

**EFFECTIVENESS OF PRATISARNIYA KSHARA IN THE MANAGEMENT OF NADI  
VRANA(PILONIDAL SINUS) - A CASE STUDY****<sup>1</sup>\*Shivani Anilkumar Chouksey, <sup>2</sup>Shyam Purushottam Warma and <sup>3</sup>Prasanna Narasimha Rao**<sup>1,2</sup>Assistant Professor, Department of Shalya Tantra, SriDharmasthala Manjunatheshwara College of Ayurveda & Hospital, Hassan.<sup>3</sup>Professor and Principal, Department of Shalya Tantra, SriDharmasthala Manjunatheshwara College of Ayurveda & Hospital, Hassan.**\*Corresponding Author: Dr. Shivani Anilkumar Chouksey**

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Article Received on 25/05/2021

Article Revised on 15/06/2021

Article Accepted on 05/07/2021

**ABSTRACT**

**Aim and Objective:** The aim of this study is to analyse the effectiveness of Pratisaraniya Kshara in Nadi vrana and to avoid recurrence. **Material and Methods:** In Pilonidal sinus, after excision of sinus, the Pratisaraniya Kshara applied over the wound and wait for 2 minutes. Later neutralise with lemon juice and pack with Jatyadi. The application of Pratisaraniya Kshara helped after excision of Pilonidal Sinus by scraping of pits in the surrounding tissue of the sinus, avoids the formation of unhealthy granulation tissue and helps in healing of the wound from the base. Subsequent follow-up was maintained till complete closure of wound. **Results:** This minimally invasive procedure Kshara Karma has good potential in the management of Pilonidal sinus. It minimizes rates of complication and recurrence and enables the patient to resume work and normal social activities as early as possible. It is an acceptable treatment to the patient in terms of cost of treatment, extent of discomfort, impact upon body image and self-esteem. **Conclusion:** The recurrence rates are also significantly higher in primary closure. Additionally, family tendency, sinus number, cavity diameter, are among the risk factors for recurrence, has been reduced by the Kshara application.

**KEYWORDS:** Pilonidal Sinus; Kshara karma; Nadi Vrana; Kshara sutra.**INTRODUCTION**

The Pilonidal Sinus (PNS), derived from Latin words Pilus (hair) and Nidus (nest)<sup>[1]</sup>, Tube or tunnel like structure. Cause due to invasion of hairs in natal cleft leading fill with fluid, pus causing formation of an abscess. It usually contains hair, dirt and debris. Nadi vrana<sup>[2]</sup> is a secondary condition of improper drainage of abscess, negligence of foreign body in wound, Vranashopha<sup>[3]</sup> tuberculosis. Sushruta classified nadivrana into vataja, pittaja, kaphaja, sannipataja, dwandwaja, agantuja whereas vagbhata classified the same except dwandwaja. Sadhyasadyata as Tridosha is Asadhya & vataja, pittaja, kaphaja, dwandaja and shalyaja are saadhya.<sup>[4]</sup> Varti prayoga,<sup>[5]</sup> ksharasutra & shastra karma are the treatment of choice in nadivrana. Nadivrana can be compared to sinus and shalyaja / agantuja nadivrana as pilonidal sinus.<sup>[6]</sup>

Pilonidal sinus is a common disease of the natal cleft in the sacrococcygeal region with weak hair accumulation occurring in the hair follicles, which can be chronic and undergo acute exacerbation.<sup>[7]</sup> The patient presents with the complaints, which are characteristics of inflammation—a painful swelling, redness, local temperature raised or with a sinus discharge.

Men are at a higher risk because of their hirsute nature. Other associations with pilonidal disease are obesity (37%), sedentary occupation(44%), and local irritation or trauma(34%).<sup>[8]</sup>

Chronic pilonidal sinus can cause occasionally sacral osteomyelitis, necrotising fasciitis and rarely meningitis. It is not a life-threatening condition but often it can be a morbid disease because of high recurrence rate.<sup>[9]</sup>

**CASE STUDY**

A male patient of age of 24 years, student, from Hassan Karnataka came to our hospital with the complaint of discharge from Gluteal cleft (on and off) and mild swelling since 3 months associated with mild pain and itching.

**History of present Illness**

According to the patient he was apparently healthy 3 months back then he suddenly developed pimple like swelling in gluteal cleft region. The swelling increased gradually and pus discharge on and off in nature, with mild pain which used to disturb daily routine activities. For which patient has approached to the hospital.

