashaya*. *Apamarga Kshara Taila* infiltration followed by *Apamarga Kshara Sutra* application to the intercommunicating sinuses, advised to maintain local hygiene.

Key words: *Naadivrana, Kshara Taila, Kshara Sutra, Hydradenitis Suppurativa.*

INTRODUCTION

HS is a disease affecting the terminal follicular epithelium in the apocrine (Coiled glands which open into the hair follicles)^[1] group of sweat glands. Sites of apocrine sweat gland include axilla, groin, areola, umbilicus, scalp, chest, and perineum. Most common site is axilla.^[2] often bilateral. 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.^[3] Hormonal influence and secondary infection plays a major role in the disease expression. Clinically the disease presents with tender subcutaneous nodules beginning around puberty. The nodules may rupture spontaneously or coalesce, forming painful, deep dermal abscess. Modern line of management includes Antibiotics - cephalosporins, long acting penicillin.

Aetiology

1. Hormonal changes
2. Poor local hygiene
3. Obesity, smoking.
4. Steroids

Address for correspondence:

Dr. Chiranth Kumar R

Post Graduate Scholar, Dept of Post Graduate Studies in Shalya Tantra, Govt. Ayurvedic Medical College, Bengaluru, India.

E-mail: chiranth2010@gmail.com

Submission Date : 22/09/2017

Accepted Date: 28/10/2017

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.v2i05.10278

5. Diabetes mellitus.
6. Androgen dysfunction

Diagnostic Criteria

The 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, infra mammary region.

Chronicity and recurrences

As the disease and its diagnostic criteria are frequently ignored, a lag time of several years between the first manifestation and a formal diagnostic of HS is commonly reported by patients.

Severity grading / stages

The classical 3 clinical stages are,

1. Stage 1: Single or multiple abscesses formation, without sinus tracts and cicatrisation.
2. Stage 2: Recurrent abscesses, with tract formation and cicatrisation. There may be single or multiple widely separated lesions.
3. Stage 3: Diffuse or near diffuse involvement or multiple interconnected tracts and abscesses are observed across the entire area.

This classification is useful at least as a guide to choose between medical or limited surgical treatment (stage 1) and large excisional surgery (stage 3).

Clinical Presentation

- Common in female 4:1
- Most common site is axilla, often it is bilateral.
- Onset is usually is insidious with earliest sign being erythema.
- Comedo like follicular occlusion, chronic relapsing inflammation, muco-purulent discharge and progressive scarring.
- Induration due to fibrosis

- May be associated with arthropathy symptoms such as poly-arthralgia or polyarthrititis.

"Sushruta Samhita" describes a condition called *Nadivrana*^[4] with 8 subtypes, whose clinical features can be compared with hydradenitis suppurativa. In the present case, the features correspond to *Vataja* and *Kaphaja* subtypes. The treatment mentioned is also unique and effective which is minimal invasive technique namely *Ksharasutra*^[5] and also *Kshara Taila Poorana*.

Case Report

A male patient aged about 25 yrs. presented with c/o multiple pus discharging abscesses with localised hardened area in both axillae since 2 months which was recurring since past 4.5 yrs in a interval of five to six months. (OPD-6, SJIM Hospital Bengaluru)

Clinical Examination Findings

1. General Examination

- Pallor - Absent
- Icterus - Absent
- Cyanosis - Absent
- Kylonychia - Absent
- Lymphadenopathy - Absent
- Oedema - Absent

2. Systemic Examination

- CVS - S1S2 heard ,no any added sounds
- RS - normal vesicular breath sounds
- P/A - soft, BS+; No organomegaly.

3. Local Examination

I) Right axilla

A) Inspection

- Blackish discoloration of axilla
- Five -six small abscess of size <0.5cms.
- Muco-purulent discharge from all the abscess
- previously operated scars

B) Palpation

- Raised temperature hydradenitis
- Tenderness +
- Four sinuses are inter-communicating to form threetracts, andis lined by dense fibrous tissue which was hindering the healing process.

II) Left axilla

A) Inspection

- Blackish discoloration of axilla
- Seven - nine small abscess of size <0.5cms, in two sets upper and lower parts of axilla.
- Muco-purulent discharge from all the abscess
- previously operated scars
- Hypertrophied skin following a large excision and skin grafting.

