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Case Report

Minimally Invasive Ayurvedic Management of Pilonidal Sinus Using Saindhavadi Taila Dahana: A Case Report

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Abstract

Purpose: Shalyaja Nadi Vrana, clinically correlated with pilonidal sinus, is a chronic condition notorious for high recurrence rates despite modern surgical advances. Ayurveda offers a minimally invasive parasurgical approach through Taila Dahana (thermal cauterisation) to destroy the unhealthy epithelialized tract and promote healthy granulation from the base. This report presents the case of a young adult male with a painful, discharging swelling in the buttock region diagnosed as Shalyaja Nadi Vrana.

Methods: The patient was treated with Taila Dahana via the precise instillation of heated Saindhavadi Taila directly into the sinus tract under local anaesthesia as a day-care procedure, followed by alternate-day wound cleansing and packing.

Results: The intervention successfully destroyed the sinus lining, leading to smooth slough separation within the first week and the subsequent formation of healthy granulation tissue. Complete wound epithelialization and closure were achieved within one month. The patient returned to his daily routine without adverse events, and no recurrence was observed during a two-month follow-up.

Conclusions: By applying Agnikarma principles, Taila Dahana provides a safe, cost-effective, and minimally invasive alternative to conventional surgeries, demonstrating significant clinical efficacy in the management of Shalyaja Nadi Vrana.

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1. INTRODUCTION

The term Pilonidal Sinus is derived from the Latin words 'pilus' and 'nidus', meaning 'nest of hairs'. As was common among the jeep drivers during the 2nd World War, the disease is also termed 'jeep disease'. Pilonidal Sinus describes a condition found in the natal cleft overlying the sacrococcygeal region, consisting of one or more usually non-infected midline openings which communicate with a fibrous tract lined with granulation tissue and containing hair lying loosely within the lumen.[1] It can also occur in regions like the interdigital cleft of the barber's finger, the umbilicus, and the interdigital web of the foot. It is an acquired condition caused by activities such as friction and prolonged sitting, which lead to the penetration of hair through the soft and moist skin in the intergluteal region into the sudoriferous glands, causing inflammation and sinus formation. This condition is observed mostly in the third decade of life in people aged 20-30 years, with a 6:1 male-to-female ratio. The onset of a Pilonidal Sinus is rare in people older than 40 years.[2] Symptoms of Pilonidal Sinus include tender swelling, throbbing and persistent pain, blood-stained pus discharge, and formation of more than one tract or opening in the skin. The contents of the tract are mainly hair, granulation tissue, epithelial scales, and debris.[3]

Based on the pathology and presenting signs and symptoms of this disease, in Ayurveda, it can be correlated with Shalyaja Nadi Vrana. Acharya Sushruta explains that it manifests when a physician misdiagnoses Pakva Vrana Shopha as Apakva; the patient continues with apathya aahara vihara; or due to the presence of any Shalya. It further penetrates deeper tissues when left untreated and destroys Vrana Vasthu, leading to Nadi Vrana, also known as 'Gati'.[4] Shalyaja Nadi Vrana is considered kashta sadhya vyadhi due to the presence of a tuft of hair, and until the removal of this causative factor, this disease has a high rate of recurrence. Shalyaja Nadi Vrana is characterised by phenila, mathita, ushna, raktamishrita srava, and nitya vedana.[5]

This condition can be managed both conservatively and surgically, with surgery being the mainstay. Techniques such as excision with primary closure, wide excision with laying open, marsupialisation, and flap procedures like Limberg, Z-plasty, and Karydakis are practised. However, despite these advances, Pilonidal Sinus remains notorious for recurrence and prolonged morbidity.

While explaining the chikitsa of Nadi Vrana, Acharya Sushruta explained Kshara Sutra prayoga, Varti prayoga, and shastra karma. For the management of chronic Nadi Vrana that is refractory to conservative measures, Sushruta advocates the use of Agnikarma [6] (thermal cauterisation) to destroy the unhealthy fibrous lining of the tract. Agnikarma is one of the parasurgical procedures opted for treating such chronic conditions, which provides no recurrence due to its Apunarbhavatwa property.

