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An Ayurvedic Approach to Hidradenitis Suppurativa: A Case Series

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ABSTRACT

Hidradenitis suppurativa is a chronic, disabling and suppurative disorder characterized by deep tender subcutaneous nodules complicated by fibrosis and extensive sinuses mainly affecting apocrine gland bearing areas. The estimated prevalence of the disease is approximately 1%. The commonly affected areas of the body includes underarms, under the breasts, inner thighs, groin and buttocks. Management of hidradenitis suppurativa includes complete surgical excision of lesion in single or multiple stages followed by skin grafting. But the procedure is very expensive and has increased chances of recurrence.^[1,2] Hence there is a possibility of parasurgical interventions which would be safer and cost effective. The clinical features of hidradenitis suppurativa can be compared with the concepts of *Nadivrana* mentioned in classics.^[3] Acharya Susrutha has mentioned *Ksharasutra* as the mode of management in *Nadivrana*. *Ksharasutra* application involves multiple actions such as *Chedana* (excision), *Bhedana* (Incision), *Lekhana* (Scraping), *Sodhana* (Purification), and *Ropana* (epithelialisation) so that unhealthy granulation tissue is completely removed from the track and promotes healthy healing.^[4] The line of management of the above disease further elaborates use of surgical interventions such as *Chedana*, *Bhedana* along with the application of *Kshara* and internal medications. An Ayurvedic protocol generated with a combination of para surgical interventions along with internal medications by analysing the disease with the concepts of *Nadivrana Chikitsa* was found effective in the 2 selected cases and a protocol was generated which can be a baseline for further clinical studies on larger samples to standardise the line of management of Hidradenitis suppurativa in Ayurveda.

Keywords: Chronic suppurative disorder, *Nadivrana*, *Ksharasutra*, *Nadivranachikitsa*.

INTRODUCTION

Hidradenitis suppurativa, most commonly the axillae, inguinal, perianal and perineal region often extended to the

thigh^[5] having chronic, inflammatory, recurrent, skin disease of the hair follicle. This is usually presents after puberty with painful, deep-seated, inflamed lesions in the apocrine gland-bearing areas of the body, In mild cases the

disease will be presented as recurrent isolated nodules while in severe chronic instances the clinical scenario will be chronic inflammation leading to scarring contractures, keloid and rarely squamous cell carcinoma. Though there is no exact etiology mentioned for the disease there are various theories such as hormonal factors, genetic predisposition and infective pathology leading to disease manifestation. The blockage occurs when sweat is trapped inside sweat gland tubes, which eventually swell up and either burst or become severely inflamed. Additionally as proved by medical research, there is a link between Hidradenitis Suppurativa and both smoking & obesity.^[3] Though these cannot be postulated as the primary etiology these factors may actually worsen the symptoms. In Modern system of medicine there is no gold standard protocol in the management of Hidradenitis suppurativa but is rather a combination of antibiotics and ultimately surgery.^[6]

Acharya Susrutha has described *Nadivra* as characterised by continuous discharge of pus which can be a probable correlation to that of Hidradenitis suppurativa.^[7] *Ksharasutra* acts as *Chedana* (Excision), *Bhedana* (Incision), *Lekhana* (Scraping), *Sodhana* (Purification) and *Ropana* (Epithelialisation). Applying the principles of *Nadivra Chikitsa* 2 cases diagnosed as stage 3 Hidradenitis suppurativa was managed.

To make an elaborate literature review on Hidradenitis suppurativa both in modern medicine and Ayurveda to draw an effective protocol in the line of management. To evaluate the efficacy of these line of management in selected clinical cases.

