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Pilonidal Sinus Treated With Chedana And Tilvaka Teekshna Pratisaraneeya Ksharkarma: A Case Study

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ABSTRACT

Pilonidal sinus is a disease of infective origin where usually a hair gets caught inside the skin near the sacral region between the buttocks, umbilical and axilla. It is associated with foul smelling pus discharge and pain. It is most common in hair dressers (seen in interdigital clefts), jeep drivers and 20- 30 year of age, mostly affects hairy men.[1] Normal treatment followed is z plasty. But the healing of the wound is a challenging task. Here a report of a new case of the recurrent pilonidal sinus, presented with pain and swelling with discharge from the sacrococcygeal region is being discussed. A male patient of 29 year consulted to outpatient department of shalya tantra, Karnataka Ayurveda medical college. In Ayurveda, acharya sushruta has considered it under shalyaja nadi vrana (sinus or fistula due to foreign body). Sushruta mentioned chedana as well as Tilvaka Teekshna pratisaraneeya ksharkarma in the management of nadivrana. [2]

Keywords – Pilonidal sinus, Nadivrana, Tilvaka Teekshna partisaraneey kshara

INTRODUCTION

A pilonidal sinus is a sinus track which commonly contains tufts of hair. It occurs under the skin between the buttocks (the natal cleft) at a short distance above the anus. The sinus track goes in a vertical direction between the buttocks. Most case occurs in young male adults. The origin of pilonidal disease is not fully understood, although hormonal imbalance, presence of hair, friction and infection are often implicated [3]. The most commonly used therapy is surgery including wide excision and healing by secondary intention. However, post-operative recurrence following surgery is high, leading to frequent and time-consuming wound care. Hence, there is a need to evaluate the role of the other alternative/ innovative techniques for the management of this challenging disease so as to minimise recurrence, make it cost effective, with improved acceptability & minimum hospitalization. According to Acharya Susruta, shalyaja nadi vrana is a track which is described to be due to presence of pus, fibrosed unhealthy tissue & hair etc. inside left unnoticed. This shalyaja nadi vrana can be correlated to pilonidal sinus based on the modern parameters. Ksharakarma, a minimally invasive treatment was indicated by Acharya Susruta in the condition of nadi vrana.[4] Here, tilvaka teekshna pratisaraneeya kshara is applied.

CASE REPORT

Age - 29 year

Gender – Male

Chief complaints and duration

Patient complains of pain and swelling with discharge from the sacrococcygeal region since the last 6 months.

H/o present illness

Patient was apparently normal before 6 month. Gradually he developed a pain and swelling with discharge from the sacrococcygeal region. Therefore, for further treatment he came to OPD of shalyatantra, Karnataka Ayurveda medical college, Ashok Nagar, Mangaluru

H/o past illness

Patient had undergone surgery (RHOMBOID FLAP) one year back for the same but condition recurred.

No H/O DM, HTN or any other major illness

General examination

CVs – S1, S2 heard

CNS – Conscious and oriented to time and place

RS – B/L NVBS heard.

PA – soft, non-tender, no organomegaly

Pulse – 78/min

BP - 130/80 mm Hg

Digestive System

Appetite – normal

Bowel - constipated.

LOCAL EXAMINATION

Number of sinus opening – one primary opening is present in the natal cleft, and secondary opening present 2 cm away from the primary opening

Site – in the natal cleft

Size – primary track 4-5 cm and secondary opening around 2cm away from the primary opening

Discharge – pus discharge present from the opening of sinus after applying pressure over surrounding area.

Palpation

Tenderness – present

Local raise of temperature – present

Induration – around the secondary opening towards the primary opening

Probing done to identify primary tract 4-5cm in length. Again, probing done from primary opening towards secondary opening and linear track was identified approximately 2cm in length.

Investigations

Hb – 12.6 gm %

Total count – 5600 cells/CMM

RBS – 97 mg/dl

HIV – Negative

HBsAg – Negative

MRI Perineum region

TREATMENT METHODOLOGY:

Pre – operative

The patient and the party were informed of the prognosis of the procedure and informed consent is taken. Patient is kept NBM for 6 hours prior to surgery. Part preparation done. Inj.TT 0.5ml IM and Inj.Lignocaine 2% test dose given. Soap water enema given 3 hours prior to surgery.

