



Case Study

MANAGEMENT OF PILONIDAL SINUS WITH *CHEDANA KARMA* AND *APAMARGA KSHARA PRATISARANA*

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ABSTRACT

A Pilonidal sinus (also called as pilonidal cyst, pilonidal disease, or sacrococcygeal fistula) is a small tunnel or tract that forms under the skin, usually near the top of buttocks (in the natal cleft, just above the tailbone). It often results from ingrown hairs, which lead to a cyst or abscess forming under the skin. Male gender is more affected than females with a 4:1 preponderance. Obesity, friction or prolonged sitting, excessive body hair, poor hygiene, young age is some of its risk factors. *Acharya Sushruta* in *Nidana Sthana* 10th chapter has described *Nadi Vrana* where one of its sub types, *Shalyaja Nadi Vrana* resembles in cause, pathology and clinical symptoms to pilonidal sinus. *Chedana karma* along with the removal of *Shalya*, that is, hair tuft is a gold standard for the management of the disease. A 26 years old male patient came to *Shalya* OPD with complaints of swelling, pain and blood mixed pus discharge from the wound present in sacrococcygeal region for last 2 months. The case was managed successfully with *Chedana karma* followed by *Apamarga kshara Pratisarana* and within 2 months, the wound was healed completely.

INTRODUCTION

A 26 years old male patient came to *Shalya* OPD with complaints of swelling, pain and blood mixed pus discharge from the wound present in sacrococcygeal region for last 2 months. The patient is working in Canada as a truck driver for last 1 year. The swelling and pus discharge used to get aggravate on persistent sitting that bothered the patient and also affected his professional carrier.

On local examination

1. An open wound with purulent discharge at sacrococcygeal site.
2. Hair tufts logged within the wound.
3. Pain and tenderness.

Treatment Advised

The foreign body which has entered the subcutaneous tissue through the skin, that is, hairs is removed efficiently following the principle of *Chedana karma*. After this surgical debridement, *Apamarga Kshara* was applied on the wound followed by *Nimbu swaras prakshalana*. Regular dressing of the post operative wound was carried out with *Yashtimadhu tailam* and within 2 months, the results were promising.

Surgical Procedure

Purva karma (Pre-operative steps)

1. Inj Lox 2% sensitivity test.
2. Inj TT 0.5ml I/M.
3. Preliminary investigations- CBC, coagulation profile, BSL(F) & (PP), LFT, RFT, chest X ray, ECG, viral markers HIV, HBsAg, HCV.
4. Preparation of part.
5. Informed written consent.
6. Proctolytic enema a night before.
7. Monitoring of vitals.

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Pradhana Karma (Operative procedure)

1. Under all aseptic precautions and local anaesthesia, patient was put on prone position.
2. A wide elliptical incision was taken over the open wound, leaving a margin of 3cm on either side of track.
3. The hair tufts were removed using artery forceps.
4. Thorough scooping of the wound was done.
5. *Apamarga kshara* was applied over the wound and was left as it is, for *Shata Vaka Matra* (100 counts)
6. *Krishan varna*, that is, blackish discoloration was obtained as per *Kshara Dagdha sthana*.
7. *Nimbu swaras prakshalana* was done.
8. Proper hemostasis was achieved.
9. Wound dressing done with a sterile gauze piece.

OBSERVATION AND RESULT

Paschata karma (Post-Operative care)

1. Monitor vitals 4 hourly.
2. Intravenous fluid-DNS and NS one pint, each 100ml/hour is profused on the day of surgery.
3. Post operative intravenous antibiotics and analgesics.
4. Check soakage after every 2 hours.

Advice on Discharge

1. The patient was sent home next day and was advised oral antibiotics and analgesics for a period of 5 days.
2. The patient was called in hospital for daily dressing with *Yasthimadhu tail* to combat the effects of pain and to ensure good healing.
3. The patient was advised to keep the area clean and dry, avoid prolonged sitting and remove hair regularly.



Image 1: Pilonidal sinus at natal cleft



Image 2: Before the surgical procedure



Image 3: An elliptical incision followed by *Apamarga kshara pratisarana* and the removal of hair tufts from the sinus



Image 5: Healing of the track with regular dressing and follow ups

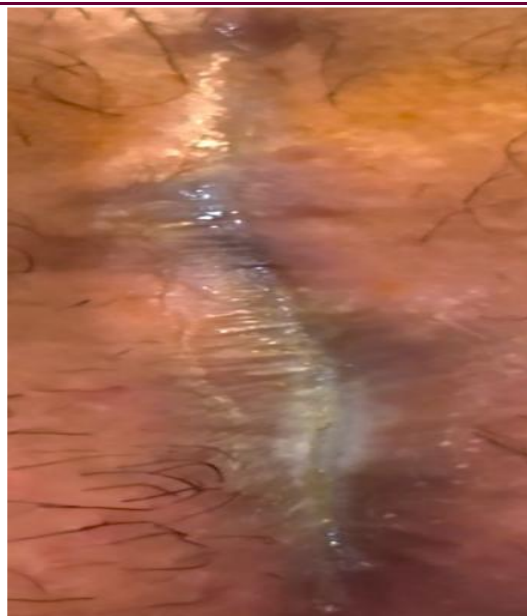


Image 6: Completely healed post operative wound after 2 months

DISCUSSION

Pilonidal sinus is a chronic dermatological condition characterised by a tract or cavity in the skin, typically in the natal cleft of the buttocks. It is often associated with pain, swelling and recurrent infections. The patient presented in OPD with the classical symptoms of localised pain, purulent discharge and swelling near the sacrococcygeal region. However, the track was excised completely by taking an elliptical incision but to mitigate the risk of recurrence and to promote optimal healing, the patient was treated with *Apamarga kshara pratisarana*. The *Kshara* preparation made from *Apamarga* is particularly effective in clearing dead tissue and promoting granulation of the wound bed, thereby facilitating faster healing and minimizing the chances of recurrence.

CONCLUSION

The case was successfully managed by following the principles of *chikitsa* given by *Acharya Sushruta* in *Nadi Vrana* and that is, *Chedana karma* with *Apamarga kshara* application. The wound

healed completely with daily dressings of *Yashtimadhu tailam*. The synergistic effect of surgical intervention and ayurvedic therapy offer enhanced healing, reduce recurrence and improve overall patient satisfaction.

Prevention

- Keep the area clean and dry.
- Avoid prolonged sitting.
- Remove hair regularly.
- Maintain a healthy weight.

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