

## EFFECT OF APAMARGA PRATISARAEYA KSHARA IN THE MANAGEMENT OF NADIVRANA (PILONIDAL SINUS) – A CASE REPORT

Pratik Wani

Avnish Pathak

P HemanthaKumar

Dept. of Shalya Tantra, SDM College of Ayurveda & Hospital, Hassan, Karnataka, India

### INTRODUCTION

In the present study, the *Shalyajanya Nadi vrana*<sup>1</sup> is taken and cause of this *Nadi Vrana* is hairs. *Acharya Sushruta* has given much importance to hair as foreign body; in the definition of *Shalya Tantra* he has included hair as foreign body or *Shalya*. So the *Shalyanjanya Nadi Vrana* is compared with pilonidal sinus, hair acts as foreign body and it produces the disease pilonidal sinus. In this era this disease is increasing frequently because of present day life style so it requires a great concern. In the contemporary science, there are several methods to treat pilonidal sinus but the recurrence rate is more, in this regard *Acharya Sushruta* has given elaborative description regarding treatment of *Agantuja Nadi Vrana* that is *Niraharana of Shalya* followed by *Margashodhana & Ropana*.

### CASE REPORT

A male patient 45 years old presented with complaints of recurrent pain & pus discharge from Natal cleft since 2 months. Patient had recurrent formation of abscess at Natal Cleft which bursts by self. There is no history of DM/HTN; the family history is not suggestive of same complaints to other members. On Inspection there were one primary & two secondary openings found. On probing all secondary sinuses are connected towards the Natal cleft.

The classical *Lakshana* of *Shalyajanya Nadvranais* having minute opening (*Sukhsma Mukhi*), Rough (*Parusha*), Pain (*Shoola*), Frothy purulent discharge (*Phenauvidha Madhikam*), discharge will be more purulent during night times (*Sravathi Ksapasu*) etc. were observed. Routine hematology investigation i.e. TC, Hb, ESR, RBS and urine investigation were within normal limits.

The patient was laid down on table in Jackknife position then Local Anesthesia with Lignocaine 2% with adrenaline was infiltrated. On examination, dimple of Sinus track identified and probing was done to see the length of tract. With help of scalpel an elliptical incision was made around the post anal sinus. The whole sinus tract was excised deep up to presacral fascia, during the whole surgical process hemostasis was maintained, after this the *Apamarga*<sup>3</sup>*Pratisarneeya kshara*<sup>2</sup> was applied over the created wound, *Kshara* waited for 100 *matra kalas*, the whole wound became black, this was followed by wash with *Nimbu swarasa*. Packing was done by the application of *Jatyadi Ghrita*. Later on from second day to complete healing of the wound dressing was done with *Jatyadi ghrita* & weekly shaving is done to post anal area.



Fig.1 Preoperative Opening of sinus  
Fig.2 Excision of Sinus  
Fig. 3 Application of Aapamarga Kshara  
Fig. 4 Post op wound  
Fig.5 Complete Healing

## DISCUSSION

Probable mode of action of *Apamarga Pratisaraeeya Kshara* in *Nadi Vrana*

In the present study an attempt has been made to evaluate the efficiency of *Apamarga Pratisaraeeya Kshara* in *Nadi Vrana* (Pilonidal Sinus<sup>4</sup>) after *Chedana Karma*. Prepared *Kshara*, being a composite of many drugs, it alleviated three *Doshas* & it does *Pachana, Vilayana, Shodhana, Roopna, Sthambhna, Lekhana* action over the site after excision of pilonidal sinus. Because of above action of *Pratisaraeeya Kshara* it cures the secondary pilonidal sinuses & hence prevents the recurrence of Pilonidal Sinus.

After application of *Kshara* on *Nadi Vrana* it coagulates the protein intern does the necrosis of the tissue with obliteration of slough hence rate of recurrence is negligible.

## CONCLUSION

Application of *Apamarga Pratisaraeeya Kshara* helped after excision by *Lekhana* of secondary Sinus, avoids the recurrence i.e. formation of unhealthy granulation tissue and helps in healing (*Ropana*) of wounds from the base.

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## CORRESPONDING AUTHOR

Dr. Pratik Bharat Wani  
PG Scholar of Shalya Tantra  
SDM College of Ayurveda and Hospital  
Hassan – 573201, Karnataka, India  
Email: drpratikwani@gmail.com

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