



Case Study

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COMPLETE CURE OF HIDRADENITIS SUPPURATIVA WITH CONSERVATIVE TREATMENT OF *SITALI VAYU PRANAYAMA*: A CASE STUDY

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ABSTRACT

Hidradenitis Suppurativa is a chronic dermatological condition affecting the teenage population of the world. The disease is persistent and of recurring type. It is characterized by inflammation, pus accumulation and scarring of the dermis caused by the destruction of apocrine ducts. However, the aetiology and genetic factors are not very prominent yet, and little research has been done to study and resolve this pathological condition. No prophylaxis of this was known to date. The modern medical approach solely depends on surgical excision and drainage complemented with or exclusively and conservatively using antibiotics like Vancomycin, Mupirocin, Clindamycin, etc. This research deals with an experimental approach using the principles of *Ayurveda* and immunology to cure Hidradenitis Suppurativa conservatively. The regular use of *Sitali Vayu Pranayama* was immensely successful in clinical terms. Aspects and approaches, along with the case history, have been described in this finding.

Keywords: Dermatology, *Staphylococcus*, Carbuncle, *Pranayama*, Vancomycin alternate

INTRODUCTION

The epidemiological affects an insignificant amount of the population, yet Hidradenitis Suppurativa is a topic of intense discussion in clinical dermatology. It is a disease that occurs in adolescence among 1-4% of the population. Few studies have suggested it to be more profound in females than in males in a ratio of 5:1. The leading cause of pathogenesis lies in functional aberration of the apocrine duct. Obstruction of apocrine apparatus and follicles results in increased pressure inside apocrine glands and ducts, the sebaceous glands and follicles. This ultimately culminated in an outburst of fluid inside the skin's dermis. Such fluid accumulation causes inflammation and provides a suitable environment for bacterial growth, mostly gram-negative, as has been observed. The pathology is found in anatomical compartments with ample amounts of apocrine glands, like the axillary region, inguinal region and anal region. Comedones, inflammatory nodules, furuncles, carbuncles and abscesses with secondary bacterial infection by *Staphylococcus aureus*, *Streptococcus pyogenes* and other gram-negative bacteria characterize the clinical picture.

In modern times, such cases are dealt with primarily in the general surgery department, where the carbuncles are excised and drained through the process of saucerisation. Antibiotic therapy, including oxacillin, vancomycin, daptomycin, etc., is commonly used. But recurrence is a significant problem faced by both surgeons and general practitioners in this case, and repeating the whole is the only option.

This research deals with an experimental approach using the principles of *Ayurveda* and immunology to cure Hidradenitis Suppurativa conservatively. The regular use of *Sitali Vayu Pranayama* was immensely successful in clinical terms. Aspects and approaches, along with the case history, have been described in this finding.

MATERIALS AND METHODS

A thorough physical examination of the patient was done, considering all aspects of probably allied ailments related to the particular disease. An intense literary review was done based on internal medicine, bacteriology, dermatology and *Yoga Siddhanta*. The experimental method of *Sitali Vayu pranayama* was done with utmost care to the patient, and results were noted.

Case Report

The study was conducted with the complete agreement of the patient. Extreme care was taken towards his physical, biological and psychological well-being.

Anamnesis Vitae

This includes the patient's medical history, family history, and lifestyle record.

General information

The patient is 22 years old, male, and Indian by nationality. He was born on 30.09.1999 in Kolkata, West Bengal, India. The delivery was uncomplicated, although caesarean delivery was done due to reported oligohydramnios. No pathologies after birth were registered, cardiological, neurological status and muscle tones were normal, and juvenile jaundice was not reported. As per the description, the psychological and physiological status of the patient was normal on the APGAR scale. No anomalies were reported in childhood. He migrated to Russia to study medicine at the age of 18. The body weight is 87 kg, and the height is 6 feet 2 inches; hence the BMI is in the normal range at 22.9 kg/m². The patient's body weight is primarily due to lipids localized over the whole abdomen, signifying metabolic distress. He has reported myopia with astigmatism from 11 years (approximately) and uses spectacles. From the age of 18 years, he smokes about 12-15

cigarettes a day and is an occasional alcoholic drinker. Sex drive is regular, and onset was in the proper adolescent period. He complained about the repetitive formation of painful furuncles and carbuncles in the axillary, anorectal and groin regions.

Past medical history of the patient

No past medical disease has been reported as such. All medical parameters have been normal from childhood until now. No complications related to the cardiac, respiratory, reproductive, urinary and nervous system was reported. In childhood, he had a problem with repeated acidity and belching, but it was not medically significant, though waist circumference is still increased. At the age of 9 years, he was diagnosed with chronic juvenile tonsillitis and was treated with repeated antibiotic therapy and even homoeopathic remedy but with no effect. Tonsillectomy was suggested, but he refused. The problem disappeared as; subsequently, he became more involved in outdoor sports like football and cricket (the result of hardening and tampering). In 2015 he was diagnosed with mild depressive disorder and was treated with olanzapine for seven days. At the age of 14 years, there was the onset of seborrheic dermatitis, which became intense and clinically significant by 19 years of age. He was experimentally treated using mustard oil in the umbilicus region. This resulted in a complete cure¹.

