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A REVIEW ON SHALYAJA NADI VRANA (PILONIDAL SINUS)

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ABSTRACT

Shalyaja Nadi Vrana is a type of *Nadi Vrana,* the etiopathology of which is described by *Sushruta* in *Nidanasthaana* and its treatment aspect in *Chikitsasthaana*. It can be correlated to Pilonidal sinus, which is common benign anorectal problem affecting young person. It is of infective origin and occurs typically in the sacral region. Inspite of advances in surgical management, failure rates and recurrence rates are high leading to considerable morbidity in these otherwise healthy patients. This article discusses the etiopathogenesis and effective management approach of *Shalyaja Nadi Vrana* (Pilonidal sinus). The ancient *Ksharasutra* technique is a minimally invasive OPD procedure which has no recurrence and complications if performed methodically.

Keywords: Pilonidal sinus, *Shalyaja Nadi Vrana,* etiopathogenesis, management, *Ksharasutra*

INTRODUCTION

Nadivrana manifests due to negligence of *Vranashopha*[1]. It persists due to presence of *Shalya* like *Bala and Puya*. It is one among eight types of *Nadi Vrana*[2]. It is characterized by discharge which resembles foam, churned, clear, hot, mixed with blood and along with continuous pain. Pilonidal sinus is also known as Jeepers disease (due to its predominant occurrence). The term Pilonidal is derived from Latin words Pilus (hair) and *Nidus* (nest)[3]. It is caused due to invasion of hair(s) in the natal cleft leading to foreign body reaction resulting in hair filled abscess cavity. The inflamed hair follicles results in folliculitis due to which oedema is seen. This leads to obstruction of follicle's opening. Over time, hair shafts are drawn into the pits by motion from the butttocks, which produces a vaccum effect. Expulsion in the reverse direction is prevented by barbs on the hair shafts. Keratin accumulation distends the follicle, which eventually forms an epithelialized tube. This tube may rupture into underlying subcutaneous fat, forming an abscess. When an abscess forms, it drains back to the skin through true sinus tracts[4]. Thus pilonidal sinus is due to foreign body reaction which is supported by histological examination. It demonstrates foreign body giant cells associated with hair shafts that are embedded in chronic granulation tissue lining the abscess cavity and sinus tracts[5,6].

Aim and Objectives:

1. To understand the etiopathogenesis of pilonidal sinus
2. To consider *Ksharasutra* as a effective mode of treatment approach

Incidence

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%)[7]. Jeep drivers in World war II were subjected to this type of local irritation so frequently that Louis Buie, a Mayo Clinic proctologist, recognized the association and described it in 1944 as "jeep disease"[8].

Clinical Features

1. Discharge - either sero sanguinous or purulent
2. Pain - throbbing and persistent type
3. A tender swelling seen just above the coccyx in the midline (primary sinus); and on either sides of the midline (secondary sinus)
4. Tuft of hairs may be seen in the opening of the sinus
5. Presentation may be as an acute exacerbation (abscess), or as a chronic one
6. It causes recurrent infection, abscess formation which bursts open forming recurrent sinus with pain, discharge and discomfort[9]

Complications

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

Treatment

1. In acute phase initially - drainage of the abscess and antibiotics; later definitive treatment
   Definitive treatment - Surgical excision in jack knife position and primary closure under GA or LA[9]
2. *Ksharasutra* ligation - Practiced as a OPD procedure with primary probing (locating both openings) and threading initially. This is followed by changing of *Ksharasutra* every week, till the track is completely cut.

Preventive Measures

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

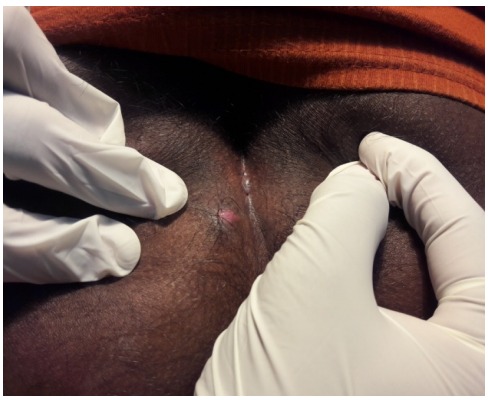
DISCUSSION

Pilonidal sinus is an acquired entity wherein hair follicles have never been demonstrated in the wall of the sinus (only hairs have been found). Many advanced surgeries have been advocated to treat pilonidal sinus, still the recurrence rates stand on higher side. Sacrococcygeal pilonidal sinus (*Nadi vrana*) needs minimally invasive treatment approach which can manage recurrence rates too. *Ksharasutra* prepared out of any *Kshara,* suits the above said statement due to its cutting action. It is a OPD technique which will not affect the routine of the patient.

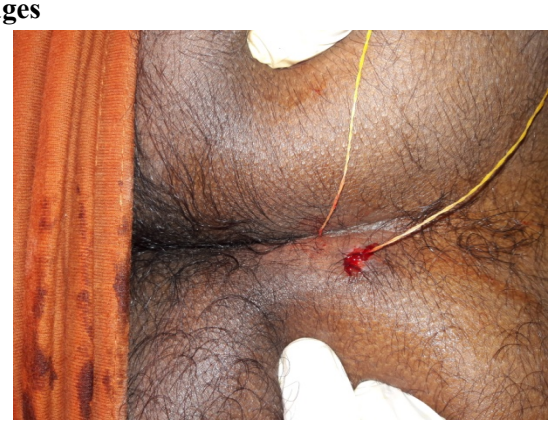
CONCLUSION

Pilonidal sinus is a common anorectal problem and a surgical challenge too. Recurrence rate due to treatment failure is high. Effective treatment depends on surgical/parasurgical procedures followed in accordance of etiopathogenesis along with diet and lifestyle corrections. A study revealed that Pilonidal sinus treated with *Guggulu* based *Apamarga Ksharasutra* showed excellent results[10]. Post debridement application of *Ksharasutra* is a easy and simple way to handle Pilonidal sinus. By this the foreign body extraction can also be achieved. Apart from *Apamarga*, *Kshara* can also be prepared from *Palasha*, *Karaveera* etc., which forms the scope for further research. Local hygiene in the form of removal of hairs and sitz bath also plays a important role in the management/avoiding recurrence. Laser hair removal techniques seem to be safe as of now.

Images



Pilonidal sinus



Kshara sutra ligation

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