

Application of Jatyadi Taila In Post-Operative Wound Management of Pilonidal Sinus- A Case Study

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Abstract

*Pilonidal sinus is a chronic condition consisting of an opening or series of openings, placed close together or spread out over a distance of 2-3cm situated in midline approximately 5cm behind the anus. Sometimes they are so small that they barely admit a fine lacrimal probe, but usually of matchstick size. Hairs often project from the openings. In Ayurveda acharya Sushruta has considered it under shalyaj nadi vrana (sinus or fistula due to foreign body). The primary aim of the study was to evaluate the wound healing effects of Jatyadi Taila. The ingredients which have been used in Jatyadi Taila have vranashodhana, vranaropana and vranasthapana properties, which are the important requirements of healing a wound. The ingredients like **Neem** (*Azadiracta indica*) and **Daruharidra** (*Berberis aristata*) are antibacterial and promote wound healing.*

The present case study is about a 26yrs old female patient came in opd of shalyatantra with complaints of pain and pus discharge from sacrococcygeal region since 4 months. We diagnose it as pilonidal sinus - operated the case with total excision of the sinus and partial closer of the wound. Further application of jatyadi taila over open part of the wound done.

Wound completely healed with minimal scar. Hence proved the vranashodhana and vranaropana property of jatyadi taila in post operated wound management as we got the best result in above case of pilonidal sinus.

Keywords - Shalyaj nadi vrana, pilonidal sinus, jatyadi taila, vranashodhana, vranaropana.

Introduction-

Pilonidal sinus consists of a sinus or fistula situated a short distance behind the anus and generally containing hairs. It was first described by Anderson in 1847 in a paper entitled "Hair extracted from an ulcer". Warren in 1854 reported an "Abscess containing hair on the nates" and Hodges in 1880 coined for it the expressive term pilonidal sinus (L. pilus = hair nidus = nest). This disease also referred to as a jeep Disease, Sacrococcygeal Fistula, Pilonidal Cyst or Pilonidal Abscess. Pilonidal sinus usually occurs in the post-anal region but they may be found in finger web space (barber), axilla, the perineum, in the umbilicus, in the supra pubic region and on the occiput. Prolonged sitting, presence of deep natal cleft, obesity, repeated irritation due to hair and family history may increase the risk of disease. In Ayurveda, acharya Sushruta has mentioned eight type of sinuses as nadivrana, among these pilonidal sinus can be considered under shalyaj

nadivrana (sinus due to foreign body). He has described nadi very beautifully as-, A doctor who mistakes a suppurated for an unripen and ignores suppurated one or when a patient allows a lot of pus to accumulate, then that pus penetrates in to the deeper tissues. Due to copious flow it is known as **gati** as it moves excessively and **nadi** as it carries like a drain or tube.

Purpose Of The Study

- To evaluate the efficacy of jatyadi taila in post operated wound of pilonidal sinus

Material And Methods

Patient- A female patient of 25 yrs. old – diagnosed case of pilonidal sinus – taken for the study.

Drug- Jatyadi Taila- already market prepared drug taken for the study

ingredients- *jati, nimba, patola, naktamala(karanja), siktha, haridra, Daruharidra, katurohini (katuka), manjishta, padmaka, lodhra, abhaya (haritaki), nilotpala (utpala), tuthaka(tutha), sariva, til taila.*

Procedure

Cleaning of wound with betadine solution and then application of the jatyadi taila with gauze and covered with dressing pad, daily once for 17 days.

Supportive Treatment-

1. Tab Triphala Guggul 2 BD
2. Tab arogyavardhini Vati 2 BD
3. Tab Gandhak rasayana 2BD

Mechanism Of Action

Jatyadi taila has its unique properties like *vranashodhana* (allows the proper drainage of pus and gradual cutting of dead skin overlying the tract).as well as *Vranaropana* (healing of the wound). The ingredients like Neem and Daruharidra has got shodhan-ropan, tridoshghan properties, which help in debridement, scraping, decreasing infection and simultaneously healing of the wound.

Case Study

A female patients of age 26years old with occupation housewife visited shalya tantra opd of CSMSS college of Ayurveda , Kanchanwadi, Aurangabad in 2019 with complaints of discharge, itching, swelling and pain, on and off in the natal cleft since last 3yrs.(average). The patient was examined thoroughly(systemic as well as local examination), investigated for Hb, T.L.C., D.L.C., E.S.R., F.B.S., B.T., C.T. and rectal pathology also ruled out. Preoperative preparation Xylocaine sensitivity, tetanus toxoid, broad spectrum antibiotic, preparation of the part (shaving and painting), consent of the patient and attendant taken and also procedure explained to the patient.

Operative Procedure

Positioning of the patient

Prone position given to the patient. Cleaning and drapping done. After achieving the local anaesthesia (by locally infiltrating Xylocaine 2% with adrenaline) methylene blue dye pushed in to the tract with the syringe. Oval shape incision taken over the external opening. All the unhealthy granulation tissues were excised completely till the end. The hairs were taken out and whole wound washed with hydrogen peroxide, normal saline and finally washed with enough betadine solution. Suturing of the wound done with ethilon 1-0 over half area, and remaining half area is left open where dressing with

jatyadi taila done. Half part is left open just to let drain all the discharge from the wound. Because some times after closing the whole wound pus accumulates inside which don't allow the wound to heal properly. Daily dressing done for sutured as well as open part with the jatyadi taila for next7 days. After 7 days suture removed under all aseptic precautions. And remaining wound is dressed with the jatyadi taila till the wound healed completely.

Observation

DAYS	WOUND MARGINS	FLOOR	WOUND DISCHARGE
1	Regular	Reddish	No discharge
2	Regular	Reddish	No discharge
3	Regular	Reddish, yellow	Serosanguinous discharge.
4	Slightly Blackish	Reddish, yellow	Mild pus discharge
5-10	Margins contracting	Wound depth is reduced. reddish colour	No discharge
10-15	Margins turning whitish with fibrosis	Pinkish in colour. Improved wound bed vascularization.	No discharge
16	Wound completely contracted	Pink	No discharge
17	Wound completely healed	Pink. Wound healed completely.	Wound healed completely, no discharge.

Result

Wound completely healed with minimal scarring and without any complications.

IMAGES



14th day17th day**Conclusion**

Although several wound healing medicines available to treat the wound, jatyadi taila has its unique significance above all of them. Besides wound healing it also plays an important role in debridement i.e. Vranashodhana. The ingredients like Neem and Daruharidra has antibacterial properties.

In combination it really significant for wound healing. As compare to modern wound healing drugs it is safe, cost effective, having less recurrence rate. So the jatyadi taila has shown very good results although it needs more clinical study on it with large number of patients.

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