

MYTHS, BELIEFS AND REALITY OF PILONIDAL SINUS DISEASE: AN INTEGRATIVE
SURGICAL AND AYURVEDIC PERSPECTIVE

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Bengaluru, Karnataka, India.<https://doi.org/10.5281/zenodo.17539867>**How to cite this Article:** Dr. Manoj D. C.*, Dr. Shailaja S. V. (2025). Myths, Beliefs And Reality Of Pilonidal Sinus Disease: An Integrative Surgical And Ayurvedic Perspective. International Journal of Modern Pharmaceutical Research, 09(11), 59-61.**ABSTRACT****Background:** Pilonidal disease (PD) is a chronic inflammatory disorder affecting the natal cleft, with significant morbidity in young adults. Despite extensive research, myths and misconceptions persist regarding its etiology, hygiene, and surgical management. Ancient Ayurvedic texts, under the concept of *Nadi Vrana* and *Kshudra Roga*, offer comparable descriptions and therapeutic principles that can enhance modern understanding. **Objective:** To correlate the myths and beliefs surrounding pilonidal disease with both modern surgical evidence and Ayurvedic classical explanations, highlighting integrative management possibilities. **Methods:** Literature from modern surgical sources and Ayurvedic compendia including *Sushruta Samhita*, *Charaka Samhita*, and *Ashtanga Hridaya* was reviewed. Myths and misconceptions commonly found in clinical practice were analyzed and compared with evidence-based and classical textual knowledge. **Conclusion:** Pilonidal disease, though mechanical in origin, is conceptually aligned with *Nadi Vrana* in Ayurveda. Integrating classical measures like *Ksharasutra*, *Vrana Shodhana* (cleansing), and *Ropana* (healing) with surgical approaches offers a holistic framework for prevention and recurrence control.**KEYWORDS:** Pilonidal sinus, Nadi Vrana, myths, Shalya Tantra, Ksharasutra, integrative surgery.**INTRODUCTION**

Pilonidal Sinus disease (PD) is a chronic condition characterized by a sinus or cyst near the sacrococcygeal region, often containing hair and debris. The term *pilonidal* derives from Latin — *pilus* (hair) and *nidus* (nest) — literally meaning “nest of hairs.” Although first described in the 19th century, misconceptions about its aetiology and management persist widely among patients and healthcare workers alike.

This article aims to discuss common myths and beliefs regarding pilonidal disease and contrast them with current scientific evidence to improve awareness and clinical practice.

MATERIALS AND METHODS**Myths and Beliefs vs. Reality****1. Myth: Pilonidal disease is congenital.****Belief:** Many patients believe they are born with the disease due to a “birth defect” or “inborn cyst.”**Reality:** Studies show that pilonidal disease is *acquired*, not congenital. Repeated friction and pressure in the natal cleft lead to hair penetration into the subcutaneoustissue, causing inflammation and infection.^[1] The condition is more prevalent in hirsute males and individuals with sedentary lifestyles.^[2]**Ayurvedic view:** *Nadi Vrana* arises from *Dushta Vrana* (neglected ulcer) or local trauma — consistent with acquired etiology (*Sushruta Samhita*, *Chikitsa Sthana* 17/8).**2. Myth: It is caused by poor hygiene alone****Belief:** Patients often feel ashamed, assuming uncleanliness is the main cause.**Reality:** While hygiene plays a role in recurrence prevention, the primary cause is mechanical — friction, sweating, and tight clothing promote hair insertion.^[3] Thus, even individuals with good hygiene can develop the condition.**Ayurvedic view:** Excessive sweating (*Atisveda*), dirt accumulation (*Mala Sangraha*), and improper posture (*Asana Dosh*) aggravate *Pitta* and *Kapha*, promoting *Vrana Utpatti* (ulcer formation).^[4]

3. Myth: Pilonidal sinus is contagious

Belief: Some patients avoid contact or sharing seats due to fear of transmission.

