



INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY HEALTH SCIENCES

ISSN: 2394 9406

A LITERATURE REVIEW OF PILONIDAL SINUS AND ITS AYURVEDIC MANAGEMENT

Dr. Shweta R. Mhatre¹, Dr. Veerendra Meenkire², Dr. Amit Shedge³

¹P.G. Scholar, Dept. of Shalyatantra,

²Professor, Dean, Dept. of Shalyatantra,

³Professor, HOD, Dept. of Shalyatantra,

L.R.P. Ayurvedic Medical College, Islampur, Sangali, Maharashtra, India

Corresponding Author Mail ID: mhatreshweta1994@gmail.com

ABSTRACT

Pilonidal sinus is an inflammatory condition involving the hair follicles that can occur anywhere along the crease between the buttocks, which runs from the bone at the bottom of the spine (sacrum) to the anus. Continuous sitting, obesity, sedentary occupation, family history, local trauma are the causes of pilonidal sinus. It more commonly found in male than female. The surgical management commonly practiced are included incision and drainage, excision and primary closure, excision and healing by secondary intention, excision with reconstructive flap technique (Bascom's method). However, the risk of recurrence or of developing an infection of the wound after the operation is high. So there is a need of alternative treatment. Acharya Sushruta describe *nadivrana*. In pilonidal sinus foreign body (hair follicle) is the cause and also there is a track formation so we can correlate this with *Shalyajnadivrana* which is a one of the type of *nadivrana*. For the management of *Nadivran* Acharya explained *Shastrakarma* with the intervention of '*Ksharsutra*'. He also describe *Varti*, *nadivranahar taila* for management of *nadivrana*.

Keywords: pilonidal sinus, *Shalyajvrana*, *ksharsutra*

INTRODUCTION

Pilonidal means nest of hair and is derived from the Latin words for hair (pilus) and nest (nidus). The term "Pilonidal sinus" was invented by Hodges in 1880.¹ It is most common in teenagers and young adults. Males are affected more frequently than females, probably due to their more hirsute nature.² The term pilonidal sinus describes a condition found in the natal cleft overlying the coccyx, consisting of one or more, usually non-infected, midline openings, which communicate with a fibrous track lined by granulation tissue and containing hair lying loosely within the lumen. A common affliction amongst the military, it has been referred to as 'jeep disease'.³

Ayurveda is a "science of life".⁴ "Shalyatantra" is a prime branch of Ayurveda. It includes procedure of excision of different types of straw, pieces of wood, stone, dust particles, metallic articles, soil, pieces of bone, hair, nail, pus, obstructed labour, *Dushtvrana*; Blunt instruments; Sharp instruments; *Kshara*; *Agnikarma*.⁵ Acharya Sushruta described about *Shalyajnadivranawhich* is caused due to foreign body, to treat this disease he has mentioned a minimally invasive Para surgical procedure for *Nadivrana*.⁶

AIM AND OBJECTIVES

A Literature Review of Pilonidal Sinus and its Ayurvedic Management.

To study the Pilonidal sinus and *shalyajvrana* in detail

MATERIAL AND METHODS:-

The material was collected from the samhita, Books, Articles, Academic database, magazines, and websites.

Pilonidal Sinus:-⁷

Pilonidal sinus is an inflammatory condition involving the hair follicles that can occur anywhere along the crease between the buttocks, which runs from the bone at the bottom of the spine (sacrum) to the anus.

Other sites of pilonidal sinus :-

- Axilla
- Interdigital cleft of barbarous
- Umbilicus
- Interdigital web of foot of a worker in hair mattress factory
- Sometimes on the face

Aetiology :-

- Interdigital pilonidal sinus is an occupational disease of hairdressers, the hair within the interdigital cleft or clefts being the customers'. Pilonidal sinuses of the axilla and umbilicus have also been reported.

- The age incidence of the appearance of pilonidal sinus (82% occur between the ages of 20 and 29 years) is at variance with the age of onset of congenital lesions.
- Hair follicles have almost never been demonstrated in the walls of the sinus.

- The hairs projecting from the sinus are dead hairs, with their pointed ends directed towards the blind end of the sinus.
- The disease mostly affects men, in particular hairy men.
- Recurrence is common, even though adequate excision of the track is carried out.

Pathology:-

1. The Sinus extends into the subcutaneous tissue from the surface of the skin
2. The Sinus passes upward and forward towards the sacrum. It ends blindly does not reach the bone. It may possess branching side channels.
3. It may have as many as six openings strictly in the midline between the level of the sacrococcygeal joints and the tip of the coccyx
4. It is an infected track.

Contents :-

- a) Hairs
- b) Granulation tissue
- c) Epithelial scales and debris

Clinical features :-

Mostly occurs in the person having abundance of hair in the buttocks.

Patients complain of intermittent pain, swelling and discharge at the base of the spine but little in the way of constitutional symptoms.

There is often a history of repeated abscesses that have burst spontaneously or

which have been incised, usually away from the midline.

Complication :-

Recurrent infection causes pus discharge and foul smell.

Abscess formation.

It is prone to recurrence after surgical removal.

Rarely malignant changes may occur

Conservative management :-

Antibiotics and anti-inflammatory drugs.

Maintenance of local hygiene such as shaving, application of antiseptic lotion etc.

Injection of phenol in almond oil caused sclerosis of the sinus track.

Operative management :-

Incision and drainage

Excision (wide) and healing by secondary intention

Excision and primary closure (recurrence rates are high)

Excision with grafting (flap plasty).

Excision of sinus track:-

The outline of the sinus cavity may be done.

Surrounding healthy tissue may be involved and excised.

The fibrous tissue is removed and packing of wound is done.

