



IJAYUSH
International Journal of AYUSH
AYURVEDA, YOGA, UNANI, SIDDHA AND HOMEOPATHY
<http://internationaljournal.org.in/journal/index.php/ijayush/>

International Journal
Panacea
Research library
ISSN: 2349 7025

Review Article

Volume 13 Issue 2

Feb 2024

A REVIEW ON NADI VRANA (PILONIDAL SINUS) WITH CLINICAL APPROACH

Dr. Sudheer Pandey

Associate professor, Department of Shalyatantra, Dr. Vijay Ayurvedic Medical College
Hospital & Research Center, Bhandha Kala Varanasi, UP.

Abstract

Pilonidal Sinus is a frequent illness of the natal cleft. Pilonidal Sinus is a tract with hairs. The illness has an estimated incidence of 26 per 100,000 persons. Pilonidal illness is predominately male, with a 3:1 ratio. There are numerous ways for treating pilonidal sinuses, although newer surgical treatments have a higher recurrence rate. According to Ayurveda, it is associated with Salyajanya Nadi Vrana (pilonidal sinus), a form of Nadi Vrana (sinus). The etiology of which is addressed in Nidanasthana and the therapy aspect in Chikitsasthana of Susruta Samhita. Susruta mentioned using Kshara (caustic alkali) and Ksharasutra (seton) to regulate Nadivrana. Despite the fact that Nadivrana is considered Krichrasadhya (difficult to cure), studies demonstrate that Ayurvedic therapy helps to lower recurrence rates. As a result, successful illness management is dependent on understanding the pathophysiology, patient presentation, and therapy options.

KEYWORDS – Pilonidal Sinus, Nadi Vrana, Kshara, Kshara Sutra, etc.

INTRODUCTION

A pilonidal sinus is an infection under the skin and a hollow containing hairs located at the base of the spine. Pilonidal refers to a 'nest of hair'. It is a very harmless condition that frequently progresses over time. Mainly affects the inter gluteal muscle. It happens in young adults. Pilonidal illness often affects young individuals and is more common in men (3:1).

Herbert Mayo originally characterized Pilonidal illness in 1833, and Hodges named it in 1880. It is also known as 'jeep sickness'. Ayurveda refers to it as Nadi Vrana. The terms 'Nadi' and 'Vrana' refer to tracts and ulcers, respectively. Nadi Vrana, one of the eight varieties of Nadi Vrana, is classified as a pilonidal sinus because 'Bala Shalya' (hair) plays a significant role in its development.¹

MATERIAL AND METHODS

The material of Nadi Vrana collected from different Ayurvedic literatures, teekas and textbooks, numerous periodicals, the internet, and research papers, etc.

ETIOLOGY OF NADI VRANA

According to Ayurveda, when the surgeon drains the Apakwa Vrana Shopha (immature abscess) rather than a developed Vrana Sopha (abscess), when the patient practices Ahita Ahara and Vihara (unhealthy food and lifestyle), owing to Salya (foreign body), the 'Nadi Vrana' arises. Pilonidal sinus has a male preponderance of around 74% due to male sex hormone, hairy body, increased perspiration, and maceration. It develops in the younger age group due to an active pilosebaceous gland. Stiff hair affects dark folks less.²

According to Ayurveda, if the Shalya (foreign body) becomes lodged within the body and is kept there for an extended period of time, it develops a tract or Gati that bursts open the epidermis. This tract may produce frothy (Phenayukta) Puya (pus) mixed with blood. The discharge is consistently linked with discomfort and rises with movement of the part. This is known as the Shalyajanya form of Nadvrana.³

During sitting, the buttocks bear the weight of the body, resulting in vibration and friction. It causes hair to shed, which collects in the gluteal cleft and enters sweat glands. Dermatitis and inflammation develop around loose hairs after they first enter the body.³

Histological investigation confirms the etiology of pilonidal sinus as a foreign body response. It is classified as an acquired illness owing to hair implantation. This is the most widely accepted hypothesis.⁴

HAIR IMPLANTATION OCCURS FOR THE FOLLOWING REASONS:

- The Invader has loose hair.
- The force that causes insertion.
- Skin vulnerabilities include obesity, moisture, and a hairy back.

TYPES OF NADI VRANA

1. Vataja
2. Pittaja
3. Kaphaja
4. Vata-Pittaja
5. Pitta-Kaphja
6. Vata- Kaphja
7. Sannipataja
8. Shalyajanya (Agantuja Nadi Vrana)

CLINICAL APPROACH

Midline pits are a distinctive characteristic that may be found 4 to 8 cm from Anus. The illness is observed in natal clefts in the sacrococcygeal area. On inspection, a serosanguinous or purulent discharge might be detected. A tuft of hair may be visible in the sinus aperture.⁵ The patient may come with throbbing or chronic discomfort. During palpation, a sensitive swelling was observed slightly above and to either side of the coccyx in the midline. Pilonidal sinus spread directions are as follows: 93% of the pilonidal sinus goes cranially, whereas 7% extends from the skin pit to the anus.

