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ROLE OF KSHARA PRATISARAN IN THE MANEGMENT OF NADIVRANA WITH SPECIAL REFERENCE TO PILONIDAL SINUS- A CASE STUDY

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ABSTRACT

As per the Ayurveda *Nadivrana* is tract which is form due to untreated *Vranashopha*. The *Nadivrana* can be correlated with sinus as any part of body tissue. Pilonidal is sinus and that can be correlated with *Nadivrana*. Pilonidal sinus occurs in the cleavage between the natal cleft it causes discomfort, hence absence from work for thousands of young people (mostly men) annually. In present era the pilonidal sinus is complicated to treat due to its recurrence nature also in Ayurveda *Nadivrana* is said as *Kricchasadhya* (difficult to treat). *Sushruta* was mentioned the application of *Kshara* and *Ksharasutra* in the management of *Nadivrana*. A case report describes a 22-year-old man with pilonidal sinus who was treated with total excision of sinus and the applied the *Apamarga Kshara* locally.

KEYWORDS: *Nadivrana, Kshara, Ksharasutra*, Pilonidal sinus.

INTRODUCTION

Pilonidal sinus is defined to pertaining a “nest of hair”, that pilo comes from the word pilus which means hairs and nidal comes from nidus that means, nest. Pilonidal sinus presents to the sinus which is having the nest of hair. It is also called as the jeep driver’s disease. It is infective in origin and occurs in cleavage between the buttocks (sacrococcygeal region) and can cause discomfort and absence from work, for thousands of young people (mostly men)

annually. Pilonidal sinus occurs due to penetration of local skin by growing hairs. The ingrowth of such hair set in to local skin form pustule and then this hair gets sucked into sinus by negative pressure in this area, then further pus forms which causes multiple discharging sinus.[1]

This disease can be correlated with *Nadivrana* and the management of *Nadivrana* mentioned in classis is - *Ksharakarma*, *Ksharasutra chikitsa* and *Agnikarma*[2] In modern survey several treatment modalities are adopted for its management including excision of sinus with primary closure along with secondary openings, wide excision and laying the wound opening etc.

In spite of variety of measures to manage, pilonidal sinus remains notorious for its matter of recurrence rate. High infection rate and frequent painful dressing changes are matter of concern. The outcome of reconstructive flap surgeries in pilonidal sinus is satisfactory as it avoids midline scar to reduce the recurrence rate, but it is not cost effective.

In Ayurveda different treatment modalities includes surgical and Para-surgical methods found effective in the management of *Nadivrana*. The excision and *Kshar pratisaran* in pilonidal sinus are one of the potential treatment options to avoid recurrence.

CASE REPORT

A 22-year-old male patient reported to *shalyatantra* OPD of Government Ayurvedic Hospital Nagpur in September 2019, with complaints of pustule over natal cleft with occasional pus discharge since a year, with mild pain, discomfort and itching at natal cleft. He was treated at private hospital got temporarily relief from this condition. Patient had no any history of any major illness like Diabetic mellitus, Tuberculosis, Hypertension, Bronchial asthma, chronic constipation and no any kind of chronic illness. Patient had good appetite, bowel habit, sleep, no any kind of addiction. Blood pressure, pulse rate, respiratory rate was in normal limit.

LOCAL EXAMINATION

Gluteal region

Local examination of gluteal region was done in prone position of patient. 3 external opening were seen at the midline of natal cleft on palpation cord like indurated structure was felt at external opening on gluteal cleft. [Figure 1] Probing was done from external opening to access extension of tract. About 4 cm tract was accessed during probing in mid gluteal cleft, sinus pass upward and forward towards the sacrum. [Figure 2]

Anorectal region

Examination was done in lithotomy position of patient. Patient perineal skin was normal no dermatitis, no any external opening seen nearby anal verge, no other anorectal conditions were found.

On digital rectal examination no any pathology found. On complete examination diagnosis was confirmed as pilonidal sinus.

Investigation

All routine investigation was ruled out, CBC, ESR, blood sugar, serum creatinine, blood urea, BT, CT, ECG (which were with in normal limit and HBsAg, HIV were nonreactive to the patient

Methodology of Excision of sinus and *Kshar Pratisaran.*

Pre -operative measures

After taking inform consent of patient all pre-operative procedure were done like T.T. 0.5 ml IM was given, NBM (Nil by mouth, Plain xylocaine 2% was given intradermal for sensitivity test.

Operative Procedure

Prone position was given to the patient. Painting draping was done. A probe was inserted from external opening into the sinus and it is laid open completely along with its length. All the hairs from nest and debris were removed completely. In this procedure whole sinus cavity was explored and cleaned. Well haemostasis was achieved and then *Apamarga kshar* is applied dressing given.

Post-Operative measures

Next day Broad spectrum antibiotic, Anti-inflammatory, *Ayurvedic Triphala Guggul, Gandharva Haritaki Churna* were advised to patient. All the dressing was removed and again dressing done with *Apamarga kshar*. Daily *Apamarg* kshar dressing was done for 30 days. After achieving healthy granulation *kshar pratisaran* stop then regular dressing done with *jatyadi taila*.

OBSERVATION

In this case total excision of sinus tract and dressing with application of *Apamarga kshar* was done. The dressing with *Apamarga kshar* was continued till complete debridement of fibrotic tissue within seven days. Complete fibrosis removed and healthy granulation observed, then dressing by *kshar* stopped and wound was healed completely within four weeks.

