

TO STUDY THE EFFICACY OF *CHHEDAN KARMA* AND *APAMARG KSHAR* APPLICATION IN THE MANAGEMENT OF *NADIVRANA* WITH SPECIAL REFERENCE TO PILONIDAL SINUS - A CASE STUDY

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ABSTRACT

Pilonidal disease is a common anorectal problem that typically affects young people. Pilonidal sinus describes a hair-filled cavity in the subcutaneous fat of the post sacral intergluteal region known as the natal cleft. Here we reported a new case of the pilonidal sinus, presented with boil with slight seropurulent foul discharge from the natal cleft region. A male patient of surgical techniques for pilonidal sinus includes excision with primary closure and excision with reconstructive flap with their own limitation. In *Ayurveda acharya Sushruta* has considered it under *shalyaj Nadivrana* (Sinus). *Sushruta* mentioned the *Chhedan* as well as *Ksharkarma* in the management of

Nadivrana. Hence the study concluded that excision & *Ksharkarma* in Pilonidal Sinus is one of the potential treatment option to avoid recurrence. **Aim:** To evaluate the efficacy of *Chhedan Karma* and *Apamarg Kshar* Application in the management of *Nadivran* w.s.r to Pilonidal Sinus. **Methodology:** Here we present case of *Nadivran* with comparing the symptoms before and after *Chhedan Karma* & *Apamarg Kshar* application. **Result:** Patient get symptomatic relief. **Conclusion:** The prevalence of *Nadivran* increasing day by day. Ayurvedic management is effective in slow down the disease progression and breakdown the pathology.

KEYWORDS: *Apamarg Kshara, Nadivrana, Pilonidal Sinus.*

INTRODUCTION

Pilonidal sinus is characterized by opening in mid sacrococcygeal line between natal clefts 4-5 cm behind the anus. A tuft of hairs with seropurulent foul discharge emerges through the opening. The entrance of the sinus tract is lined by modified cutaneous tissues. The tract enters into the cavity, which is entirely lined by granulation tissue and contains debris and hairs. Thus deeper tract and cavity of the sinus are not lined by skin tissue.^[1]

Pilonidal is defined to pertaining “nest of hairs”, that pilo comes from the word pilus which means hairs and nidal comes from nidus that means, nest.^[2]

In this regard the meaningful word is called as nest of hairs. In fact pilonidal sinus presents to the sinus which is having the nest of hairs. It is also called as the Jeep driver’s disease. The incidence of pilonidal sinus and other anorectal disorders such as haemorrhoid, fistula in ano, fissure in ano, proctitis, IBS, are increasing day by day in general practice due to busy, sedentary and fast lifestyle. Food habit less in fibres makes the bowel irregular now a days. Occupation related to continue sitting such as drivers, bankers, and computer job works, students etc. are suffering more from pilonidal sinus.

It is common in 20-30 years of age. It is common in males and mostly affects hairy men. 74%, male sex hormone effect, hairy body, more sweat & maceration. The complications of pilonidal sinus arise if not treated in time; these are formation of abscess, recurrent inflammation and recurrence of sinus formation which hampers quality of life in young adults. In *Ayurveda* on the basis of sign and symptoms this disease can be correlated with *Nadivrana*.^[3]

The management of *Nadivrana* mentioned in classic are- *Ksharakarma, ksharasutra* and even *Agnikarma*.^[4]

In chapter eleven of *Sushrut samhita sutrasthana* while describing about the indications of *pratisarniya kshara*, he mentioned *nadivrana* also.^[5]

Kshara is made up of several drugs, in their most concentrated and subtle forms. It has *shodhana* properties as it has got *ushna* and *teekshna gunas* which help in desquamation of sloughs (debridment) and draining of pus when used externally. *Kshara* helps in *ropana* or

healing process in *vrana* (wound) because of their cleansing and antiseptic properties.^[6]

MATERIAL AND METHODS

- Patients with classical signs and symptoms of *Nadivran* (pilonidal sinus) were selected from the O.P.D. of Department of *Shalyatantra* of M.A Podar Ayurvedic Hospital Mumbai.
- A special Performa including all the etiological factors of *Nadivran* (pilonidal sinus) with *Dushti Laskhanas* of *Dosha*, *Dushya*, *Srotas*, etc. was made for assessing the patients.
- The patients were thoroughly questioned and examined on the basis of the case record, sign and symptoms were carried out to confirm the diagnosis.

