

A SINGLE CASE STUDY ON PILONIDAL SINUS TREATED WITH CHEDANA KARMA, KSHARA KARMA AND KSHARA SUTRA LIGATION

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ABSTRACT

Pilonidal sinus is very common disease of natal cleft of the sacrococcygeal area. It is an acquired condition seen more in male than females as male have more hairs, the buttocks move and hairs break off by friction and collect in the cleft which makes local inflammation turn to sinus formation. It is more commonly seen in between age group of 20-40 years. The incidence of pilonidal disease is about 26 per 100 there are several methods of to treat pilonidal sinus, but the recurrence rate is more in modern surgical intervention. According to Ayurveda it can be correlated to salyajanya nadi vrana (pilonidal sinus) a type of nadi vran. The most commonly used surgical techniques for pilonidal sinus includes excision with primary closure and excision

with reconstruction flap with their own limitation. Sushruta mentioned the chedan as well as Ksharakarma and ksharasutra ligation in the management of nadvrana. Hence the study concluded that excision and ksharakarma in pilonidal is one of the potential treatment option to avoid recurrence.

INTRODUCTION

Pilonidal sinus means a nest of hairs. Pilonidal sinus is an infection under skin it is characterized by opening in mid sacrococcygeal line between natal. The tract of sinus goes in a vertical direction between the buttocks. Most occur in hairy person. The causative factors of pilonidal sinus when hairs accumulate due to vibration and friction causing shedding of hairs and collect in the cleft through the opening of sweat glands. The pilonidal sinus disease usually affects young adults. The pilonidal disease was first described by Herbert Mayo in 1833 and named by Hodges in 1880. It is also called as "Jeep disease". According to

Ayurveda. It can be considered as Nadi Vrana nadi –means a tract and vrana means ulcer. Hence Sushruta advised very unique, minimal invasive treatment I e Kshara sutra, kshara karma in nadi Vrana.

CASE REPORT

A 38 years male patient came to OPD with complaints of pus discharge from mid part of intergluteal. Gradually he starts complaints of mild pain, discomfort and small nodule in between and upper portion of natal cleft since 1 months. On local examination, we found a small sinus in between the buttocks (natal cleft). The patient was hairy. The sinus was cleaned with an antiseptic solution and probing done. The sinus is 3 to 6 mm. Routine blood and urine examinations were done and found in normal Range Hence based on clinical finding and sonogram the case was diagnosed Nadivrana and patient was admitted in male shalya ward for further management.

METHODOLOGY

Pre-Operative

Informed written consent was taken. part prepreparation was done. Injection T.T. 0.5 CC IM was given and inj. Lignocaine 2% was given intradermal for sensitivity test.

OPERATIVE PROCEDURE

Under all aseptic condition patient was taken in prone position on operation theatre table and after proper cleaning, drapping spinal 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 tract was excised by 15 no. surgical blade. After that Apamarg tikshana kshara was applied and just within 30-40 second the wound surface become cauterized and turn to blackish. The wound was clean with the help of normal saline and nimbu swaras. Which prevents the further damage of the tissue. then primary threading done at 6 “o”clock position just below the pilonidal sinus. remaining tract treated with the help of kshara sutra ligation. kshara sutra changed after 1 week.

Proper haemostasis achieved. whole procedure was uneventful. Dressing done with jatyadi taila and patient was shifted in ward with normal vital data.

POST OPERATIVE

From next evening, patient was advised to cleaning with the help of savlon and betadine. then antiseptic dressing was done with jatyadi taila daily.

Triphala guggulu and arogyavardhini vati 2 tab BD per day orally was given with luke warm water after meal till complete cure.

OBSERVATION AND RESULT

The wound was assessed weekly and it was observed that in first 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 5th week around was healthy and contracted.

The wound healed completey with in 1 and half month with minimal scar.

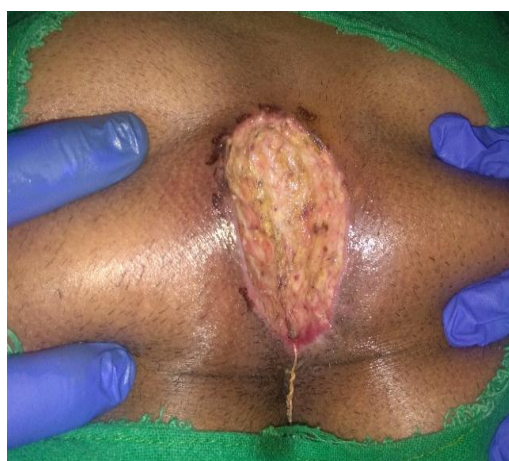


Fig. 1: Post op wound.

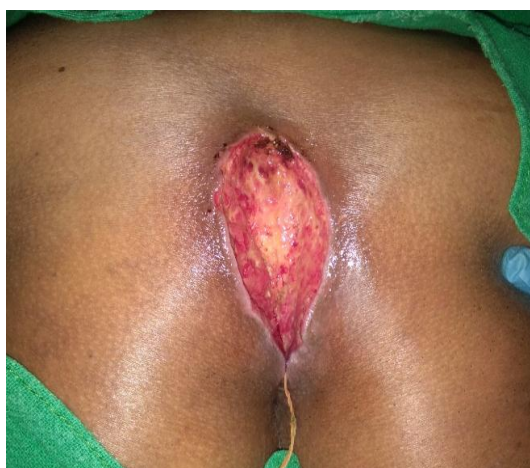


Fig 2: After 1 Week



Fig. 3: After 2 Week.



Fig. 4: After 3 Week



Fig. 5: After 4 Week



Fig. 6: After 5 Week



Fig. 6: After 6 week.

DISCUSSION

In this case of pilonidal sinus we successfully managed case by sushrokt chedana karma. There was external opening seen at mid part of inter gluteal region. Tikshana apamarg kshara was applied. If teekshna kshar is applied it debrides the unhealthy granulation and fibrous tissue. Besides sodhan property Kshara also has ropana property so it promotes wound healing. Kshara sutra property is same as kshara karma. Kshara sutra is changed after 1 week. Triphala guggulu has anti-inflammatory properties so reduce pain and prevent infection.

CONCLUSION

This case study concluded that chedan karma, kshara karma and kshara sutra ligation. which is having high success rate and low recurrence rate still hold good on first line of management for shalyaja Nadi vrana (pilonidal sinus).

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