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Case Report

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SHALYAJ NADI VRANA : A CASE REPORT

Gayatri¹, Garima Prateek Singh²

¹Assistant Professor, Dept. of Shalya Tantra, Lal Bahadur Shastri Mahila Ayurvedic College, Bilaspur, Yamuna Nagar, Haryana, India

²Assistant Professor, Dept. of Shalya Tantra, Quadra Institute of Ayurveda, Roorkee, Uttarakhand, India

Corresponding Author: gayatriahlawat53@gmail.com

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ABSTRACT

Acharya Sushruta has considered Pilonidal Sinus under Shalyaj Nadi Vrana, a type of Nadi Vrana. The etiopathology and management for it are described in Sushruta Samhita Nidana Sthana and Chikitsa Sthana respectively. Pilonidal Sinus is an acquired disease with a tract that contains hairs. It is more common in hairy males. It occurs in the sacral region (natal cleft). There are a number of modern surgical procedures to treat the Pilonidal Sinus but after those chances of recurrence are common. In this clinical study, we have used Chedana Karma along with the local application of Jatyadi Ghrita and Triphala Guggulu orally to reduce the recurrence rate, and complications and for better healing of Shalyaj Nadi Vrana (Pilonidal Sinus) with healthy granulation tissue. A case report of 45 years old male, who presented with complaints of boil at the natal cleft region associated with pain and pus discharge, redness with a history of 2 months has been discussed in this article.

Keywords: Shalyaj Nadi Vrana, Pilonidal Sinus, Chedana Karma, Triphala Guggulu

INTRODUCTION

In *Ayurvedic* texts, there is no direct reference to Pilonidal Sinus as a disease. According to *Acharya Sushruta Nadi Vrana* is of eight types among these Shalyaj Nadi Vrana or Agantuja Nadi Vrana is one which can be correlated with Pilonidal Sinus. As Pilonidal Sinus is caused by hair and Acharya Sushruta included hair as the foreign body or *Shalya* in the definition of *Shalya Tantra*. If any foreign body remains hidden within the tissue it will produce a sinus quickly, which exudes a warm liquid frothy, churned up, clear, and or blood mixed, suddenly/always and accompanied by pain.

CASE REPORT

A male patient, aged about 45 years presented with a sinus at the natal cleft region associated with pain, redness, and pus discharge in the Outdoor Patient Department (OPD) of Shalya Tantra, Lal Bahadur Shastri Mahila Ayurvedic College & Hospital, Bilaspur, Yamuna Nagar, Haryana. The patient was thoroughly examined locally and systematically. The local findings revealed a boil at the natal cleft with pus discharge extending from the skin to subcutaneous tissues. All the laboratory investigations were found to be within normal limits. There was no history of DM, HTN, TB, and any surgical intervention. As stated by the patient, he consulted many doctors and took antibiotics & analgesics, but the condition remained the same. At last, he visited LBS hospital for treatment.

INTERVENTION

Chedana Karma Procedure

- 1. Poorva Karma (Pre-Operative)
- Written consent was taken.
- ✤ The procedure was explained to the patient.
- The patient was asked for nil by mouth before surgery and to void urine and stool before the procedure.
- All the required equipments were kept ready before the procedure.

2. Pardhana Karma (Operative)

The patient was operated under local anesthesia and in a prone position. Firstly, the natal cleft was exposed by strapping the buttocks apart using adhesive tapes. Then antiseptic painting and drapping are done. Methylene blue was instilled into the sinus tract to rule out the pathway and ramifications. Probing was done and a vertical elliptical incision was made which includes sinus tract and slight margins of healthy granulation tissue. After the excision of the tract, the wound was cleaned with betadine solution, and *Jatyadi Ghrita* was used for dressing. Complete haemostasis was achieved.

3. Pashchat Karma (Post Operative)

The patient was advised for the prone position for the first 48 hours of the post-operative period. *Triphala-Guggulu* was used as Krimighana (antibiotic), *Vrana Shodhaka*, *Vrana Ropaka*, *Vedana sthapak*, *Shothahara*, *Rakta Stambhak*, and *Jatyadi Ghrita* is for dressing.

Investigations

- Routine blood investigation
- ✤ ECG
- Chest X-ray
- ✤ Sinogram

Study design

For the present case on the basis of symptoms the treatment planned is as follows:

- Chedana Karma
- Antiseptic dressing with Jatyadi Taila
- Triphala Guggulu 2tab BID after a meal

DISCUSSION

In modern science, there are many surgeries like Zplasty, Laser diathermy, Limberg Flap procedure, etc used for the treatment of the Pilonidal Sinus. But after these surgeries, there is a high recurrence rate. In the Ayurvedic text, Acharya Sushruta mentioned that the Kshar Sutra application or Chedana Karma is the line of treatment for Nadi Vrana. So, we used the Chedana Karma procedure for this case and allow the wound to heal with a normal healing process with healthy granulation tissue to avoid recurrence. In this case study we have done Chedana Karma for the Sinus tract. The healing time after the Chedana Karma of sinus varies from person to person, it depends on the depth of the wound, size of excision, immunity of the patient, proper hygiene, and suitable medications. So, we use Jatyadi Ghrita and Triphala Guggulu for this case. Jatyadi Ghrita has properties like VranaRopaka, Vrana Shodaka, Sothahara, and VedanaShamak. It improves the re-epithelialisation and produces quick wound healing. Triphala Guggulu has Dahasamaka, Vednahara, Tridosh Shamaka, Shotha hara, Vrana Sodhana, and Ropana properties. As it

contains *Guggulu*, it Prevents bleeding and due to the presence of *Amalak*i, it also helps in improving the immunity of the patients due to its antioxidant-rich property.

CONCLUSION

As we have discussed that the modern surgeries used for Pilonidal Sinus have a high recurrence rate and low success rate. Hence, we have used *Chedana*



Fig 1: After 1-week



Fig 3: After 3 weeks

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Karma for this case study along with *Triphala Gug-gulu* as an antibiotic and anti-inflammatory drug and *Jatyadi Ghrita* for better healing of wounds with healthy granulation tissue. This case study concluded that *Chedana Karma* along with *Triphala Guggulu* and *Jatyadi Ghrita* is a good option to minimize recurrence rate, Minimum hospitalization, have lesser recovery time, and cost-effective therapy.



Fig 2: After 2 weeks



Fig 4: Healed wound after treatment

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