



Case Study

EFFECT OF *VIBHITAKI KSHARA SOOTRA* IN PILONIDAL SINUS

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ABSTRACT

Pilonidal sinus is a common source of morbidity and loss of work productivity in healthy young adults. Typically, patients present with a chronic sinus about the level of 1st piece of coccyx. The most commonly used surgical techniques for this condition include excision and primary closure, excision with reconstructive flap. But because of risk of recurrence and infections, an effective treatment is much needful. Pilonidal sinus closely related with description of *Salyaja nadivrana*, treatment in Ayurveda includes management through *Kshara sootra* therapy. *Kshara* is superior to surgical or para surgical techniques. *Teekshna guna* of *Kshara* help in *Vrana sodhana* and promotes faster granulation *Kshara sootra* indicated in *Krisa*, *Durbala* and *Bheeru* has the capacity to cut the track mechanically and potentially dissolves fibrous tissue creating a healthy base for healing. The present case study deals with effect of *Vibhitaki kshara sootra* in pilonidal sinus. A 22-year-old female patient with 3 months history of pus discharge at natal cleft managed with *Vibhitaki kshara sootra*. The initial complaints of pain associated with pus discharge subsided within seven days, while complete cutting of tract observed within 1 month and healing within 2 months. Properties of *Vibhitaki* like *Kashaya rasa*, *Ushna veerya*, *Madhura vipaka*, *Ruksha* and *Laghu guna* which are favourable for the qualities of *Kshara*. It is also cost effective due to easy availability.

INTRODUCTION

The term pilonidal sinus describes a condition found in the natal cleft overlying the coccyx, consisting of one or more, usually non-infected midline openings which communicate with a fibrous track lined by granulation tissue and containing hair lying loosely within the lumen. A common affliction amongst the military, it has been referred to as "jeep disease."^[1]

It is thought that the combination of buttock friction and shearing forces in that area allows shed hair or broken hairs which have collected there to drill through the midline skin or that infection in relation to a hair follicle allows hair to enter the skin by the suction created by the movements of the buttocks, so creating a subcutaneous, chronically infected midline track.

The age incidence of the appearance of pilonidal sinus (82% occur between the ages of 20 and 29 years) is at variance with the age of onset of congenital lesions¹. It is more common in males than females in the ratio of approximately 6:1. The multitude of surgical procedures advocated to eradicate pilonidal disease, combined with lack of prospective trials, attests to the lack of overall superiority of one method over the others.^[1]

Pilonidal sinus can be compared with *Salyaja Nadivrana* as hair is believed to act as the foreign body producing this disease. *Acharya Susrutha* has given elaborate description regarding the treatment of *Salyaja Nadivrana*. *Ksharasutra* therapy is mentioned as an effective method in the management of *Nadi vrana*. Presently in Ayurveda, most widely used is *Apamarga kshara sutra* which is having *Chedhana*, *Bhedana* and *Lekhana* properties but some of the issues faced during preparation. Large amount of *Apamarga* is needed for the preparation. Effect of *Vibhitaki kshara sutra* in fistula in ano has already been studied^[3]. *Vibhitaki* is a very common drug which is cost effective and abundantly available in all parts of the country. *Vibhitaki* is having *Kashaya rasa*, *Ushna*

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veerya, Madhura vipaka, Ruksha, Laghu guna and *Lekhana, Rechana* and *Vrana ropana* properties are mentioned in classics^[4] and also *Acharya Susruta* mentioned *Vibhitaki* in *Kshara gana*. So *Vibhitaki kshara sootra* was tried to treat the disease *Nadi vrana* in the present case.

Case report

This is a single case study of a 22-yr-old female, came to Shalya tantra OPD at GAVC, TVM.

Chief complaint

c/o pain and pus discharge from natal cleft at sacro-coccygeal junction since 3 months.

History of presenting complaints

The patient is suffering from pain and pus discharge from natal cleft since 3 months. She consulted allopathic hospitals but because of no relief came to GAVC, TVM for better management.

History of past illness

No h/o T2DM, HTN, DLP, epilepsy, h/o pilonidal sinus 4 yr back

Surgical history

Excision done 4 years back

Clinical examination

Ashtavidha pariksha

1. Nadi: 80 beats /min
2. Mutra: normal
3. Mala: abadhata
4. Jihva: malavrita
5. Shabda: spashta
6. Sparsha: anushna seta
7. Drik: sadharana
8. Akriti: Madhyama

General examination

1. Height: 159 cm
2. Weight: 59 cm
3. BP: 126/98 mm Hg
4. Pulse: 82 beats /min
5. Respiratory rate: 20/min
6. Temperature: afebrile

On examination

- Inspection: scar mark of previous surgery noted on natal cleft
- Palpation: tenderness present
- Probing: from natal cleft, false healing noted at the previous surgical site and cleared

METHODOLOGY

Preparation of Vibhitaki kshara^[5]

Kshara is prepared by burning *Vibhitaki phala* and ash collected in a vessel, then ash was mixed with 6 parts of water, the ash allowed to settle down, the supernatant water is collected and filtration was repeated for 21 times using double layered clean cloth. The liquid was then evaporated slowly on *Mandagni*. By evaporating a uniform fine clear light greenish powder, *Mridu kshara* was produced at the end of boiling. The alkaline *Kshara*, with a pH of 9.8 is sealed in glass bottle.

Preparation of Vibhitaki kshara sootra

Barbour linen surgical thread no 20 is fix to *Kshara sootra* hangers, *Snuhi ksheera* smeared on the thread and dried in the *Kshara sootra* cabin, the same process is repeated for 11 times, then 7 coating with *Vibhitaki kshara* and *Snuhi ksheera* repeated for 7 times, then remaining 3 coatings with *Snuhi ksheera* and *Haridra choorna*. The thread is sterilized with UV light for 30 minutes, then *Kshara sootra* is sealed in glass test tube.



