

## Pilonidal Sinus Treated With *Chedana* and *Ksharkarma*: A Case Study

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### Abstract:

Pilonidal disease is a common ano-rectal problem that typically affects young people. Pilonidal sinus describes a hair-filled cavity in the subcutaneous fat of the post sacral intergluteal region known as the natal cleft. Here we reported a new case of the pilonidal sinus, presented with boil with slight seropurulent foul discharge from post anal region in the natal cleft. A male patient of 21 years consulted to outpatient department, with above complaints. The most commonly used surgical techniques for pilonidal sinus includes excision with primary closure and excision with reconstructive flap with their own limitation(PNS). In *Ayurveda acharya Sushruta* has considered it under *shalyaj nadi vrana* ( sinus or fistula due to foreign body). *Sushruta* mentioned the *chedana* as well as *ksharkarma* in the management of *Nadivrana*. Hence the study concluded that excision & *ksharkarma* in pilonidal sinus is one of the potential treatment option to avoid recurrence.

**Key words:** *Apamarg kshara*, *Nadivrana*, Pilonidal sinus.

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Received: 21.02.2019

Revised: 13.03.2019

Accepted: 18.03.2019

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## Introduction:

Pilonidal sinus is characterized by opening in mid sacrococcygeal line between natal clefts 4-5 cm behind the anus. A tuft of hairs with seropurulent foul discharge emerges through the opening. The entrance of the sinus tract is lined by modified cutaneous tissues. The tract enters into the cavity, which is entirely lined by granulation tissue and contains debris and hairs. Thus deeper tract and cavity of the sinus are not lined by skin tissue.<sup>[1]</sup> Pilonidal is defined to pertaining “nest of hairs”, that pilo comes from the word pilus which means hairs and nidal comes from nidus that means, nest.<sup>[2]</sup> In this regard the meaningful word is called as nest of hairs. In fact pilonidal sinus presents to the sinus which is having the nest of hairs. It is also called as the Jeep driver’s disease. The incidence of pilonidal sinus and other anorectal disorders such as haemorrhoid, fistula in ano, fissure in ano, proctitis, IBS, are increasing day by day in general practice due to busy, sedentary and fast lifestyle. Food habit less in fibres makes the bowel irregular now a days. Occupation related to continue sitting such as drivers, bankers, and computer job works, students etc. are suffering more from pilonidal sinus. It is common in 20-30 years of age. It is common in males and mostly affects hairy men. 74%, male sex hormone effect, hairy body, more sweat & maceration. The complications of pilonidal sinus arise if not treated in time; these are formation of abscess, recurrent inflammation and recurrence of sinus formation which hampers quality of life in young adults. In Ayurveda on the basis of sign and symptoms this disease can be correlated with *Nadivrana*.<sup>[3]</sup> The management of *Nadivrana* mentioned in classic are- *Ksharakarma*, *ksharasutra* and even *Agnikarma*.<sup>[4]</sup> In chapter eleven of

*Sushrut samhita sutrasthana* while describing about the indications of *pratisarniya kshara*, he mentioned *nadivrana* also.<sup>[5]</sup> *Kshara* is made up of several drugs, in their most concentrated and subtle forms. It has *shodhana* properties as it has got *ushna* and *teekshna gunas* which help in desquamation of sloughs (debridment) and draining of pus when used externally. *Kshara* helps in *ropana* or healing process in *vrana* (wound) because of their cleansing and antiseptic properties.<sup>[6]</sup>

## Material and Methods

### Case Report

A 21 years male college student came to OPD with complaints of watery discharge from an external opening seen at mid part of inter gluteal region since 3year, occasionally feel mild pain, discomfort and itching at natal cleft and low back region (Figure 1). Patient had a history of boil at peri anal region three years back. He took antibiotics and anti-inflammatory medicines for 7days and got relief from symptoms. Boil was on & off during last 3years intermittent. TRUS was done to confirm the diagnosis. As per TRUS report, there was 40mm Long thick walled (3.6mm) pilonidal sinus is seen with external opening in mid part of the inter gluteal cleft. The sinus is 3 to 5mm deep to skin. Routine blood and urine examinations were done and found within normal range. Hence, based on clinical findings and TRUS the case was diagnosed *Nadivrana* (Pilonidal sinus) and patient was admitted in male *shalya* ward for further management.

### Methodology

**Pre-operative:-** Informed written consent was taken. Part preparation was done. Proctolysis

enema was given at early morning on day to be operated. After proper bowel clean up patient was taken to recovery room and Injection T.T 0.5cc IM was given and inj.plain Lignocaine 2% was given intradermal for sensitivity test.

