

Case Report



Ayurvedic treatment of Kaksha (Hidradenitis Suppurativa) – A case report

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ABSTRACT:

Background: *Kaksha* is a disease described by *Acharya Sushruta* in *Kshudra Rogas* (minor disorders) which occurs due to vitiation of *Pitta Dosha* (regulates body temperature and metabolic activities) in the *Bahu* (upper limb), *Ansapradesha* (shoulder), *Parshwa* (flank) and *Kaksha* (axilla/armpit). The *Kaksha* is correlated to chronic inflammatory skin disease known as Hidradenitis Suppurativa (HS), in which formation of subcutaneous nodules or sinus tracts occurs leading to hypertrophic scarring at disease site often causing discomfort to the patient affecting his/her quality of life. The primary areas of HS are the buttocks, genitals, perineal region and axilla due to the presence of apocrine glands. The prevalence rate of HS ranges from 0.00033% to 4.1% globally, but the treatment of HS remains challenging due to the increased recurrence rate and associated postoperative complications. **Clinical Findings:** A 37-year-old female patient came with complaints of multiple small pustular swellings associated with severe pain and foul-smelling pus discharge on & off from the right axilla for the past 3 years. Local examination revealed four openings with a pus discharge and foul smell. **Intervention:** The Ayurvedic diagnosis of *Kaksha* (ABB-12) was made based on signs and symptoms, whereas, as per modern literature, it was diagnosed as HS. Through an integrated approach based on principles of *Ayurveda* the case was treated by *Shastra Karma* (surgical procedures) and *Shaman Chikitsa* (palliative treatment). **Outcomes:** The wound of the patient healed completely in 31 days and no recurrence was seen after 1 year (22 February 2024). **Conclusions:** The Present case of *Kaksha* (HS) showed complete recovery without any reoccurrence, which was managed by *Bhedana Karma* (Incision and drainage) followed by *Kshara* (Alkali/caustics) application and *Ksharasutra* (medicated thread) ligation along with internal and External Medications.

KEYWORDS: Apocrine gland, *Bhedana*, Hidradenitis suppurativa, *Kshara* (Alkali), *Ksharasutra* (Medicated thread), Case report

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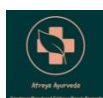
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1. INTRODUCTION

Acharya Sushruta explained 44 *Kshudra Rogas* (minor disorders) amongst them *Kaksha* is described. *Kaksha* is disease in which vitiation of *Pitta* (responsible for regulating body temperature and metabolic activities) *Dosha* (regulatory functional factors of the body) causes *Krishna Sphota* (black blisters) associated with pain in the regions like *Bahu* (upper limb), *Ansapradesha* (shoulder), *Parshwa* (flank) or *Kaksha* (axilla/armpit). [1] This can be correlated to Hidradenitis Suppurativa which is a chronic inflammatory skin disease occurring in hair follicles due to multiple factors with a global prevalence rate of 0.40%. [2] HS has several clinical presentations like abscess formation leading to sinus or fistula tract, which usually occurs in skin folds with hair follicles. [3] However, the best surgical technique and timing of HS remain controversial, [4] as it is associated with higher recurrence in patients who underwent various surgical interventions. The rate of recurrence in the patients undergoing incision and drainage, deroofting surgery, local excision, wide excisions with primary closure, and flap closure, follows a high recurrence of 100%, 27%, 22%, 15%, and 8% respectively. [5] Hence, to date, a consensus regarding the optimal surgical technique has not been reached, and the implications of conservative therapy on future surgical outcomes have yet to be studied. This supports the need for a multidisciplinary comprehensive care strategy so that the rate of recurrence can be reduced for patients suffering with HS which is correlated to *Kaksha* (ABB-12). In the present case, the integration of *Ayurveda* treatment with other

treatments is highlighted, which has shown better outcomes.

