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ABSTRACT:

Pilonidal sinus (PNS) is a fissure between the buttocks (natal cleft) that can cause pain, embarrassment, and employment disruption. Men are more prone than women (because of the fact that men have more hair). Excision and primary closure, along with excision with reconstructive flap, are the most often adopted surgical methods for this condition. However, there is a substantial threat of recurrence or wound infection following the operation. In addition, the patient will have to stay for a longer period of time in the hospital, and the operation will be expensive. The Pilonidal sinus resembles the Shalya Nadi Vrana mentioned in the Sushruta Samhita. Sushruta has stated a less invasive para-surgical treatment for Nadi Vrana, known as the Kshar sutra technique. For a Vrana Shoshanna and Ropana activity for wound healing, Acharya Sushruta reviewed several herbs or herbo-mineral combinations. Among them drugs of aragwadhadi gan were used to prepare the kshar sutra along with madhu(honey), saindhav(himalayan salt) to lessen microbial burden, eliminates the unhealthy slough, necrotized tissue, and maintenance of wound moisture. As a result, this treatment was tested in the Pilonidal sinus, and the results are documented in this case report. The Kshar sutra procedure not only reduces recurrence and complications but also allows patients to return to work faster with less discomfort, has a significant effect on self-esteem & body image and is less expensive.

Keywords: Nadi Vrana chikitsa, Kshar sutra, Pilonidal sinus, Shalyatantra

INTRODUCTION

A Pilonidal sinus is a sinus that usually having hair. It occurs between the buttocks and skin (the birth cleft) & just above the anus. The sinus tract extends between the buttocks in a vertical direction. Males in their early twenties and thirties are particularly vulnerable. The origin of pilonidal sickness is unknown, despite the fact that hair, friction, hormone imbalance and infection are usually implicated. The most typical treatment is surgery, which includes a wide excision and secondary healing. However, post-surgery recurrence is common, requiring regular and time-consuming wound care.¹ As a result, In order to reduce recurrence, cut expenses, boost acceptability, and reduce hospitalization, it is important to assess the role of various alternative/ creative strategies in the care of this complex condition. The ’Sushrut Samhita’² depicted a
condition known as 'Shalyaj Nadi Vrana,' which is identical to 'Pilonidal sinus.' 'Shalyaj Nadi Vrana' is a track that is said to be caused by the fibrosed diseased tissue, presence of pus and hair, among many other things, inside that has gone untreated. For the treatment of Nadi Vrana, Sushruta has advocated the 'Kshar sutra' approach, which is a very unique minimally invasive treatment (PNS).

MATERIAL AND METHOD
A case study is considered on madhu saindhav Aragwadhadi kshar sutra and a clinical trial is done in Dept. of P.G. Studies in Shalya Tantra, University college of Ayurved Hospital, Dr. SarvepalliRadhakrishnan Rajasthan Ayurved University Jodhpur in the Management of pilonidal sinus with Kshar Sutra therapy.

Ethical clearance no. DSRRAU/UCA/IEC/19-20/286

Drug for the preparation of kshar sutra:
1. Aragwadhadi kshar
2. Surgical linen Thread No.20
4. Sterilized test tube
5. Gauze piece
6. Gloves
7. Silica gel bags.
8. madhu(honey)
9. saindhav salt(himalayan salt)

Method of study
The following general information about the patient, the medicine, and the disease was obtained prior to the start of therapy in the selected patients and pharmaceuticals.
1. Diagnosis
2. Investigations
3. Treatment Schedule
4. Duration of Study
5. Criteria For Assessment

CASE REPORT
Presenting complaints and medical history
In March 2022, a 25-year-old male patient presented to the Surgery O.P.D at university college hospital, DSRRAU Jodhpur, complaining of persistent discharge from a boil over an operated site, along with discomfort and pain.

Clinical findings
To confirm for the Pilonidal sinus CT scan was done. To confirm the other etiologies such as tuberculosis, HIV, pelvic inflammation leading abscess, diabetes mellitus, a foreign body, or trauma were ruled out prior therapy was planned.

TREATMENT –
The two external openings were resected under local anesthesia and After a CT scan revealed the Pilonidal sinus [Figure 1]. The implanted hair follicles were removed. For simultaneous cutting and healing, the Kshar sutra was tied over the entire underlying track [Figure 2]. An appropriate dressing was used under aseptic conditions. On the same day as the procedure, the patient was discharged.

Follow up and outcomes- On alternate days, the patient was directed to go to the surgical clinic for dressing. Before dressing, a Seitz bath (hip) with lukewarm water was recommended. For three sittings, the Kshar sutra was changed weekly. Oral antibiotics, multivitamins and anti-inflammatory medications were also suggested to speed up recovery and alleviate discomfort and inflammation.

In four weeks, the tracks had cut through. [Figure 3] shows how the wound was treated and healed at the same time. The patient was examined for 12 week to check for recurrence because the healing rate was slower than the cutting rate.

Kshar sutra is a medical thread (seton) that is coated with honey, saindhav salt and aragwadhadi kshar. The drugs in this thread help with tissue debridement and lysis, along with functioning as an antibiotic, antifungal, and anti-inflammatory. Another notion is that the Kshara Sutra removes the infected crypt glands of epithelium.

DISCUSSION
The minimally invasive Kshar sutra method has a good prospect in the treatment of Pilonidal Sinus. It lowers the chances of problems and recurrence while allowing the patient to return to work and normal social activities as quickly as possible. It is an acceptable treatment for the patient in terms of treatment cost, impact on body image, discomfort level and self-esteem.

CONCLUSION
As a result, the study reported that the Aragwadhadi kshar sutra is a safe, effective, and minimally invasive surgery with a lot of potential for treating Pilonidal Sinus. Which reduces the post-operative duration, problems, and recurrence while allowing the patient to return to work with minimal scarring and mild post-procedural pain.

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Fig 1. Before treatment

Fig 2. Ligation of *kshar sutra* in underlying track

Fig 3. After treatment