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MANAGEMENT OF SHALAYAJ NADI VRANA (PILONIDAL SINUS) WITH AYURVEDIC SURGICAL TREATMENT THROUGH CHHEDANA KARMA (WIDE EXCISION)

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ABSTRACT

Pilonidal sinus is a very common problem that often arises in the natal cleft of between the buttocks. The main reason of pilonidal sinus is due to penetration of hair through the skin into subcutaneous tissue. It forms unhealthy granulation tissue and helps the infection to grow. It is common in males than females as they have more hairs on body. More commonly seen in between age group of 20-40 years. Achraya Susruta described different types of Nadi Vrana. Among them Salayaj Nadi Vrana can be corelataed with Pilonidal Sinus. Accordind to Achraya Susruta treatment of Nadi Vrana is Chedana Karma or with the usage of Kshara Sutra. A pilonidal Sinus can be completely managed in Ayurveda by Chedana Karma and Kshara Sutra.

KEY WORDS: *Pilonidal Sinus, Shalyaja Nadi Vrana, Chedhana.*

INTRODUCTION

A Pilonidal sinus (PNS) occurs in the cleavage between the buttocks (natal cleft). It is more common in men (as they have more hair) than in women. It is more common in men who sit a lot like jeep drivers, painters etc. Pilonidal Sinus is tract situated in the natal cleft and it contains hair and unhealthy granulation tissue. It occurs due to penetration of hair through the skin into subcutaneous tissue. It becomes infected and may have foul odour with oozing of blood and pus[1].

In Ayurveda Achraya Susruta has described about Nadi Vrana and its management. According to Achraya Susruta Shalayaj Nadi Vrana can be corelaed to Pilonidal Sinus[2]. In Ayurveda Shalayaj Nadi Vrana can be treated by chedana and aharana of foreign body from the tract. After that Sasti Upakrama of Vrana can be carried out till the wound is healed.

CASE REPORT

A 34 years male came to the OPD of Gopabandhu Ayurveda Mahavidyala with complaints of pain , swelling and sometimes discharge of pus from the natal cleft.

The patient was normal 3 months back. Gradually he noticed a boil on his natal cleft. After few days the boil brusted and foul pus discharged from it. He was normal for 15 days. But after that another boil appeared and the same happened.

PRESENT COPMLAIN

The patient was complaining of mild swelling with foul discharge from the natal cleft. He was uncomfortable in sitting and doing daily works.

Personal Details

Diet –Non-vegetarian
Sleep – 6-7 hours a day
Bowel – once a day
Urination – 6-7 times a day

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Exercise – Nil

Vital Examination
BP – 128/82 mm of Hg
Heart Rate – 78/min
Nadi – Vata-Kapha
Prakuti :Vata-Kapha
Kostha :Krura
Agni :Visamagni

Sytemic Examination
Respiratory System : NAD
Cardiovascular System : NAD
CentralNervous System : NAD
Digestive System : NAD
Urogenital System : NAD

DAIGNOSIS – Pilonidal sinus.
TREATMENT – Chedana of the tract.

SURGICAL PROCEDURE

PRE OPERATIVE
Patient was counciled about the procedure .
Consent form for the procedure was taken.
Injection TT was given.
Injection Xylocaine skin test was done.
Patient was kept NBM for 6 hours before procedure.
Part preparation was done .

OPERATIVE PROCEDURE
Patient was kept on prone position.
Tract was identified due its tenderness and scar mark of the boils.
Injection Xylocaine was given around the tract.
Probing was done in the tract and the tract was about 2cm long.
With the guidance of the probe excision of the tract was done leaving the margin of about 1cm from the tract.
Complete flap was excised including the tract.
Bleeding points were identified and cauterized.
Complete haemostatis has been maintained.
Wound was irrigated throughly by Triphala kwath.

POST OPERATIVE
Dressing of the wound was done by Jatyadi Taila.
Vitals were monitored and were maintained normal.
Patient was shifted to ward from OT.

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Images

1st day

After 7 days

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After 14 days

After 21 days

ORAL MEDICINE

1. TAB. SAPTABINSATI GUGGUL – 2 TAB BD AFTER FOOD WITH LUKE WARM WATER.
2. TAB. GANDHAK RASAYAN – 2 TAB BD AFTER FOOD WITH LUKE WARM WATER.
3. ABHYARISTHA – 20 ML AFTER FOOD BD WITH 20 ML WATER
4. OINTMENT W H 5 - FOR LOCAL APPLICATION

ADVISE ON DISCHARGE

Take Oral medicines regularly.
Daily wound dressing with Triphala kwath and Jatyadi Taila.
Maintain hygiene and keep the wound clean.

RESULTS

After 7 days the wound started healing and after 1 months was healed completely.

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CONCLUSION

As Achraya Susruta described Chedana karma is the treatment of Shalayaj Nadi Vrana and we successfully managed a case.
So Chhedana karma (excision) of the tract is a complete and successful treatment of Pilonidal Sinus or Shalayaj Nadi Vrana with high success rate and low reccurance.

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