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Case Report

MANAGEMENT OF PILONIDAL SINUS BY KSHARASUTHRA

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ABSTRACT

A Pilonidal sinus (PNS) occurs in the cleavage between the buttocks (natal cleft) and can cause discomfort, embarrassment and absence from work. The incidence of the disease is calculated to be 26 per 100,000 people. It occurs 2.2 times more often in men than in women. It is more common in men (as they have more hair). The most commonly used surgical techniques for this disorder include excision and primary closure and excision with reconstructive flap. However, the risk of recurrence or of developing an infection of the wound after the operation is high. Also the patient requires longer hospitalization, and the procedure is expensive. There is a similarity between *ShalyajaNadiVrana* described in *Sushruta Samhita* and Pilonidal sinus. *Sushrutahas* advocated a minimally invasive para-surgical treatment, *KsharaSuthraprocedure* for *NadiVrana*. Hence this therapy was tried in Pilonidal sinus, and is described in this case report. *KsharaSutra* treatment not only minimizes complication and recurrence but also enables the patients to resume work quicker and with less discomfort, impact upon body image and self- esteem as well as reduce cost.

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INTRODUCTION

A pilonidal sinus is a sinus track which commonly contains hair. It occurs under the skin between the buttocks (The natal cleft) at a short distance above the anus. The sinus track goes in a vertical direction between the buttocks. Most cases occur in young male adults. The origin of Pilonidal disease is not fully understood, although hormonal imbalance, presence of hair, friction and infection are often implicated.

The most commonly used therapy is surgery including wide excision and healing by secondary intention. However, postoperative recurrence following surgery is high, leading to frequent and time consuming wound care. Hence, there is a need to evaluate the role of the other alternative / innovative techniques for the management of this challenging disease so as to minimize recurrence, make it cost effective, with improved acceptability minimum hospitalization.

The *Sushruta Samhita* describes a condition "*ShalyajaNadiVrana*" which is similar to "Pilonidal sinus". "*ShalyajaNadiVrana*" is a track which is described to be due to presence of pus, fibrosed unhealthy tissues and hair ect inside left unnoticed. *Sushrutahas* advocated a very unique minimally invasive treatment ex: *Kshara Sutra* procedure for management of *NadiVurana*. (PNS)

Case Report

A 21 years old female patient came to the surgery clinic at Gampaha Wickramarachchi Ayurveda Hospital, Yakkala with complaints of recurrent discharge from a boil over an operated site along with pain and discomfort in March 2016. She gave a history of Z- pasty performed for pilonidal sinus performed in 2014. The disease re-occurred after 2 years in 2016 and this was confirmed by CT scan. The patient was not willing for surgery again and requested Ayurveda treatment. Hence, *kshara sutra* procedure was offered.

Before planning treatment other etiologies like Tuberculosis, Pelvic inflammation causing abscess, HIV, Diabetes mellitus, foreign body or trauma were ruled out. After the confirmation of the pilonidal sinus by CT scan, the external opening was excised under local anesthesia and *Kshara Sutra* was inserted entire underlying track. Appropriate dressing was given under aseptic conditions. The patient was discharged on the day after the procedure.

Patient was asked to attend surgical clinic for dressing on alternate days. Seitz bath (Hip) with medicated lukewarm water which is made by using Gansooriya (*Thespesiapopulnea*), Attikka (*Ficus racemose*) and Nuga (*Ficus benghalensis*) barks was advocated before dressing. The *Kshara Sutra* was changed

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