

MANAGEMENT OF HYDRADENITIS SUPPURATIVA – A CASE STUDY

Nirupama Bhat MA¹, Syeda Ather Fathima²

¹Final year MS (*Shalyatantra*), ²Professor and HOD
Department of PG Studies in *Shalyatantra* GAMC, Benagaluru, Karnataka, India

Email: drnirupambhat@gmail.com

ABSTRACT

Hydradenitis suppurativa (HS), also known as Acne inversa, is a chronic, often debilitating disease primarily affecting axillae, perineum and infra-mammary regions. Prevalence rates of upto 4% have been estimated. This condition is more seen in females than in males. Our understanding of the disease has changed over time. HS is now considered as a disease of follicular occlusion rather than an inflammatory or infectious process of the apocrine glands. HS while in severe instances may lead to scarring, functional impairment and rarely squamous cell carcinoma. The clinical features of HS can be compared with *Nadivrana* which is mentioned in our classics. Treatment modalities of *nadivrana* i.e *ksharasutra* and *Kshara taila purana* are adopted in the present study. A case report of patient suffering from HS since 2 years (c/o tenderness, pus discharge, and multiple sinus tracts with hard indurated epithelium which used to recur after healing.) was treated for the same by a number of Allopathic physicians but with minimum relief. But it recurred again and again. The patient was under Ayurveda treatment for approximately about 3 months and the pus discharge, hardness and recurrence of sinus/abscesses were regressed completely. Patient was treated with *Gandhaka rasayana*, *Triphala guggulu*, *Apamarga kshara taila* infiltration and *Guggulu* based *chitraka kshara sutra* applied to the communicating sinuses. Patient was advised to maintain local hygiene. These formulations and treatment modalities have given the excellent result.

Keywords: *Nadivrana*, *Ksharasutra*, *Ksharataila*, *Gandhaka rasayana*, *Triphala guggulu*

INTRODUCTION

HS is a disorder of the terminal follicular epithelium in the apocrine gland bearing skin. It has highly variable clinical course. Mild cases may present as recurrent isolated nodules, while severe instances of the disease with chronic inflammation may lead to scarring, contractures, keloid and rarely squamous cell carcinoma. While genital factors,

patient characteristics, hormones and infection play a role in disease expression. Clinically the disease often presents with tender subcutaneous nodules beginning around puberty. The nodules may spontaneously rupture or coalesce, forming painful, deep dermal abscess.

Aetiology

- 1) Obesity, Smoking
- 2) Poor hygiene
- 3) Diabetes mellitus
- 4) Steroids

There are 3 stages of HS-

- 1) Stage 1 – Solitary/Multiple, isolated abscess formation, without scarring or sinus tracts.
- 2) Stage 2 – Recurrent abscess, single/multiple widely separated lesions with sinus tracts formation and cicatrisation.
- 3) Stage 3 – Diffuse/Broad involvement with multiple inter-communicating sinus tracts/abscess.

HS may present with following clinical manifestations.

- Common in female 4:1
- Comedo like follicular occlusion, chronic relapsing inflammation, muco-purulent discharge and progressive scarring.
- Most common site is axilla, often it is bilateral.
- Onset is usually insidious with earliest sign being erythema.
- Induration due to fibrosis.
- May be associated with arthropathy symptoms such as poly-arthralgia or polyarthritis.²

“Sushruta samhita” describes a condition called *Nadivrana*, which is similar to Hydradenitis suppurativa. Sushruta has advocated very unique and effective treatment for *Nadivrana* which is minimal invasive therapy. i.e *Ksharasutra*, *Upanaha* and *Kshara taila poorana*..

CASE REPORT

A male patient aged about 27 yrs from Bengaluru, presented with c/o localised tenderness, pus discharge with multiple inter-communicating sinus tracts and abscesses in both axillae since 2 yrs. It was healing in between and recurring again and again. (OPD-6, SJIIM HOSPITAL, BENGALURU)

CLINICAL FINDINGS

- 1) General examination:
 - Pallor – Absent

- Icterus – Absent
- Cyanosis – Absent
- Klylonychia – Absent
- Lymphadenopathy – Absent
- Oedema – Absent

2) Systemic examination:

- Pulse - 70 bpm, regular
- BP – 110/70 mmHg
- RS – Normal vesicular breath sounds heard.
- CVS – S₁S₂ heard, no added sounds.
- P/A – Soft, no organomegaly.

3) On local examination-Patient had presented the following features.

