

**Shalya [Vyadhi] Sankara- Clinical Images****Sathish HS<sup>1</sup>, Rashmi TM<sup>2</sup>, Mithun B<sup>3</sup>**

<sup>1</sup> Professor, Dept of Shalya Tantra, <sup>2</sup> Associate Professor, Dept of Kayachikitsa, TMAE's Ayurvedic Medical College, Shimoga, Karnataka

<sup>3</sup> Professor, Dept of Shalya Tantra, ALN Rao Memorial Ayurvedic Medical College, Koppa, Karnataka

**ABSTRACT:**

No abstract is required as this is clinical images

**INTRODUCTION:**

*Vyadhi Sankara* or A syndrome of clinical conditions develops in an individual due to various causes mainly as a result of ill treatment or no treatment of a primary ailment and also due to non-avoidance of the etiological factors. There exists a usual pattern of disease origin either solitary or multiple, those were also being documented in the treatises earlier.

**KEY WORDS:** *Shalya, Sankara, Vyadhi*

Received: 07.03.2022 Revised: 13.03.2022 Accepted: 15.03.2022 Published: 20.03.2022

**Quick Response code****\*Corresponding Author:****Dr. Sathish HS**

Professor, Department of Shalya Tantra,  
TMAE's Ayurvedic Medical College, Shimoga, Karnataka  
E-mail : [ayursathishhs@gmail.com](mailto:ayursathishhs@gmail.com)

**CASE DETAILS:**

*Vyadhi sankara* is a term designated to a cluster of diseases which are either developed due to the complication of a single ailment or due to mutual influence of already existed or acquired disorder. There is a usual trend of diseases to occur simultaneously and are being reported to the scientific world. Here we would like to share a case which has multiple surgical ailments or *Shalya vyadhi*, wherein a *Arshas* (haemorrhoid), *Bhagandara* (Fistula in Ano)<sup>1,2</sup> and a *Nadi Vrana* (Pilonidal sinus) presented concurrently in an individual. *Vagbhata*, *Ayurvedic* sage discusses a combined presentation of *Arshas* with

*Bhagadara* in his treatise - *Arsho Bhagandara*, this combination is quite often noticed in Ayurvedic surgical practice. In this case, *Nadi vrana* (Pilonidal sinus) co-existed along with the above said two conditions assembling it as *Shalya (Vyadhi) Sankara*.

A 55 year old male patient visited our Outpatient department with the complaints of recurrent boils near perianal region along with hard, painful incomplete bowel evacuation, with bleeding per anum during and after defecation on and off since 2 years for which patient was taking self medication. After a detailed screening of the patient, local examination revealed third

degree interno external haemorrhoids at 7 and 11 clock position with *Vata kapha pradhana lakshanas* and fistulous opening at 7 clock position.

**Brief details of MRI Findings:**

Linear intersphincteric fistula-in-ano with small secondary ramification- Low anal Fistula and Precoccygeal minimal collection with mild inflammation and fibrosis beneath internatal cleft at the level of clinically Pilonidal sinus opening.

**Provisional reason for origin of three ailments altogether:**

*Utkatukasana* or chair pose is common in drivers and is considered as a potential precipitating cause for anorectal ailments, in this case patient is a frequent traveller. Contemporary sciences also have christened the name of Pilonidal sinus and Pilonidal cyst as Jeep driver disease<sup>3</sup> which is suggestive of its role in incidence as well as aetiology.

Dietary irregularity with respect to disobeying the *ashta vidha ahara ayatan*<sup>4</sup> is the root cause for gastrointestinal ailments which affects the physiological process of digestion, absorption and excretion.



Interno- external Piles at 7 & 11° clock position

Fistulous opening at 7 clock position

Pilonidal Sinuous opening at Anal cleft

**Fig- 1: Arshas, Bhagandara and Nadvirana in one frame**



Sinuous opening

**Fig- 2: Pilonidal Sinus Opening****REFERENCES:**

1. Kumar JA, Kumar GA, Ruchi J. Case Study: Effect of Papaya-Tankan Kshar Sutra In The Management Of Arsho-Bhagandara.
2. Nema A, Dudhamal TS, Gupta SK. Efficacy of Ksharasootra In Arsho-Bhagandara (Piles and Fistula-In-Ano) In Single Sitting-A Case Study. European Journal of Biomedical. 2016;3(3):442-5.
3. Ibrahim EA. Pilonidal Sinus: Surgical Excision of Pilondial Sinus And Suturing Skin Edge To Pre-Sacrat Fascia (Partial Closure). Journal of the Egyptian Society of Parasitology. 2020 Apr 1;50(1):203-8.
4. Shah N, Jhunjhunwala A. Concept of trayopstambha in preventing autoimmune disorders. Environment Conservation Journal. 2019 Dec 13;20(SE):31-4.

**CONFLICT OF INTEREST:** Author declares that there is no conflict of interest.

**GUARANTOR:** Corresponding author is guarantor of this article and its contents.

**SOURCE OF SUPPORT:** None

**HOW TO CITE THIS ARTICLE:**

Sathish HS, Rashmi TM, Mithun B. *Shalya [Vyadhi] Sankara*- Clinical Images. Int. J. AYUSH CaRe. 2022; 6(1):168-170.