**Operative Procedure:** - Under all aseptic condition patient was taken in OT with normal vital data. Patient was taken in prone position on operation theatre table and after proper cleaning, drapping local anaesthesia with 2% xylocaine with adrenaline with help of 25 G. Spinal needle. Reassessment of extension was done by probing and after that dye was inserted in PNS after widening of external opening. Elliptical incision was made around PNS and whole track was excised by 15 no. surgical blade. After that *Apamarg tikshna kshara* was applied & just within 30-40 second the wound surface become cauterized and turns to blackish. The wound is irrigated with distilled water to remove the additional *kshara*, which prevents the further damage of the tissues. Proper haemostasis was achieved, dressing done and patient was shifted in ward with normal vital data.

**Post – operative:** - From next evening, patient was advised to cleaning with *Panchavalkala* decoction and then antiseptic dressing with *Madhu*, *Ghritha* and *Krishna taila* was done daily. *Triphala guggulu* 1gm three times per day orally was given with luke warm water after meal till complete cure.

**Observation and Results:** The wound was assessed weekly and it was observed that in first week pain was reduced completely and patient could do his daily work, there was mild serous discharge from the postoperative wound. On

second week healthy granulation was observed without any discharge. On 4<sup>th</sup> week wound was healthy and contracted. The wound healed completely within one and half month with minimal scar.

**Discussion:** - In this case there was external opening seen at mid part of inter gluteal region. *Tikshna Apamarga kshar* was applied. if *teekshna kshar* is applied it debrides the unhealthy granulation and fibrous tissue. Besides *sodhana* property *Kshara* also has *ropana* property so it promotes wound healing. *Triphala gugglu* has anti-infective and anti-inflammatory properties so reduces pain and prevents infection. *Madhu* is considered as good *shodhaka dravya*, due to its *sukshmat* it enters very small pores around the wound site and does not allow any infections to enter the site. *Goghritha* has a soothing property and it forms a thin film over them, and that allows early epithelisation of wound. *Madhu* is pacifying the three vitiated *Dosha*, i.e, *Vata*, *Pitta*, and *Kapha* by multiple actions attributable to its *Madhra rasa*, *Kashaya uparasa*, *Ruksha guna*, *sheet virya*, *Madhura vipaka*, and *Sukshma Marga Anusari Prabhava*. *Madhura rasa* gives nutrition to the tissue, which helps in granulation tissue formation, while *Kashaya rasa* provides *Lekhana* that helps in deslough, preparing the wound for healing. Thus *Madhu* has excellent properties to heal the wound by virtue of its *Sodhan*, *Ropana* and *sandhana* actions.

**Conclusion:** This case study concluded that excision & *kshar karma* in pilonidal sinus is one of the potential treatment option to avoid recurrence.

Patient Name : DIPESHBHAI KANJARIYA      Age/Sex : 21 Years/Male  
Ref by : DR. T. S. DUDHAMAL SIR      Date : 26/07/2018

TRANSRECTAL ULTRASOUND

40 MM LONG THICK WALLED ( 3.6 MM ) PILONIDAL SINUS IS SEEN WITH EXTERNAL OPENING IN MID PART OF THE INTER-GLUTEAL CLEFT .

OUTER TO OUTER MARGIN CALIBER OF THE SINUS IS 13 MM .

THE SINUS IS 3 TO 5 MM DEEP TO SKIN .

NO E/O. COMMUNICATION WITH ANAL CANAL .

NO E/O. PERIANAL ABSCESS or FISTULA AT PRESENT .

INTER-GLUTEAL CLEFT APPEARS NORMAL .



