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A CLINICAL APPROACH TO THE MANAGEMENT OF SHALYAJA NADI VRANA (PILONIDAL SINUS) BY APAMARGA KSHARASUTRA

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ABSTRACT
Pilonidal sinus (PNS) is a chronic disorder that occurs in the space between the buttocks (natal cleft). Men are more susceptible (because they have more hairs) to pilonidal sinus than women. Excision,primary closure and reconstructive surgery are most commonly used surgical technique for this disease.However, there is high risk of recurrence or wound infection after surgery.In addition , the patient needs longer hospitalization and the procedure is expensive.There is similarity between shalyaja nadi vrana described in Sushruta Samhita and Pilonidal sinus.Sushruta has advocated a minimally invasive para-surgical treatment i.e. ksharasutra procedure is not only minimizes complications and recurrence but also enables the patients to resume work quicker and with less discomfort,impact upon body image and selfesteem, as well as reduce cost.
KEYWORDS- *Pilonidal Sinus, Shalyatantra,Nadivrana,Ksharasutra.*

INTRODUCTION
Nadi vrana is recognized as tubular vrana and is identical to dustavrana in all aspects,improper managent or negligence of management of vranasopha will lead the vrana into Nadivrana.According to the classics, foreign substances (shalya) also induce the formation of sinus.One of the main causes of non -healing nature of nadivrana(shalyaja) is the presence of hair.PNS is a condition that most usually affects the hairs follicles of sacrococcygeal natal cleft which is similar to shalyaja nadivrana.It is also called as jeep disease because it is very common in jeep drivers.Males are twice as likely as females to be affected and young adults of working age are disproportionately affected.Pilonidal sinus generally manifests as an abscess or a painful,continuously draining sinus passage.The painful nature of the illness generates severe morbidity frequently with a prolonged loss of normal activites regardless of the route of presentation.

The main principle of treatment of pilonidal sinus is to complete removal of sinus tract, healing and to prevent recurrence. Morden treatment employs wide excision which usually depends on secondary healing and leaves an ugly scar behind. Acharya Sushruta (800 B.C.)advocated a minimally invasive para surgical treatment namely the ksharasutra procedure in the treatment of PNS. The Apamarga Ksharasutra is widely used ksharasutra and the procedure has left very less scar.

CASE REPORT
This is a single case study a 27years old male working as a driver came to shalya OPD(OPD No-6350) at GAM,Puri ,Odisha .

CHIEF COMPLAINT
Patient complaint of pus discharge from natal cleft at sacro-coccygeal junction associated with intermittent pain since 6 months. HISTORY OF PRESENT ILLINESS

The patient is sufferening from pus discharge from natal cleft near to the sacrococcygeal region along with pain since the last 6 months. He consulted many allopathic hospitals but could not get relief,so he came to GAM,Puri for better treatment.

HISTORY OF PAST ILLINESS
No H/o T2DM,HTN,CAD,CKD,epilepsy hypothyroidism.
SURGICAL HISTORY
No surgical history was found.
On Examination
Two external openings at mid line of natal cleft just above the buttocks with a distance of 4cm from anal verge.

- Pus discharge present
- Tenderness present

On probing
The two sinuses were interconnect with the length of 5cm directed downward hair on withdrawal of probe is seen.

METHODOLOGY
Preparation of Ksharasutra
Apamarga ksharasutra was prepared in the Shalya Tantra Depatment of GAM,Puri in collaboration with the pharmacy department following standard preparation methods as outlined in the A.F.I. guidelines.The common materials used for preparing Apamarga Ksharasutra are.

1. Barbour surgical linen thread No.20 gauge
2. Apamarga Ksharasutra (Achyranthus aspera Linn.)
3. Haridra churna(Curcuma longa Linn.)
4. Sunhi ksheer(Euphorbia neripholia Linn.) Investigation

Routine investigations such as CBC,Hb%, Blood sugar fasting and post prandial,BT,PT,Urine (R/M,C/O), Viral markers-HCV,HBsAg,HIV type1&2,X-Ray chest to rule out primary tubercular site,ECG.

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PROCEDURE

Pre-Operative Procedure

- Inj.tetanus toxoid 0.5ml IM
- Inj.Xylocaine 2% 0.2ml S/C (for sensitivity)

Operative

The two external openings of pilonidal sinus were widened under local anasthesia and the embedded hairs were removed.The khsarasutra was tied covering the entire underlying track for simultaneous cutting and healing.Appropriate dressing are given under aseptic conditions.

NOTE- Broad spectrum antibiotics for 5 days.

Advice- Sitz bath with lukewarm water(5-10 days) twice daily.

Discharge- The patient was discharged on the day after procedure.

Follow up- Patient was asked to attend shalya OPD for dressing on alternate days .Sitz bath (hip) with lukewarm water advocated before dressing. The ksharasutra was changed weekly for 3 sittings. To promote healing and reduce pain and inflammation oral antibiotics, antiinflammatory drugs were prescribed along with ayurvedic formulations.

The track cut through and simultaneously healed by 4 weeks. However, it was observed that healing rate was slow in compare to cutting rate and the patient was observed for a period of one year for any recurrence.

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DISCUSSION

Nadivrana is a track containing puya (pus) which has entered the underlying structure.

Among the 5 types of nadivrana,shalyaja nadivrana holds good for Pilonidal sinus (PNS) as the shalya here is bala or hairs which is mentioned as one among different shalya by Acharya Sushrut .As mentioned in the classics when a pakwa sopha is left untreated it travels to the deeper tissues resulting in nadivrana. Hence an intelligent surgeons should be able to diagnosis the pakwa Avastha of any swelling to render the apt treatment . PNS is a very common problem encountered in clinical practice. Even through the most common site of pilonidal sinus is the natal cleft ,it can also be present at various other parts of the body. There is continued debate over the pathogenesis of PNS and subsequently ,around it surgical methods of management are developed todays. Despite all the advancement in field of medicine and surgery, there is no perfect method explained for the treatment of PNS,where as the treatment methods cited by Acharya Sushrut like varti prayoga,Ksharasutra prayoga and shastra karma holds good even today in providing relief and preventing the recurrence of the conditions.

CONCLUSION

Pilonidal sinus is a complex condition that causes both discomfort and embarrassment to sufferer and imposes direct costs to the healthcare system and indirect cost to society through absence from work. Ksharasutra therapy is one of the most important therapeutic procedures describe in Ayurveda. The minimal invasive procedure has very good potential in the management of PNS or nadivrana. Therapy has its origin from Ayurveda and it is well accepted by the patients of all age. When it comes to treat people who panic or abstain from surgeries , this therapy helps a lot with remarkable results.

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