Taila Dahana, a specialised modality within Snigdha Agnikarma, involves the instillation of boiling oil directly into the sinus cavity. The present case report describes the application of Taila Dahana using Saindhavadi Taila. [7] This intervention was selected due to its dual mechanism of action: the intense thermal energy physically destroys the unhealthy epithelial lining and induces aseptic necrosis of the tract, while the pharmacological properties of the eight components in Saindhavadi Taila enable deep tissue penetration (Srotoshodhaka), facilitate slough clearance, and promote rapid, healthy granulation (Vrana Ropaka). The objective of this report is to demonstrate the clinical efficacy of this minimally invasive, day-care para-surgical approach in achieving complete healing and preventing recurrence.

CASE REPORT

Patient Information

Table 1: Patient Demographic Information

Age	**20yrs**
Gender	Male
Address	Hubli
Occupation	Student
Economic status	Middle class

Chief Complaints

A 20-year-old male exhibited painful, burning, and discharging swelling on the buttock for the preceding 15 days, with exacerbation over the last 4 days.

History of Present Illness

The patient was apparently asymptomatic 15 days prior, when he first noticed a small, insidious swelling in the intergluteal cleft. This was initially accompanied by mild discomfort. Over the past 15 days, the swelling progressively increased in size and was accompanied by persistent, foul-smelling purulent discharge. Four days before consultation, the patient experienced an acute exacerbation of symptoms. The pain became severe and throbbing, accompanied by a localised burning sensation (Daha). The intensity of the pain significantly restricted his daily activities, causing marked discomfort, particularly while sitting or walking. He reported no history of local trauma, fever, or systemic illness and had not undergone any prior surgical interventions for this condition.

Medical History

The patient had no known history of chronic systemic illnesses.

Surgical History

There was no history of prior surgical interventions or hospitalisations.

Allergic History

The patient reported no known drug allergies.

Family History
Non-contributory

Personal History

Table 2: Personal History

Mala (Bowel)	Prakrut (Once a day)
Mutra (Micturition)	Prakrut (4-5 times a day)
Agni (Appetite)	Samyak
Nidra (Sleep)	Prakrut
Vyasana (Habits)	No habits

General Examination
BP: 120/70 mm Hg
Pulse: 78 /min
SpO2: 98%

Systemic Examination
RS: Air entry bilateral equal, Normal vesicular breath sounds heard, RR: 17 cycles/min
CVS: S1 and S2 heard, HR: 78 bpm
CNS: Conscious and oriented to time, place, and person.

Local Examination
Inspection (Darshana): A localised lesion with a single sinus opening was observed slightly lateral to the midline in the upper natal cleft (sacrococcygeal region). The surrounding hirsute skin exhibited localised hyperpigmentation, mild erythema, and mild active serosanguineous discharge at the orifice.

Palpation (Sparshana): Localised warmth and marked tenderness were present around the opening. A firm, indurated tract was palpable extending from the orifice, confirming chronic inflammation.

Probing (Eshana Karma): Under aseptic precautions, an Eshani (malleable copper probe) revealed a single, unbranched downward-directed tract measuring approximately 4 cm in length. Probing elicited mild pain and active discharge.

Investigations
- HIV 1 and 2 – Negative
- HBsAg – Negative
- Hb – 15.3 g/dl
- RBS – 88.6 mg/dl
- Blood Group – AB Positive
- BT – 1 min 30 sec
- CT – 3 min 40 sec
- Serum Creatinine – 1.0 mg/dl

Treatment Protocol
The patient underwent Taila Dahana using heated Saindhavadi Taila in a single sitting under aseptic conditions. Alternate-day wound cleansing and packing with Jatyadi Taila were performed at each follow-up visit to facilitate Vrana Shodhana and Ropana. Pathya-Apathya and supportive care were maintained throughout, and the patient was monitored for a progressive reduction in Ruja (pain), Srava (discharge), and Shotha (induration) until Samyak Ropana (complete healing) of the Vrana was achieved.

