



International Journal of Ayurveda and Pharma Research

Case study

ROLE OF KSHARASUTRA IN AXILLARY HIDRADENITIS SUPPURATIVA - A CASE STUDY

Anantkumar V. Shekokar*¹, Kanchan M. Borkar²

*¹H. O. D, ²Lecturer, Dept of Shalya Tantra, S.V.N.H.T'S Ayurved Mahavidyalaya, Rahuri Factory, Maharashtra, India.

Received on: 02/04/2014

Revised on: 10/04/2014

Accepted on: 18/04/2014

ABSTRACT

Hidradenitis suppurativa is a chronic inflammatory disease on certain areas of the skin, subcutaneous tissues which characterized by the formation of abscesses and sinuses due to primarily an infection of the apocrine group of sweat glands. Hidradenitis suppurativa occurs after puberty, the majority of patients being in the second or third decades of life. In the early stages the disease appears as a firm subcutaneous nodule, suppuration, persists discharge and the affected region may show numerous sinus openings. Management of Hidradenitis suppurativa requires complete surgical excision of the lesion in single or multiple stages, the resulting raw area may be very extensive which was difficult to heal with secondary intension and commonly requires skin graft. Hence, surgical excision for Hidradenitis suppurativa may become challenge and there is a scope to become an alternative as *Ksharasutra* therapy for hidradenitis suppurativa surgical excision. The present case study of axillary hidradenitis suppurativa was treated with *Ksharasutra* along with isotretinoin & doxycycline hydrochloride oral medicine. *Ksharasutra* therapy required 7 sittings (1 sitting conducted every week) to complete excision and epithelialization of tract while doxycycline hydrochloride 100 mg & isotretinoin 10 mg once a day orally was continued upto 3 months to control infection & to prevent new nodule formation. Patient was get completely cured from sign and symptom of axillary hidradenitis suppurativa. After that patient was follow up took place for one month for observations.

KEY WORDS: *Ksharasutra* therapy. Hidradenitis suppurativa, *Nadivrana*, Sinus.

INTRODUCTION

Hidradenitis suppurativa is a chronic inflammatory skin disease with recurrent boil^[1]. These boil often get in a larger size and turn into localized collection of pus which ultimately ruptured and discharge pus known as sinus which become difficult to heal^[2]. Hidradenitis suppurativa most commonly affects areas bearing apocrine sweat gland or sebaceous gland such as the underarms, under the breasts, inner thighs, groin and buttocks^[3]. Hidradenitis suppurativa is due to dysfunctional apocrine glands or hair follicles^[4] and some aggravating factors should be taken into consideration like obesity, irritation, rough and tight clothing, deodorants, humid climates, oral contraceptive pills. Hidradenitis suppurativa area of involvement in female is axillary which is 70% and in male is perianal and perineal which is 56%^[5].

Hidradenitis suppurativa often goes undiagnosed for years because patients are too ashamed to consult physician earlier so that persistent lesions may lead to scarring and the formation of sinus tracts or communicating abscesses or infection under skin^[6]. At this stage complete cure of the disease is not possible by only medicinal management and requires surgical excision followed by skin graft to live comfortably^[7] but it may be very expensive and complicated for patients physically as well as psychological status of body. Therefore there is a scope for parasurgical therapy to help patients suffering from axillary hidradenitis suppurativa.

Sushruta, the father of ancient surgery described *Nadivrana* of which cardinal symptom is continuous pus discharge^[8]. On the basis of its sign and symptoms *Nadivrana* can be correlated with hidradenitis suppurativa. Treatment of

Nadivrana includes *Ksharasutra* when *Nadivrana* presents in *Krusha*, *Durbala*, *Bhiru*, *Marmashrita* to excise the tract^[9]. Keeping this fact in mind this attempt was done to treat axillary hidradenitis Suppurativa with standard *Ksharasutra*^[10,11] which was prepared in the department of *Shalya tantra* of Ayurved Mahavidhalaya Rahuri (M. S) along with doxycycline hydrochloride 100 mg and isotretinoin 10 mg once a day orally.