1) Right axilla -

a) INSPECTION

- Blackish discolouration of axilla.
- 6-7 small abscesses of size < 1 cm.
- Muco-purulent discharge from all the abscesses.
- 2 inter-communicating sinus tracts seen at arm pit.
- Muco - purulen and odourless discharge from all sinus tracts.

b) PALPATION

- Base of all abscesses were tender.
- 2 sinus tracts were indurated and lined by dense fibrous epithelial tissue which was hindering the healing process.
- Locally raised temperature at the site of abscess.

2) Left axilla –

a) INSPECTION

- Blackish discolouration of the axilla
- 8-9 small abscesses of size < 1 cm including a big abscess of size 3 cm at upper part of axilla.
- 4 inter-communicating sinus tracts in which the longest was 2 cm long. Rest were < 1cm.
- Muco - purulen and odourless discharge from all sinus tracts.

b) PALPATION

- Base of all abscesses were tender.

- All sinus tracts were indurated and lined by dense fibrous epithelial tissue which was hindering the healing process.
- Locally raised temperature at the site of abscess.

❖ MANAGEMENT –

Patient had symptoms of both *vataja* and *kaphaja nadivrana*. i.e *sashoola*, *phenaanuviddha*, *pichchila srava*, *Katina parusha sukshma mukhi vrana*. So, the adopted treatment is both *vataja* and *kaphaja nadivrana chikitsa*.

Treatment plan and progress in this case are – for 3 months

- Internal Medications
 - Tab. *Gandhaka rasayana* 1 TID after food for 1 month.
 - Tab. *Triphala guggulu* 2 BD after food with warm water for 1 month.
- Local treatment
 - *Apamarga kshara taila poorana* for 1 month.
 - *Guggulu* based *chitraka ksharasutra* applied to inter- communicating sinus tracts for a period of 3 months.
 - Patient was advised to wash the area with *Panchavalkala Ghana kwata* twice a day to maintain local hygiene.
 - Patient was advised to keep hot packs over the axillae to alleviate inflammation and pain.

DISCUSSION

- *Acharya Sushruta* has explained *upanaha*, *prakshalana*, *kshara taila poorana* and *kshara sutra prayoga* in the treatment of *nadivrana*. As per *Sushruta*, *kshara karmukata* is *lekhana*, *dahana*, *pachana*, *tridoshagna* and *vish- esha kriyakarana*.¹
- *Apamarga kshara taila* for *poorana* which helped in *lekhana*, *shodhana* and *ropana* of sinus tracts. It is used for a period of 1 month. It helped in curing small abscess cavities and sinuses.

- *Guggulu* based *chitraka ksharasutra* applied for inter-communicating sinus tracts helped in *shodhana* and *ropana* of sinus tracts which were not healed by *apamarga kshara taila poorana*. As *guggulu* is having anti-inflammatory and analgesic properties due to its *snigdha*, *picchila guna* and *vatahara* property. *Chitraka* is *kapha-vatahara* due to its *katu,tikta rasa* and *ushna, tikshna guna*. *Chitraka* is *vrana shodhaka* and *vrana ropaka* as it possesses anti-inflammatory action. It also reduces the pus discharge. It cured the remaining sinus tracts in 3 months without recurrence.
- Tab. *Gandhaka rasayana* helped in combating infection as it is a best antibiotic drug.
- Tab. *Triphala guggulu* helped reducing pain and inflammation as it is a.
- Rate of recurrence after the treatment is negligible.
- No systemic side effects of *Ksharasutra* therapy.
- Post-operative tissue damage and scarring are very minimal.

CONCLUSION

Hydradenitis suppurativa can be enlisted under the features of *Nadivrana*, so adopting initial *shodhana* and *ropana* treatment is beneficial along with improving the general condition and it can be prevented by maintaining the local hygiene. *Apamarga kshara taila poorana* and *Guggulu* based *chitraka ksharasutra* therapy is satisfactory in the management of HS. *Kshara* not only excises the sinus tract but also minimises pain and other complications of the disease. It enables the patient to ambulate early and carry on routine activities. The Therapy adopted is cost effective and the gives the best cure.

REFERENCE

1. Sushruta. Sushruta samhita – English translation of text and Dalhana's commentary along

with critical notes by P.V.Sharma. Varanasi: Chaukambha Vishvabharati; 2005. Vol 2. pp 695.Su.Ni. Cha.10th & Su.Chi. Cha 17th.

2. Bhat S R M, SRB's manual of surgery, 3rd ed. New Delhi: Jaypee brothers medical publishers (P) Ltd; 2009.pp 918.

BEFORE TREATMENT



DURING TREATMENT



AFTER TREATMENT



Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Nirupama Bhat Ma & Syeda Ather Fathima: Management Of Hydradenitis Suppurativa – A Case Study. International Ayurvedic Medical Journal {online} 2017 {cited September, 2017} Available from: http://www.iamj.in/posts/images/upload/3679_3682.pdf