A REVIEW ON SHALYAJA NADI VRANA (PILONIDAL SINUS)

Sharad Kulkarni1, Siddanagouda A Patil2

1PhD Scholar; 2Associate Professor & Guide;
Dept. of PG Studies in Shalya Tantra, Ayurveda Mahavidyalaya, Hubballi, Karnataka, India

Email: sharadsrd@gmail.com

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 a 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 Vranashopha1. It persists due to presence of Shalya like Bala and Puya. It is one among eight types of Nadi Vrana2. 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 result 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 buttocks, which produces a vacuum 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 tracts4. 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 tracts5,6.
Aim and Objectives:
1. To understand the etiopathogenesis of pilonidal sinus
2. To consider Ksharasutra as an 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%). 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."7

Clinical Features
1. Discharge - either serous 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 discomfort9

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 rate9

Treatment
1. In acute phase initially - drainage of the abscess and antibiotics; later definitive treatment
2. Ksharasutra ligation - Practiced as an 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 lifestyle 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 an 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 results10. Post debridement application of Ksharasutra is an 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 an important role in the management/avoiding recurrence. Laser hair removalal techniques seem to be safe as of now.
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Images

Pilonidal sinus

Kshara sutra ligation

REFERENCES


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