MATERIAL AND METHODS

Methodology: A detailed review on Hidradenitis suppurativa was done from modern literatures, medical journals and articles using key words hidradenitis suppurativa, chronic suppurative disorder, HS etc. The concept of *Nadivra* was compiled from *Brihathrayees*.^[4,13] The classical line of management was further studied to generate effective protocol. This was clinically evaluated as a case series based on 2 chronic cases of Hidradenitis suppurativa who had come to the OPD, Department of Salyatantra, Sree Narayana Institute of Ayurvedic Studies and Research, which was managed with Ayurvedic protocols including a combination of *Ksharasutra* therapy, *Kshara* application, *Ksharajala* infiltration, dressing with *Vrana ropana* drugs, *Kshalana* and internal medications.

Inclusion Criteria: Patients diagnosed with Hidradenitis Suppurativa irrespective of religion, sex and socio-economic status will be included in the study.

Patients with HS lesions in distinct anatomical areas which must be Hurley Stage II or III. Patients with written informed consent.

Exclusion Criteria: Patients with any other active skin lesion or condition that may interfere with assessment of HS. Patients with history of systemic illness such as Tuberculosis, HIV, Diabetes Mellitus, Hypertension, Bleeding disorders, carcinoma.

Diagnostic Criteria

Clinical Staging of Hidradenitis suppurativa^[3]

Hurley's staging

Stage 1: Multiple or single abscess formation without sinus tracks and cicatrization.

Stage 2 : Recurrent abscess with track formation and cicatrization. There may be single or multiple widely separated lesions.

Stage 3 : Diffuse or near diffuse involvement or multiple interconnected tracts and abscess are observed in the entire area.

Source of data

OPD, Department of Salyatantra, Sree Narayana Institute of Ayurvedic Studies and Research.

CASE REPORTS

Case A:

A 58 year old male patient with MRD No:20091414 came to OPD, Dept.of Salyatantra, Sree Narayana Institute of Ayurvedic Studies and Research with complaints of recurrent pus discharge with scarring, tenderness and pain over right axilla and buttock regions which is recurrent and is aggravated since 6 months.

History of present illness: The patient was a diagnosed case of Hidradenitis Suppurativa since 30 years (through MRI and previous medical records) and he had undergone surgery and antibiotic chemotherapy during each flare up of the symptoms. Now before 6 months the condition got aggravated with multiple discharging sinuses in the thigh, buttock, perianal and right axillary regions which was recurring and resistant to antibiotics, hence was advised for surgical interventions. Hence the patient came here for alternative management. On Examination multiple sinus tracks were noted over right axilla and both buttock regions.

General examination: There was no abnormality observed in the respiratory system, cardiovascular system and central nervous system. The patient was a known case of Diabetes Mellitus since 8 months was in good control under medications.

Local examination of Right Axilla

Inspection: Blackish discolouration of axilla 2-3 abscess of size approximately 0.5 -1 cm. Mucopurulent discharge from all abscess (fig.4).

Palpation: Localised rise in temperature noted Tenderness ++. 2-3 intercommunicating sinus tracks noted. Dense fibrous tissue was present which was hindering the healing process.

Buttocks Inspection: Blackish discolouration of left and right buttock regions and perianal region. Multiple discharging sinuses of length varying from 2- 12 cm. Mucopurulent discharge from all sinuses. (fig.1)

Palpation: Localised rise in temperature noted. Tenderness ++. Multiple intercommunicating sinus tracks noted. Dense fibrous tissue was present.

MRI report revealed: Numerous fluid signal subcutaneous sinus tracks noted in the posterior and medial left gluteal region. No ischiorectal or pararectal collections. Pelvic organs show normal MR morphology.

Case B:

A 50 year old male patient with MRD No:20120221 came to OPD, Dept.of Salyatantra, Sree Narayana Institute of Ayurvedic Studies and Research with complaints of pain and swelling in the perianal and buttock regions with discharge of pus and extensive scarring which aggravated since 3 months.

