

## Integrative Ayurvedic Approach in Recurrent Nāḍīvrana (Hidradenitis Suppurativa) Using Virechana, Jalaukāvacharaṇa and Kṣārasūtra: A Case Report

Shehanas Meeran,<sup>1\*</sup> Soumya V. V.<sup>2</sup>

<sup>1</sup> MS (Shalyatantra) Scholar, <sup>2</sup> Assistant Professor, Department of Shalyatantra, Government Ayurveda College, Thiruvananthapuram, Kerala, India.

### ABSTRACT:

Hidradenitis Suppurativa (HS) is a chronic, recurrent inflammatory disorder of apocrine gland-bearing areas characterized by painful nodules, abscesses, sinus tract formation, and scarring which can be related with *Nāḍīvrana*, in Ayurveda Conventional surgical and antibiotic therapy has a high recurrence rate, necessitating an integrative approach. A 37-year-old male presented with recurrent painful nodules and discharging sinus tracts involving both axillae and inguinal regions for 3 years. He had a history of bipolar disorder and type 2 diabetes mellitus under stable medication. Clinical examination confirmed multiple indurated swellings with interconnected sinus tracts consistent with Hidradenitis Suppurativa (Hurley Stage 3), which can be related with *sannipataja nadivrana*. Management included *Kṣārasūtra* application for controlled debridement and tract healing, *Jalaukāvacharaṇa* for reducing *Rakta duṣṭi* and inflammation, Virechana for systemic *Doṣa Śodhana*, along with internal medications such as *Guggulu Tiktaka Kaṣāya*, *Triphala Guggulu*, *trayandyadi kasaya* and *Avipattikāra Cūrṇa*. The treatment resulted in complete closure of sinus tracts, cessation of purulent discharge, significant reduction in pain and inflammation, and no recurrence during a 3-month follow-up period. This case demonstrates that an integrative Ayurvedic approach based on the principles of managing *Nāḍīvrana*, especially using *jaloukavacharan Śodhana* therapies and *Kṣārasūtra*, can effectively manage recurrent HS and prevent relapse. Further controlled studies are warranted.

**KEYWORDS:** Ayurveda, Dushta Vrana, Hidradenitis Suppurativa, Jalaukavacharaṇa, Kṣārasūtra, Virechana.

Received: 29.01.2026

Accepted: 10.02.2026

Published: 22.02.2026



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/) © 2026 International Journal of AYUSH Case Reports | Published by Tanaya Publication, Jamnagar.

QR Code



**\*Corresponding Author:**

**Dr. Shehanas Meeran**

MS (Shalyatantra) Scholar, Dept. of Shalyatantra, Government Ayurveda College, Thiruvananthapuram, Kerala, India

Email: [shehanasmeeran764@gmail.com](mailto:shehanasmeeran764@gmail.com)

## INTRODUCTION:

Hidradenitis Suppurativa (HS), also known as Verneuil's disease, is a chronic, relapsing inflammatory disorder that primarily affects apocrine gland-bearing areas. It is characterized by recurrent painful nodules, abscesses, sinus tract formation, and scarring, most commonly involving the axillae, groin, perineal region, and inframammary folds.<sup>[1]</sup>The condition typically manifests after puberty and often leads to significant physical discomfort, cosmetic concerns, and psychological stress due to its chronicity and recurrent nature.

Diagnosis of HS is based on the presence of typical lesions such as deep-seated tender nodules, draining sinuses, interconnected tracts, and characteristic scarring, in at least one typical anatomical region, along with a documented pattern of recurrence.<sup>[2]</sup>Conventional medical management includes systemic and topical antibiotics, anti-inflammatory agents, hormonal therapy, laser ablation, and wide surgical excision. However, many patients experience persistent or recurrent disease despite these interventions, emphasizing the need for individualized long-term management strategies.<sup>[3]</sup>

In Ayurveda, the clinical presentation of HS closely resembles Nāḍīvrana, a chronic sinus condition where vitiated *Kapha*, *Pitta*, and *Rakta* contribute to suppuration and the formation of deep, narrow tracts with persistent discharge.<sup>[4]</sup> Classical Ayurvedic texts emphasize *Śodhana* for breaking the disease cycle and preventing recurrence, along with local measures to

facilitate drainage and wound healing. Therapeutic modalities such as *Kṣārasūtra* application, *Jalaukāvacaraṇa* (leech therapy), *Virecana* (therapeutic purgation), and internal *Guggulu* formulations are traditionally described for managing chronic sinus tracts and *Rakta doṣa*-mediated inflammatory conditions.