Administration of Kshara sootra in Nadi vrana**Pre-operative procedures**

Blood investigations observed within normal limits. Informed written consent was taken. Part preparation was done. Injection TT 0.5 cc IM was given and injection lignocaine 2 % was given subcutaneously for sensitivity test.

Operative procedures

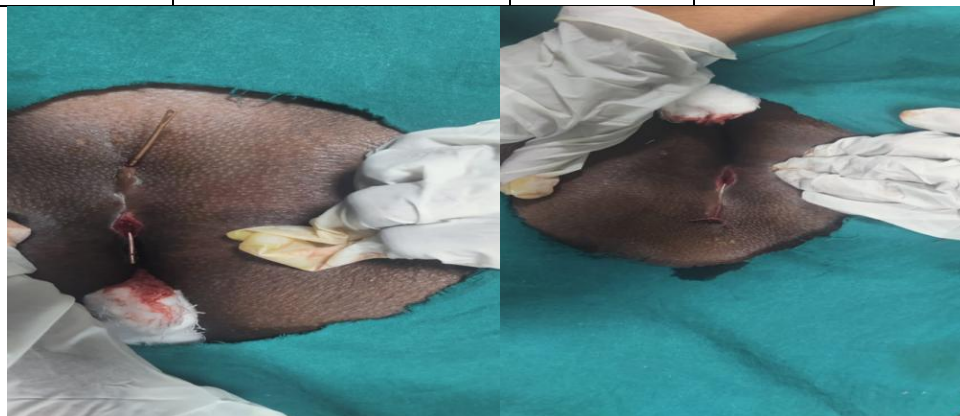
Patient was shifted to OT under all aseptic condition with normal vital data. Positioned in prone position after painting and draping local anesthesia given on operated part. Malleable probe introduced from the wound. Probe goes approximately 6cm towards cephalic end, and then *Vibhitaki kshara sutra* was threaded into the eye of the probe and taken out through second opening. The two ends of the thread were tied together haemostasis maintained, pressure bandage done.

Post-operative procedures**Pus discharge**

Grade	Explanation
0	Dry gauze piece after 24 hours of dressing
1	Observed spotting of discharge in gauze piece after 24 hours of wetting
2	Observed partially wet gauze piece after 24 hours of dressing
3	Observed complete wet gauze piece after 24 hours of dressing

OBSERVATIONS AND RESULTS

	Length of tract	Pain	discharge
0 th day	13cm (total length)	8	3
7 th day	8cm	3	3
14 th day	5.5 cm	3	1
21 st day	4.4 cm	2	0
28 th day	2.2 cm	1	0
30 th day	Self-cut	0	0

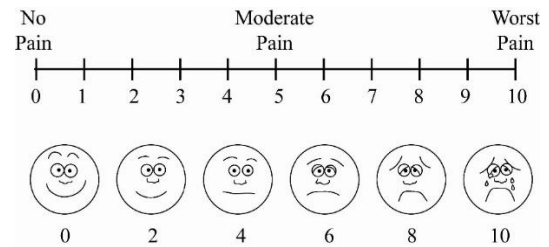


Daily dressing with *Jatyadi thaila* done

- *Triphala guggulu* – 1 tab bd a/f
- *Panchatikta ks* 90 ml bd b/f
- *Kshara sootra* change weekly once

Follow up

Regular follow up were done to check the progress of the condition by considering pain and pus discharge. Pain assessed by VAS score and pus discharge assessed based on soaking of sterile cotton pad.

VAS Score



DISCUSSION

Pilonidal sinus also known as sacrococcygeal disease, is a challenging condition due to its chronicity, tendency for recurrence and difficulty in complete eradication using conventional surgical methods. In Ayurveda this condition is closely correlated with *Nadivrana*, characterized by a sinus tract with pus discharge and chronic inflammation. Ayurvedic management using *Kshara sootra* provides a minimally invasive cost effective and recurrence free alternative to conventional surgery.

In the present case the use of *Vibhitaki kshara sootra* demonstrated promising outcomes in wound healing, sinus tract excision and symptomatic relief. The alkali property of *Vibhitaki* plays a crucial role in chemically debriding the unhealthy tissue, promoting controlled healing from the base and reducing infection. Additionally, the *Lekhana*, *Shodhana* and *Ropana* properties of *Kshara sootra* contribute to the complete obliteration of the sinus tract and prevention of recurrence.

Compared to conventional surgical approaches like excision with primary closure or flap surgeries, *Kshara sootra* therapy is associated with fewer complications, no need for hospitalization and allows the patient to maintain daily activities with minimal discomfort. In this case, no recurrence was noted during the follow up period, which supports the long term outcomes with this approach.

Kashaya rasa of *Vibhitaki* helps in binding of wound margins, *Ruksha guna* helps to remove slough. *Madhura vipaka* helps in fast healing and formation of healthy granulation tissue. *Sthambhana* due to *Kashaya rasa* controls discharge. The qualities of *Kshara*, *Haridra* and *Snuhi* help both fast cutting and simultaneous healing. All these properties made this

Kshara sootra a unique thread for the best management of *Nadivrana*.

CONCLUSION

Vibhitaki kshara sootra presents a promising and effective ayurvedic approach in the management of pilonidal sinus, offering a minimally invasive, cost effective and recurrence reducing alternative to conventional surgical methods. Its potent antimicrobial, anti-inflammatory and debriding properties aid in the gradual and complete excision of the sinus tract, promoting healthy tissue regeneration. Clinical outcomes suggest reduced post operative complications, minimal scarring and improved patient compliance. Further large-scale studies validate its efficacy and facilitates its integration into mainstream treatment regimens.

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