CASE REPORT

A young girl aged 20 years visited to *Shalya tantra* OPD of S. V. N. H. T. S Ayurved Mahavidhalaya, Rahuri in November 2013 with the history and complaint of swelling, pain and small amount of pus discharge from her left axilla since 2 years. There was no any history of operation at the affected site of her body.

On the physical examination 2 sinus of sized 3-4 mm in diameter were present. The distance between 2 sinus openings was 7cm in her left axilla. During inspection and palpation thick pus discharge was observed. The edematous area and fibrosis was recognized around the sinus, multiple tender nodule were also observed in the left axilla.

On general examination, there was no abnormality observed in respiratory system, cardio vascular system and central nervous system. There was no history of diabetes and tuberculosis. Breast examination was normal but there was history of genetic obesity and patient weight was 86 kg. Pathological investigation were carried out which observed within normal limits and finally the patient was diagnosed 'axillary hidradenitis suppurativa' and decided to manage with *Ksharasutra* therapy along with oral medicinal therapy like doxycycline hydrochloride 100mg and isotretinoin 10 mg once in a day orally upto 3 months. With required preoperatives and all aseptic precautions specially designed *Ksharasutra* probe was introduced from one sinus and brought out from other sinus after that sinus tract was ligated with *Ksharasutra*. A sterile dry dressing was applied in her left axilla and advised daily local cleaning of the affected part with savlon solution. In this manner *Ksharasutra* was changed after every week upto the whole tract get completely excised. No other complication was observed during *Ksharasutra* treatment except mild irritation and burning sensation. The present case required 7 sittings of

Ksharasutra application for completely excision and healthy epithelialization of the sinus tract, patient has been continued further oral medicinal treatment upto 3 months.

DISCUSSION

Axillary hidradenitis suppurativa is a painful formation of channels commonly called as sinus tract. A long standing axillary hidradenitis suppurativa usually requires surgical excision which commonly perform under general anaesthesia. According to *Ayurvedic* literature *Nadivrana* can be correlated with axillary hidradenitis suppurativa on the basis of sign and symptoms. Surgical treatment for axillary hidradenitis suppurativa may leads to serious and fatal complications because of rich artery. vessels, and lymphatic drains which is commonly known as vital area and such areas are termed as *Marma*^[12] in *Ayurvedic* terminology. Hence to avoid surgical trauma to the vital area (*Marma*), present case study was treated successfully with parasurgical treatment which is popular as *Ksharasutra* therapy. *Ksharasutra* is act as *Chedhana* (excision), *Bhedana* (Incision), *Lekhana* (Scraping), *Shodhana* (Purification) and *Ropana* (Epithelialization)^[13,14] so that unhealthy granulation tissues and fibrosis tissues are completely removed from tract and completely healed with healthy granulation tissues. Oral administration of isotretinoin act by stopping the secretion of sebum from sebaceous glands which prevents pore blockage^[15] while doxycycline hydrochloride was used to prevent new formation of nodule and to stop the spreading of infection^[16].

CONCLUSION

1. *Ksharasutra* therapy is result oriented parasurgical procedure without anaesthesia for axillary hidradenitis suppurativa.
2. *Ksharasutra* therapy is economical to the patient.
3. Admission to hospital is not normally needed.
4. *Ksharasutra* therapy is without fatal complication.
5. Recurrence of sign and symptoms is not observed.
6. No wide wound after *Ksharasutra* therapy and healed with secondary intension with minimum scar.
7. This present study was conducted in single sample and with short duration, so more

number of cases will be made to treat by *Ksharasutra* and oral medicine with prolonged followup to achieve the goal in axillary hidradenitis suppurativa.

8. While conducting the present case study it can be said that parasurgical procedure like *Ksharasutra* and oral medicine are having very enthusiastic, scientific and competent role for ailment to have an ultimate solution for axillary hidradenitis suppurativa.