AIM

- To evaluate the efficacy of *Chhedan karma* and *Apamarga kshar* application in the management of *Nadivran* (Pilonidal Sinus).

OBJECTIVES

1. To evaluate the efficacy of *Chhedan karma* and *Apamarga kshar* application by comparing the pre and post symptoms in the patient of *Nadivran* (Pilonidal Sinus).
2. To study the effect and mechanism of *Chhedan karma* and *Apamarga Kshar* application in the management of *Nadivran* (Pilonidal Sinus).

INCLUSION CRITERIA

1. Patients having classical signs and symptoms of the *Nadivran* (Pilonidal Sinus) according to *Ayurveda* as well as modern science.
2. Gender:- Both male and female.
3. Age :- 20 yrs to 65 yrs.

EXCLUSION CRITERIA

1. The pregnant women and lactating mother.
2. Patient having life threatening disorders like HIV, Hepatitis B, etc.
3. Psychiatric disorders, Bleeding disorders & Covid 19 positive pts.
4. Uncontrolled Diabetes.

PLAN OF STUDY

This study deal with the management of *Nadivran* (Pilonidal Sinus) with *Chhedan karma*

and *Apamarg kshar* application.

CRITERIA FOR ASSESSMENT

- Assessment was done on improvement in signs and symptoms with the help of suitable scoring method
- Here we present case of *Nadivran* with comparing the symptoms before and after *Chhedan Karma* and *Apamarg Kshar* Application.

1. Subjective Criteria

A. Pain

- **VAS Scale (Visual Analogue Scale)** :- Scale Score Severity of Pain.

Parameters	Grade
No pain	0
Mild pain (discomforting)	1-3
Moderate pain (disturbing daily activities)	4-6
Severe pain (unbearable pain)	7-10

B. Discharge:- (Seropurulent)

Parameters	Grade
Present	0
Absent	1

2. Objective Criteria

A. Tenderness

Parameters	Grades
Mild tenderness (causing the patient to wince on digital pressure)	1
Moderate tenderness (causing the patient to wince and withdraw on digital pressure)	2
Severe tenderness (Patient does not allow to touch)	3
Nil	0

CASE REPORT

A 25 years male college student came to OPD with complaints of watery discharge from an external opening seen at natal cleft region since 2 year, occasionally feel mild pain, discomfort and itching at natal cleft and low back region. He took antibiotics and anti-inflammatory medicines for 7 days and got relief from symptoms. Probing was done to assess the length of track & direction of track.

After probing it find that there was 30 mm Long thick walled pilonidal sinus track is seen

with external opening in mid part of the inter gluteal cleft. The sinus is 4 to 6mm deep to skin. Routine blood and urine examinations were done and found within normal range. Hence, based on clinical findings the case was diagnosed *Nadivra* (Pilonidal sinus) and patient was admitted in male *shalya* ward for further management.

Treatment

Procedure

The procedure was divided into pre-operative, operative, and post-operative.

Poorva karma

Informed written consent was taken. Part preparation was done. Proctolysis enema was given at early morning on day to be operated. After proper bowel clean up patient was taken to recovery room and Injection T.T 0.5 cc IM was given and inj.plain Lignocaine 2% was given intradermal for sensitivity test.



Fig 1:- Pre-operative.



Fig 2:- Pre-operative.

Pradhan Karma

Under all aseptic condition patient was taken in OT with normal vital data. Patient was taken in prone position on operation theatre table after spinal anaesthesia with proper cleaning, drapping of body parts. 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 track was excised by 15 no. surgical blade. After that *Apamarg tikshna kshara* was applied & just within 30-40 second the wound surface become cauterized and turns to blackish. The wound is irrigated with distilled water and lime juice neutralizes the *kshara action*) to remove the additional *kshara*, which prevents the further damage of the tissues. Proper haemostasis was achieved, dressing done and patient was shifted in ward

with normal vital data.



Fig 3:-Methylene blue dye was pushed.



