



***Ksharasutra* Application in Pilonidal Sinus – A Case Study**

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Abstract

Pilonidal sinus in Greek means ‘Nest of Hair’. It is also called as Jeep-bottom because it is very common in jeep drivers. It is an acquired condition found most commonly in the natal cleft overlying the coccyx. It is a challenging problem because the surgical procedures carried out for pilonidal sinus are very painful, expensive, requires longer hospitalization, and chances of recurrence after surgery are most expected. To overcome these problems it was decided to use *ksharasutra* in such a case of pilonidal sinus. *Ksharasutra* not only minimizes complications and recurrence but it is also cost effective and enables the patient to resume work at a fast pace with less discomfort.

Keywords

Ksharasutra, Pilonidal sinus, Natal cleft



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INTRODUCTION

Pilonidal means ‘appertaining to a nest of hair’ and is derived from the latin word for hair (pilus) and nest (nidus). The term pilonidal sinus was given by Hodges in 1880. This is an acquired condition which is more common in males than females in the ratio of approximately 4:1. On sitting, the buttocks take the weight of the body, and move independently, or together. Hairs broken off by friction against clothing, tend to collect in the gluteal cleft. Such loose hairs tend to penetrate the soft and moistened skin or enter the open mouth of sudoriferous gland. After initial entry dermatitis and inflammation starts around the loose hairs and once the sinus is formed, intermittent negative pressure of the area may suck other loose hair into the pit. This condition is more often seen in Jeep drivers and therefore pilonidal sinus is often referred to as ‘Jeep bottom’. Typically the patient presents with a chronic or recurring sinus in the midline about the level of the first piece of the coccyx. Typically, a tuft of hair projects from its mouth. The patient complains of blood – stained foul discharge from this sinus. There may be secondary openings on the either side of the middle or a little away from the main sinus. Pain and

tenderness are often associated with due to recurrent infection¹. Pilonidal sinus is not described in classical texts of Ayurveda but correlates with the clinical features of *Nadivrana* caused by *shalya* (foreign body)² and *Acharya* Sushruta has advocated *Ksharasutra* procedure for the management of *Nadivrana*³.

CASE REPORT

A 32 years old male patient attended the OPD of *Shalyatantra* dept. in May 2014 having complaints of recurrent boil with intermittent discharge between the buttocks from last 3-4 months. He also complained of mild pain & itching over the boil, and discomfort after prolonged sitting. On examination there was a small opening in the midline at the level of tip of coccyx with blood stained discharge and hair projecting from the opening and two secondary openings. He gave history of incision and drainage for an abscess at the base of spine few months back. After local examination it was diagnosed as a case of Pilonidal sinus and *Ksharasutra* application was planned.

After thorough examination, patient was admitted in *Shalya Tantra* ward and required haematological and radiological investigations were done, which were found



to be within the normal limits. The patient was shifted to operation theatre and under full aseptic conditions, patient in prone position, probing was done to assess the tract. There were two secondary openings, one was in the midline approximately 7 cm from the primary opening and another was approximately 5.5 cm from the primary opening just adjacent to the midline. Two *ksharasutra* were applied and the wound was then dressed with sterile gauze pad (figures 1-2).



Fig 1 “Probing of the tract”

The post-operative period was uneventful. *Ksharasutra* were changed every week till complete cutting of the tract. Complete cutting and healing occurred in seven weeks (figures 3-5). Patient was observed for a period of two and half years to check for any recurrence.



Fig 2 “Ksharasutra in the tract”



Fig 3 “Cutting and healing in progress”

DISCUSSION AND CONCLUSION

In this case it was observed that *ksharasutra* is very effective in the management of Pilonidal sinus. There was no post operative complication and there is no recurrence and any other complaint even after 2.5 years.



Fig 4 “5th sitting of ksharasutra”



Fig 5 “Completely healed tract after 7 weeks”

The surgical treatment of Pilonidal sinus has many drawbacks including pain in sitting and recurrence but use of *ksharasutra* has good potential in the management of Pilonidal sinus. *Ksharasutra* helps in the debridement and lysis of tissues, and also exerts antibacterial and antifungal activities (it causes both cutting and healing actions). So we can conclude that in the management

of Pilonidal sinus the use of *ksharasutra* minimizes the rate of complications and recurrence, and enables the patient to resume work and normal social activities very early.



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