Family history

Both the patient's parents are Indians by nationality and from the same region, West Bengal. The father has slight left bundle branch blockage (LBBB) and first-stage chronic hypertension. The father of the patient is on a daily 50 mg Losartan dosage. The father underwent lithotripsy for renal calculi once. Post-lithotripsy recurrence of renal calculi occurred twice and was treated by conservative medical management as the diameter was minimal. Apart from that, the patient's father also has had mild hypermetropia from 42 years of age. The patient's father once suffered from cough syncope on the administration of Augmentin to treat the common cold and was hospitalized for recovery. The mother of the patient has iron-deficiency anaemia. She is a frequent victim of allergic reactions to HS type I. Apart from that, she is a stage I patient of seropositive rheumatoid arthritis with Felty's syndrome and orthostatic hypotension. A fatty pancreas was also found in the patient's mother on ultrasonography.

Anamnesis Morbi

This includes patient complaints, diagnosis, present medical condition and general physical examination of the patient.

Primary Complaint

The patient had primary painful swellings in the axillary region. He complained of red-coloured, painful furuncles. Pus drained out from some swollen masses, and some remained without the mouth. Such painful furuncles at the time occurred in the groin region as well, and a persistent lump of such swellings was present in the anorectal area, near the junction of two gluteus maximus muscles, over the coccyx. Some of the swellings disappeared by themselves, and few persisted. Additional complaints like recurrent fever were not reported. On medical interrogation, it was revealed by the patient that he feels less cold. He said about a peculiarity – being from a tropical country, he can stand comfortably in chilling Russian winter, even at -25 °C. He said that he could stand the Russian winter better than the Russians.

General Observation

From general observation, swelled masses of furuncles and carbuncles were found in the axillary, groin, and anorectal regions. The masses were big and prominent. Some of them were

soft consistency, and some were hard consistency. The masses were red; some were embedded inside the dermis and showed no reddening. All the masses were painful on palpation. A few dark-coloured comedones were also found in the axillary region. One such furuncle was found to be of intensively hard consistency and located just over the long head of the triceps brachii muscle.

Cardiac System

The borders of the heart were normal. The apex impulse was felt slightly left of the left mid-clavicular line at the 5th intercostal space. Auscultation showed normal heart sounds of S1 and S2. No regurgitation was found. The heart rate was 77 beats per minute, and blood pressure measured 128/86 mm Hg.

The requirement for additional investigation was not felt.

Respiratory System

Breathing was normal. Resonant lung tissues were noted on percussion, and vesicular breathing was found on auscultation. Equal and simultaneous deflection of the left and right scapula was noted while breathing. There was no complaint of breathlessness or pain while breathing.

The requirement for additional investigation was not felt.

Digestive System

The liver was found in the right hypochondrium, and the stomach was situated in the left. No border shifts were found. All the organs, including the intestine, are felt adequately on palpation. No pain complained on percussion. However, increased waist circumference signifies metabolic distress. The stool is clear and normal in colour and consistency. The appetite of the patient is higher than found typically.

Urinary System

The patient urinates 4 to 6 times daily. No pain during urination. The kidney was not painful on palpation. Urine colour and smell were reportedly normal, and urine flow was smooth.

Nervous System

No irregularities regarding cognition, sensory root, motor root and movement coordination were noted. Although the patient reported a disturbed sleep cycle showing mild insomnia, no severe neurological conditions were found. The corneal reflex and Achilles tendon reflex were normal. Shchetkin Blumberg's sign was negative.

Diagnosis

The patient has painful carbuncles and furuncles of different consistencies, localized in the axillary, groin and anorectal region. These are recurring and persistent. There is no additional significant medical condition of the patient. There are no specific pathological tests which might be done in this case². Looking at the pattern of skin lesions thus, the patient has Hidradenitis Suppurativa of Hurley stage II.

Initial therapy received as per modern medical guidelines

Such chronic disease is mainly managed using surgical excision and drainage and systemic or topical antibiotic therapy. Recently the role of immune modulators in the treatment of Hidradenitis Suppurativa has also been recognized. But none of the procedures assures that recurrence won't happen. Neither is there any prophylaxis to hinder this disease³.

The patient was assigned Hurley stage II as per the symptoms. The patient took systemic antibacterial therapy of clindamycin 300mg twice daily for a prolonged period. Initially, the

disappearance of carbuncles was found. But soon, recurrence occurred after the cessation of the regime. Topical mupirocin ointment was applied from time to time on the occurrence of the carbuncles and furuncles. Using such topical antibiotics resulted in the disappearance of the lesions at the application site but with the simultaneous occurrence in the vicinity.