**Fig 1:- Pre-operative TRUS**

**Fig 2:- Pre-operative**



**Fig 3:-probing of the sinus tract**



**Fig 4:- Methylene blue dye was pushed**



**Fig 5:- Hair expelled out**



**Fig 6:- Track was excised**

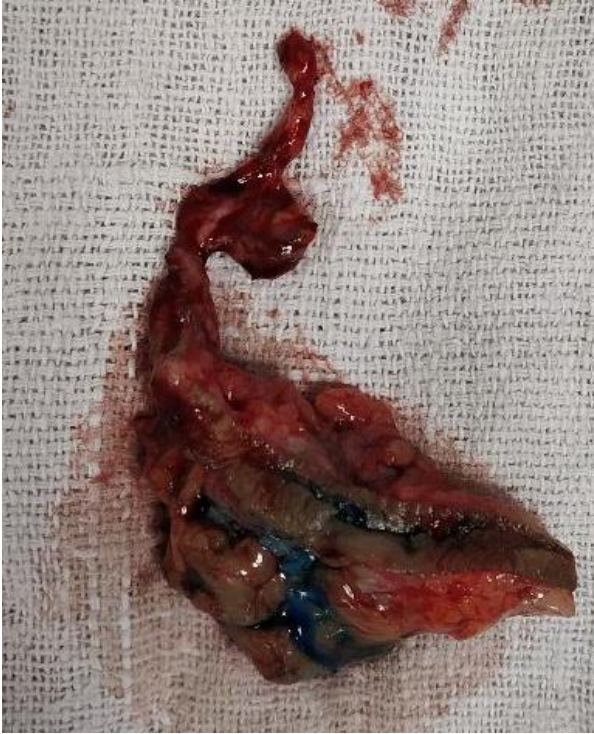


Fig 7:- Excised sinus track



Fig 8:- *Tikshna apamargkshar* applied



Fig 9:- after 1min washed

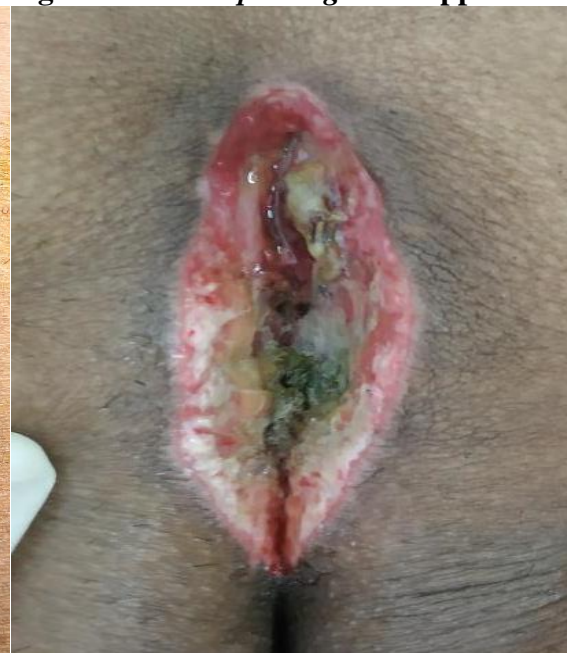


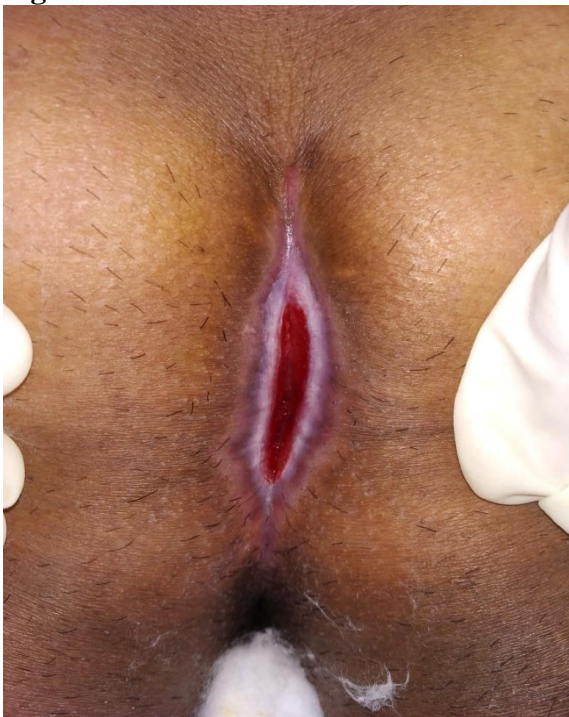
Fig 10:- Post op wound



**Fig 11:- After 1 week**



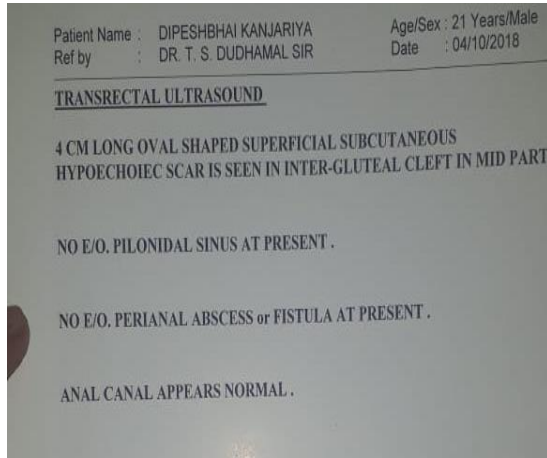
**Fig 12:- After 2 week**



**Fig 13:- After 3 week**



**Fig 14:-Healed tract after treatment**

**Fig 15:-Post-operative TRUS****References:**

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**Guarantor:** Corresponding author is guarantor of this article and its contents.

**Conflict of interest:** Author declares that there is no conflict of interest.

**How to cite this article:**

Patel P.R., Dudhamal T.S., Pilonidal Sinus Treated With Chedana and Ksharkarma: A Case Study. Int. J AYUSH CaRe. 2019; 3(1): 42-49.