Table 3: Prescribed Medications

	Medications
1.	Triphala Guggulu [8] (1 BD with ushna jala)
2.	Gandhaka Rasayana [9] (1 BD with ushna jala)

2. MATERIALS AND METHODS

Materials required
Sterile gloves, Gauze pieces and pad, Copper probe, 5 cc Disposable Syringe, Bard-Parker (BP) Handle No. 3 with Blade No. 11, Retractor, Anesthetic agent, Kidney tray, Artery forceps, Antiseptic solution, Sponge holder, Saindhavadi Taila, Gas burner, Sterile stainless-steel bowl, Oil Thermometer, Pipette, Jatyadi Taila.

Methods

Purva Karma
- Informed written consent was obtained from the patient.
- A prophylactic intramuscular injection of Tetanus Toxoid (0.5 cc) was administered.
- An intradermal sensitivity test dose (0.2 cc) of local anaesthetic was given.
- Baseline vital signs (blood pressure, pulse, and temperature) were continuously monitored.
- The sacrococcygeal region was prepared, and all necessary surgical armamentarium was arranged.

Pradhana Karma
- The patient was placed in a prone position on the operating table.
- The operative site was painted with povidone-iodine solution and surgical spirit, followed by sterile draping.
- Local anaesthesia was infiltrated circumferentially around the sinus.
- Probing was performed from the external opening to trace the tract, confirming an approximate length of 4 cm.
- The superficial aspect of the tract was carefully incised using a No. 11 surgical blade.

- Mechanical debridement was performed to clear accumulated debris and slough from the tract.
- Saindhavadi Taila, heated to 150°C, was carefully instilled directly into the tract using a sterile pipette until Samyak Agni Dagdha Lakshana were observed.
- Complete haemostasis was successfully achieved.
- The wound cavity was packed with Jatyadi Taila [10] soaked sterile gauze, and a securing dressing was applied.

Paschat Karma

- Post-operative vital signs were closely monitored to ensure clinical stability.
- Systemic analgesics and antibiotics were administered.
- The patient was thoroughly counselled on Pathya-Apathya (dietary and lifestyle regimens), with emphasis on local hygiene and avoiding prolonged sitting.

MODE OF ACTION

- Snigdha Agnikarma induces immediate thermal necrosis of the unhealthy epithelial lining.
- Sukshma property ensures the destruction of the entire sinus bed and the embedded Shalya.
- The specific active components of the formulation, namely Citraka, Arka, and Saindhava, exert potent Lekhana (scraping) to slough out necrotic tissue.
- The intense thermal energy combined with the antimicrobial and wound-healing properties of Haridra, Daru Haridra, Marica, and Bhringaraja creates a completely aseptic environment, preventing local pathogens from multiplying.
- Ideal conversion of a chronic, indolent sinus into an acute, sterile wound, promoting rapid Vrana Shodhana and simultaneous bottom-up healthy granulation.

3. RESULTS

Following the Taila Dahana intervention, the patient was evaluated meticulously on an outpatient basis to monitor wound progression. On Post-operative Day 1, the surgically laid-open wound cavity exhibited complete thermal ablation of the unhealthy epithelial tract, characterised by the presence of necrotic slough and mild reactive hyperaemia at the margins. By Post-operative Day 7, the alternate-day Jatyadi Taila dressing regimen had facilitated successful Vrana Shodhana (wound purification). This was clinically marked by the smooth separation of the necrotic slough, a significant reduction in active discharge, and the emergence of healthy, red granulation tissue at the base of the cavity.

Progressive wound contraction and continuous bottom-up healing were evident during the subsequent follow-ups on Post-operative Day 14 and Post-operative Day 21. Robust granulation tissue effectively filled the cavity, and healthy epithelialization was observed rapidly advancing from the wound margins. Complete Samyak Ropana (healing) was successfully achieved by Post-operative Day 28. The sacrococcygeal region demonstrated full epithelialization, complete closure of the cavity, and restoration of the normal anatomical contour without any residual sinus openings or induration.

