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Clinical approach to *nadivrana* W.S.R to pilonidal sinus

¹Dr.Amareshappa, ²Dr.Manoj Kumar, ³Dr.Shailaja S V.

¹PG Scholar, Shalya Tantra, SKAMCH & RC, Vijayanagar, Bengaluru, Karnataka 560104.

²PG Scholar, SKAMCH & RC, Vijayanagar, Bengaluru, Karnataka 560104.

³Guide and HOD. Dept. of PG Studies in Shalya Tantra, SKAMCH & RC, Vijayanagar, Bengaluru, Karnataka 560104.

*Corresponding Author: Dr. Amareshappa

E-mail: amareshappabm@gmail.com

ABSTRACT

The term *Nadi vrana* implies a tube-like structure and *Nadi vrana* means sinus. *Nadi vrana* is a secondary condition of improper drainage of abscess, negligence of foreign body in wound, tuberculosis. *Pakvashopha upeksha*, *Anuchita paatanakarma*, *Mithya aahar&vihara*, *Shalya* are the main cause for *nadi vrana*. *Sushruta* classified *nadivrana* into *vataja*, *pittaja*, *kaphaja*, *sannipataja*, *dwandwaja*, *agantuja* whereas *vagbhata* classified the same except *dwandwaja*. *Sadhyasadyata* as *Tridosha* is *Asadya* & *vataja*, *pittaja*, *kaphaja*, *dwandaja* and *shalyaja* are *saadya*. *Varti prayoga*, *ksharasutra* & *shastra karma* are the treatment of choice in *nadivrana*. *Nadivrana* can be compared to sinus and *shalyaja* / *agantuja* *nadivrana* as pilonidal sinus. Sinus is a blind track leading from surface down into the tissue and lined by granulation tissue. It is mostly formed secondary to abscess and most of the time results into fistula. Treatment includes proper Antibiotics, adequate rest, adequate excision, adequate drainage & treat the secondary causes. Pilonidal sinus is a common disease of the natal cleft in the sacrococcygeal region with weak hair accumulation occurring in the hair follicles, which can be chronic and undergo acute exacerbation. The patient presents with the complaints, which are characteristics of inflammation-a painful swelling, redness, local temperature raised or with a sinus discharge. There are 2 types as primary- opens in midline, secondary opens lateral to midline. The Causes for reoccurrence are improper removal of track, entry of new tuft of hairs, breakage of scar, irregular shaving of hair, improper hygiene. Regular shaving of the hair in natal area, proper perianal hygiene, proper drainage of the pus, avoid the causative factors are the preventive measures for pilonidal sinus. Treatment includes surgical management, it is of 2 types. Close surgery includes, excision with primary closure and flap closure. Open surgery includes conventional wide excision and laser pilonidoplasty

Keywords: *Nadivrana*, *Shastra Karma*, *Sinus*, *Pilonidal sinus*, *Varti*, *z-plasty*.

INTRODUCTION

The term *nadi vrana* [1] implies a tube-like structure and *nadi vrana* means sinus. *Nadi vrana* is a secondary condition of improper drainage of abscess, negligence of foreign body in wound, tuberculosis. Due to *ati sankuchita akruthi*, it becomes chronic, Due to its chronicity and non-healing nature it is also consider as *dusthavrana*.

Nirukti [2]

The *vrana* in which, there is *srava* which resembles like, continuous flow of *Drava* through the narrow tube.

Nidana [3]

Pakvashopha upeksha, Anuchita paatanakarma, Mithya aahar & vihara, Shalya.

Samprapti [4]

shopam na pakwamiti pakwamupeksahte yo yo vaa vranamprachurapuyamasahuvrutta:/ abhyantaram pravishati pravidarya tasya sthanani porvavihitani tatha sa puya://

CLASSIFICATION [5]

Sushruta classified nadivrana into vataja, pittaja, kaphaja sannipataja, dwandwaja, agantuja whereas vagbhata classified the same except dwandwaja.

Lakshana based on different Dosha [6]

In **vataja variety** there is ruksha, Daaha, Vedana, Phenila srava, Nishadhikasrava, In **Pittaja** Trishna, Daaha, Vedana, Glaani, Jwara and Excess discharge in day time, In **kaphaja variety** Naadi katora, manda vedana, Kandua, Nisha adhikasrava, Shweta picchila srava, In **dwandwaja variety** there will be mixture of symptoms of two dhosha, in **sannipataja** naadi vrana Jwara, Daaha, Mukha shosha, Shwasa, Tridosha lakshna, Nisha adhikasrava and in **agantuja** nadi vrana it produces discharge like phenila, saraktayukta, ushna srava, nitya vedana and srava.