Extensive excision is carried out. It takes long time to heal.

The healing takes place with the formation of granulation tissue.

Need for alternative treatment:-

Pilonidal sinuses are common cause of recurrence. Even after excision of track its shows early sign of wound infection causes pain.

To get rid of this troublesome disease as patients socioeconomic status is also disturbed due to prolonged immobilization, there is a need of alternative treatment and that is *ksharsutra*. Acharya Sushruta also mentioned *Varti, nadivranahar taila* for management of *nadivrana*.

Ksharsutra is a medicated thread (seton) coated with herbal alkaline drugs like *Apamarga* (*kshara*—ash of *Achyranthus aspera*), *Snuhi* (*Euphorbia neruifolia*) latex and *haridra* (*Curcuma longa*) powder in specific order. This combination of medicines on the thread helps in debridement and lysis of tissues exerts anti- fungal, anti-bacterial and anti-inflammatory. Certainly *ksharsutra* has got supremacy over other treatments.⁸

Shalyajnadivrana :-⁹

If *sukshma shalya* from *twagadivranavastu* is not extracted immediately it forms *nadivrana*. Pus discharge present in such type of *nadivrana* .

Treatment:-¹⁰*Nadivranahar Taila: - Sajikhar , saindhanamak, chitrak, danti,*

bhumiamlakmul, shwetark and apamargbeej- mix these contents with *goumutra* and formed *taila*.

Ghontafaladivarti, bibhitakadivarti are used to treat *Shalyajnadivrana*

Ksharsutra:-

- *Ksharsutra* therapy is used in the management of pilonidal sinus.
- It ensures complete healing without recurrence.
- It removes hair from the tract in subsequent changing of the thread.
- There is little discomfort to the patient.
- There is a small scar left after the application.

Steps of threading :-

Sinus has only one opening. We have to make second opening at its other end.

A probe is passed in the track.

Secondary opening is formed.

The track is threaded with a *kshar sutra*.

Bandaging is performed.

Benefits of *ksharsutra* :-

- Minimum tissue loss in comparison to the surgery.
- No bleeding, no hospital stay and no need to put huge dressings.
- Procedure takes not more than five minutes.
- Minimum discomfort, pain is very less.
- No recurrence.

DISCUSSION

Pilonidal sinus is an inflammatory condition involving the hair follicles that can occur anywhere along the crease between the buttocks. It is most common in teenagers and young adults. Males are affected more frequently than females, probably due to their more hirsute nature. Continuous sitting, obesity, sedentary occupation, family history, local trauma are the causes of pilonidal sinus. In pilonidal sinus foreign body (hair follicle) is the cause and also there is a track formation so we can correlate this with Shalyajnadivrana which is a one of the type of nadivrana. Pilonidal sinuses are common cause of recurrence. Even after excision of track it's shows early sign of wound infection causes pain. Acharya Sushruta explained *Ksharsutra* (invasive parasurgical procedures) to treat Pilonidal sinus. *Ksharsutra* prevent the recurrence. Acharya also mentioned *varti* and *vtila* to treat Pilonidal sinus.

CONCLUSION

Pilonidal sinus is very common disease occurs more in male than female. Patients socioeconomic status is also disturbed due to prolonged immobilization. Excision of sinus is advised for treatment but even after operation there is chance of recurrence and wound infection. Acharya Sushruta described *varti*, *taila* is useful to

treat such type of *nadivrana*. Acharya also mentioned *ksharsutra* which is better option to treat pilonidal sinus. The pain is very less during and after application. Discharge was noticed to be reduced in early sittings. There is no recurrence of pilonidal sinus after use of *ksharsutr*.

REFERENCES

1. Hodges RM. Pilonidal sinus. Boston Med Surg j 1880; 103: 485-586.
2. Sondena k, Nesvik I, Anderson E, Natas O, Soreide JA. Patient characteristics and symptoms in chronic pilonidal sinus disease. IntJ colorectal Dis 1995; 10(1): 39-42.
3. Baily and Love's Short practice of surgery, Edited by RCG Russel, Norman William, Christopher JK, 24th Edition, 2004, Publisher Holder Arnold London, Pg. 1347
4. Dr. Anantram sharma, susruta Samhita, vol 1, Reprint -2015, Chaukhamba surbharati prakashan, Varanasi, Sutrasthana, Adhyaya no.1, page no.9, shloka no.14.
5. Dr. Anantram sharma, susruta Samhita, vol 1, Reprint -2015, Chaukhamba surbharati prakashan, Varanasi, Sutrasthana, Adhyaya no.1, page no.5.
6. Dr. Anantram sharma, susruta Samhita, vol 2, Reprint -2015, Chaukhamba surbharati prakashan, Varanasi,

chikitsasthan, Adhyaya no.17, page no.307.

7. Baily and Love's Short practice of surgery, Edited by RCG Russel, Norman Willium, Christopher JK, 24th Edition, 2004, Publisher Holder Arnold London, Pg. 1347

8. Dr. Anantram sharma, susruta Samhita, vol 2, Reprint -2015, Chaukhamba surbharati prakashan, Varanasi, chikitsasthan, Adhyaya no.17, page no.307.

9. Dr. Anantram sharma, susruta Samhita, vol 1, Reprint -2015, Chaukhamba surbharati prakashan, Varanasi, nidansthan, Adhyaya no.10, page no.535.

10. Dr. Anantram sharma, susruta Samhita, vol 2, Reprint -2015, Chaukhamba surbharati prakashan, Varanasi, chikitsasthan, Adhyaya no.17, page no.307.



INTERNATIONAL JOURNAL OF
MULTIDISCIPLINARY HEALTH SCIENCES