Fig 4:- Hair expelled out.



Fig 5:- Excised sinus track.



Fig 6:- *Tikshna apamarga kshar* applied.

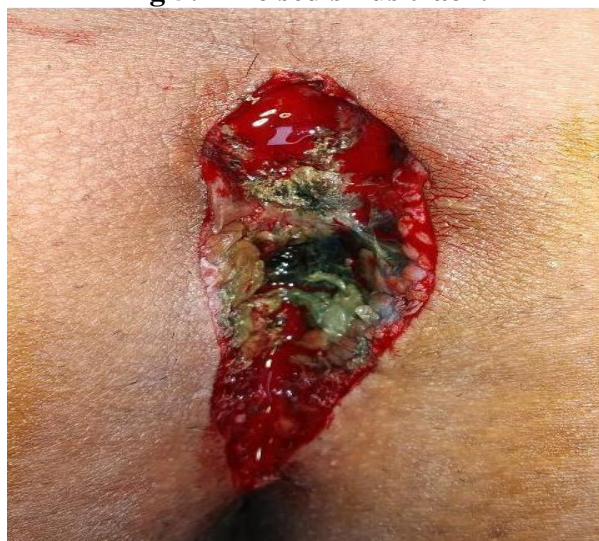


Fig 7:- after 1 min washed.



Fig 8:- Post op wound.

Post – operative

From next evening, patient was advised to cleaning with *Panchavalkala* kwath and then

antiseptic dressing with *Madhu*, *Ghrita* and *Krishna taila* was done daily. *Triphala guggulu* 1gm three times per day orally was given with luke warm water after meal till complete cure.



Fig 9:- After 1 week.



Fig 10:- After 2 week.

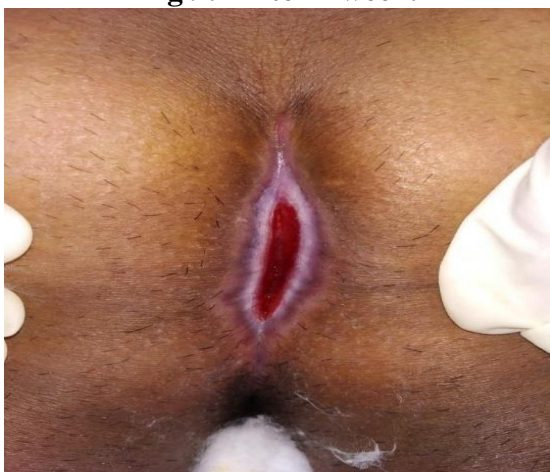


Fig 11:- After 3 week.



Fig 12:- Healed tract after Treatment.

DISCUSSION

In the present case of *Nadivran* tenderness with a grade 3 was noted & pain with a grade 7 was noted. *Chhedan karma* & *Apamarg Kshar* application is more practical, hygienic, and can be practiced effectively application of *Apamarga Kshara* resulted to drain the debris of the sinus and nearby the pus pockets and destroyed all the sloughed and fibrosis tissues making a clean wound by which the regeneration of tissues grew with the body immune effects and filling up of the cavity was noted. *Aapamarga Kshara* destroys all the debris, foreign body, giant cells, hemostats the bleed points, and promotes healing. It ensures for nil or negligible recurrence.

Close inspection of the wound was continued to avoid the bridging of any healing and fibrosis development. It is observed that within second week wound is filled with healthy

granulation tissue and complete epithelialization developed within fourth week. The wound was healed with normal healthy tissue from all surroundings and filling from bottom level of the wound. No hyper granulation of tissue was allowed to remain during dressing and the *Apamarg Kshar* has also effect to spoil it. After complete healing the skin surface attained its skin contraction in normal course of time.

RESULTS

Parameters	Before Treatment	After Treatment
Pain (vas scale)	7	0
Tenderness	3	0
Discharge	1	0

CONCLUSION

Chhedan karma and *Apamarg Kshar* application is a simple, easy and economical procedure. From this case study, it can be conclude that *Nadivrana* can be effectively managed with *Chhedan Karma* and *Apamarga Kshar* application. However, further clinical research works with larger sample size may be needed to further authenticate the efficacy.

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