Sadhya asadhyata [7]

Tridosha-Asadhya, vataja, pittaja, kaphaja, dwandaja and shalyaja are saadhya.

Chikitsa

Varti prayoga [8]

ex: Aaragvadhadi mutra varti, Gunavati varti, Ghonta phaladi varti, Makshika lavana varti, Jatyadi varti, Vidanga choornadi varti, **Ksharsutra** [9] is used in Krusha, durbala rogi, nadi vrana in marma sthana and **Shastra karma**, purvakarma & paschaatkarma as upanaha & parisheka with respective doshagna dravya, pradhana karma as eshana, bhedana, chedana.

Nadivrana can be compared to sinus and shalyaja / agantuja nadivrana as pilonidal sinus

Sinus [10]

It is defined as, a blind track leading from surface down into the tissue and lined by granulation tissue. It is mostly formed secondary to abscess and most of the time results into fistula.

Causes of persistence of Sinus

Presence of foreign bodies, persistence infection, absence of rest, epithelialization of the track, malignancy, inadequate drainage, dense fibrosis, TB, actinomycotic.

Types of Sinuses [11]

Congenital- pre and post-auricular sinus, acquired as pilonidal and tubercular sinus.

Clinical Examination [12]

Inspection includes location, number, opening, surrounding, **palpation** includes temperature, tenderness, fixity and **Probing** is helpful to know the depth.

Investigation

CBC, FBS, PPBS, X-RAY, USG, SINUSOGRAPHY, BIOPSY, COX TEST, RETROVIRAL, CT, MRI.

Treatment

Antibiotics, adequate rest, adequate excision, adequate drainage, treat the secondary causes.

Pilonidal sinus [13]

R.M. Hodge coined the term "pilonidal" from its Latin origin in 1880 which means nest of hair. The presence of one or more midline openings in the natal cleft, which communicates with a fibrous

track lined by granulation tissue and containing loose hair. It is also known as jeep seat/driver's bottom. Gained prominence & practical importance in second world war. **Other sites of pilonidal sinus** [14] are Inter digital cleft, umbilicus, axilla.

Causes

Hairy male, increased sweating, sitting occupation, folliculitis, deep or narrow natal cleft with hair, obesity, poor personal hygiene, local trauma.

Clinical features

Intermittent pain, swelling and discharge at the base of spine, single or multiple sinus openings in midline and often a history of recurrent abscess formation.

Pathology [15]

From above causes hair penetrates the skin causes dermatitis, infection, pustule and sinus formation. Due to the negative pressure hair get sucked in to the sinus and causes irritation, pus and granulation tissue formation then discharged with multiple openings.

Types [16]

Primary- opens in midline, secondary opens lateral to midline.

Complications

Osteomyelitis, necrotising fasciitis, rarely meningitis.

Treatment [17]

Surgical management is of 2 types. **Close surgery** includes, excision with primary closure and flap closure (Z-plasty, gluteal flap). **Open surgery** includes conventional wide excision and laser pilonidoplasty.

Causes of reoccurrence [18]

Improper removal of track, entry of new tuft of hairs, breakage of scar, irregular shaving of hair, improper hygiene.

Prevention of reoccurrence

Regular shaving of the hair in natal area, proper perianal hygiene, proper drainage of the pus, avoid the causative factors.

DISCUSSION

Nadi is tube like structure; *srava* and *vedana* are the *pradhana lakshana* of *nadivrana*. *Nadivrana* may occur as a complication of improper *shastra karma* / improper removal of *shalya*, it can be managed by *varti prayoga* and *kshara sutra*, this *nadi vrana* / sinus may also occur secondary to primary cause like TB, osteomyelitis, where the treatment for the primary diseases also plays an important role. In *shalyaja nadivrana* removal of *shalya* is the main line of treatment, Treatment of pilonidal sinus emphasizes more on personal hygiene, timely removal of hair is important to prevent its reoccurrence.

CONCLUSION

Nadivrana sinus is a condition, which persists for a long time, requires proper management to prevent reoccurrence, *shalyaja nadivrana* is compared to pilonidal sinus, the life style and occupation of a person also plays an important role in its occurrence, the line of treatment mentioned in *ayurveda* like *varti prayoga* and *kshara sutra* is said to be more effective line of treatment compared to surgical management.

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