WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
SJIF Impact Factor 8.084
Volume 12, Issue 22, 979-985. Case Study ISSN 2277–7105

A COMPREHENSIVE APPROACH TO PILONIDAL SINUS MANAGEMENT: INTEGRATING BHEDAN KARMA AND APAMARGA KSHAR APPLICATION

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Article Received on
25 October 2023,

Revised on 15 Nov. 2023,
Accepted on 05 Dec. 2023

DOI: 10.20959/wjpr202322-30555

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ABSTRACT

Pilonidal sinus is an infective condition between the natal cleft most common in younger men. It is rarely found in individuals, of over the age of forty, in children and adolescents. The male female ratio is 6:1.[1] Pilonidal is defined to pertaining a "nest of hairs ", that pilo comes from. The ward pilus which means hairs and nidal comes from nidus that means, nest. In this regard the meaningful ward is called as nest of hairs.[2] It is also called as the Jeep driver's disease. *Nadivrana* is nothing but a tract due to not being treated the *Vranashopha* as per *Ayurveda*. The *nadivrana* may be correlated with the sinus tract at any part of the body tissue.[3] Pilonidal sinus is one kind of sinus and that may be correlated with *Nadivrana*. *Nadivrana* is said to be *Kricchrasadhya* (difficult to treat) and in present era the pilonidal sinus is also complex one and difficult to treat due to its recurrence nature. *Sushruta* has advocated a minimally invasive para-surgical treatment, viz. *Kshar* application procedure, for *nadi vrana*. Hence *Bhedana karma* along with *kshara* application was tried in Pilonidal sinus.[4] The application of *Kshar* treatment not only reduces complications and recurrence but also facilitates a faster return to work with less discomfort, ultimately lowering costs and positively influencing body image and self-esteem. The patient attended *Shalya tantra* OPD of government Ayurvedic college and hospital nanded, maharashtra and was treated with Application of *Apamarga kshar* on the track after excision of pilonidal sinus.

KEYWORDS:-*Nadivrana*, *Kshar*, *Bhedan karma*, Pilonidal sinus.

INTRODUCTION

Pilonidal sinus is the synonymous to jeep disease. It is a common mal formation which has no connection with the rectum or the anal canal. but in rare instances, a sinus in the ano-coccygeal region is congenital. It occurs over the sacrococcygeal region. The origin of incidence is related to the neurenteric canal and it is viewed that the development is related to blockage of a congenital coccygeal sinus that is a vestige of this canal. This is substantiated with the aid of evidence that the pilonidal sinus outcomes from penetration of local skin by growing hairs. The ingrowths of such hairs set the stage for cyst formation and repeated infection. This lesion is may be present from birth but typically becomes apparent during late adolescence or early adulthood.

Friction from sitting breaks off hairs, collecting them in the cleft. After using toilet paper post-defecation, entangled hair, along with fecal matter, can be swept into the cleft. These loose hairs may penetrate the moistened skin, causing dermatitis and inflammation. Intermittent negative pressure can also suck nearby loose hairs into this area.

There is similarity between *Shalyaj Nadi Vrana* described in *Sushruta Samhita* and Pilonidal sinus. The ideal treatment would be a fast cure that allowed patients to go back to regular activities as soon as possible, with minimal morbidity and a low chance of consequences. Treatment principles consist of for elimination of the sinus tract, full healing of the surrounding skin, and avoidance of recurrence. Sacrococcygeal pilonidal sinus disorder is a international circumstance that mostly affects younger males and females.

CASE STUDY

A 19-year-old female patient visited at the Shalya tantra OPD at Government Ayurved college and hospital, Nanded, Maharashtra .reporting serous discharge from the mid gluteal cleft persisting for 2 months. She experiences intermittent throbbing pain, itching, and discomfort in the natal cleft and low back region. Two months prior, the patient had an boil at the site, for which she received a 5 days course of antibiotics and anti-inflammatory medications from an allopathic doctor, leading to relief from the acute condition. Subsequently, a small opening near the gluteal cleft developed.

