



Complication of Ksharakarma – A Case Report

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Abstract : Ksharakarma, Agnikarma and Jaloukacharna are outstanding contribution of Acharya Sushruta. Kshara is caustic alkaline in nature obtained from the ashes of medicinal plants. It is superior most among the sharp and subsidiary instruments because of performing Excision, Incision and Scraping. Its modality is best one, taking into consideration its convenience, easy adoptability, cost effectiveness and curative results. Ksharakarma possessing ideal property is like boon where as its unskilled handling results in adverse effects. Acharya Sushruta had given wide range of contraindications, condition to prohibit such ill effects. Proper assessment of stamina of the patient will help in avoiding complication. The site for application of Kshara should be selected in such a way that it is devoid of vital points. Influence of environmental factors is also taken into consideration. It is rightly said that unwise handling of Kshara is as good as poison, fire and weapon in hand of a fool. Here an attempt has been made to study a case of logic behind the complication of Ksharakarma. A case of Nadivrana where Ksharakarma was performed after chedana, Patient developed atidagda lakshna and the case reported. Patient aged 32years/male came with complaints of pain while sitting and driving auto, pus discharge on and off since 3 months. Treatment done are Chedana and Ksharakarma.

Keywords-Kshara, Ksharakarma, Atidagda, Chedana

Introduction

Ksharakarma, Agnikarma, and *Jaloukacharan* are outstanding contributions of *Acharya Sushruta. Kshara* is caustic alkaline in nature obtained from the ashes of medicinal plants. *Ksharakarma* modality is the best one taking into consideration its convenience, easy adoptability, cost-effectiveness, and curative results. The site for the application of *Kshara* should be devoid of vital points. According to the *Ayurvedic* Classics *Nadivrana* comes under *Dushta Vrana* because of its non-healing property. *Acharya Sushruta* explained *Nadi Vrana* in *Visarpanadisthanaroga Adhyaya. Nadi Vrana* is a small hole-like sinus in the skin, which seems like Pilonidal sinus¹. Pilonidal means nest of hairs and sinus means a track or tunnel. It is affecting about 3-4:1² as many men as women, it is also called Jeep Drivers disease³.

Here the adopted treatment methods for the management of *Nadi Vrana* is *Chedana* and *Ksharakarma*. The postoperative complication is discussed with its management.

Case Report

A 32-year-old male patient diagnosed as *Nadi Vrana* (pilonidal sinus) with complaints of pus discharge, burning sensation, and inability to sit and walk properly, since 3 months. He had an occupational history of driving auto.

Clinical Findings

General Examination

The general condition of the patient was good and stable with all the vitals under normal limits. He had good appetite, regular bowel and bladder habits, and irregular sleep, but faces a problem sitting and driving.

In clinical examination, the patient is moderately built and nourished with no history of systemic illness. On local examination, it is observed an opening at the cleft of the buttocks, associated with pain and pus discharge. The patient has not reported any other surgical illness apart from this complaints.

Treatment Adopted

Before planning the treatment, the condition was diagnosed as *Nadi Vrana*

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(Pilonidal Sinus) as the patient presented with the above clinical findings. The feature of the sinus with

pus discharge and pain, the treatment planned was under local anesthesia *Chedana* and *Ksharkarma*.



Opening at the Cleft of the Buttock



Chedana (Excision) of Pilonidal Sinus



Kshara Karma of Pilonidal Sinus



Dissected Tract of Pilonidal Sinus

Post-Operative Follow-up

After a day of surgery patient was advised for follow-up, on examination patient complained of severe burning



Post-operative Pilonidal Sinus

Discussion

Nadi Vrana (Pilonidal Sinus) is caused by the collection of nest of hairs at the cleft of the buttocks, after the proper adoption of the para surgical procedure like *Chedana* and *Ksharakarma*, patient underwent with the complication of *Ati Dadgha Lakshana* of *Ksharakarma*⁴.

The pH of the *Kshara* which was used for *Ksharkarma* is 9, prepared from *Apamarga*.

As per *Acharya Sushruta* the contraindication of the *Ksharkarma*,

sensation and generalized weakness. After clinical examination it was found to be blackish discoloration at the site of *Ksharkarma*, it seems to be *Ati Dadgha Lakshana* of *Ksharakarma*.

in the cases of *Jwara*, *Bala*, *Raktapitta*, *Vruddha* and *Pitta Prakruti* person⁵

On general examination, the person was Afebrile, not suffering from *Jwara* and the age of the person is 32 years so he is *Bala* or *Vruddha*. No history of *Raktapitta* after a proper classical evaluation of the patient. *Prakruti* assessment of the patient is found to be *Pitta Pradana Vata Prakruti*.

Conclusion

The case report demonstrates the importance of *ayurvedic* parameters

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for like *Roga Pareeksha* , *Rogi Pareeksha* and assessment of *Prakruti* of the patient before going for the parasurgical procedure like *Ksharkarma*, *Agnikarama* and *Jalukocharana*. The *Vaidhya* should have the knowledge of *Ati Dagha* , *Heena Dagha*⁶, and *Samyaka Dagha Lakshana*⁷ to overcome such complications with the proper *Ayurvedic* management.

In this case it was of *Ati Dagha Lakshana*, so it was managed with the classical treatment like *Shatadauta Ghrita*, *Yastimadhu Taila Picchu*, and *Pitta Shamaka Oushad*⁸. *Ayurvedic* assessment is most needed in the surgical and parasurgical procedures which is illustrated by our *Acharyas* in the *Samhitas*.

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