**History of Past Illness**

No History of Hypertension, Diabetes Mellitus, Pulmonary tuberculosis.

**Personal History**

Appetite – Decreased, Bowel – Regular, Micturition – Normal, Sleep – Disturbed due to pain Habits : non.

**Examination of Patient**

Blood Pressure -130/80 mm of Hg on supine position, Pulse – 76bpm, regular  
Pallor-Icterus-Lymphadenopathy-Cyanosis-Clubbing-Oedema-Dehydration} Not present  
Respiratory System: Bilateral equal air entry, Normal Vesicular Breath Sound  
Per Abdomen: Soft, non tender, no organomegaly  
Cardiovascular System: S1S2 sound head, No murmurs.  
Central Nervous System: Oriented to time, place and person.

**Local examination**

One pit in the natal cleft, painless sinus opening on inspection Associated with mild tenderness.

**Diagnosis**

Nadi Vrana (Pilonidal Sinus)

**Treatment**

Pre operative preparation

Local part preparation, Sodium phosphate enema (proctoclysis) 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 ml IM was given and plain xylocain 2 % was given intradermal for sensitivity test.

**Operative procedure**

Patient was taken in prone position on operation theatre table and after proper painting and drapping local anasthesia with 2 % xylocaine was infiltrated nearby opening and in gluteal cleft.

Reassessment of extension was done by probing and about 2 cm incision was taken from external opening to cleft. There was a tract 2.5 cm upward and about 3 cm downward by the incised wound in gluteal cleft. and cleaning was done with normal saline. Extension of wound was done downward and probe was inserted from wound to most upper part of the tract. A wide incision was given whole track was excised.

Followed by application Apamarga Pratisaraniya Kshara applied over the wound and wait for 2 minutes. Later neutralize with lemon juice. Hemostasis was maintained and tight bandaging was done with Jatyadi taila.

**Post operative care**

Broad spectrum antibiotic, anti- inflammatory given for 5 days with, triphala guggulu, Gandhaka Rasayana, Matra Basti with Yashtimadhu taila 30ml BD to reduce pain. Dressing with Jatyadi taila twice daily.

**Follow ups**

Patient was asked for daily dressing with Jatyadi Taila. Followed with internal medication Tab Triphala Guggulu, Tab Gandhaka Rasayana. 2 tablet each Twice daily was given till wound closure.

It took around 47 days for complete closure of wound and healing of wound has achieved. After complete closure all medication was stopped.

**OBSERVATIONS**

**Pre Operative**



**Intra - Operative**



**After Chedana**



**Kshara Karma**



**Day-3**



**Day-7**



DAY-21



DAY-36



DAY-45

## DISCUSSION

Pilonidal Sinus and other and rectal disorders increasing due lifestyle and busy schedule in both mens and women's. Occupation related to continue sitting such as drivers, bankers, computer job works, students etc are suffering more from pilonidal sinus. Although, several conservative and surgical techniques are available to treat pilonidal sinus now a days but all are having its limitations such as recurrence, cost effectiveness, prolong hospital stay, switch off to the job for a long time, infection, prolong follow-ups etc.

Kshara karma is a minimal invasive procedure which can be perform as day care also. It is a simple, safe, very low recurrence rate and sure treatment of sinuses. It prevents accumulation of pus within the track by ensuring continuous drainage causes lysis of unhealthy granulation tissue It produces fibrosis simultaneous to the cutting and helps in minimising inflammatory components, thus ensure early healing. Kshara itself acts as Chedana, Bhedana properties, which leads to Vrana Ropana.

This procedure is very effective in cost, no longer hospital stay requires during treatment so it is very beneficial in large amount of population. Another theory such as Kshara sutra also being used in Pilonidal Sinus, Many such research works have been done on various type of ksharasutra in Nadi vrana.

## CONCLUSION

Kshara Karma therapy in management of pilonidal sinus also has shown very good result. As change of Kshara sutra is also minimum painful procedure, which requires continues follow-up as well. By which some of patient refuse for frequent change of Kshara sutra due to pain, in such situation Kshara karma also can be adopted for the benefit of the patients.

## Preventive Measures

1. Local Hygiene - Hair removal, sitz bath
2. Weight maintenance
3. Diet and life style corrections

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