To study the Efficacy of Jalaukavacharan and Shadanga Guggulu in Puyalasa w.r.t. to Acute Dacryocystitis

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ABSTRACT

‘Puyalasa’ (Acute dacryocystitis) is an acute suppurative inflammation of lacrimal sac characterized by painful swelling in the region of sac associated with epiphora, fever and Malaise. Puyalasa, is one of the Sandhigata Roga which includes swelling in Kaninika sandhi, which later on undergoes suppuration causing thick purulent discharge. The present study was planned to assess the efficacy of Jalaukavacharana and Shadanga Guggulu in Amavastha and Pachyamanavastha of Puyalasa. Total 60 patients of Puyalasa (Amavastha and Pachyamanavastha) were randomly selected and grouped into Group A, B and C with 20 patients in each group. The patients of Group-A received Jalaukavacharana as a line of treatment, patients of Group-B received Shadanga Guggulu and Patients of Group-C received both Jalaukavacharana and Shadanga Guggulu. In all the three groups the Group-C in which both Jalaukavacharana and Shadanga Guggulu were included is very effective after treatment of 15days and statistically significant in reducing Shopha, Savedena, and Sarambha.

Key words: Puyalasa, Acute dacryocystitis, Jalaukavacharana, Shadanga Guggulu.

INTRODUCTION

‘Puyalasa’ is Sandhigata Netraroga, which is characterised by inflammation of the junctional tissues resulting in suppuration with thick purulent and foul smelling discharge. According to modern science, Acute dacryocystitis is an acute suppurative inflammation of lacrimal sac characterized by painful swelling in the region of sac associated with epiphora, fever and malaise. Acute dacryocystitis is correlated with that of Amavastha and Pachyamanavastha of Puyalasa i.e. of Vranashopha. Sushrutacharya describes “Raktamokshana” is the main treatment of Puyalasa, also with that in Bhoshaja Ratnnavali ‘Shadanga Guggulu’ is indicated in some eye diseases with Shotha and Paka. Among the various different procedures of Raktamokshana ‘Jalauka’ is the best and easy to carry out with no side effects. Shadanga Guggulu contains Bibhitak, Shiva, Dhatri, Patola, Aarishtha (Nimba) and Vasa, hence it is decided to take as choice of treatment.

OBJECTIVES

To assess the efficacy of Jalaukavacharana and Shadanga Guggulu in Amavastha and Pachyamanavastha of Puyalasa and to standardise the methodology of Jalaukavacharan in Netraroga.

MATERIAL AND METHODS

Grouping - Total 60 patients of Puyalasa (Amavastha and pachyamanavastha) were randomly selected for this study from OPD of Postgraduate Department of...
Shalakya Tantra at Vidarbha Ayurved Mahavidyalaya, Amravati, all the subjects were divided into three groups.

**Group A** - 20 Patients treated with *Jalaukavacharana* on 1\(^{st}\), 3\(^{rd}\), 5\(^{th}\) day then after if required.

**Group B** - 20 Patients treated with *Shadanga Guggulu* 250mg. Tab. 1 TDS with *Koshnajala* for 15 days.

**Group C** - 20 Patients treated with Jalaukavacharana and *Shadanga Guggulu*.

- The subjects of three group were treated for 15 days.
- The detailed Clinical History and clinical examination including *Puyalasa* was noted on specially prepared case proforma.

**Inclusion criteria**

1. Patients from age group 25-60 Years were included having symptoms considered for study they are –
   - *Shopha*
   - *Savedana*
   - *Strava*
   - *Sarambha*
2. Patients of *Amavastha* and *Pachyamanavastha* of *Puyalasa* as mentioned in Astanga Hrudaya Uttaratantra 10/7 i.e. Acute dacryocystitis.

**Exclusion criteria**

- *Pakvavastha* of *Puyalasa*

**Jalaukavacharana**

The method of *Jalaukavacharana* is performed according to ancient method as described by Acharya Sushruta.\(^6\) Sushrutacharya had advised to perform Jalaukavacharana at inner canthus, forehead and outer canthus in *Timira*, *Akshipaka*, *Adhimantha* and other eye diseases.\(^7\) So Jalaukavacharana is carried out near inner canthus where there is maximum inflammation.

**Shadanga Guggulu**

Was given 250 mg Tab 1 T.D.S. for 15 days with *Koshnajala*.

**Follow up**

On 3\(^{rd}\), 5\(^{th}\), 7\(^{th}\), 10\(^{th}\), and 15\(^{th}\) day of treatment.

**Observations and Results**

All the Patients were studied on the basis of factors like age, sex, habitat, and diet etc. to observe any relationships between the factors and *Puyalasa*.

1. Age - out of 60% Patients maximum i.e. 24 (40%) belong to age 41-50
2. Sex - out of 60% patients, 41 (68.33 %) Females are affected in Acute dacryocystitis as compared to Males. Thus incidence of this disorder is more in females.
3. Habitat - Maximum 44 (73.33%) patients were from rural area this may due to ungygenic condition of rural area.
4. Economic status - out of 60 patients maximum patients 40 (66.67%) belong to low economic class.
5. Education - Education wise 36 (60%) patients were Literate
6. Occupation - As far as occupation is concerned maximum belongs to house wife and farmers catagory respectively 21 & 20 (35%) and (33.34%)
7. Diet - Maximum number of patients were found consuming mixed diets.
8. Clinical evaluation of symptoms - The clinical evaluation is based on observation of results during 15 days

- **Swelling** - After the treatment, swelling was relieved by 54.54% in Group A, 37.03% in group B and 72.41% in group C.
- **Pain** - After the treatment, pain was relived by 61.81% in group A, 8.21% in group B and 82.41% in group C.
- **Discharge** - After the treatment, discharge was relived by 27.5% in Group A, 18.42 in group B and 50% in Group C.
- **Redness** - After the treatment, Redness was relieved by 54.54% in group A, 50.90% in Group B and 87.71% in Group C.
Thus above finding indicate relief in symptoms in Group-C is more than that of Group-A and Group-B.

**CONCLUSION**

Thus, In all the three groups the Group-C in which both Jalaukavacharana and Shadanga Guggulu were included is very effective after treatment of 15 days and statistically significant in reducing Shopha, Svedena and Sarambha especially, Jalaukavacharana is potent to check the inflammatory pathology.

**REFERENCES**


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