RESULT AND DISCUSSION

The incidence of Pilonidal sinus and anorectal disorder are increasing day by day due to less intake of fibre in diet, sedentary and fast lifestyle. Occupation related to continuous sitting such as drivers, bankers, students are more sufferer from pilonidal sinus. Although, several conservative and surgical techniques are available treat pilonidal sinus but all are having its limitations such as recurrence, cost effective, prolong hospital stay.

Excision of pilonidal sinus and *Kshar* pratisaran is a safe, very low recurrence rate treatment for sinuses. The application of *Pratisarneeya Kshara* helped after excision of pilonidal sinus by scraping of pits in the surrounding tissue of the sinus, avoid the formation of unhealthy granulation tissue and help in healing of wound from its base.

Images:

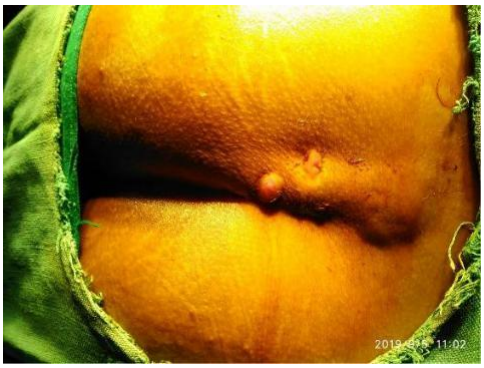

Figure 1: Pilonidal sinus.

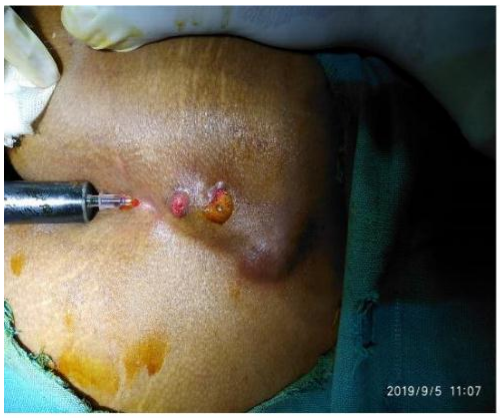

Figure 2: Betadine push into external opening come from another external opening.

Figure 3: Hairs into the cavity of nest.

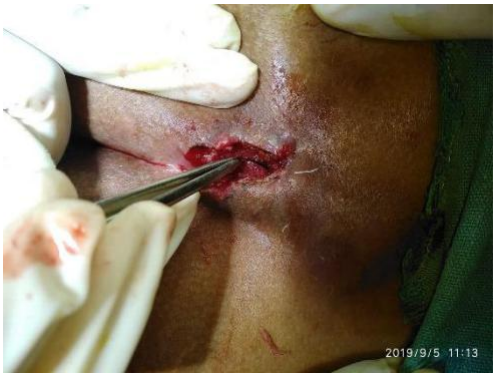

Figure 4: Removed hairs from cavity of nest.

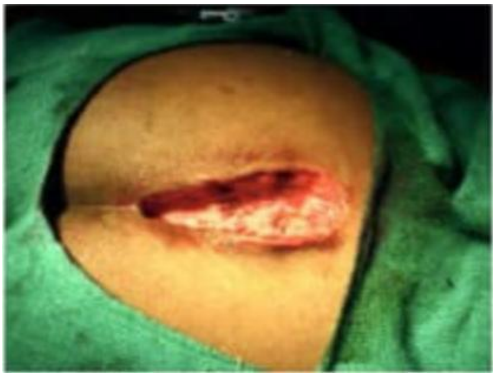

Figure 5: Total removed debris and excised of sinus cavity.

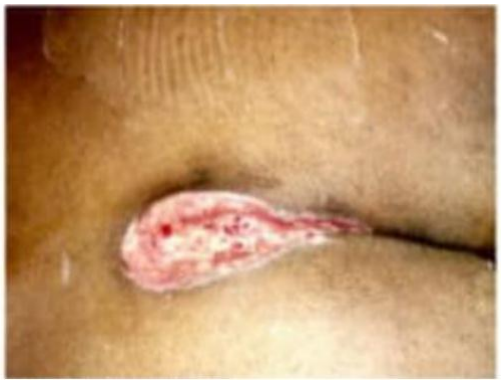

Figure 6: 14th day of operative.

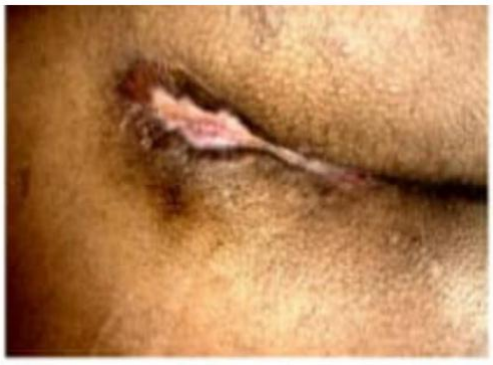

Figure 7: 30 th day of operative.

CONCLUSION

This type of treatment has been proved better result and after follow up it has been observed that the reoccurrence rate is quite negligible. As it was a single case study further more number of cases suggested for complete research to establish this therapy for pilonidal sinus.

REFERENCES

1. Keighley MRB, William NS. Surgery of the Anus Rectum and Colon; Saunders Elsevier publication ltd. UK 3rd edition ed.- 2008. p.517.
2. Sushruta, Sushruta SamhitaPart-1 Ambikadatta Shastri. Su. Ni- 10/9-14 Chaukhambha Sanskrit Sansthan, Varanasi Reprint ed. 2014.p.347-348.