This case report presents the successful Ayurvedic management of recurrent HS involving bilateral axilla and inguinal regions through a comprehensive treatment strategy integrating *Śodhana* procedures and local surgical-para-surgical techniques, with sustained remission over follow-up.

## CASE HISTORY:

### Patient Information

A 37-year-old male with a history of bipolar disorder and type 2 diabetes presented with complaints of recurrent painful swellings and multiple discharging sinuses in both axillae and groin regions for the past 3 years. The condition initially began as a single tender nodule in the right axilla, which gradually enlarged and ruptured, discharging pus. He had undergone incision and drainage procedures on two occasions at a local hospital, but the lesions recurred.

Over the subsequent years, he experienced recurrent episodes of painful nodules and abscess formation, leading to multiple interconnected sinus tracts and intermittent purulent discharge. The disease flares were noted to worsen during periods of increased sweating, stress, and intake of bakery products (such as bread, biscuits, and

cake). There was no history of involvement of other body areas. The patient reported no known drug allergies.

### Clinical Findings

On examination:

Rt axilla

Inspection: indurated swelling present

Healed scars present

Blackish hyperpigmentation around lesions.

Probing: multiple opening present, interconnecting each other

One measuring 3cm and other 4 cm

Lt axilla

Inspection : indurated swelling present measuring ~8cm

Healed scars present

Blackish hyperpigmentation around lesions.

Probing : probe goes approximately 6 cm

Inguinal region

indurated tender nodules, in bilateral inguinal folds.

### Ayurvedic Assessment (*Dashavidha and Ashtasthana Pareeksha*)

**Prakriti:** Pitta-Kapha

**Dushya:** Rakta, Mamsa

**Srotodushti:** Sanga (~obstruction)

**Roga Marga:** Bahya (~external pathway)

Diagnosis was established as **Sannipataja Nadivṛana**.

### Diagnostic Assessment

Clinical diagnosis confirmed as **Hidradenitis Suppurativa** based on **chronicity, sinus tracts, abscess formation, and recurrence**. Routine laboratory tests were **within normal range**, except **ESR: 40 mm/hr**.

TB skin test, VDRL, and blood sugar profile were negative/normal.

**Hurley Stage:** 3<sup>[5]</sup>

### THERAPEUTIC INTERVENTION

The details about the local and systemic treatment are mentioned in table 1 and table 2,3 respectively.

**Table 1: Local Procedures:**

Procedure	Purpose	Details
<b>Ksharasutra application</b>	Controlled debridement and sinus tract excision	Applied to sinus tracts in bilateral axillae
<b>Jaloukavacharana (Leech Therapy)</b>	Rakta-Pitta Dushti Shamana, anti-inflammatory	Performed weekly over inflamed nodules
<b>Local wound care</b>	Maintain hygiene & prevent reinfection	Jathyadi grtham + sterile dressing daily

**Table 2: Shodhana Therapy**

Therapy	Rationale	Date
<b>Virechana karma</b>	Systemic <i>Pitta-Rakta</i> Shodhana	Performed with <i>avipatti churnaa Samyaka virechana</i> achieved

**Table 3: Internal Medications**

Medicine	Dose	Purpose
<i>Guggulu-tiktaka Kashayam</i>	60 ml BD	Anti-inflammatory & wound healing
<i>Triphala Guggulu</i>	2 tabs TID	Reduces inflammation & granulation, anti inflammatory and wound healing in nature
<i>Vaiswsanara choornam</i>	1 tsp bd with hotwater	Given 1 week before <i>snehapana</i> for <i>angni deepana</i>
<i>Guggulu tiktakam grtham</i>	1 tsp BD	Done <i>vicharana snehapana</i> for 7 days before <i>virechana</i>
<i>Trayandhyadi kasayam</i>	60 ml BD	Improves <i>Rakta Shuddhi</i> Helps to reduce inflammation
<i>Avipattikar Choorna</i>	HS with warm water	Regulates <i>Agni &amp; Pitta</i>