2. CASE REPORT

A 37-year-old female patient came to our *Shalyatantra* (Surgery) OPD with complaints of multiple small pustular swellings associated with severe pain and foul-smelling pus discharge on & off from the right axilla. The patient had been suffering with similar complaints from the last three years, for which she had taken treatment from various doctors and had taken four consecutive courses of antibiotic therapy, but she hadn't got relief in her symptoms. Later, she was advised to undergo surgical intervention and skin grafting, but the patient refused for the same as she was having surgical stress due to no assurance for nonrecurrence. These complaints had affected her social life as she herself abstains from any of the social gatherings, which put her into psychosocial distress, leading to depression in the patient about the cure for her condition. The patient had a surgical history of incision and drainage for an abscess in right axilla 3 years back. No history of hypertension, diabetes, or any serious illness was noted, and she has a normal menstrual history, with all the family members reported to be healthy.

a. Clinical findings

During the local examination of the right axilla, Inspection revealed four openings with discharge and an unpleasant smell. (Figure 1) A healed scar was evident of a previously drained, minor abscess. On palpation, Tenderness and elevated local temperature were found. Probing was done to see the deeper extension, which showed multiple smaller tracts connected to each other

also small pus pockets were observed. On General Examination, her vitals were noted as blood pressure 130/80 mm Hg, and pulse rate was 78 beats per minute. Systemic Examination of CNS, CVS, and RS were normal. Histopathological analysis of her prior right axillary skin lesion showed a dense, mixed inflammatory infiltration

mostly of neutrophils, lymphocytes, a small number of histocytes, and a few growing blood vessels, suggestive of subacute abscess. On admission routine blood investigations were done along with USG (Rt axilla) and FNAC. (Table 1)

Ayurvedic examination (Table 2)

Table 1: Investigations

Investigations			
Hb	8.3 gm%	RBS	90 mg/dL
WBC	7100 cells/cu mm	HIV I and II	Negative
Neutrophil	53%	HbsAg	Negative
Lymphocyte	41%	USG (Rt axilla)	Two to three discharging sinuses were seen in the right axilla, the longest measuring about 2.3 cm in length and 5.6 mm in diameter and another short sinus tract measuring about 0.9 cm in length and 4.7 mm in diameter
Eosinophil	05%	FNAC	Suggestive of Hidradenitis Suppurativa
Monocytes	01%	Blood urea	24 mg/dL
ESR	75mm/1 st hour	Serum Creatinine	0.9 mg/dL

Table 2: Ayurvedic Examination

Ayurvedic examination	
Prakruti (Normalcy)	<i>Kapha Vataj</i>
Dosha in Vyadhi Awastha (Disease stage)	<i>Pitta Pradhan Tridosha</i> (pitta dominant three regulatory functional factors of the body),
Dushya (Bodily structure that gets vitiated)	<i>Twak</i> (skin), <i>Mamsa</i> (muscle tissue) and <i>Rakta</i> (blood)

b. Diagnostic Assessment

Abscess, Diabetic wound and HS were considered as differential diagnosis. As the patient was non-diabetic, so diabetic ulcer was ruled out and as multiple openings were present along with tracts which provided the idea

that the disease has progressed which is seen in HS. Finally, the diagnosis of HS stage 2 was established as per the Hurley staging for HS based on signs and symptoms, which was supported by lab investigations. (Table 3)

Table 3: Differential Diagnosis

Differential Diagnosis	
Axillary Abscess	Multiple openings with persistent pus discharge and no signs of acute inflammation so excluded.
Diabetic wound	No history of diabetes mellitus so excluded
Hidradenitis Suppurativa (HS)	Lesions in the axilla with recurring nodules, Scarring and formation of sinus tracts, so the final diagnosis of HS was established.