Experimental Treatment with Pranayama

The experiment was started not to cure Hidradenitis Suppurativa but to reduce *pitta dosha*, which was identified in the patient. The discovery of a cure and even prophylaxis of Hidradenitis Suppurativa is a sheer accident. Due to such a process, a picture

of the axillary region at the beginning was not taken, although, at a later stage, the picture demonstrated effectively proves the therapy and acts as strong evidence. The patient was given a daily *Sitali Vayu pranayama* regime for 10 minutes daily. Results showing a reduction of carbuncles and furuncles were seen in 5 days. By the 5th day, a minute patch was remaining, and by the 14th day, a complete cure was noted (slight reddening was present, obvious to disappear with therapy for some more time). Lumps of carbuncles in the anorectal region were no more evident, and groin and axillary regions were also apparent. The pus which came out of the carbuncle in the process was of hard consistency, unlike before, which was smoothly viscous.



Before therapy



By 5th day of therapy



By the 14th day of therapy

The rationale of the chosen therapy: The body, as per the classification of Ayurveda by Acharya Vagbhata in *Ashtanga Hridayam*, is in the balance of three *doshas*; the *Vatta dosha*, the *Pitta dosha* and the *Kapha dosha*. An imbalance in the three leads to various diseases. The patient complained of feeling less cold, and an increased appetite was also noted. This is suggestive of high *pitta dosha*. The increased appetite is termed as *Teekshna Agni*, a typical character of *pitta dosha*⁴. The *Sitali Vayu pranayama* is known to reduce *pitta dosha*. Hence, it was selected initially. Reduction of the carbuncles signifies that it is directly related to increased *pitta dosha*. The changed hard consistency of the pus (white) indicates leukocytic infiltration and macrophagic action on the site. It is analogical to state that modern research has shown that relaxing reflexes increase immune response⁵. The secondary bacterial infection in Hidradenitis Suppurativa is caused by MRSA-resistant *Staphylococcus aureus* and other streptococci sp. From this experimental case, it might also be concluded that *Sitali Vayu pranayama* initiates proper modulation and response of IL-17 and T_H17 cells in a synchronized manner⁶. Although, biochemical testing to confirm the immunological effects of the *pranayama* has to be done for a decisive conclusion.

DISCUSSION

Hidradenitis Suppurativa is a chronic dermatological condition affecting the teenage population of the world. The disease is persistent and of recurring type. It is characterized by inflammation, pus accumulation and scarring of the dermis caused by the destruction of apocrine ducts. However, the aetiology and genetic factors are not very prominent yet, and little research has been done to study and resolve this pathological condition. No prophylaxis of this was known to date. The modern medical approach solely depends on surgical excision and drainage complemented by or exclusively and conservatively using antibiotics like Vancomycin, Mupirocin, Clindamycin, etc. Recently, the usage of inhibitors of Tumor Necrosis Factor and alpha inhibitors has been efficacious⁷. But such treatment has

failed to assure a complete cure, guarantee of non-recurrence and prophylaxis. This experiment is a shot in the darkness and has the potential to be termed a discovery since such a method has neither been described in modern medical literature nor classical Ayurvedic scriptures. The experiment proves that the daily practice of *Sitali Vayu pranayama* can treat Hidradenitis Suppurativa more effectively than other medical approaches. This also serves as prophylaxis since no new furuncle formation was observed after starting the practice. From the financial aspect, a patient doesn't need to gather funds to get operated on; he just needs to follow a simple method and, with little perseverance, wait for the disease to be cured. Although little superficial in this regard, it is a well-known fact in medical science what psychiatric stress the dearth of finance brings to people. In modern times, the cost of treatment is not detached from this scenario; it also serves as a factor⁸. Hence, keeping psychiatric welfare in mind is a step forward for the overall welfare. From the pathological point of view, it should be appreciated that *Sitali Vayu pranayama* can not only resolve Hidradenitis Suppurativa but other separated furuncular or carbuncular patches as well. At a time when there is an extreme necessity for a new antibiotic, as Vancomycin is also slowly becoming resistant against *Staphylococcus aureus*, this discovery is a hope. It must be educated by the author here that to understand the effect of this *pranayama* in-depth, population study in a laboratory set-up must be done by monitoring all physiological and biochemical parameters using radiography, sonography, immunoassays and other modern medical examinations.

CONCLUSION

The study has successfully shown that *Sitali Vayu Pranayama* can be effectively employed in a clinical set-up to cure Hidradenitis Suppurativa. Not only this, but this technique can be used against bacterial infections such as *Staphylococcus aureus*, although maybe not in an acutely emergency status. Apart from this, the study has indicated an unknown and undiscovered potential of the human immune system, which can be few methods be activated

and employed against many conditions like this one. Further deep, clinical and morphological research in the field of immunology in this regard is of utmost necessity.

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