The patient reports no history of bleeding per rectum, painful defecation, or any discharge through the anus. Additionally, there is no medical history of Diabetes mellitus, Hypertension, Tuberculosis, etc. The patient maintains good appetite, bowel habits, and sleep, with no

reported addictions. Vital signs, including blood pressure, pulse rate, and respiratory rate, are within normal limits.

Local examination

The examination in the prone position revealed that the patient had a small opening at the mid gluteal cleft.

Palpation- An indurated cord-like structure was detected at the sinus opening, accompanied by mild tenderness and watery discharge. No additional openings or lumps were observed in or near the gluteal cleft. Probing from the opening revealed a 3 cm tract in the mid gluteal cleft.

Perianal region was normal.

Digital Rectal examination - Normal anal verge with normotonic anal sphincter.

Proctoscopy- No abnormalities detected.

Following a comprehensive examination, the diagnosis of pilonidal sinus was confirmed. Routine blood investigations were conducted and ruled out any abnormalities. The patient was informed about the disease and its management, and the plan for *Bhedan karma* and *kshar* application under local anesthesia was finalized.

Investigation

HB -13.5 gm %

WBC- 6650 cells/ cmm

RBS: 100.9 mg/dl

Serum Creatinine: 0.9 mg/dl

BT/CT- 2 Min, 3-4 min.

Lipid Profile: WNL

HIV 1&2 - Negative.

HBSAG- Negative.

Final diagnosis - Pilonidal Sinus / *Shalyaja NadiVrana*

Intervention - *Bhedana* of sinus tract and application of *Apamarga Kshara* done after laboratory and pre anesthetic evaluation.

Apamarga Kshara (Alkaline preparation made by Achyranthes aspera) having pH 11.98 was used. Orally *Vrana shodhana* drugs like *Triphala Guggulu* was given.

Pre operative

Informed consent for procedure and local anaesthesia.

Part prepration was done.

Inj lignocain 2% sensitivity test was done.

Inj T.T 0.5 ml IM given.

Operative procedure

During the operative procedure, the patient was taken in prone position with aseptic precautions. After Painting and draping, under local anesthesia Probing done and track identified Anteriorly about 3 cm from the external opening, With the probing sinus track has been laid open with surgical blade and embedded hair follicles were removed. After that cavity scooped with a scoop following the application of *Apamarga kshar* in the sinus cavity. Then neutralization of *kshar* done with about 2 ml of *Nimbu Swaras.*

Then cavity cleaned with betadine solution, and Gauze kept, pad kept dressing done.

Post operative

IV antibiotics given (Inj cipro 200 mg Iv bid, Inj metronidazole 500 mg iv bid) For 5 days.

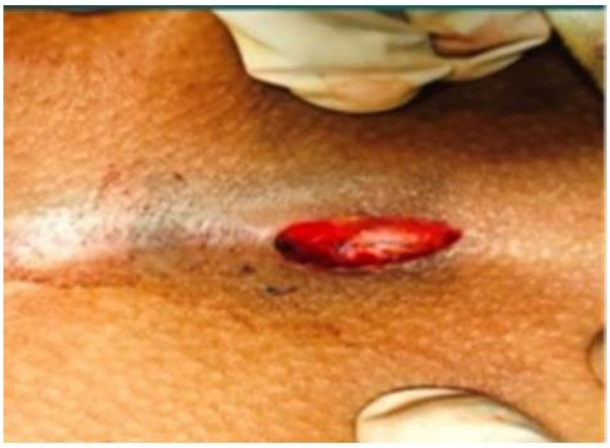
Oral medicine (Analgesic, Multivitamins) for 7 days given.

Tab *Triphala guggul* 2 bid after food with water.

