



MANAGEMENT OF SCROTAL SINUS WITH KSHARASUTRA AND VISHYANDHANA TAILA POORANA AS AN ADJUVANT THERAPY – A CASE STUDY

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ABSTRACT:

The shophya of prolonged pakwa avastha when ignored, produces a large amount of pus which percolates into the deeper tissues ending in complications like sinus, fistula, Fournier's Gangrene, septicemia, eventually A surgeon has to decide to go orchidectomy for pts survival a Nadi means a tract vruna means an ulcer, so an ulcer which is having a tract is called Nadi vruna. A case study Reports A men of 45 years with an ulcer in the left scrotum having a tract directing to the lower right scrotum which was probed and treated with ksharasutra procedure successfully avoiding the orchidectomy as suggested by the contemporary surgeons.

METHODOLOGY

Method: A diagnosed case of scrotal ulcer with a non-healing tract is selected on opd and after parts preparation and painting done, A wound debridement was done, A sterile ksharasutra is taken from a cabinet, ksharasutra which is to be tied to a probe eventually changing the ksharasutra weekly till the ksharasutra is cut through. Complete healing occurred within 28 days.

RESULT: Complete healing occurred within 28 days. Noting the pus discharge, swelling, pain, and unit index healing.

DISCUSSION

The commonly adopted surgical techniques in contemporary science for the management of scrotal sinus or fistula is Excision and healing by secondary intentions, excision and primary closure with reconstructive flaps techniques. In this case report as external openings were far away from medial raphe involving both the scrotal region and many ramifications were present the contemporary doctors advised for a total orchidectomy so came to our hospital we planned for kshara and its different modalities like ksharavarti and ksharasutra was adopted. As ksharasutra does both cutting and healing, it was used for threading between main sinus and an external opening was made manually approximately 6 cm, ksharavarti was kept in other ulcer.

INTRODUCTION

In Ayurveda it is mentioned that certain clinical Condition requires surgical intervention for better cure. Charaka mainly a Kayachikitsa treatise also stated that The diseases like Gulma, Arsha, Bhagandar, Ashmari May require surgical intervention. Sushruta has discussed in the detail about various Shastra karma along with Anushastra karma which includes Agnikarma, Jalaukavcharana and Ksharakarma. Kshara is considered as one of the most important parasurgical procedure as it Can produce excision, incision, scrapping and can pacify All three Doshas. Kshara application in the form of Ksharasutra, in Anorectal diseases has become more popular due to its Easy approach and low rate of recurrence. Ksharasutra Induces both mechanical and chemical cutting and Healing. Direct reference of Ksharasutra is found in Sushruta for treatment of Nadivrana. Chakradatta has Referred to a medicated thread coated with Snuhi and Haridra powder in treatment of Arsha and Bhagandar. But the modified ksharasutra available now a day is re-Established by the Dept. of Shalya Tantra Banaras Hindu University. The standard Ksharasutra is prepared by 11 Coatings of Snuhi Ksheera then 7 coatings of Snuhi Ksheera and Apamarga Kshara and then again 3 Coatings of Snuhi Ksheera and Haridra Churna. This Kshara Sutra is used in treatment of fistula in ano due to Its cutting, curetting and healing effect as it Controls the infection. In this study a case report of Scrotal Abscess with a tract measuring about 6cm was treated by Ksharasutra which was cured and no further complaints Were found in the patient during follow up period. The shopha of prolonged pakwa avastha when ignored, produces a large amount of pus which percolates into the deeper tissues ending in complications like sinus, fistula, Fournier's Gangrene, septicemia, eventually A surgeon has to decide to go orchidectomy for pts survival. A Nadi means a tract, vruna means an ulcer, so an ulcer which is having a tract is called Nadi vruna. Kshara destroys the vitiated tissue and make them fall off. It is the most important among Shastra and Anushastra because it does functions like excision, cutting and scrapping, also mitigates all the three doshas, along with that the vishyandhana oil is infiltrated in the tract which helps in shodhana as well as ropana karma. Acharya Sushruta described that nadivrana (sinus) should be cut open by Kshara Sutra and also, he said the same procedure should be adopted for Scrotal sinus.

AIMS AND OBJECTIVE:

To Evaluate the efficacy of ksharasutra and Vishyandhana taila infiltration in the management of scrotal sinus

CASE REPORT:

Patient Name- XYZ

Age- 45year

Gender- male

Occupation- 45

Date of admission- 20/4/22

Date of recovery-18/5/22

Chief complaints and Duration- Patient complains of pus discharge with mild pain at the left Scrotum region in the past 2 month.

