

Management of Pilonidal Sinus Disease with Homoeopathy: An Evidence- Based Case Report

Dr. Sayani Ghosh¹, Dr. Jaharlal Barman²

¹SRF(H), Regional Research Institute for Homoeopathy, Siliguri.

²SRF(H), Anjali Chatterjee Regional Research Institute for Homoeopathy, Kolkata.

Abstract:

Pilonidal sinus (PSD) disease is an infection that occurs beneath the skin in the gluteal cleft just above the anus. It affects 7% of the population. In conventional mode of treatment there are several surgical or non-surgical treatments available but with high recurrence rate and post-surgical complications. Owing to the limited therapeutic efficacy of conventional treatment for PSD, an alternative approach is warranted. In this case, A 25years male patient attended OPD with pricking pain and oozing of foul-smelling discharge from three orifices above anus at sacral region since last 1 year. He had occasional reddish rash in sinus tract region. Based on his clinical symptoms and physical examination we diagnosed the case as Pilonoidal Sinus Disease. After thorough case taking, evaluation and analysis of the case the patient was prescribed Graphites and a marked improvement was noticed. Complain resolved within 1 and a half month and the patient was followed-up for one year with no recurrence. As this is a type of disease condition, where patient suffer due to pain and discomfort affecting his daily life leading, outcome-related to impact on daily living (ORIDL) Scale was used to evaluate the improvement. The MONARCH was used to assess the possible causal attribution

Keywords: Homoeopathy, Pilonoidal Sinus Disease, Case Report, ORIDL, MONARCH.

Introduction:

Pilonidal sinus disease (PSD) is an infection that occurs beneath the skin in the gluteal cleft just above the anus. Pilonidal means “nest of hair.”¹ Trapped hair around the buttocks crease can lead to an abscess, and a pilonidal sinus may develop as a result.(2)PSD previously thought to be of congenital origin but now increased evidences indicates its acquired etiology.(1) There are many risk factors like occupation, which plays a major role with reports of occurrences between the fingers of sheep shearers, dog groomers, and barbers. Others are, a sedentary lifestyle, positive family history, obesity, hirsute body habitus, local irritation or trauma etc.(1) Enlargement and rupture of the pilosebaceous glands with either abscess formation or a chronically discharging sinus may arise from blocked hair follicles.(1) PSD represents a significant disease burden, affecting people in their most productive years with huge socioeconomic implications, causing daily discomfort and limiting activity.(1) Infected pilonidal disease affects approximately 0.7% of the population. The incidence is nearly 25/100,000. It occurs at least two times more frequently in men than in women, usually between the ages of 15 and 30; the disease occurs exceptionally before puberty or after 60.(3) In conventional mode of treatment several surgical techniques like minimally invasive surgery, Video Assisted-Ablation of Pilonidal Sinus (VAAPS) and Endoscopic Pilonidal Sinus Treatment (EPiST) are available. Many non-surgical treatment strategies including phenol

injection, fibrin glue, cryotherapy, laser treatment, VAC therapy and antibiotics are given.(1) But studies have failed to show a clear advantage for any single treatment strategy.(4) A meta-analysis of 15 studies with minimum 5-years follow-up showed an overall recurrence rate of 13.8% following pilonidal surgery.(1)

Homoeopathic medicines are reputed for its action on abscesses, fistula, sinuses etc.(5,6) How ever to our knowledge there is no published case report on PSD treated only with Homoeopathic medicine. This case report will describe the therapeutic effect of individualized Homoeopathic Medicine in treatment of PSD with no recurrence within one year.

Case Study:

Patient Information: A 25 years old male adult presented at clinic with Pricking pain and foul-smelling discharge from three orifices above anus at sacral region Since last 1 year. He had occasional reddish rash in sinus tract region but no itching. Orifices gradually appeared one after another. The patient was a software engineer by occupation. He has to seat for hours in same position, and the pricking pain aggravates after sitting for long. Long continued allopathic medication were taken for last few months but no result found, except slight drying up of discharge and again returning to the same condition.

No significant past history or intra uterine life history was found but the patient had a strong family history of Diabetes mellitus, hypertension and hypothyroidism. The patient has an occasional habit of taking alcohol.