Reality: Pilonidal disease is *not contagious*. It results from local inflammation, not infection spread. There is no evidence of person-to-person transmission.^[5]

Ayurvedic view: *Nadi Vrana* arises from internal *Dosha Dushti* and external trauma, not from transmission.^[6]

4. Myth: Surgery permanently cures pilonidal sinus

Belief: Patients assume a single surgical procedure guarantees lifelong cure.

Reality: Despite surgical excision, recurrence rates vary from 5–30% depending on technique and postoperative care.^[7] Hair removal, wound care, and weight management are crucial for long-term success. Minimally invasive techniques such as endoscopic pilonidal sinus treatment (EPSiT) show promising results with reduced recurrence.^[8]

Ayurvedic view: *Sushruta* emphasizes *Shodhana* (cleansing) and *Ropana* (healing) of *Vrana* to prevent recurrence. Incomplete cleansing leads to *Punarbhava* (recurrence). *Ksharasutra* therapy—an alkaline medicated thread—ensures continuous drainage and destruction of sinus tracts, reducing recurrence.^[9]

5. Myth: Non-surgical or home remedies can completely cure the disease

Belief: Some patients use herbal poultices, turmeric, or antibiotics hoping for permanent relief.

Reality: Conservative measures may reduce symptoms but rarely cure chronic sinus tracts.^[10] Surgery remains the gold standard for chronic or recurrent disease.

Ayurvedic view: Local herbal formulations (*Vrana Lepas*), *Triphaladi Churna*, and *Jatyadi Taila* are useful *adjuvants* post *Ksharasutra* or surgery for healing, but not substitutes for tract removal.

6. Myth: Only males are affected.

Belief: The condition is considered “a men’s problem.”

Reality: Although PD predominantly affects males (male-to-female ratio \approx 3:1), females are also susceptible, especially those with obesity or deep natal clefts.^[11] Awareness among women is often lower, leading to delayed diagnosis.

Ayurvedic view: *Sushruta* notes that *Vrana* (ulcers) can occur in both sexes when *Doshas* are aggravated, with susceptibility determined by occupation and lifestyle rather than gender alone.

DISCUSSION

Misinterpretation of pilonidal disease influences both patient attitudes and treatment compliance. Persistent myths often result in delayed presentation, poor wound care, and recurrence. Evidence-based counseling must therefore form an essential part of management.

Education about preventive measures — such as maintaining natal cleft hygiene, avoiding prolonged sitting, and regular hair removal — significantly reduces recurrence rates.^[12] Surgeons must also choose techniques based on sinus complexity, from primary closure to flap procedures or endoscopic methods.^[13] Integration of Ayurvedic wisdom and modern surgical science provides a broader understanding of pilonidal disease. Classical descriptions of *Nadi Vrana* align with chronic sinuses exhibiting intermittent discharge and tract formation. Management principles of *Ksharasutra Chikitsa* — continuous alkaline cauterization, debridement, and tissue healing — correspond to the objectives of modern sinus excision and secondary healing.

Preventive advice in both systems emphasizes hygiene, avoidance of prolonged sitting, local hair removal, and maintaining ideal body weight. Patient education dispelling myths and encouraging evidence-based self-care significantly reduces recurrence

CONCLUSION

Pilonidal disease remains burdened with social stigma and misinformation. Pilonidal disease, though mechanistically explained by hair and frictional forces, finds parallel representation in Ayurveda as *Nadi Vrana*. Dispelling myths through integrated awareness combining modern surgical techniques with Ayurvedic *Shodhana-Ropana* measures can enhance patient compliance and outcomes. This interdisciplinary perspective reinforces the harmony between classical knowledge and modern surgical evidence. Distinguishing myths from medical facts is vital for timely diagnosis, effective treatment, and recurrence prevention. Evidence-based communication between clinician and patient can transform outcomes and quality of life.

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