History of present illness: The patient was diagnosed with a perianal fistula along with multiple discharging sinuses before 6 years (previous medical records revealed the diagnosis). Initially he underwent Allopathic medications with minimal relief of symptoms hence he underwent Ayurvedic line of management including Ksharasutra therapy and got relieved. Now before 6 months he again started with sinus and discharge of pus from the perianal and buttock region which was diagnosed as hidradenitis suppurativa. He underwent oral medications with minimal effect and the condition aggravated. Hence he came here for a combined parasurgical intervention. On Examination extensive scarring with thickened skin and multiple discharging sinus tracks were noted over perineal region and both buttock regions.

General examination: There was no abnormality observed in the respiratory system, cardiovascular system and central nervous system. The patient had no history of Diabetes Mellitus/ hypertension.

Local examination

Buttocks and perianal region Inspection: Extensive scarring due to previous surgical interventions in the subscrotal, perianal and both buttock regions with thickened skin. Multiple discharging sinuses of length varying from 2- 5cm was noted. Mucopurulent discharge from all the abscesses. (fig.7)

Palpation: Localised rise in temperature noted Tenderness +++. Dense fibrous tissue was present. Multiple sinus tracks were not connected with most of them having blind ends. All the sinus tracks were confined to the subcutaneous tissue and internal connections to the anal mucosa were ruled out using dye test.

Diagnosis

Both Case A and B were diagnosed as Stage 3 Hidradenitis Suppurativa as per Hurleys staging.^[3] Classical analysis revealed *Lakshanas* of both *Kaphaja* and *Vataja Nadivrana* in these cases. The sinus is coarse with small orifice, painful and exudes frothy fluid, the exudate is large in quantity, thick white, slimy and mixed with blood. The sinus is hard and has itching with constant mild pain. Hence the line of management approached was that of *Kaphaja* and *Vataja Nadivrana*.^[8]

Management

The line of management of *Nadivrana* was considered as per classical references^[8] and cases were managed with a combination of *Ksharasutra* therapy along with *Chedana* and *Ksharakarma*, *Ksharajala* infiltration, *Kshalana* and dressing with *Vranaropana* drugs like Jathyadi Ghritha was done. In addition to the interventions, internal medications were administered to control infection, inflammation and enhance general immunity of the patient.

Case A

Patient was advised for application of *Ksharasutra* after obtaining written informed consent. *Karanja Ksharasutra* prepared as per the standardised mode of preparation of *Ksharasutra* was used.^[9] Since the patient had multiple interconnected tracks 2-3 tracks were attended at a time and the *Ksharasutra* management was done in multiple stages. On every consecutive week *Ksharasutra* rethreading was done and cutting and healing of each track took 6-8 weeks each. 2 sinus tracks in the right axilla, (fig.5) 3 tracks over right buttock region and 2 tracks over left buttock region were healed through this intervention. (fig.2) *Kshara* in liquid form was infiltrated to cauterise minute pores and tracks in the buttocks.

In blunt sinus tracks over axilla and perianal region *Chedana* followed by *Kshara* application was done. Dressing with Jathyadi Ghritha^[10] was done over open wounds. *Kshalana* with *Aragwadha Kashaya* was advised twice a day.^[11]

Internal Medications: Gugguluthikthakam Kashayam (60ml twice daily before food),^[12] Tabs. Kaisoraguggulu.D.S (1 tablet with Kashaya twice daily before food). Patoladi Kashayam (30ml twice daily before food). Punarnavadi Kashayam (30ml twice daily before food). Shivagulika (1 tablet twice daily before food)^[12] Guggulupanchapala Chooranam (5gm twice daily with hot water after food)^[13]

Case B

After obtaining written informed consent from the patient multiple sinus tracks were explored and *Ksharasutra* was applied over 2 major tracks in the right buttock region (fig.8). *Karanja Ksharasutra* was used and rethreading was done every week till the complete cut through of the track. *Ksharavarthi* was applied over blunt tracks in the subscrotal and left buttock region. *Chedana* with electric cautery followed by *Kshara* application was done over minor tracks. The tracks which were layed open was dressed with Jathyadi Ghritham. *Kshalana* was done twice daily with thriphala kashaya.