REFERENCES

1. Alikhan, Ali, Lynch, Eisen Hidradenitis suppurativa a comprehensive review, 2009, JAM acad. dermat. 60(4)539.
2. Scheinfeld N hidradenitis suppurativa a practical review of possible medical treatment based on over 350 hidradenitis patients, Dermatology online Journal, 2013, 19 (4).
3. John Goligher, Surgery of the anus, rectum & colon, A. I. T. B. S publishers & distributors, Delhi, 5thedition, 2002, 215.
4. Sriram Bhat M, SRB'S Manual of surgery, Jaypee publication, delhi, 3rdedition, 2009, 38.
5. John Goligher, Surgery of the anus, rectum & colon, A. I. T. B. S publishers & distributors, Delhi, 5thedition, 2002, 216
6. Plewing G, Steger M., Acne inversa and related disorders, London, Martin Dunitz. 1989, 345.
7. Sriram Bhat M, SRB'S Manual of surgery, Jaypee publication, delhi, 3rdedition, 2009, 39.
8. Dr. Anantram Sharma, Sushruta Samhita Part-1, Chokhamba Surbharati Prakashan, Varanasi, 1st Edition, 2004, 534.
9. Dr. Anantram Sharma, Sushruta Samhita Part-2, Chokhamba Surbharati Prakashan, Varanasi, 1st Edition, 2004, P-306.
10. Dr Anantkumar Shekokar & Dr Kanchan Borkar, Clinical efficacy of Svarnakshiri Tail Pichu with Ksharasutra in the management of Bhaganadara, IJAM, Vol. 4. No. 2, Dated April 2013.
11. Dr. K. R. Sharma & Dr. Kulwant Singh, Kshar-Sutra Therapy In Fistula In Ano And Other Ano-Rectal Disorders, Rastriya Ayurved Vidyapith Publication, New Delhi, 1st Edition, 1994, 43.
12. Dr. Anantram Sharma, Sushruta Samhita Part-2, Chokhamba Surbharati Prakashan, Varanasi, 1st Edition, 2004, P-90.
13. Bhavprakash Nighantu, shri Bhramhashankar shastri, vidyotini hindi vyakhya, poorvardha, Page no. 306, 415, 114, Chaukhamba Sanskrit samsthan, Varanasi, 1st edition 1984.
14. Dr. Anantkumar Shekokar & Dr. Kanchan Borkar, Shalya part-1, Shantanu prakashana, Ahmednagar, 2ndedition, 2010, 399.
15. K. D. Tripathi, Essential of Medical Pharmacology, Japee publication, delhi, 4thedition, 2001, 558.
16. K. D. Tripathi, Essential of Medical Pharmacology, Japee publication, delhi, 4thedition, 2001, 718.

Cite this article as:

Anantkumar V. Shekokar, Kanchan M. Borkar. Role of Ksharasutra in Axillary Hidradenitis Suppurativa - A Case Study. Int. J. Ayur. Pharma Research. 2014; 2 (2): 53-57

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence

Dr Anantkumar V Shekokar
Reader & HOD Dept of Shalya Tantra
S.V.N.H.T'S Ayurved Mahavidyalaya, Rahuri
Factory, Ahmednagar, Maharashtra, India.
Cell : +919860376534
Email: dranantkumarshekokar@gmail.com

STUDY PHOTOGRAPHS



Photo 1: Ksharasutra probe



Photo 2: Ksharasutra



Photo 4: 1st Sitting of Ksharasutra



Photo 3: 2nd Sitting of Ksharasutra



Photo 5: 3rd Sitting of Ksharasutra



Photo 6: 4th Sitting of Ksharasutra

STUDY PHOTOGRAPHS



Photo 7: 5th Sitting of Ksharasutra



Photo 8: 6th Sitting of Ksharasutra



Photo 9: After 7th sitting of Ksharasutra



Photo 10: 3 days after 7th sitting of Ksharasutra



Photo 11: 7 days after 7th sitting of Ksharasutra



Photo 12: 15 days after 7th sitting of Ksharasutra