

### Parasurgical Management of Pilonidal Sinus by Ksharsootra: A Boon of Ayurveda

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#### ABSTRACT

Pilonidal sinus occurs in natal cleft i.e cleavage between two buttocks which causes extreme discomfort, embarrassment and a great trouble to the patient. Pilo i.e hairs, nidal i.e nest and sinus i.e an abnormal one ended track i.e *nadi vrana*. Means chief etiology here vis having more hairs in anal and perianal region which penetrates the skin and enters through it which makes an abnormal track which gets infected and oozes purulent discharge through it. This disease is found more common in males than females having hairy nature of mens. In modern surgical sciences it is treated by Excision of the track with primary closure along with reconstructive flap. The risk of recurrence of and developing an infection of the wound post operatively is very high along with great trouble and inconvenience to the patient. Moreover patient requires longer hospitalization and expensive surgical procedure. Since there is similarity between *shalyaj nadi vran* described in *sushrut Samhita* and pilonidal sinus. *Acharya Sushrut* has advocated minimally invasive *anushalya kriya* i.e *ksharsootra* treatment. hence this treatment was tried in pilonidal sinus and described in case study here. *Ksharsootra* treatment not only lowers the complications and recurrences but enables the patient to resume his work earliest with lesser discomfort, lesser expenses and lesser troubles also.

#### INTRODUCTION:

A pilonidal sinus is a track mainly sinus track which contains hairs most commonly which occurs beneath the skin in the natal cleft i.e a cleavage between two buttocks. This sinus track goes in a vertical direction between the buttocks. Main etiology of this disease in not clear but hormonal imbalances, presence of much hairs in anal and perianal region, sedentary lifestyle, friction and infection are majorly responsible.<sup>[1]</sup>

In modern surgical sciences this disease is treated by Excision of the track with primary closure along with reconstructive flap and healing by secondary intention. However postoperative recurrences is high, leading to frequent and time consuming wound care hence there is much need to evaluate the role of any other innovative technique capable enough to overcome the

troubles encountered in modern surgical treatment with improved acceptability.

*Sushrut Samhita*<sup>[2]</sup> describes a condition by name *shalyaj nadi vrana* which resembles to pilonidal sinus in deep manners. This track is described to be due to presence of pus, fibrosed unhealthy tissues, hairs etc inside left unnoticed. *Acharya Sushruta* has advocated a very unique, minimally invasive treatment i.e *ksharkarma* in the form of *ksharsootra* procedure in the management of pilonidal sinus.

### Case Study:

A 22 year old male patient, came to *shalya tantra* OPD of Ayurved Rugnalaya, Shevgaon with complaints of recurrent discharge of pus from a boil over the tip of natal cleft laterally along with pain and discomfort.



Before planning *ksharsootra* procedure other etiologies like tuberculosis, pelvic inflammations causing abscess, HIV, HBsAg, diabetes mellitus, foreign bodies or any trauma were ruled out. All basic blood and urine investigation were carried out like CBC, ESR, BTCT, RBS, URINE ROUTINE AND MICROSCOPIC. Which were found within normal limits. All basic parameters of the patient have been checked like Pulse rate, Respiration rate, Blood pressure, Temperature, ECG, which were found within normal limits. Any associated morbidity, drug allergy and sensitivity have been asked and ruled out which has found nothing in it. All the hairs in that particular external region were removed necessary for procedure.

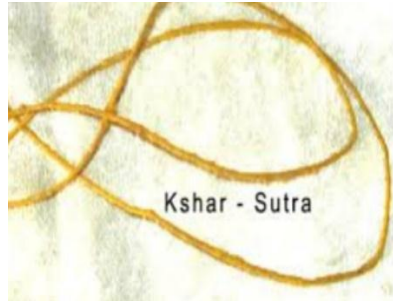
After having confirmation of pilonidal sinus by CT Scan, all preoperative procedures have done like painting with betadine savlon spirit and drapping it by cloth. Then under local anaesthesia the boil is opened by widening the mouth of mosquito forceps introducing in the boil. Then all the hairs embedded in it have been removed through it. The probe along with *ksharsootra* was introduced in the boil and removed out of skin and tied the *ksharsootra* over it covering the entire underlying track for simultaneous draining, cutting and healing. Appropriate dressing was applied under aseptic conditions. The patient was discharged on the same day after procedure and having found all parameters normal.

Patient was asked for hot sitz bath regularly till the treatment was over. The *ksharsootra* was changed weekly for three times or settings. To promote proper healing and reducing pain and inflammation, antibiotics, analgesics, multivitamins prescribed per orally.

The track cut through and parallelly healed by 3 weeks. However it was observed that healing rate was slow in compare to cutting rate and the patient was observed for a period of 18 months to check for any recurrences.



*Ksharsootra* is nothing but a medicated thread coated with herbal alkaline drugs like *apamarga* (*kshar* – ash of *Achyranthus aspera*), latex of *Snuhee* (*Euphorbia nerufoia*) and *haridra* powder (*Curcuma longa*) in a particular order of 11 coating of *snuhee ksheera*, 7 coatings of *apamarga kshara* and 3 coatings of *haridra*. This combination of medications on the thread helps in debridement and lysis of tissue, exerts antifungal, antibacterial, and anti-inflammatory too.



### **DISCUSSION:**

This minimally invasive and highly effective therapy of *ksharsootra* has a great potential in the management of pilonidal sinus parasurgically. It not only lowers the complications and recurrences but enables the patient to resume his work earliest with lesser discomfort, lesser expenses and lesser troubles also.

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