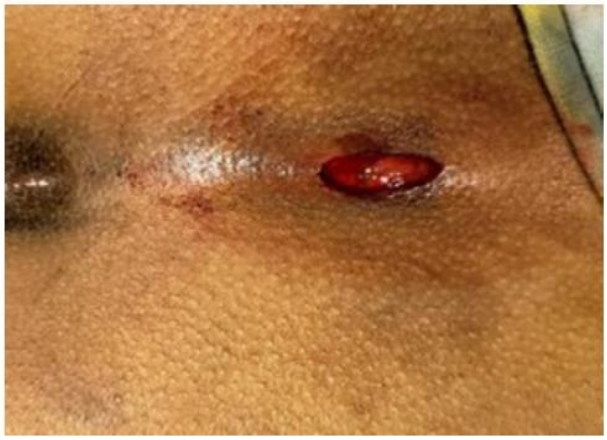
Daily dressing with betadine solution.

Local application of *kshar* after 7 days repeated.

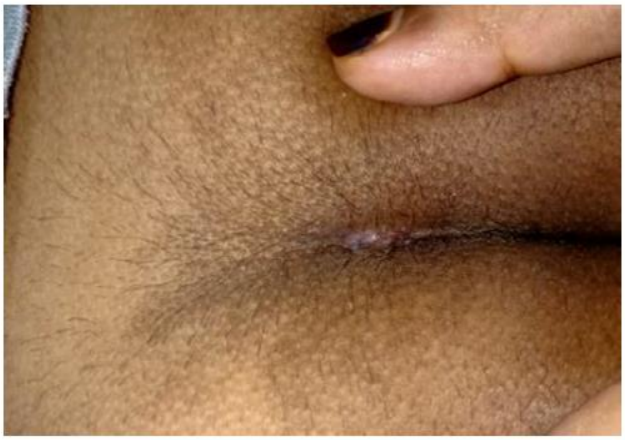
PROBING



AFTER *BHEDANA*



KSHAR APPLICATION



AFTER TREATMENT

Follow UP

Day /Wound Assessment	Day- 3	Day – 7	Day -14	Day - 21
Pain	Moderate pain	Mild	Mild	Absent
Discharge / Slough	Sticky watery discharge	Mild slough	Absent	Absent
Wound SIZE	3 cm	2.5 cm	1 cm	Absent

DISCUSSION

An external opening in the intergluteal region was observed, and according to Acharya *Sushruta's* concept, *Nadi Vrana* is treated through *Shastra Chikitsa* using *Bhedana Karma* or the application of *Kshara*. In this case, *Shalyaja Nadivrana* was treated through *Bhedana Karma*, following the guidance of *Sushruta Samhita*.

Kshar application is, a minimally invasive therapy, offers promising results for Pilonidal sinus treatment, reducing complications and recurrence. Patients can swiftly return to work and normal activities.

The alkaline nature of *Kshar*[5] induces fat saponification and alkaline proteinates, leading to liquefaction necrosis when applied over tissues. Additionally, its hygroscopic property extracts significant water from cells, causing cell death and tissue damage. Through its caustic action, *Kshara* promotes healing by destroying and eliminating unhealthy tissues.[6] Residual granulation tissues post-excision are eliminated with *Kshar* application, minimizing recurrence risk. *Triphala gugglu*, with anti-infective and anti-inflammatory properties, eases pain and prevents infection.

CONCLUSION

In the case of Pilonidal sinus, we successfully treated it with *Sushrutokta Bhedhana* and *kshar karma*. As we have discussed the pros and cons of managing Pilonidal sinus in contemporary science, all methods are linked to a high recurrence rate and low success rate, which is unacceptable from the patient's perspective. Therefore, *Bhedana Karma*, along with *kshar* application with its high success rate and in our low recurrence rate, remains the preferred first-line management for *Shalyaja Nadivrana*, i.e., Pilonidal Sinus.

Bhedan and *Apamarga Kshara* application is discovered to be highly effective in managing pilonidal sinus, serving as a successful curative measure for such cases. In our particular case, we have observed a reassuring absence of recurrence over the past six months. However, it is imperative to emphasize the necessity of ongoing assessment before arriving at definitive determination.

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