EFFICACY OF APAMARGA KSHAR SUTRA IN THE MANAGEMENT OF SHALYAJ NADI VRANA (PILONIDAL SINUS)

Rajesh Gupta
Associate Professor, Head Of the Post Graduate Deptt. Of ShalyaTantra, University College of Ayurved, Dr.SarvepalliRadhakrishnan Rajasthan Ayurved University, Jodhpur, Rajasthan, India

ABSTRACT
A Pilonidal sinus (ShalyajNadiVrana) occurs in the cleavage between the buttocks (natal cleft) and can cause discomfort, embarrassment and absence from work. It is more common in men than in women. The most commonly used surgical techniques for this disorder include wide excision and primary closure and excision with reconstructive flap. However, the risk of recurrence or of developing an infection of the wound after the operation is high. Also, the patient requires longer hospitalization, and the procedure is expensive. There is a similarity between ShalyajNadiVrana and Pilonidal sinus described in Sushruta Samhita. Sushruta has advocated a para-surgical treatment, viz., Kshar Sutra procedure for nadivrana. Hence this therapy was tried in Pilonidal sinus and is described in this case report. Kshar Sutra treatment not only minimizes complications but also enables the patient to resume work quicker and with less discomfort as well as reduced cost.

Keywords: ShalyajNadiVrana, Sushruta Samhita, Kshar Sutra

INTRODUCTION
A Pilonidal sinus (Nadivrana) is a sinus tract which commonly contains hair. It occurs under the skin between the buttocks (the natal cleft) at a short distance above the anus. The sinus tract goes in a vertical direction between the buttocks. Most cases occur in young male adults. This is hardly seen in females. While sitting the buttocks move and hair broken off by friction and collect in the cleft. When the toilet paper is used hair entangled in faecal matter will also be swept into the cleft. Such loose hair travel down the intergluteal furrow to penetrate the soft and moistened skin at that region or enter the open mouth of a sudoriferous gland. After the initial entry dermatitis and inflammation start around the loose hair and once the sinus is formed, intermittent negative pressure of the area may suck other loose hair into the pit. This type of sinus is lined by stratified squamous epithelium. The sinus extends into the subcutaneous tissue. The tuft of hair is always seen within such sinus embedded in granulation tissue.

The most commonly used therapy is Z-plasty operation after wide excision of pilonidal sinus. This is done for better wound healing and good cosmetic result. However, postoperative recurrence following surgery is high, leading to frequent and time-consuming wound care. Recurrence is due to inadequate excision of the sinus or entry of hair to the scar of the skin. Hair growing into the healing wounds is probably the most common cause of recurrence of pilonidal sinus. Hence, there is a need to
evaluate the role of the techniques available in alternative systems of medicines. A case is selected and tried to manage this challenging disease through Kshar sutra so as to minimise the cost, hospital stay and to look for the acceptability of the procedure.

The 'Sushrut Samhita', describes a condition 'Shalyaj Nadi Vrana' which is similar to 'Pilonidal sinus'. 'Shalyajnadivrana' is a tract which is described to be due to presence of pus, fibrosed unhealthy tissue & hair etc. inside left unnoticed. Sushruta has advocated a para-surgical technique known as 'Kshar Sutra' therapy for management of Nadivrana.

**CASE REPORT**

A 35 year old male, came to the Shalyatantra O.P.D at Dr.SarvepalliRadhakrishnanRajasthan AyurvedUniversity, Hospital, Jodhpur with complaint of recurrent discharge from a boil over an operated site along with pain and discomfort in November 2014.

He gave a history of operation in Allopathic hospital for Pilonidal sinus performed in 2011. The disease re-occurred after 3 years in 2014 and this was confirmed by MRI. The patient was not willing for surgery again and requested Ayurvedic treatment. Hence, KsharSutra procedure was offered.

Before planning treatment other etiologies like Tuberculosis, Pelvic inflammation causing abscess, HIV, diabetes mellitus, foreign body or trauma, cold abscesss were ruled out.

After confirmation of the pilonidal sinus by MRI, the two external openings were excised under local anesthesia and the embedded hair follicles were removed [Figure 1]. The Kshar Sutra was tied covering the entire underlying tract for simultaneous cutting and healing [Figure 2]. The poloni-
Kshar Sutra is a surgical linen thread coated with herbal Alkaline drugs like ApamargaKshar (Ash of Achyranthusascerea), Snuhi (Euphorbia nerifolia) latex and Haridra (Curcuma longa) powder and Mulethi (Glycyrrhizaglabra) powder in a specific order. The Kshar applied on the thread are anti-inflammatory, anti-slough agents and in addition have properties of chemical curetting. The Kshar Sutra acts by “Herbal Chemical Cauterization”. The Kshar sutra by its antibiotic property, does not allow bacteria to multiply in its presence. The pH of Kshar Sutra was towards the alkaline side and therefore it did not allow pathogens to invade the sinus.

Discussion
The Para-surgical Kshar Sutra therapy has good potential in the management of Pilonidal sinus. It minimizes rates of complication and recurrence and enables the patient to resume work and daily routine within 3 to 5 days. This therapy is better than modern surgeries in terms of cost of treatment, extent of discomfort and it’s a day case procedure.

REFERENCE
3. A concise textbook of Surgery-Somen Das, 5th edition. Published by Dr. S.Das,13,Old Mayor’s Court, Kolkata, page no.1099-1101

CORRESPONDING AUTHOR
Dr. Rajesh Gupta
Associate Professor
Head Of the Post Graduate Deptt. Of ShalyaTantra
University College of Ayurved
Dr.SarvepalliRadhakrishnan Rajasthan Ayurved University, Jodhpur
Email: guptadrrajeshkumargupta@gmail.com

Source of support: Nil
Conflict of interest: None Declared