**Table 4: Timeline**

Period	Event / Intervention	Clinical Course
3 years ago	First appearance of nodules	Painful axillary swelling
Same time	I&D at allopathic hospital	Temporary relief
After 6 months	Recurrence at same sites	Persistent swelling and discharge
25/8	Baseline assessment and planning <i>ksarasootra</i> therapy	Admitted for management
26/8	<b><i>Kṣārasūtra</i> application</b>	Gradual pain reduction
29/8, 8/9 26/9, 6/10 20/10	<b><i>Jalaukaavacaraṇa</i></b>	Decrease in inflammation Complete reduction of Symptoms of HS in inguinal region
Within 8/10		Complete self cut through of all tracts in B/L axilla

**Table 5: Follow-Up and Outcome**

Serial Assessment of Tract Lengths in Left and Right Axilla

Date (2025)	Left Axilla - Tract Lengths (cm)	Right Axilla - Tract Lengths (cm)
03 September 2025	6.0, 6.0, 15.0	5,15,5
10 September 2025	1.3, 2.6, 9.6	1.8,7.6,2
17 September 2025	1.2, 1.7, 7.2	1,5.7,tract self cut
24 September 2025	0.8, 1.0, 0.6	Tract self cut , 3.8
02 October 2025	Tract self cut(both .8 and .6)	3.4
08 October 2025	Tract self cut	Tract self cut

Pain, swelling, discharge markedly reduced within **3 weeks**.

Sinus tracts closed gradually following the *Ksharasutra* **fall-off**.

No new lesion formation during therapy.

At 3-month follow-up, the patient remained symptom-free with no recurrence.



**Figure-1: After treatment in left inguinal region**



**Figure 2: After treatment in right inguinal region**



Figure 3: Right axilla after treatment



Figure 4: Left axilla after Treatment

#### DISCUSSION:

Hidradenitis Suppurativa (HS) is a chronic, recurrent inflammatory disorder of the follicular unit, leading to painful nodules, abscesses, and sinus tract formation. The disease often follows a relapsing course despite surgical drainage and prolonged antibiotic therapy. In the present case, the patient initially underwent **incision and drainage** at an allopathic centre, but **recurrence occurred within months**, which is a common challenge in HS due to persistent follicular occlusion and deep sinus formation.

In Ayurveda, the presentation of **multiple discharging tracts, fibrosis, and chronic inflammatory changes** corresponds to **Nādivraṇa**, particularly the **Sannipataja** type where **Vata, Pitta, and Kapha** along with **Rakta and Mamsa Dhatu** are vitiated. The recurrent nature of lesions, continuous pus discharge, and sinus tract formations reflect **Dushti of Srotas** and **Kapha-Pitta aggravation with Vata**

**obstruction.** Differentiation from similar conditions such as **Vidrādhī, Granthī, Arbuda, Shopha,** and **Prameha Pidika** was made clinically, as none shared the sinus-forming, chronic relapsing pattern.

This case also demonstrates involvement of both **typical (axilla, groin)** and **less typical sites (thigh folds)**. The patient's **history of Bipolar disorder, stress, and high intake of non-vegetarian and spicy diet** may have contributed to **Pitta-Kapha Prakopa**, aggravating the condition. His **Type-2 Diabetes** history also supports **Mamsa-Meda Dhatudushti**, which is recognized in Ayurveda as a contributing background to chronic inflammatory wound conditions.