B) Palpation

- Raised temperature
- Tenderness +
- Three sinuses in upper part are interconnecting with each other and 5-6 abscess in lower part few are interconnected.
- There was a communicating tract between upper and lower sets of abscess.

Management

Lakshanas of both *Kaphaja*, *Vataja Naadivrana* are noted in the case i.e., *Sashoola*, *Pichhila Sraava*, *Phenaanuviddha*, *Kathina Parusha Sukshma Mukhi Vrana*. So the treatment adopted is of both *Kaphaja* and *Vataja Naadivrana*.

Treatment plan and medications used in the present case,

Internal medications

- *Triphala Guggulu* 1Tid after food for 3 months.
- *Gandaka Rasayana* 1 Tid after food for 3 months.
- *Varunaadi Kashaya* 10ml Tid for 1 month.

- *Apamarga Kshara Taila Poorana* done 7 days initially (to make the tract patent).
- *Apamarga Kshara Sutra* application done for inter-communicating sinus tracts for a period of five months. (Once a week *Kshara Sutra* changing is done).
- Advised to maintain the local hygiene by washing with *Triphala Kashaya* twice daily.

DISCUSSION

Sushruta has explained *Prakshaalana*, *Kshara Taila Poorana*, *Shodhana*, *Kshara Sutra* in the management of *Naadivrana*. As per *Sushruta Karmukatha* of *Kshara* is *Lekhana*, *Dahana*, *Pachana*, *Tridoshagna*.^[6] *Apamarga Kshara Taila* used for *Poorana* helps in *Lekhana*, *Shodana*, *Ropana*. It is used for seven days



Figure 1: Before treatment



Figure 2: During treatment



Figure 3: After treatment

helped in making the unpatent tract to become patent. *Snuhi Ksheera* based *Apamarga Kshara Sutra* applied for inter communicating helped in draining of pus from the abscesses along with *Lekhana* of fibrous tissue and promoted the healthy granulation so that there will be cutting of the tract along with healing. *Triphala Guggulu* helped in reducing local inflammation and pain. *Gandaka Rasayana* acts as an antibiotic drug to control the infection. *Varunaadi Kashaya* mentioned in management of *Aabhyantara Vidradi* helps to reduce the pus and local inflammation. Post-operative tissue damage and scarring are very minimal. No recurrence is seen since 9.5 months after the treatment.

CONCLUSION

Hydradenitis suppurativa can be included under the *Naadi Vrana* according to its features, hence adopting *Shodana* and *Ropana* treatment is beneficial along with improving the general immunity of patient and local hygiene. Usage of *Kshara* in the form of *Taila* and

Sutra is very effective, as there are no complications noted during the course of treatment and also patient was engaged in all his routine works. Therapy adopted is cost effective and given better relief to the patient.

REFERENCES

1. Bhat S R M, SRB's manual of Surgery, 4thed, New Delhi, Jaypee Brothers Medical Publishers(P)Ltd, 2009;p.46
2. Bhat S R M, SRB's manual of Surgery, 4thed, New Delhi, Jaypee Brothers Medical Publishers(P) Ltd, 2009;p.47.
3. Revuz J. Hidradenitis suppurativa. Orphanet Encyclopedia. March 2004. <http://www.orpha.net/data/photo/GB/uk-hidradenitis-suppurativa.pdf>.
4. P.V.Sharma, Sushruta, Sushruta Samhitha - Text with English translation and Dalhana's commentary along with critical notes. Varanasi, Chaukamba Vishvabharathi, 2005;p.695.
5. Indradeva Tripathi. editor; prof.Ramanath Dwivedy. Chakradatta. Sri Chakrapanidatta, text with hindi commentary vaidyaprabha, Chaukamba Sanskrit Sansthan, Varanasi, 2005;p.268.
6. Prof.K.R.Shrikantha Murthy, Sushruta. Sushruta Samhitha, Text with English translation. Varanasi, Chaukamba Orientalia, 2014:1.p.63.

How to cite this article: Chiranth Kumar R, Syeda Ather Fathima, Kulkarni Sharad. Management of Hydradenitis Suppurativa by *Apamarga Kshara Sutra* - A Case Study. J Ayurveda Integr Med Sci 2017;5:194-197.

<http://dx.doi.org/10.21760/jajms.v2i05.10278>

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