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Pilonidal Sinus : Management through *Guggulu Apamarga Ksharasutra*

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ABSTRACT

Nowadays Pilonidal Sinus (PNS) is becoming common disease in between 20-30 years of age, in men and mostly dense hairy persons. Commonly it occurs midline over the coccyx. It results in purulent discharge, pain and discomfort. In Ayurvedic practice, there are many surgeons who are practicing classical *Ksharasutra* management to treat PNS, which is very effective but there are some problems using classical *Ksharasutra* in the management of PNS, such as discomfort, burning sensation, itching and irritation due to *Snuhi-ksheera*. So to overcome these problems *Guggulu Apamarga Ksharasutra* has been used, which is very effective in curing PNS and has no complications. So patients can do their daily routine work without any pain or discomfort.

Key words: *Pilonidal sinus, Snuhi Ksheera, Guggulu Apamarga, Ksharasutra.*

INTRODUCTION

Pilonidal sinus means "Nest of hairs" in Greek.^[1] It is also called as "Jeep bottom" disease. It is of infective origin and occurs in sacral region over the coccyx, umbilicus and axilla. It is due to penetration of hairs through the skin into subcutaneous tissue. It is an epithelium lined track containing hairs and unhealthy granulation tissue. Turf hairs penetrate in skin due to friction and vibration causing shedding of the hairs. Thus, it accumulates in sacral region over the coccyx and enters the opening of the sweat gland causing infection and pus discharge.

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In Ayurved, it is similar to the *Nadi Vrana* especially *Acharya Sushruta*^[2] described "*Shalyaj Nadi Vrana*". *Acharya Sushruta* has advised a very useful and exclusive invasive treatment "*Kshara-Sutra*" procedure for the *Shalyaja Nadi Vrana*.

Causative Factors

- Type of hairs - tough/silky
- Shape of hairs - straight/curled
- Force of hairs insertion into subcutaneous tissue
- Soft skin with erosion, splits wide skin pores, wounds, prolonged sitting, presence of moisture and sweat are secondary factors.

Commonest site - Midline over the coccyx

Common age - 20-30 years (males and mostly hairy person)

Synonym - Jeep bottom / driver's bottom disease

Pathology

Hairs penetrate the skin → Dermatitis → Infection → Pustule formation → Sinus formation → hairs get stuck into the sinus by negative pressure in the region → further irritation and granulation tissue formation → pus forms → multiple discharging sinus occurs.

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- Primary sinus occurs in the midline over the coccyx.
- Secondary sinus occurs in laterally.

Clinical features

- Discharge - purulent / serosanguinous
- Pain - throbbing
- Tender swelling just above the coccyx
- Tuft of hairs are seen in opening of sinus
- It causes recurrent infection, abscess formation which bursts; open forming recurrent sinus with pain, discharge and discomfort.

Management

The most commonly used therapy in modern science is surgery including wide incision and healing by secondary intention. Post-operative recurrence following surgery is high, leading to frequent and time consuming wound care. Hence, Ayurvedic surgeons are frequently practicing classical *Ksharasutra* to treat PNS. But there are some problems using classical *Ksharasutra* such as discomfort, burning sensation, pain, itching and irritation due to *Snuhee-ksheera*. So to overcome to these problems *Guggulu-Apamarg Ksharasutra* has been used, which is very effective and without complications. A case was selected and managed through *Guggulu-Apamarga Ksharasutra* so as to minimise the classical *Ksharasutra*'s complications.

CASE REPORT

A 25 year old male, came to Shalya OPD at Rishikul Campus Hospital, UAU, Haridwar with complain of a boil present in between buttocks with pus discharge in Aug 2017.

The patient's attendant was not willing for surgery and requested Ayurvedic treatment, hence *Guggulu-Apamarga Ksharasutra* procedure was explained to them, and they agreed to give their consent.

Before planning treatment all routine laboratory investigation like CBC, Blood Sugar, LFT, KFT, HIV, HbsAg, HCV etc. were done to rule out any systemic pathology.

After patient's consent and cleaning the site, a probe was inserted in the opening of PNS and probe gently comes out at the other end of PNS. Then *Guggulu Apamarga Ksharasutra* was ligated and sterile dressing was done. And patient was advised to rest for only 1 hour and then advised to come weekly for change of *Guggulu Apamarga Ksharasutra* next week, new *Guggulu-Apamarga Ksharasutra* was changed by rail-road technique and dressing was done with *Jatyadi Oil*. The *Ksharasutra* was changed weekly for 4 sittings. To promote the healing and reduce inflammation oral medicine (*Triphala Guggulu* -1 TDS) was prescribed and local dressing of *Jatyadi Oil* daily.

The track get cut through and healed simultaneously in 5 weeks duration. After healing the patient was followed up in Shalya OPD for one month to see presence of any complication or recurrence of disease if any. It was observed that the pilonidal sinus healed completely without any sign of recurrence. Further, the patient was advised to avoid long sitting and part preparation once in 2 weeks.



Fig. 1: Primary threading



Fig. 2: Cut through in 4 sitting



Fig. 3: Completely healed

DISCUSSION

Guggulu Apamaraga Ksharasutra is medicated by *Guggulu* extract (11 coating), *Apamarga Kshara* (7 coating) and *Haridra* (3 coating). The combination of thread helps in debridement and lysis of tissue and produced anti-fungal, anti-bacterial and anti-inflammatory effects.

Triphala Guggulu^[3] is *Vata Shamaka* and *Rasayana*. It promotes healing and reduces inflammation.

Jatyadi Taila^[4] is effective in curing local itching and promotes healing.

During the total period of *Ksharasutra* management patient had no complaint about burning sensation, pain, discomfort or any other complication.

CONCLUSION

The classical *Ksharasutra* management is effective but there are some complications. So to overcome these complications *Guggulu Apamarga Ksharasutra* was used to treat PNS. It showed no complications and no recurrence. Moreover, the patient was able to resume his daily routine work and normal social activities.

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