c. Intervention

Bhedana Karma (Incision and drainage), [6] *Lekhana Karma* (Scooping) followed by *Kshara* (Alkali/caustics) Application, [7] *Ksharasutra* (Medicated thread) ligation, [8] *Vrana Shodhana* (wound cleansing) and *Vrana Ropana* (wound healing) were planned for the management of this case, after focusing on the patient's history, stage of HS, and its reoccurrence rate. In preoperative care, Injection TT 0.5ml IM (stat), Injection 2% Xylocaine 0.2 ml SC (Test dose) were administered. The Patient was taken into the supine position and asked to extend the right arm for proper view of the wound area. Painting with betadine and draping with a sterile hole towel was done. Injection 2% plain lignocaine was infiltrated around the wound. After achieving anesthesia, probing (Figure 2a) was done from one opening to another opening (a total of 4 openings were present). Three openings were incised for pus drainage (Figure- 2b) and *Lekhana Karma* (Scooping) was done. *Kshara* (Alkali) was applied for 100 *Matrakaal* (90 seconds). (Figure- 2c) After the appearance of *Samyaka Ksharadagdha Lakshana* (Signs of proper burning with alkali), *Kshara* was cleaned with normal saline (NS). In the 4th opening *Ksharasutra* (Medicated thread) was ligated. (Figure- 2d) After attaining proper hemostasis, the dressing was done with betadine. In postoperative care, oral medications Cap Omez 20mg 1 capsule a day (before food), Tab Taxim O 200mg 1 tablet twice a day (after food), and Tab Lyser D 1 tablet twice a day (after food) were prescribed to the patient after the surgical intervention. Tablet *Triphala Guggulu* 1 tablet

Table 5: Treatment plan with Follow-up and outcome

thrice a day (after food), and *Asanadi Kashaya* 4 tablespoons thrice a day with equal water were added in the prescription from the first postoperative day.

d. Timeline (Table 4)

Table 4: Timeline of Case

4/1/2023 (Ayurvedic Consultation)
The patient was advised to undergo surgical intervention.
↓
5/1/2023 (Operative day)
Under LA* small tracts were laid open followed by <i>Kshara</i> application and KS* ligation
↓
6/1/2023 - 8/1/2023 (Post Operative care)
Oral medicines were prescribed along with proper wound care and <i>Ksharasutra</i> (KS) changing on POD* 3
↓
9/1/2023 (Discharge & Follow up)
Patient was discharged with oral medicines and was advised to come for dressing on alternate days.

LA: Local Anaesthesia, KS: *Ksharasutra*, POD: Post operative day

e. Follow-up and outcome (Table 5)

The patient was discharged on the 5th day after the procedure with stable vitals. Oral medicines *Triphala Guggulu* and *Asanadi Kashaya* were continued, and the patient was called for dressing every alternate day for 5 days with *Jatyadi Taila* (Medicated oil). *Ksharasutra* (Medicated thread) was changed after every 3 days for 4 consecutive times. After initial treatment, the patient got satisfactory relief in the symptoms with no adverse effects noted during or after the treatment, as her wound was healthy, which healed in 1 month. (Figure 3)

Plan of Care	Date	Procedure	Medications	Wound Status
<i>Poorva Karma</i> (Pre-Operative)	4/1/2023	Consent was taken, Examination, History taking, PAE	Inj-T. T 0.5cc IM (stat) Inj-Xylocaine plain 2% ID (test dose stat)	Multiple small pustular swellings with foul smelling pus discharge and sinus tracts were present
<i>Pradhan Karma</i> (Operative)	5/1/2023	<i>Bhedana</i> (Surgical debridement) under LA (2% Xylocaine with Adrenaline), <i>Kshara</i> application f/b washing with N.S, KS* Ligation	Cap Omez 20mg 1 capsule a day (before food) Tab Taxim O 200mg 1 tablet twice a day (after food) Tab Lyser D 1 tablet twice a day (after food)	Wound was healthy and hemostasis was achieved with KS in situ
<i>Paschat Karma</i> (Post Operative)	5/1/2023	Wound dressing	N.S & Betadine solution 5% (POD 0)	
	6/1/2023	<i>Vrana Shodhana & Vrana Ropana</i>	Local application of Jatyadi taila	Tenderness at operated site with slight pus discharge on pressing. KS in situ
	8/1/2023			Mild tenderness with no pus discharge, Healthy granulation tissue present. KS in situ
	11/1/2023			Wound was healthy and healthy granulation tissue was present. KS in situ
	14/1/2023			Wound was healthy and healthy granulation tissue was present. KS in situ
	19/1/2023			Wound was healthy, and the KS was removed
	4/2/2023			Wound about to heal completely, no pus discharge or foul smell was present
	8/1/23, & (POD* 3 rd)			<i>Kshara sutra</i> Changing
	11/1/23 (POD* 6 th)	Wound was healthy and healthy granulation tissue was present. KS in situ		
	14/1/23 (POD*9 th)	Wound was healthy and healthy granulation tissue was present. KS in situ		