Physical Generals: The patient is thermally chilly. Appetite is good and tolerates hunger but takes junk food from outside and cannot take food at time. Thirst adequate used to take 3 to 4 liters of water every day. Tongue moist and base coated white. Strong aversion for meat and sweet. Craving for salty spicy foods. His stool is regular but hard knotty, constipated. He perspires profusely mostly at covered parts, but no stain or odor. His Sleep is disturbed due to pain.

Mental Generals: The patient is Very much anxious about his disease condition as he cannot sit for long due to this complain. Nervous and restless during any uneven situation or work, confused cannot decide what to do and what should not. Fearful cannot stay alone in home.

Clinical Findings:

Physical examination: On examination of the sacral region three orifices were seen with thick yellowish sticky discharge. Small reddish rashes are noticed around three orifices.

Diagnosis: Based on the clinical findings it was diagnosed as Pilonoidal Sinus Disease, International Classification of Diseases (ICD) 10 L05.92

Analysis & Evaluation of the case: Based on the Characteristic presenting complain after repertorization with HOMPETH Zomeo lite 's Kent repertory Graphites was prescribed. Notable symptoms for the prescription were, nervousness & restlessness during any work, confused. Thermal relationship chilly, patient had a white coated tongue, aversion to meat & sweet and a strong desire for salty foods. Stool hard knotty and foul-smelling discharge from the pilonoidal sinuses.

Considering the acuteness of the condition for frequent repetition lower potency, 30 used.

Repertorization:

After repertorization of the case, Graphites, Sulphur, Calc carb, phosphorus, silicea came in a hierarchy. Graphites covers maximum no of symptoms with high score of 23/9. Graphites has a marked action on complains with offensive and sticky discharge which is a prominent feature of this case.

Repertorial Sheet:

Patient : Speed Case Physician: SAYANI GHOSH Registration Number : Date : 2023-04-28

Remedy	Graph	Sulph	Calc	Phos	Sil	Ars	Merc	Carb-v	Lyc	Se
Totality	23	22	21	20	19	18	18	17	17	1
Symptoms Covered	9	9	8	9	7	8	8	7	7	7
Kingdom	Minerals	Minerals	Minerals	Minerals	Minerals	Minerals	Minerals	Minerals	Plants	Anin Sarc
[Kent] [Mind]TIMIDITY: (78)	2	3	3	3	2	2	2	2	3	3
[Kent] [Mind]RESTLESSNESS, NERVOUSNESS:Working, while: (2)	3									
[Kent] [Mind]CONFUSION OF MIND (SEE CONCENTRATION): (222)	2	2	3	2	3	2	3	3	2	3
[Kent] [Generalities]HEAT:Vital,lack of: (108)	3	2	3	3	3	3	2	2	2	2
[Kent] [Mouth]DISCOLORATION:Tongue:White: (169)	2	3	3	2	2	3	3	2	2	2
[Kent] [Stomach]AVERSION:Meat: (88)	3	3	3	2	3	2	2	2	2	3
[Kent] [Stomach]AVERSION:Sweets: (12)	3	2		2		2	2			
[Kent] [Stomach]DESIRES:Salt things: (30)		1	2	3				3		
[Kent] [Stool]KNOTTY,NODULAR,LUMPY: (85)	3	3	2	1	3	1	2		3	2
[Kent] [Skin]ULCERS:Discharges:Offensive: (66)	2	3	2	2	3	3	2	3	3	2

Table no 1: Timeline & follow up

Timing	Complains of	Intervention	Remarks	ORDIL Score	
				Pt. A.	Phy. A.
First visit (19.02.22)	Pricking pain and oozing of foul-smelling discharge from three orifices above anus at sacral region Since last 1 year. He had occasional reddish rash in sinus tract region.	Graphites 30/OD/3 days		-	-
01.03.22	Complain decreased by 25%.	Placebo	Wait & watch as the complaint improving	+1	+1