The treatment approach in this case followed **Shodhana-pradhana chikitsa. Kṣārasūtra**, described by Suśruta in the *Suśruta Saṃhitā* for conditions such as **Nāḍivraṇa** (sinus), **Bhagandara** (fistula-in-ano), and **Arbuda** (tumors), is a medicated thread known for its

combined actions of cutting, curetting, draining, and healing<sup>[6]</sup>. The alkaline and herbal coatings impart **kṣaraṇa (corrosive)**, **lekhana (scraping)**, **anti-inflammatory**, **antibacterial**, and **anti-slough** properties, allowing simultaneous destruction of unhealthy tissue, controlled drainage of pus, and progressive healing of the tract. Importantly, no residual pockets are left behind, thereby reducing the risk of recurrence.

In this case, **pus discharge stopped by the end of the first week**. Healthy granulation tissue appeared within the tract created by the *Kṣārasūtra*, accompanied by steady and progressive shortening of the sinus during the **second, third, and fourth weeks**. By the **end of the fifth week**, the *Apāmārga Kṣārasūtra* had completely cut through the tract, resulting in full healing of the tract as it progressed. A two-week post-treatment follow-up revealed **no recurrence**.

This outcome reflects the effectiveness of *Kṣārasūtra* therapy in managing complex, chronic sinus tracts of Hidradenitis Suppurativa by ensuring continuous drainage, gradual excision of the diseased tract, and complete healing without the need for extensive surgical measures. Combined with its anti-inflammatory and antimicrobial properties, *Kṣārasūtra* offers a minimally invasive yet comprehensive solution for such recurrent presentations.

**Jalaukāvacaraṇa (leech therapy)** played a vital role in the management plan. This procedure is traditionally included among the *Pañcakarma*

therapies under **Rakta Mokṣaṇa**, one of the five bio-purificatory procedures described in classical Ayurvedic texts. The removal of vitiated blood addresses the root cause of many inflammatory conditions. Leech therapy has been practiced in India for thousands of years, and its use is well-documented by ancient Egyptian, Indian, Greek, and Arab physicians for a wide spectrum of diseases—from localized skin disorders to systemic ailments involving the nervous, urinary, reproductive, and inflammatory pathways.

Modern research has revealed that hematophagous animals like leeches possess biologically active compounds in their saliva, including antithrombin agents (hirudin, bufrudin), antiplatelet molecules (calin, saratin), factor Xa inhibitors (lefaxin), and antibacterial peptides (theromacin, theromyzin). These bioactive substances contribute to the therapy's effects such as reducing venous congestion, improving microcirculation, decreasing inflammation, and aiding tissue healing—attributes that have also led to its widespread adoption in plastic and reconstructive surgery.<sup>[7]</sup>

In this case, **Jalaukāvacaraṇa** effectively reduced **Pitta-Rakta Duṣṭi**, local inflammation, tenderness, and pain within the affected regions.

**Virechana** plays a pivotal role in eliminating vitiated *Doṣas*—particularly **Pitta Doṣa**, which governs body temperature, metabolism, and inflammatory responses. By expelling aggravated Pitta and associated toxins, Virechana promotes the effective absorption and systemic distribution of

oral medications. This therapy is well-established for its benefits in various skin and infectious disorders, where *Pitta-Rakta Duṣṭi* forms the core pathology.

In this case, Virechana assisted in the expulsion of vitiated *Doṣa*, leading to ***srotoshodhana (opening of bodily channels)*** and enhanced nutrient and drug absorption. This improved bioavailability facilitated a more effective anti-infective response, reduced systemic pathogen load, and supported immune modulation. Consequently, *Virechana* helped break the ongoing inflammatory pathway and halted the progression of the Hidradenitis Suppurativa

Internal medications such as ***Guggulu tiktaka kasaya*** is directly indicated in ***Nāḍīvrana***, and its formulation—predominantly composed of *tikta* (bitter) drugs along with *Guggulu*—helps reduce ***Pitta-Kapha Duṣṭi***, inflammation, and suppuration. Its ***śoṣaṇa (absorbent and drying)*** nature further aids in resolving discharge, reducing swelling, and promoting healthy tissue healing in conditions like Hidradenitis Suppurativa

