

ROLE OF KSHARKARMA IN THE MANAGEMENT OF PILONIDAL SINUS AND IT'S CLINICAL ASPECTS

Dr. Aditya Trigunayat Sharma*

Advanced Ayurveda Anorectal and Piles Clinic, Udaipur, Rajasthan.

Article Received on
02 January 2025,

Revised on 22 Jan. 2025,
Accepted on 12 Feb. 2025

DOI: 10.20959/wjpr20254-35649



*Corresponding Author

Dr. Aditya Trigunayat
Sharma

Advanced Ayurveda
Anorectal and Piles Clinic,
Udaipur, Rajasthan.

ABSTRACT

Pilonidal sinus is a fairly common condition effect to certain secondary group of people. Who had massive and constant sitting habits. This disease results with slightly seropurulent foul discharge in between the buttocks, and on the natal cleft. Herbert Mayo was the 1st to describe this disease as a hair filled cyst in the year 1833. In 1880 HODG coined the name of pilonidal sinus. In the latin 'Pilus' means tuf hair 'Nidus' means nest. According to *ayurveda*, it is also considered as *Shalyaj nadi vrana*. The most commonly used surgical technique for pilonidal sinus include excision with primary closer and excision with reconstructive flap. The chances of reoccurrence is more after these procedure. In order to prevent long post operative care with different lenses of recovery Excision of the tract and *KSHARKARMA* was done as the guidelines of *SUSHRUTA* (800 BC) was made a clinical trial on

a group of five patient. Here in this paper, subjective evaluation of symptoms and objective evaluation of healing time, Thugh limited was subjected for statics evolution for a scientific bais.

KEYWORDS: Tuft of hair, Reconstructive flap, *Shalyaj nadi vrana*, *Ksharkarma*, Pilonidal Sinus.

INTRODUCTION

Pilonidal sinus is characterized by an opening in the mid sacrococcygeal line, located 4-5 centimeters behind the anus. A tuft of hair, along with a seropurulent and foul-smelling discharge, emerges from this opening. The entrance of the sinus tract is lined with modified skin tissues. The tract leads into a cavity, entirely covered by granulation tissue and

containing debris and hair. The deeper parts of the sinus tract and cavity are not lined with skin tissue.

The term "pilonidal" is derived from the words "pilo," which means hair, and "nidal," meaning nest. Hence, it is often referred to as a "nest of hairs." Pilonidal sinus is sometimes humorously called the "Jeep driver's disease."

This condition's incidence is increasing, especially among those leading busy, sedentary lives with poor dietary fiber intake. Occupations that involve prolonged sitting, such as drivers, bankers, office workers, and students, are more susceptible to pilonidal sinus.

It typically affects individuals between the ages of 20 and 30, primarily males with hairy bodies, more sweat production, and maceration. If left untreated, pilonidal sinus can lead to complications like abscess formation, recurrent inflammation, and the recurrence of sinus formation, significantly impacting the quality of life in young adults.

In *Ayurveda*, this condition can be correlated with "*Nadivrana*" based on its signs and symptoms. Traditional management approaches for *Nadivrana* include "*Ksharakarma*," "*Ksharasutra*," and even "*Agnikarma*." These methods are described in classical texts like *Sushrut Samhita's Sutrasthana*, particularly in the context of "*pratisarniya kshara*."

Kshara, which is a crucial component in these treatments, is a combination of various drugs in their concentrated and refined forms. It possesses properties such as "*shodhana*," aiding in the removal of dead tissue and pus drainage when used externally. *Kshara* also contributes to the healing process of wounds due to its cleansing and antiseptic properties.

CASE REPORT

This is a case series from Advanced Ayurveda Anorectal clinic. The patient selection criteria was a discharging sinus in and around natal cleft with only two openings, one in the cleft or in the midline and other by the side of the cleft, giving history of repeated infections and clinically diagnosed as Pilonidal sinus and not treated by any surgical modalities in the past.

The exclusion criteria was the patient with multiple sinus, previously treated, with DM, TB patients. The study factor was introduction of *Ksharkarma* under local anaesthesia after thoroughly cleaning the tract with aseptic solutions. By using a malleable copper probe (Figure 1,2) a Pilonidal Sinus Tract was Excised Followed by *Ksharkarma* (Figure 3). The

outcome factors were duration of healing (Figure 4,5) and total duration of healing, number of times *Ksharkarma* done and post *Ksharkarma* complications.



Figure 1.0.



Figure 2.0



Figure 3.0.



Figure 4.0.



Figure 5.0.

Total of 5 cases fulfilling the inclusion criteria were recruited over 3 years' time. All of them were males and with average age of 21 - 35 years. The median duration of presentation with the sinus was 8 months. The median duration of Healing of the tract was 23 days and total healing time was 29 days. The number of times *Ksharkarma* was done was 1 -2 during total duration of management. The recurrence rates were nil after 19 months of median follow-up (Table1).

OBSERVATION AND RESULTS

Table 1: Clinical Details and outcome Factors.

Patient	Age (years) Gender	Duration of presentation (months)	No of time Ksharkarma done	Total healing days	follow up months
case 1	30yr/M	8 Months	2	28	10
case 2	19yr/M	4 Months	2	21	7
case 3	25yr/M	9 Months	2	30	9
case 4	34yr/M	12 Months	3	30	8
case 5	40yr/M	10 Months	4	30	7

DISCUSSION

In these cases 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. *Yasthi Madhu* is considered as good *shodhaka dravya*, due to its Antiseptic and healing properties.

Yasthi Madhu oil has excellent to heal the wound by virtue of its *Sodhan*, *Ropan* and *sandhana* actions.

CONCLUSION

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