No adverse events, secondary local infections, or systemic complications were noted throughout the healing phase. The patient reported a rapid resolution of pain and a swift return to daily routine activities within the first week. A subsequent two-month clinical follow-up confirmed sustained healing with absolutely no signs of recrudescence.

4. DISCUSSION

Pilonidal Sinus Disease (PSD) remains a persistent clinical challenge in contemporary surgical practice, primarily due to its chronic inflammatory nature and the high rate of recurrence following conventional wide local excision or flap reconstruction techniques. Within the framework of Ayurvedic surgical principles, this pathology clinically correlates with Shalyaja Nadi Vrana, a chronic discharging sinus tract perpetuated by an embedded foreign body. Acharya Sushruta explicitly advocates the application of Agnikarma (thermal cauterisation) for the management of Nadi Vrana that is refractory to conservative measures, aiming to induce the destruction of the unhealthy fibrous tract.

The present case demonstrates the clinical utility of Taila Dahana as a targeted, minimally invasive parasurgical intervention. The therapeutic mechanism of this procedure is bipartite, encompassing both thermal tissue necrosis and pharmacological debridement. The instillation of boiling oil (Snigdha Agnikarma) induces immediate, localised thermal necrosis of the unhealthy epithelial lining. The inherent Ushna (hot), Tikshna (sharp), and Sukshma (subtle/penetrating) properties of the heated medium facilitate deep tissue penetration. This ensures the destruction of the entire sinus bed and the embedded Shalya (hair) while establishing immediate haemostasis.

Furthermore, the utilisation of a specialised Saindhavadi Taila formulation comprising Saindhava, Arka, Marica, Citraka, Bhringaraja, Haridra, Daru Haridra, and Tila Taila augments the overall therapeutic efficacy. Upon contact with the affected tissues, the active principles of Citraka, Arka, and Saindhava exert targeted Lekhana (scraping) actions, expediting the separation and expulsion of necrotic slough. Concurrently, the well-documented antimicrobial and wound-healing properties of Haridra, Daru Haridra, Marica, and Bhringaraja maintain local asepsis, thereby mitigating the risk of secondary microbial proliferation. The Tila Taila base functions as an optimal vehicle, permeating the tract to deliver these active constituents. This synergistic combination effectively converts a chronic, indolent sinus into an acute, sterile wound bed.

The post-operative protocol is integral to preventing premature external closure and subsequent recurrence. An alternate-day dressing regimen utilising Jatyadi Taila was employed to promote continuous drainage while fostering an optimal microenvironment for tissue regeneration. Jatyadi Taila facilitates Vrana Shodhana (wound purification) and Vrana Ropana (wound healing), ensuring the systematic proliferation of healthy granulation tissue from the base of the cavity upward.

Compared to standard surgical excision, this integrated Ayurvedic modality presents notable clinical advantages. As a day-care procedure performed under local anaesthesia, it circumvents the risks and resource burdens associated with general anaesthesia and inpatient hospitalisation. The technique preserves the architecture of surrounding healthy tissue, minimises post-operative morbidity, and facilitates a rapid return to routine activities. A recognised limitation of this procedure is the stringent necessity for precise execution to protect the adjacent healthy integument from unintended thermal injury during the oil instillation phase.

5. CONCLUSION

Taila Dahana utilising Saindhavadi Taila, integrated with an alternate-day Jatyadi Taila dressing regimen, constitutes a highly efficacious, minimally invasive parasurgical intervention for Shalyaja Nadi Vrana (Pilonidal Sinus). The synergistic mechanism of immediate thermal necrosis and targeted pharmacological debridement ensures the complete obliteration of the unhealthy sinus tract while fostering rapid, healthy tissue regeneration. As a definitive day-care procedure, it offers a safe, cost-effective, and reproducible alternative to conventional surgical excision, substantially reducing post-operative morbidity, accelerating recovery, and mitigating the long-term risk of disease recurrence.

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