*Triphala Guggulu* exerts its therapeutic effect in Hidradenitis Suppurativa through synergistic anti-inflammatory, antimicrobial, immunomodulatory, and wound-healing mechanisms. Triphala (Haritaki, Bibhitaki, and Amalaki) helps reduce *Pitta-Kapha duṣṭi*, *śoṭha*, and suppuration while promoting *vraṇa śodhana and vraṇa ropana*, supported by its documented antimicrobial and antioxidant activity against common

bacterial and fungal pathogens implicated in chronic skin infections. *Guggulu* (*Commiphora wightii*) acts as a potent anti-inflammatory and *srotoshodhana* agent, reducing edema, pain, induration, and fibrosis, while its *krimighna* and *jantughna* properties help control microbial colonization and chronic sinus formation. *Pippali* (*Piper longum*) enhances *deepana-pachana* and functions as a *yogavāhi*, improving bioavailability and tissue penetration of the formulation, thereby potentiating its overall efficacy. Collectively, these actions help control inflammation, reduce purulent discharge, prevent secondary infection, accelerate wound healing, and limit recurrence, making *Triphala Guggulu* an effective internal adjunct in the integrative management of Hidradenitis Suppurativa.

*Avipattichoorna* demonstrates significant therapeutic relevance in Hidradenitis Suppurativa by addressing the underlying *Pitta-Kapha duṣṭi*, impaired *Agni*, inflammation, and chronic suppuration characteristic of the disease. Its ingredients—*Trivṛt*, *Musta*, *Amalaki*, *Śuṅṭhi*, *Maricha*, *Pippali*, *Tvak*, *Patra*, *Ela*, *Vidanga*, and *Madhu*—collectively exert *Pitta-sāmana*, *Kapha-śoṣaṇa*, *Vāta-anulomana*, *Dīpana-Pācana*, and *Vraṇa-ropana* actions, thereby reducing inflammation, discharge, and tissue irritation. Pharmacological evidence supports these effects, as flavonoids present in *Śuṅṭhi*, *Pippali*, *Maricha*, *Musta*, *Patra*, and *Tvak* modulate inflammatory mediators, while tannins from *Trivṛt*, *Musta*, *Amalaki*, *Tvak*, *Vidanga*, and

Madhu provide antioxidant and antimicrobial activity against pathogens commonly colonizing HS lesions. Scopoletin in Trivṛt contributes to anti-inflammatory action, and piperine from Pippali and Maricha enhances drug bioavailability and cytoprotection. Madhu further supports wound healing through its antimicrobial and *vraṇa-ropana* properties. By normalizing *Pitta*, improving *Agni*, and reducing *Kapha-drava*, Avipattichoorna helps limit recurrent discharge, control inflammation, and promote a favorable healing milieu in chronic HS lesions.

Trayanthyadi Kashaya, it is also effective in conditions like Hidradenitis Suppurativa (HS) that resemble *Nāḍīvrana* with *Kapha-Pitta* predominance. The formulation, rich in *tikta rasa* and *laghu-ruksha guna*, provides *Kapha-Pitta śamana*, reducing inflammation, pus formation, local heat, and excessive discharge. Its *srotoshodhana* action helps clear obstructed channels, which is crucial in HS where follicular blockage initiates the disease process. The *anulomana* and *lekhana-śoshana* properties of Katuka, Triphala, Trivṛt, and Patola aid in removing accumulated doshas, drying secretions, and preventing the formation of new nodules or sinus tracts. Additionally, *sopha-hara* drugs reduce swelling and tenderness, while Vata-regulating herbs support pain relief and limit the progression of tract formation. The mild *rasayana* effect of Triphala and Brahmi promotes healthier tissue healing and reduces recurrence. Together, these actions make

Trayanthyadi Kashaya a supportive internal medicine in the integrative management of HS.