	5/1/2023 to 7/1/2023 (POD* 0 to POD* 2)	Oral Medicines (Antibiotic regimen and analgesia)	Cap Omez 20mg 1 capsule a day (before food) Tab Taxim O 200mg 1 tablet twice a day (after food) Tab Lyser D 1 tablet twice a day (after food)	
	6/1/2023 to 2/2/2023 (From POD* 1 to POD* 28)	<i>Ayurvedic oral medicines (Vrana Shodhana and Ropana)</i>	<i>Triphala Guggulu</i> 1 tablet thrice a day (after food, KLE Pharmacy, Batch no- KLE015) <i>Asanadi kashaya</i> 4tsp* thrice a day (after food, SDM Pharmacy, Batch no- AQP049)	
Follow up	22/02/2024	Patient visited for low back ache at that time follow up taken	None	Scar mark at the operated site with no pus discharge or pustular swellings

KS: Ksharasutra, POD: Post operative day: Tsp: Tablespoon

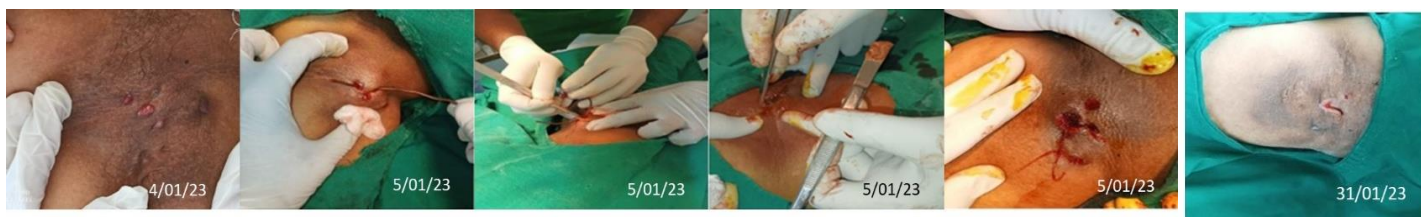


Figure 1: Before Treatment

Figure 2a: Probing done

Figure 2b: opening of tracts

Figure 2c: Kshara application

Figure 2d: Ksharasutra ligation

Figure 3: After Treatment

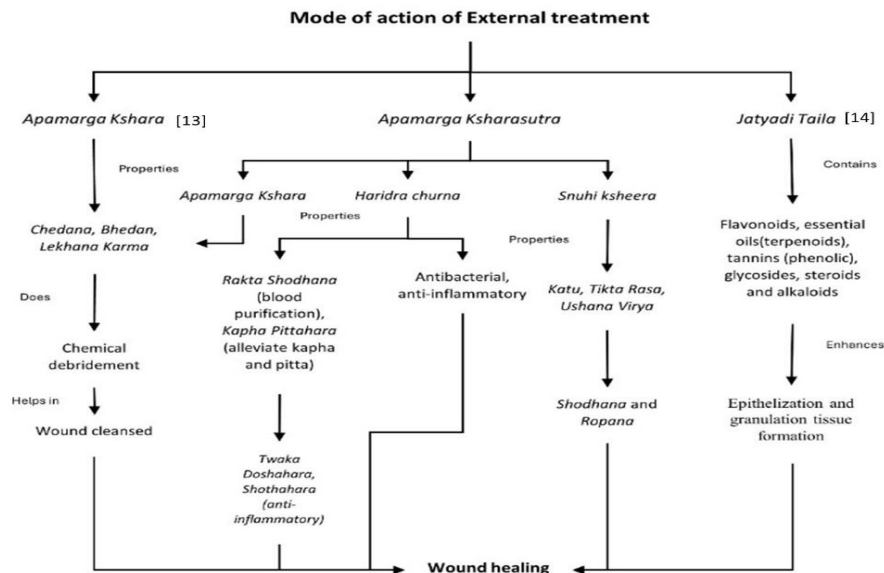