Internal Medications

Gugguluthikthakam Kashayam (60ml twice daily before food)^[12] Gugguluthikthakam ghritham (5gm twice daily before food)^[14] Tabs. Kaisoraguggulu.D.S (1 tablet twice daily before food with Kashaya).^[12] Guggulupanchapala Chooranam (5 gm twice daily after food with hot water)^[13]



Fig 1: Case A: Buttock region (Before treatment) - Multiple discharging sinuses



Fig 2: Case A Buttock Region During the course of treatment



Fig 3: Case A Buttock Region (After treatment)



Fig 4: Case A: Axilla Region (Before treatment)



Fig 5: Case A: Axilla Region (During treatment)



Fig: 6: Case A Axilla Region (After treatment)



Fig: 7: Case B: Before treatment



Fig: 8: Case B: During treatment



Fig: 9 Case B: After treatment

RESULTS

Case A

Continuous foul smelling mucopurulent discharges reduced within 2-3 weeks and in a period of 1 month healing started. Since the patient had multiple interconnected tracks 2-3 tracks were attended at a time and the *Ksharasutra* management was done in multiple stages. On every consecutive week *Ksharasutra* rethreading was done and cutting and healing of each track took 6-8 weeks each. With *Ksharajala* infiltration there was considerable decrease in the discharges. Minor blunt tracks which were explored and *Kshara* application done healed within 7 to 14 days with healthy granulation tissue. (fig.3, fig.6)

Case B

With the application of *Ksharasutra* and *Ksharavartha* proper drainage of pus was promoted. In the initial 2 weeks the discharges increased and thereafter marked reduction in pus discharge and in tenderness and pain were noted. It took around 8 - 9 weeks for complete cut through of the track. Minor tracks which were layed open and *kshara* application done healed within a period of 2-3 weeks with healthy granulation tissue. Marked reduction was noted in the thickness and discolouration of skin. (fig.9)

DISCUSSION

From the cases studied it was clear that long term internal medications both Ayurvedic and antibiotic line of management gave minimal results in case of advanced Hidradenitis suppurativa, hence a combination of surgical, parasurgical and medical management is advisable.

Acharya Susrutha has mentioned *Prakshalana*, *Shodhana* and *Ksharasutra* in the management of *Nadivrana*. In current medical science there is no specific treatment for the management of Hidradenitis suppurativa hence a standard Ayurvedic protocol of intervention can become a breakthrough for this debilitating disease. Along with the local interventions the systemic action of internal medications such as Gugguluthikthakam Kashayam, Kaisoraguggulu tablet etc improves the general immunity of the individual to combat with the disease.^[15]

Post interventional complications, tissue damage and scarring are minimal in case of these intervention. Case B had already underwent *Ksharasutra* therapy earlier but the condition recurred after 5 years. Hence in this protocol along with the management of acute symptoms care is given to improve his general health and systemic approach

to avoid further recurrence is included. But the outcome of this approach can be assessed only on a long term basis.

Result: Both the cases A and B were effectively managed through the Ayurvedic line of management.

CONCLUSION

Hidradenitis suppurativa can be included under the classical purview of *Nadivrana* and managed by a combination of *Shastra*, *Anusastra* and *Bheshaja*. *Shodhana* and *Ropana* treatment is beneficial along with improving the general immunity of the patient and local hygiene. Use of *Ksharasutra* is a minimally invasive and effective mode of management. *Ksharajala* infiltration, *Chedana* and *Kshara* application, also are effective in healing the minute sinus tracks and blunt sinuses. *Vrana Ropana* with Jathyadi Ghritham in tracks that were layed open and regular *Kshalana* with anti-infective decoctions supports the healing process. This line of approach is found to be cost effective and gives better outcomes which is to be researched on larger samples to draw effective protocols.

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