Operative

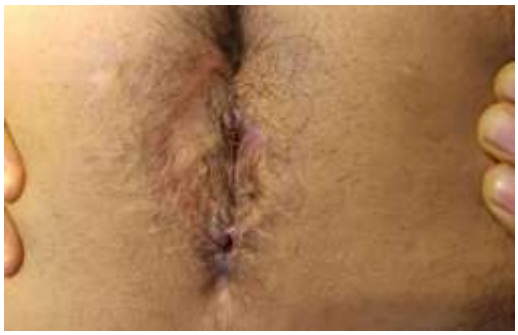
After confirming the vitals are stable, patient is shifted to operation theatre. Then the patient was given prone position. Painting (povidone iodine solution) and draping done. Lignocaine 2 % local anaesthesia (35ml) diamond block was infiltrated. Probing done through primary opening and secondary opening is appreciated. The whole track was laid open and scooping done. Tilvaka teekshna pratisaraneeya kshara was applied and wait for Shatamatrakala (100 seconds). Washing with nimbu swarasa done. Samyak dagdha lakshanas observed. Haemostasis maintained throughout the procedure. Dressing done using yastimadhu taila.

Post-operative

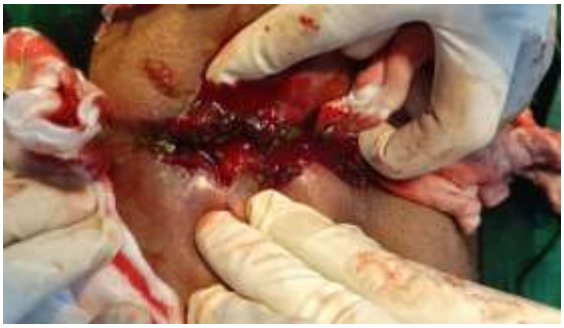
After confirming the vitals were normal, the patient was shifted for recovery. Tab. Triphala guggulu 2 BD B/F, Tab. Gandhaka rasayana 2 BD A/F, Dressing done with yastimadhu taila.

Follow up

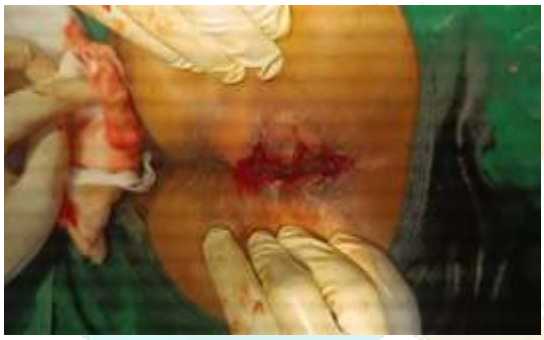
Daily dressing was done with yastimadhu taila. The cauterized tissues after ksharakarma sloughed out completely by 7 days. Healthy granulation tissues observed. The wound healed completely by 40 days and no complication was observed.



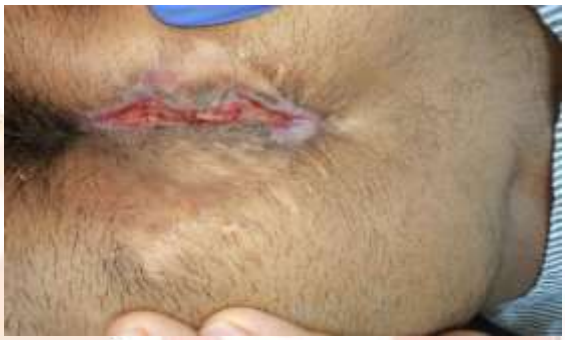
Before treatment



Track was laid open and Tilvaka teekshna pratisaraneeya kshara was applied

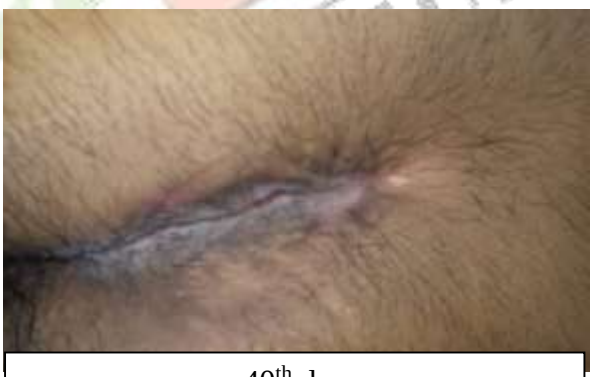


After treatment



7th day

15th



40th day

Discussion

Pilonidal sinus track in this case was observed in the sacrococcygeal region. The track was laid open and scooping done. Tilvaka teekshna pratisaraneeya kshara was applied thereafter. The patient was followed up for 8 months to rule out any recurrence. It was observed that the chedana, bhedana and lekhana properties of the kshara debrides the unhealthy granulation and fibrous tissue. Besides these properties, the ropana property of kshara also promotes wound healing.

Conclusion

Pilonidal sinus has a chance of recurrence if not managed with proper intervention and good hygiene. Ksharakarma is a procedure with no complication and has radical cure. In this case of pilonidal sinus which has a history of recurrence, it was observed that after application of kshara, the condition did not recur.

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