f. Adherence and compliance During the treatment the patient had taken all the oral medicines as prescribed and had visited for regular dressings and *Ksharasutra* changing as she was advised. After the initial treatment the wound progressed towards healing and no bleeding or pus discharge was seen from the wound. The wound healed completely on day 31st also no adverse reaction or hypersensitivity was seen during and after the treatment and the patient was completely satisfied.

3. DISCUSSION

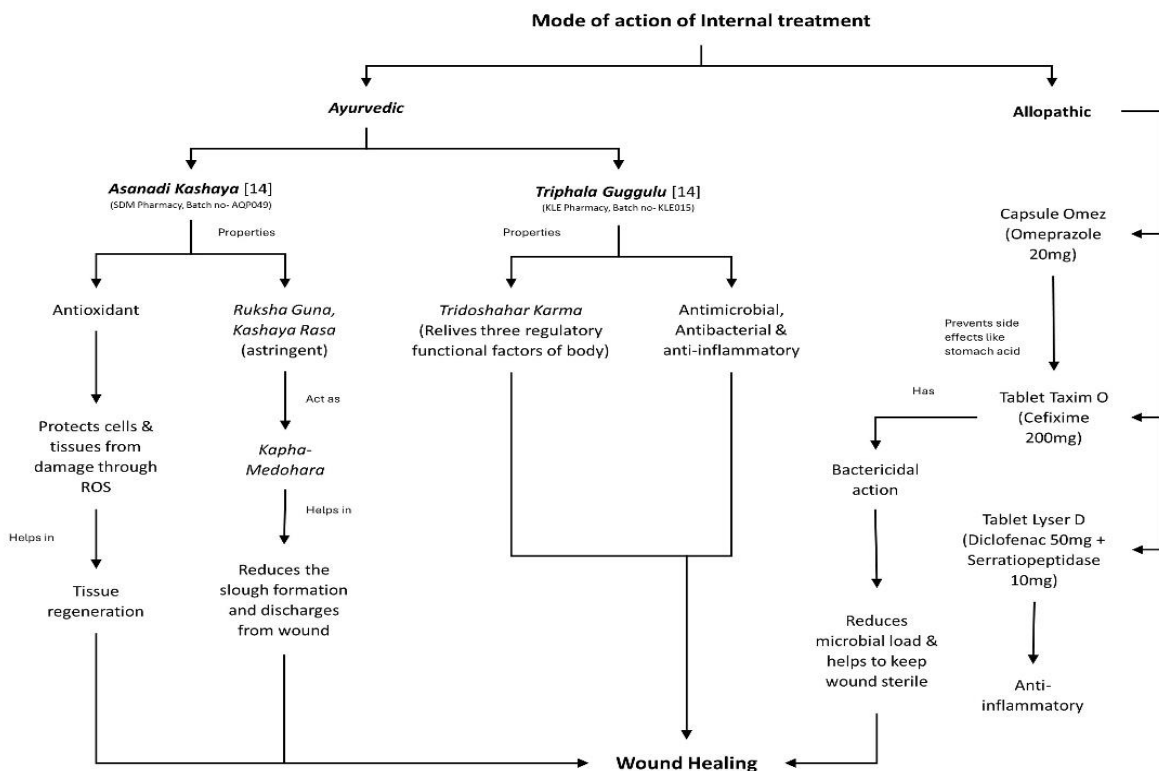
HS is a disease which impairs the patient's quality of life as it is a distressing and recurrent disease.[9] There are various regional and international protocols for the management of HS but due to the lack of controlled clinical trials, different conservative and surgical measures were used, which resulted in varying degrees of outcomes along with recurrence and complications. Hence, making it difficult to reach a consensus regarding