	Pricking pain & discharge both reduced				
08.03.22	Pricking pain reduced but sticky discharge persisting, offensiveness same as before	Placebo	Wait & watch as the complaint improving	+1	+1
15.03.22	Oozing of sticky discharge still persisting and Pricking pain again appeared	Graphites 30/OD/3 days	Previous complaints are reappearing so the medicine repeated.	+1	+1
22.03.22	Oozing of sticky & offensive discharge reduced. Pricking pain & rash reduced to 60%	Placebo	Wait & watch as the complaint improving	+2	+2
02.04.22	Pricking pain & discharge reduced	Placebo	Wait & watch as the complaint improving	+2	+2
23.04.22	No oozing of discharge & no pricking pain	Placebo	Wait & watch as the complaint improving	+3	+3
24.05.22	No orifice visible, no pain.	Placebo	Complain relieved	+4	+4
21.06.22	Complain relieved. No new complain	Placebo	Do	+4	+4
26.07.22	No new complain	Placebo	Do	+4	+4
20.09.22	No new complain	Placebo	Do	+4	+4
25.11.22	No complain	Placebo	Do	+4	+4
20.01.23	No complain	Placebo	Do	+4	+4
22.03.23	No complain	Placebo	Do	+4	+4

Table no 2: Outcome was assessed by Modified Naranjo Criteria

Domains	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-	-
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-	-
3. Was there an initial aggravation of symptoms?	-	0	-
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?		0	
5. Did overall well-being improve? (Suggest using validated scale)	+1	-	-
6A <i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?	-	0	-
6B <i>Direction of cure</i> : did at least two of the following aspects apply to the order of improvement of symptoms: –from organs of more importance to those of less importance? –from deeper to more superficial aspects of the individual? –from the top downwards?	-	0	-
7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	-	-
8. Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-	+1	-
9. Was the health improvement confirmed by any objective evidence?(e.g., laboratory test, clinical observation, etc.)	+2	-	-
10. Did repeat dosing, if conducted, create similar clinical improvement?	-	0	-

Total score +8.

Pre & post treatment pictures:



(FIG: 1 At first visit)



(FIG:2 after treatment)

Discussion:

In modern era people have to spend their 60% of 16 hours waking time in sitting posture for watching TV, sitting Infront of computers at work or at home and sitting at cars for long. PSD affects mostly young youth and middle-aged persons, though it is not a life-threatening disease but it significantly causes morbidity, considerable time lost from work, which can amount to months and recurrence. In spite of large number of treatment available of non- operative and operative methods in modern medicine, no single method can be relied upon to cure the condition due to high incidence of post- operative infections, impaired healing and recurrence.

This case report describes the effectiveness of homoeopathic treatment in Pilonidal Sinus Disease. This patient suffered for 1 year for this complain, as the patient was a driver by profession, he cannot modify his lifestyle has to be seated in same position for long hours. With homoeopathic treatment the wound of PSD was healed and also the recurrence checked within 3 months. A detailed case taking was done and after reportorial analysis using HOMPETH Zomeo lite 's Kent repertory Graphites 30 was given considering the characteristic discharge from the sinus and acuteness of the case. Remarkable improvement was noticed within weeks. Then the same medicine continued and repeated at suitable interval to effect complete recovery. In every follow-up visit, the improvement was measured through Out-come Related to impact on Daily Living (ORIDL)(7) scale by the physician as well as the patient himself. The ORIDL score representing a positive correlation between physician's and patient assessment. Naranjo criteria, total score was +8 which suggests definite association between the medicine and homoeopathic treatment. High total score of MONARCH indicates higher likelihood of causal relation between the patient's improvement and Homoeopathic remedy.

This case also proved that Individualised homoeopathic medicine selected by forming Totality of symptoms after detailed case taking and Repertorization acts promptly, reduce complain with in short course of time without further complication and also helps to reduce recurrence rate.

Conclusion:

This case report shows surgical cases like Pilonidal Sinus Disease can be treated with Homoeopathy. By homoeopathic treatment we can avoid post-surgical complications and recurrence. In near future, large sample size-based, randomized controlled studies could confirm the effectiveness of homoeopathy in such cases.

Declaration of patient consent:

The patient had given consent for reporting his case in the journal. The name and initials will not be published and his identity would not be revealed.

Conflict of interest:

None.

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