Associated complaints- patient was unable to walk and sit properly

H/o present illness- Patient was apparently normal before 4 months. Then he had developed boil with intermittent discharge in Anterior portion of left Scrotum since last 2 months. He also complained of mild pain and discomfort while sitting and continuous Pus discharge for 2-3 months. He had taken

analgesics and antibiotics for it, but didn't get any relief. Then he was referred to the Contemporary surgeon where he got debridement and dressing done and eventually was not relieved so planned to go for Orchidectomy Therefore for further treatment he came to OPD of Shalyatanra, N. K. J. AYURVEDIC MEDICAL COLLEGE BIDAR

Family history

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

General examination

G.C-moderate

Temp -Afebrile

Pulse- 86/min, BP- 130/90 mm Hg

CVS- S1 S2 Normal

RS- Chest clears on both sides.

CNS- Conscious and oriented

Digestive System- Appetite- normal, Bowel- constipated.

Uro-genital System- NAD

Local examination -Supine position of patient, the findings observed Where the patient had hairy Scrotum region with a small Opening the Anterior surface of left scrotum with sero-purulent discharge through that opening, tenderness on touch with indurations was felt around external opening. Probing was done from Anterior opening to access the Internal Tract opening but internally it was fibrosed. About 6Cm tract was found during probing. An opening was mad at inferior part of scrotum(base) manually. After complete examination the diagnosis was Confirmed as Scrotal sinus in this patient Scrotal skin was normal with Dermatitis and swelling locally with hardness was felt.

TREATMENT

► **Pre-Operative Preparation**

Local part preparation i.e., shaving was done as the patient at night before operation. bowel passed patient was taken to recovery Room and injection T.T. 0.5ml IM was given and plain Xylocaine 2% was given subcutaneously for sensitivity Test.

► **Operative**

Patient was taken in Supine position on operation Table, After proper painting and draping, local anesthesia with 2% xylocaine was infiltrated nearby opening and downwards and below the sinus, Reassessment of extension of tract was done by probing. Probe was removed through manually via making opening after feeding of ksharasutra and ksharasutra Ligated appropriately. Complete hemostasis was Achieved and circular bandaging was done.

► **Post Operative**

Analgesic along with Ayurvedic medicine and sitz bath was given. Patient was Admitted to the Hospital for 7 days till next ksharasutra was changed.

Oral medications

Triphala guggulu tid

Gandhak rasayan tid

Patient was advised to take khichdi and daliya during Hospital stay. He was also advised to resume his normal Day to day activities.

FOLLOW UP

Patient was discharged from hospital after 1st ksharasutra Change and then asked for changing ksharasutra every 7th Day till cutting of the tract. Hot sitz bath and Vishyandhana taila Local application was done during this period. Patient Was allowed to do his routine job after discharged from Hospital. After 4 sittings the tract was totally cut and Healing was achieved simultaneously. Vishyandhana Taila mentioned in bhagandhara chikitsa adhyaya by sushruta was infiltrated along with it which enhanced healing, removal of slough and pain management as well.

DISCUSSION

The commonly adopted surgical techniques in contemporary science for the management of scrotal sinus or fistula is Excision and healing by secondary intentions, excision and primary closure with reconstructive flaps techniques. In this case report as external openings were far away from medial raphe involving both the scrotal region and many ramifications were present the contemporary doctors advised for a total orchidectomy so came to our hospital we planned for kshara and its different modalities like ksharavarti and ksharasutra was adopted .As ksharasutra does both cutting and healing , it was used fir threading between main sinus and an external opening was made manually approximately 6cm,ksharavarti was kept in other ulcer

CONCLUSION:



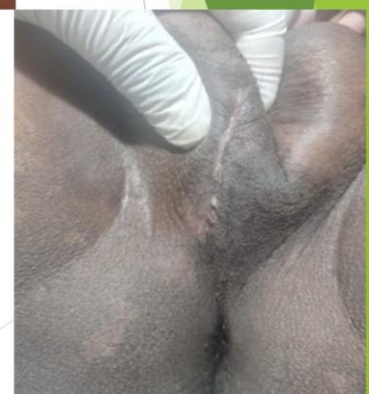
Initial day's of Treatment with ksharasutra



After 14 Day's treatment



28th day of treatment



After 21 days of ksharasutra treatment

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