MANAGEMENT OF NADI VRANA⁶

1. Emergency therapy for abscesses.

Pilonidal Abscess - I & D is the most effective treatment option, since 50% of cases do not recur. The individuals with pilonidal abscesses will experience extreme pain and soreness. As a result, the most effective therapy is incision and drainage.

Technique: Infiltration of local anesthetic around the abscess. A tiny ellipse of skin is excised, and the contents of the hollow are removed.

2. Options for treating chronic pilonidal sinus remain contentious.

1. Simple excision.
2. Excision/Marsupilation
3. Excision and Primary Closure
4. Hair removal, scraping, Fibrin Glue application
5. Karydakis Procedure
6. Bascom's Procedure
7. Modified Karydakis's Flap Procedure
8. Z Plasty, V-Y Plasty, Limberg Flap

THE SAMANYA CHIKITSA OF NADI VRANA

1. Sushruta explains several treatments for different forms of Nadi Vrana.⁷
2. Use Pratisaaraneeya Kshara (caustic alkali) as a general therapy for all forms of Nadi Vranas, as described in the indications section.⁸
3. Perform Bhedana Karma (Incision) for all forms of Nadi Vrana as per the indications of Bhedya Vyadhis (Incisional illnesses).⁹
4. Chhedana (excision) refers to a foreign body stuck in Mamsa (flesh) in Chedya Vyadhis (excisional illness).¹⁰
5. As previously stated, the therapy principle for Nadi Vrana may be characterized as follows.
 - A. Surgical technique: Patana Karma (Incision).
 - B. Para-surgical technique: Kshara Karma and Kshara Sutra.

SURGICAL INTERVENTION

Patana Karma says that a smart physician should first probe the Gati (tract) of the Nadi Vrana and then determine the exact direction of the track. The whole length should then be opened, followed by Shodhana Ropanadi (general cleansing and healing) operations. According to Charaka, 'Patana' appears in Nadivrana and Antah-Salya (foreign body within the body).¹¹

PARA -SURGICAL INTERVENTIONS

1. Kshara Karma (Pratisarneeya Kshara) (external caustic alkali)
2. Kshara Sutra (seton)

KSHARA KARMA

It is a method that involves performing Bhedana (incision), Chedana (excision), and Lekhana (scrapping) using specially compounded Yogas known as Kshara (caustic alkali). The patient is made to lie down in prone posture. The tract is next probed to determine its length. With a scalpel, an elliptical incision is created around the pilonidal sinus. The whole sinus tract will be removed deep to the presacral fascia. Following the aforementioned Chedana Karma, Pratisarneeeya Kshara will be used. After applying the Kshara, wait 100 Matra Kala (1 minute) and then cleanse the surgical wound with Jambeera Swarasa (lime juice). During the post-operative phase, daily dressings will be used until the incision is totally healed.

KASHARA SUTRA

It is a particular excision technique that uses mechanical pressure and chemical activity instead of a knife. Sushruta recommends Ksharasutra in Nadi Vrana for patients who are emaciated, timid, and placed in the Marma Sthanas (vital parts). Probing is done via the aperture, and the tract is tracked until it reaches its blind end, at which point an opening is created. After feeding the Kshara Sutra, the probe is withdrawn via the formed aperture and correctly ligated; the Kshara Sutra is changed weekly until the tract is cut off.

TREATMENT OF NADI VRANA

The Shalya is initially removed by a sinus incision. After properly cleansing the channel, the ulcer should be cleaned with Madhu (honey), Ghrita (ghee), and Tila Kalka Lepa (sesame paste) for Shodhana and Ropana.

PREVENTIVE MEASURES

1. Local hygiene by hair removal.
2. Weight maintenance.
3. Diet and life style correction.

DISCUSSION

Utilizing Kshara and the Kshara Sutra can lower the recurrence rate. Both operations can be performed on an outpatient basis. It's a surgery that involves little intrusion. Among Ashtavidha Sastra Karma, it performs Chhedana, Bhedana, and Lekhana properties.¹²

CONCLUSION

Pilonidal sinus is a therapeutic challenge. Evidence supports both open and closed operative approaches has no much difference in recurrence rate. By doing Ksharasutra and Kshara application recurrence rate is quite negligible since all pits adjacent to sinus track are scrapped. Kshara has anti-inflammatory and antibacterial property. Local removal of hair and sitz bath plays an important role in avoiding recurrence rate.

CONFLICT OF INTEREST -NIL

SOURCE OF SUPPORT -NONE

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