Guggulu Tiktaka Kaṣāyam is directly indicated in *Nāḍī-vraṇa* and chronic suppurative conditions due to its predominance of *Tikta rasa* drugs and Guggulu, which impart strong *śoṣaṇa*, *śodhana*, and anti-inflammatory actions. The *Tikta dravyas* help pacify *Pitta-Kapha duṣṭi*, reduce *kleda* and excessive discharge, and create an unfavorable environment for chronic infection, while Guggulu contributes potent anti-inflammatory, *lekhana*, and *srotoshodhana* effects. Together, these actions help control suppuration, reduce induration and edema, promote proper drainage, and support *vraṇa-ropana*. Thus, Guggulu Tiktaka Kaṣāyam effectively aids in reducing discharge, controlling inflammation, and facilitating wound healing in *Nāḍī-vraṇa* and related chronic sinus conditions such as Hidradenitis Suppurativa

Vaiśvānara Cūrṇa is administered to enhance and correct impaired digestive and metabolic function, and is therefore given prior to *Snehapana Agni dīpti* happens to ensure proper digestion and assimilation of fats. By its *Dīpana-Pācana* and *Vāta-anulomana* actions, it improves *Jatharagni* and ***Dhatvagni***, prevents *āma formation*, and prepares the gastrointestinal tract for effective oleation therapy. This optimization of *Agni* facilitates better systemic response to subsequent virechana.

After **regular follow-up and continued internal medication**, the patient demonstrated significant improvement with **reduction in pain, discharge, swelling, and no recurrence** over the observation period. The outcome of this case highlights that **Ayurveda interventions, especially jaloukavacharana along with Ksharasutra, can effectively manage recurrent HS / Nadivrana**, reducing recurrence and improving quality of life. However, larger sample-based clinical studies are needed to establish standardized protocols.

#### **CONCLUSION:**

This case highlights that an integrative Ayurvedic protocol combining Virecana, Jalaukāvacaraṇa, and Kṣārasūtra, supported by internal medicines, can provide effective, sustained remission in recurrent Nāḍīvrana (Hidradenitis Suppurativa). The multimodal Śodhana-based approach addressed both local pathology and systemic Doṣa involvement, resulting in complete tract closure, symptomatic relief, and absence of recurrence during follow-up. These findings suggest that such individualized Ayurvedic interventions may serve as a promising alternative or adjunct in managing refractory HS, though larger controlled studies are needed for validation.

#### **Consent of patient:**

The written informed consent has been taken from the patients before stating the treatment and for publication of data without disclosing the identity.

**Conflict of interest:** The author declares that there is no conflict of interest.

**Guarantor:** The corresponding author is the guarantor of this article and its contents.

**Source of support:** None

#### **How to cite this article:**

Shehanas Meeran, Soumya V. V. Integrative Ayurvedic Approach in Recurrent Nāḍīvrana (Hidradenitis Suppurativa) Using Virechana, Jalaukāvacaraṇa, and Kṣārasūtra: A Case Report. Int. J. AYUSH Case Reports. 2026; 10(1-A): 1-11.

#### **REFERENCES:**

1. Emec GBE. Clinical practice. Hidradenitis suppurativa. N Engl J Med. 2012;366(2):158-64
2. Revuz J. Diagnosing hidradenitis suppurativa. J Am Acad Dermatol. 2016;74(5):1045-6.
3. Zouboulis CC, Desai N, Emtestam L, Hunger RE, Ioannides D, Juhász I, et al. European S1 guideline for the treatment of hidradenitis suppurativa/acne inversa. J Eur Acad Dermatol Venereol. 2015;29(4):619-44.
4. Sushruta. Sushruta Samhita. In: Dalhanacharya, Nibandhasangraha commentary. Trikamji Y, Acharya NR, editors. Varanasi: Chaukhambha Surbharati Prakashan; reprint ed. Nidanasthana 10/9. P.307
5. Hessam S, Sand M, Scholl L, Bechara FG. A novel severity assessment scoring system for hidradenitis

- suppurativa. JAMA Dermatol. 2018;154(3):330-5.
6. Vaidya Yadavji Trikamji Acharya. Susrutha Samhitha (Sootrasthanaa). Varanasi; Chowkambha Krishnadas Academy; 2008. p 45.
7. Michalsen A, Roth M, Dobos G. Medicinal leech therapy in venous congestion and various ulcer forms. Evid Based Complement Alternat Med. 2019:Article ID 2011325.