the type and time of surgery. [10] These results confirm that patients with HS need a multidisciplinary, comprehensive management regimen. [11] The manifestation of *Kaksha* disease occurs due to aggravated *Pitta Dasha*. The vitiated *Pitta Dasha* gets *Sthansanshraya* (stage of localization) in *Twak*, *Mamsa* of *Kaksha* (Axilla) region and further does *Dushan* (vitiation) of *Rakta* involving *Vata* (responsible for movement and cognition) and *Kapha* (responsible for regulating body fluids and keeping the body constituents cohesive) *Doshas*, causing *Paka* (suppuration) of *Dushya* leading to pus discharge and pain at disease site. In the present case multiple openings and *Nadivrana* (Fistula disorder) were present with involvement of *Pitta Pradhan Tridoshas* at disease site, so *Kshara* and *Ksharasutra* both were used as KS is indicated for *Nadivrana* which helps in cutting of a tracts whereas the medicines coated on it does debridement of unhealthy tissue along with growth of

granulation tissue, [12] and local application of *Kshara* was done as it is indicated for *Twak* and *Mamsagata Roga* (disease involving muscle tissue), also it is known to be *Tridoshagna* (regulating the three regulatory functional factors of the body). [13] In present case the laying open all the tract at once would have caused an immense wound, which may take longer time to heal with a risk of secondary infections from perspiration and poor hygiene. Also there was a risk of the formation of a thicker fibrous scar, which could have led to either painful or restricted axillary fold movement. Hence, smaller tracts were laid open and *Kshara* was applied for 100 *Matrakaala* and later washed with N.S simultaneously. The mode of action of external treatment and internal medication is described. (Flow Diagram: 1, Flow Diagram: 2) This is single case report with good outcomes but larger controlled studies are warranted to generalize the findings of this case report.



Flow Diagram: 1. Mode of action of External treatment



Flow Diagram: 2. Mode of action of Internal treatment

4. CONCLUSION

The higher reoccurrence of HS makes it a challenging disease to be treated even after advancements in surgical procedures and increased drug research no treatment modality is present which provides a complete management of HS and reduces its recurrence which is seen in this case as the patient was suffering with it from the past 3 years. So, in the present case the integration of *Ayurveda* principles like *Kshara* application and KS ligation resulted in better outcomes with no adverse effects as these principles not only provided relief to the patient, they also prevented recurrence. Hence it observed that the *Kshara* application and *Ksharasutra* ligation mentioned in the management of *Nadivrana* provided significant results

in the management of HS with no recurrence seen after 1 year of follow up.

Abbreviations: HS (Hidradenitis Suppurativa), KS (*Ksharasutra*), N.S (Normal Saline), POD (Post operative day), FNAC (Fine needle aspiration cytology)

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient perspective - I developed a single small swelling in my Rt axilla 3 years back, for which I took multiple treatments but haven't got any relief. I visited an Ayurvedic specialist, and he advised me to undergo surgery. There was minimal pain after the surgery and good improvement in my wound. Gradually my wound healed completely

in one month. Now I am attending all family functions. I am thankful to my husband and the doctors who advised & treated me.

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