

EFFICACY OF SNUHI KSHARSUTRA IN THE MANAGEMENT OF DUSTA NADIVRANA (UNHEALED VARIETY OF PILONIDAL SINUS) - A CASE REPORT

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ABSTRACT

Pilonidal sinus is a common condition, typically occurring in the pre-sacral area (At the base of the spine). It is more frequent in males, particularly those with a lot of body hair. The condition has a recurrence rate of approximately 30-40%. There are two types of pilonidal sinuses: primary and secondary. While the condition is most commonly found in the pre-sacral area, it can occasionally appear in other less typical locations, such as between the fingers, the axilla (Armpit), and the eyelid, though these cases are extremely rare. This is the case study presenting: A 34-year old college student presents with a wound in the pre-sacral region, which has not healed following a previous surgical excision of a pilonidal sinus. The patient underwent surgery for the pilonidal sinus approximately 6 months ago, but the wound has not healed since then. The patient complains persistent pain

and pus discharge from the wound. Upon examination in the outpatient department (OPD), probing of the wound reveals certain findings. It seems like the incomplete excision of the pilonidal sinus may have led to a recurrence or persistent infection. This is common in cases where the sinus is not fully removed or if there is contamination after surgery. So patient admitted in our hospital Gach, Patna. After admission necessary blood routine investigation done. Under spinal anaesthesia probing and primary threading done within the wound. On the seven postoperative day, the primary thread was replaced by *Snuhi Kshara Sutra*. This is a traditional Ayurvedic treatment involving the use of a medicated thread, which is known for its wound healing and anti-inflammatory properties. The Kshara Sutra was replaced every 7th day for the next 5 consecutive weeks. In addition, *Jatyadi Taila* (an Ayurvedic herbal oil)

was used for daily wound dressing. This combined approach helped to promote the healing of the wound, and after 50 days, the wound completely healed. This treatment method seems to have been effective in managing the post-surgical complications, including the pus discharge and non-healing wound, likely due to its antimicrobial and healing-enhancing properties.

KEYWORDS: Pilonidal sinus, Snuhi kshar sutra, Jatyadi, Nadvirana, Anti-inflammatory.

INTRODUCTION

Pilonidal sinus means nest of hairs in Greek. Also called Jeep-bottom because it was very common in jeep drivers.^[1]

Pilonidal: The word "Pilonidal" comes from Latin. "*Pilus*" means hair, and "*Nidus*" means nest. So, "Pilonidal" essentially translates to "hair nest."

Sinus: In medical terminology, a "sinus" refers to a cavity or a channel, often abnormal, that communicates with a surface or other cavity. In this context, it refers to a tunnel-like structure beneath the skin.

A Pilonidal sinus is an abnormal, epithelium-lined tract or tunnel under the skin, typically located at the sacrococcygeal region (just above the cleft of the buttocks, near the tailbone).

The sinus may contain hairs, which often come from hair follicles in the region. These hairs can become trapped and lead to inflammation or infection.

The diseased granulation tissue you referred to may appear inside the tract when there is chronic infection or irritation. Granulation tissue is a type of tissue that forms during the healing process but in the case of a pilonidal sinus, it often becomes inflamed or infected, which can complicate the condition.

Pilonidal sinus can be correlated to Nadi Vrana. "Tasyaatimatragamand timatragamand gati ityatscha nadiva yadvahati tena mat gati ityatscha nadiva yadvahati tena mata tu nadi".^[2]

It means, because of Puya (Pus) moving inside greatly it is known as Gati & since the spread is through a tube it is called Nadi. Here is the case of a variant of pilonidal sinus its extension upto sinus its extension upto left medial part of thigh.

More common in dark people than fair people. Commonly found in hairy males.

Appears between the age of 20 and 30 years. Hairy men are more affected.

The hair follicle is never demonstrated in the wall of the pilonidal sinus but hair is the content of pilonidal sinus. Hair accumulates due to vibration and friction causing shedding of the hair. Thus, it accumulates in the gluteal cleft and enters the opening of the sweat glands. Pointed end of the dead hair is inside (blind end of the sinus).

Pathology

Hair in the cleft region →penetrates the skin→ dermatitis→pustule formation→Sinus formation→hair gets sucked into the sinus by negative pressure in the area →further irritation & granulation tissue formation →pus forms→multiple discharging sinus.^[3]

Methods

A 34 year old boy came to Shalya OPD, Govt. Ayurveda College & Hospital, Patna, with a wound over presacral region it was associated with pus discharge & pain. The present wound was a result of incomplete excised pilonidal sinus. Patient had undergone surgery for Pilonidal sinus 6 months back in some other hospital. After surgery patient went for regular dressing but wound did not heal completely and again recurrence occurs then Patient presented with complains of persistent pus discharge from wound:-

On examination of wound

On Inspection: Site of wound was Presacral region, size- 4x2cms, Floor- unhealthy granulation tissue, Colour-pale whitish, profuse pus discharge. On probing 1 sinus traced, present 2 cm away from tail bone and anterior to wound (fig. 1).



