MANAGEMENT OF HYDRADENITIS SUPPURATIVA – A CASE STUDY

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ABSTRACT
Hydradenitis suppurativa (HS), also known as Acne inversa, is a chronic, often debilitating disease primarily affecting axillae, perineum and infra-mammary regions. Prevalence rates of up to 4% have been estimated. This condition is more seen in females than in males. Our understanding of the disease has changed over time. HS is now considered as a disease of follicular occlusion rather than an inflammatory or infectious process of the apocrine glands. HS while in severe instances may lead to scarring, functional impairment and rarely squamous cell carcinoma. The clinical features of HS can be compared with Nadivrana which is mentioned in our classics. Treatment modalities of nadivrana i.e ksharasutra and Kshara taila purana are adopted in the present study. A case report of a patient suffering from HS since 2 years (c/o tenderness, pus discharge, and multiple sinus/abscesses were regressed completely. Patient was under Ayurveda treatment for approximately about 3 months and the pus discharge, hardness and recurrence of sinus/abscesses were regressed completely. Patient was treated with Gandhaka rasayana, Triphala guggulu, Apamarga kshara taila infiltration and Guggulu based chitraka kshara sutra applied to the communicatin sinuses. Patient was advised to maintain local hygiene. These formulations and treatment modalities have given the excellent result.

Keywords: Nadivrana, Ksharasutra, Ksharataila, Gandhaka rasayana, Triphala guggulu

INTRODUCTION
HS is a disorder of the terminal follicular epithelium in the apocrine gland bearing skin. It has highly variable clinical course. Mild cases may present as recurrent isolated nodules, while severe instances of the disease with chronic inflammation may lead to scarring, contractures, keloid and rarely squamous cell carcinoma. While genital factors, patient characteristics, hormones and infection play a role in disease expression. Clinically the disease often presents with tender subcutaneous nodules beginning around puberty. The nodules may spontaneously rupture or coalesce, forming painful, deep dermal abscess.
Aetiologies
1) Obesity, Smoking
2) Poor hygiene
3) Diabetes mellitus
4) Steroids

There are 3 stages of HS-
1) Stage 1 – Solitary/Multiple, isolated abscess formation, without scarring or sinus tracts.
2) Stage 2 – Recurrent abscess, single/multiple widely separated lesions with sinus tracts formation and cicatrisation.
3) Stage 3 – Diffuse/Broad involvement with multiple inter-communicating sinus tracts/abscesses.

HS may present with following clinical manifestations.
- Common in female 4:1
- Comedo like follicular occlusion, chronic relapsing inflammation, muco-purulent discharge and progressive scarring.
- Most common site is axilla, often it is bilateral.
- Onset is usually insidious with earliest sign being erythema.
- Induration due to fibrosis.
- May be associated with arthropathy symptoms such as poly-arthritis or polyarthritis. 2

“Sushruta samhita” describes a condition called Nadivrana, which is similar to Hydredinitis suppurativa. Sushrutha has advocated very unique and effective treatment for Nadivrana which is minimal invasive therapy. i.e Ksharasutra, Upanaha and Kshara taila poorana.

CASE REPORT
A male patient aged about 27 yrs from Bengaluru, presented with c/o localised tenderness, pus discharge with multiple inter-communicating sinus tracts and abscesses in both axillae since 2 yrs. It was healing in between and recurring again and again. (OPD-6, SJIIM HOSPITAL, BENGALURU)