Fig. 1



Fig. 2

Pre - Operative procedure –Patient consent taken, part preparation done, Xylocaine Sensitive test done, Tetanus toxoid given.

Operative procedure –Under Spinal Anaesthesia patient put in Jack knife position then part painted with aseptic solution & draped. On probing within a wound, sinus track (Fig. 2) found at 2 cms below the wound in midline, a nick given at that point and fistula is made. A plain Barbour thread no. 20 is tied between intercommunicating fistulous tracks as primary threading. Wound was cleaned with Betadine and Hydrogen peroxide.

Post- operative care – On seven post -operative day Fistulous tract is cleaned & primary threading changed with Snuhi ksharasutra till wound healed. For 5 Consecutive weeks weekly once Snuhi kshara sutra was changed. Patient was advised for maintenance of hygiene at operated site by removal of hairs around presacral region at regular intervals, and Hot sitz bath daily.

RESULTS

First three weeks there was profuse pus discharge from fistulous track. After Three weeks healthy granulation tissue was seen over floor of wound. Every week there was cutting of 1cm of fistulous track. After Five weeks of surgery Fistulous track cutting along the whole length of the fistula occurs and thread removed completely and within 15 days remaining superficial wound healed completely.

The chronic wound which was not healed since 150 days got completely healed in 50 days. (fig. 3)



Fig. 3

DISCUSSION

In Modern surgical treatment for Pilonidal sinus there is excision through 'Z' plasty technique or some other techniques are used. In this case as it was the unhealed Pilonidal

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Nadi is probed with a Eshani (Probe), then introduce the needle having Ksharasutra till the end of Nadi is reached, the needle is then lifted up, the end of the thread is pulled out and tight knot tied. Kshara sutra is made of kshara, Snuhi ksheera, Haridra choorna. Kshara has the property of *Chedana*, *Bhedana*, *Lekhana*, *Tridoshagna*. So, it is *pradanatama* among *shastra* and *anushastra*. In Pilonidal sinus case the track will be lined with unhealthy track and Pus discharge, Kshara does *chedana* of unhealthy tissue in track and *Lekhana* of Pus. Snuhi ksheera act as a binding agent while preparing Kshara sutra and does *Lekhana* karma. Haridra acts as an antiseptic and *Vrana ropana* property. *Jatyadi taila* is used for dressing as *taila* as the property of *vrana shodana* and *vrana ropana*. Because of above said property of Kshara sutra, in this case which is an unhealed case of Pilonidal sinus, as patient is in *bala avastha* Ksharasutra procedure adopted.

Oral medications

Tablet Triphala guggulu - 2 T.I.D given after food for 60 days

Tablet Arogyavardhani vati - 1 B.D. given after food for 30days.

Ashwagandha Churna - 3g BD after food

Madhurvirechan Churna - 5gm with luke warm water at bed time

Hot sitz Bath with Povidone-iodine solution after defecation

Jatyadi oil - 3ml for Anal infiltration

CONCLUSION

Indeed, Kshara Sutra is often considered one of the most effective treatments for pilonidal sinus, whether it is primary, secondary, or recurrent. As mentioned, even though various procedures are available, Kshara Sutra stands out due to its holistic and healing properties. In this case, the patient being young and suffering from significant pain, discomfort, and pus discharge after the initial surgery, benefited greatly from this approach. The key advantage of Kshara Sutra is its ability to address both the physical and systemic factors contributing to the non-healing wound. The process of ligating the Kshara Sutra, along with tracing the proper "gati of nadi" (Pathways of energy or channels), helped relieve the patient's pain in a much more effective and quicker manner compared to conventional methods. The Kshara Sutra treatment recognized as part of "shastra" (Scriptural knowledge) and "anushastra" (practical knowledge), integrates both traditional wisdom and practical experience. It promotes the healing of sinus tracts, reduces infection and accelerates recovery with minimal recurrence. This case highlights the efficacy of Ayurvedic treatments, especially when conventional

methods fail to provide relief or when dealing with complex or recurrent cases like pilonidal sinus.

REFERENCES

1. Rajgopal Shenoy K; *Manipal Manual of Surgery; New Delhi; CBS Publishers & Distributors(P)Ltd*, 2020; 5: 892.
2. Sushruta, *Sushruta samhita, Nibandasangraha commentary of Dalhanacharya edited by Acharya Yadavji Trikamji, Choukhamba surabharati prakashan, Varanasi, reprint on, Nidan sthana*, 2017; 10: 10.
3. Bhat M Sriram; *SRB's Manual of Surgery; New Delhi; Jaypee Brother Medical Publishers(P)Ltd*, 2016; 5: 967.
4. Sushruta, *Sushruta samhita, Ayurvedatatvasandipika by Kaviraj Dr. Ambikadatta Shastri, Choukhamba Sanskrit Sansthan, Varanasi, reprint on, Sutra sthana, chapter*, 2020; 5: 12.
5. Sushruta, *Sushruta samhita, Ayurvedatatvasandipika by Kaviraj Dr. Ambikadatta Shastri, Choukhamba Sanskrit Sansthan, Varanasi, reprint on, Chikitsa sthana, chapter, shloka*, 2020; 17: 29.