CLINICAL FINDINGS
1) General examination:
- Pallor – Absent
- Icterus – Absent
- Cyanosis – Absent
- KlyonIchia – Absent
- Lymphadenopathy – Absent
- Oedema – Absent
2) Systemic examination:
- Pulse - 70 bpm, regular
- BP – 110/70 mmHg
- RS – Normal vesicular breath sounds heard.
- CVS – S1S2 heard, no added sounds.
- P/A – Soft, no organomegaly.
3) On local examination-Patient had presented the following features.
1) Right axilla -
a) INSPECTION
- Blackish discolouration of axilla.
- 6-7 small abscesses of size < 1 cm.
- Muco-purulent discharge from all the abscesses.
- 2 inter-communicating sinus tracts seen at arm pit.
- Muco - purulent and odourless discharge from all sinus tracts.
b) PALPATION
- Base of all abscesses were tender.
2) Left axilla –
a) INSPECTION
- Blackish discolouration of the axilla
- 8-9 small abscesses of size < 1 cm including a big abscess of size 3 cm at upper part of axilla.
- 4 inter-communicating sinus tracts in which the longest was 2 cm long. Rest were < 1cm.
- Muco - purulen and odourless discharge from all sinus tracts.
b) PALPATION
- Base of all abscesses were tender.
➢ All sinus tracts were indurated and lined by dense fibrous epithelial tissue which was hindering the healing process.
➢ Locally raised temperature at the site of abscess.

❖ MANAGEMENT –
Patient had symptoms of both vataja and kaphaja nadi vrana. i.e sashoola, phenaanuviddha, picchhila srava, Katina parusha sukshma mukhi vrana. So, the adopted treatment is both vataja and kaphaja nadi vrana chikitsa.

Treatment plan and progress in this case are – for 3 months

• Internal Medications
  ➢ Tab. Gandhaka rasayana 1 TID after food for 1 month.
  ➢ Tab. Triphala guggulu 2 BD after food with warm water for 1 month.

• Local treatment
  ➢ Apamarga kshara taila poorana for 1 month.
  ➢ Guggulu based chitraka ksharasutra applied to inter-communicating sinus tracts for a period of 3 months.
  ➢ Patient was advised to wash the area with Panchavalkala Ghana kwata twice a day to maintain local hygiene.
  ➢ Patient was advised to keep hot packs over the axillae to alleviate inflammation and pain.

DISCUSSION
➢ Acharya Sushruta has explained upanaha, prakshalana, kshara taila poorana and kshara sutra prayoga in the treatment of nadi vrana. As per Sushruta, kshara karmukata is lekhana, dahana, pachana, tridoshagna and vishvesha kriyakarana.
➢ Apamarga kshara taila for poorana which helped in lekhana, shodhana and ropana of sinus tracts. It is used for a period of 1 month. It helped in curing small abscess cavities and sinuses.

➢ Guggulu based chitraka ksharasutra applied for inter-communicating sinus tracts helped in shodhana and ropana of sinus tracts which were not healed by apamarga kshara taila poorana. As guggulu is having anti-inflammatory and analgesic properties due to its snigdha, picchila guna and vatahara property. Chitraka is kapha-vatahara due to its katu, tikta rasa and ushna, tikshna guna. Chitraka is vrana shodhaka and vrana ropaka as it possesses anti-inflammatory action. It also reduces the pus discharge. It cured the remaining sinus tracts in 3 months without recurrence.
➢ Tab. Gandhaka rasayana helped in combating infection as it is a best antibiotic drug.
➢ Tab. Triphala guggulu helped reducing pain and inflammation as it is a.
➢ Rate of recurrence after the treatment is negligible.
➢ No systemic side effects of Ksharasutra therapy.
➢ Post-operative tissue damage and scarring are very minimal.

CONCLUSION
Hydredinitis suppurativa can be enlisted under the features of Nadivrana, so adopting initial shodhana and ropana treatment is beneficial along with improving the general condition and it can be prevented by maintaining the local hygiene. Apamarga kshara taila poorana and Guggulu based chitraka ksharasutra therapy is satisfactory in the management of HS. Kshara not only excises the sinus tract but also minimises pain and other complications of the disease. It enables the patient to ambulate early and carry on routine activities. The Therapy adopted is cost effective and the gives the best cure.

REFERENCE
1. Sushruta. Sushruta samhita – English translation of text and Dalhana’s commentary along


BEFORE TREATMENT

DURING TREATMENT

AFTER TREATMENT

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