Ayurvedic management of chalazion - A Case Study

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ABSTRACT

Chalazion is non-infective lipogranulomatous inflammation of Meibomian gland. It’s also called Meibomian cyst. It is also called Utsangini in Ayurveda. Utsangini is explained under Vartmagatha Rogas by both Sushrutha and Vagbhata. It is a Tridosha Sadhya Vyadhi according to Sushrutha. But according to Vagbhata it is a Raktaja Sadhya Vyadhi. Both Shodhana and Shamana Chikitsa is mentioned in the treatment of Utsangini. In contemporary science treatments are intralesional corticosteroid injection and surgical drainage. Ayurveda can provide safe and cost effective result in Chalazion. Here a case of Chalazion successfully treated with Ayurvedic management is recorded.

Key words: Chalazion, Utsangini, Triphaladi Seka.

INTRODUCTION

Chalazion is a non-infective lipogranulomatous inflammation of the Meibomian gland. Commonest of all lid lumps. Usually, first these occurs mild grade infection of the Meibomian gland by organisms in low virulence. As a result, there occurs proliferation of the epithelium and infiltration of the walls of ducts, which are blocked. Consequently, there occurs retention of secretions in the gland, causing enlargement and there becomes a non-infective lipogranulomatous inflammation of the blocked Meibomian glands.[1] Available treatments are hot fomentation in acute stage, antibiotic eye drops, anti-inflammatory drugs, intralesional steroid injection and surgical drainage.[2]

Aims and Objectives

To evaluate the efficacy of Ayurvedic treatment in the management of chalazion

Materials and Methods

On 28th October 2019, a Hindu male of 40 years old, non-diabetic, not a known case of hypertension, visited Out Patient Department of Government Ayurveda Medical College, Bangalore, with the complaints as sited below.

Chief complaints

Itching, watering, redness and swelling in lower lid of the left eye.
History of Present illness

Patient was apparently healthy before 1 Week. Gradually he noticed itching sensation in left lower lid of the eye side associated small swelling and redness, swelling gradually increased in size. And later suffered with watering from the eye, hence he consulted Government Ayurveda Medical College Out Patient Department for the same and Started Treatment.

Hetu

Excess intake of Madya, Habit of smoking, Intake of more spicy food.

General Examination

1. Condition - General
2. RS - NAD
3. CVS - S1S2 - NAD. No added Sound
4. CNS - NAD
5. P/A - SOFT
6. BP - 120/80 mmHg
7. Pulse - 72/min

Prakruti - Pitta Kapha

Saara - Mamsa

Darshana

<table>
<thead>
<tr>
<th>Structures</th>
<th>Right eye</th>
<th>Left eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyelid</td>
<td>NAD</td>
<td>Marked swelling in lower lid</td>
</tr>
<tr>
<td>Palpebral conjunctiva</td>
<td>NAD</td>
<td>Congestion, marked swelling with minute opening</td>
</tr>
<tr>
<td>Bulbar conjunctiva</td>
<td>NAD</td>
<td>NAD</td>
</tr>
<tr>
<td>Cornea</td>
<td>Clear</td>
<td>Clear</td>
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<tr>
<td>Pupil</td>
<td>RRR</td>
<td>RRR</td>
</tr>
<tr>
<td>Lens</td>
<td>Phakik</td>
<td>Phakik</td>
</tr>
</tbody>
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Samprapti

- Dosha - Tridosha
- Dushya - Raktha

- Agni - Sama
- Srotas - Raktavaha
- Nidana - Excess Madya Sevana, Ushna Ahara.

Due to Nidana Sevana, aggravates Pitha causes Agnidusti resulting Rasa and Raktavaha Srotodusti. Vitiated Doshas enters Sira and move to Urdwa reaches Netra and causes Utsangini.

Treatment

- Deepana Pachana with Chitrakadi Vati 1 bd before food - 3 days
- Sadyovirechana with Trivrit Leha - 30 gms
- Seka with Triphala Kashaya - 7 days
- Manjishtadi Kashaya 15ml + 30 ml warm water Bd before food - 2 weeks
- Kaisora Guggulu - 1 Tid after food - 2 weeks

RESULT

After 2 weeks of Ayurvedic treatment patient shown a significant amount of change in the condition, as shown in the figure 1(b).
DISCUSSION

The present case was acute so only Sadyovirechana was selected with Trivrit Leha by which Srotoshudhi can be achieved. Symptoms and Prakruthi of the patient were more of Pitta so mainly Pithahara and Raktha Prasadhaka line of treatment was adopted.

Triphaladi Netra Parisheka contains equal quantity of powder of Terminalia belerica (Vibhitaki), Terminalia chebula (Haritaki), Glycyrrhiza glabra (Yashtimadhu) and Symplocos racemosa (Lodra). Netra Parisheka is one among the Kriya Kalpa mentioned for Netra Roga. This local therapy acts by resolving the obstruction of channels, removing micro-organisms and enhances local blood circulation which is helpful for quick and easy absorption of drugs. Moreover, these drugs have Chakshushya, anti-inflammatory and antimicrobial properties. Samana Oushadhi selected was Manjishtadi Kashaya along with Kaisora Guggulu which is more of Pithahara, Rakthaprasadhaka and Sophahara. On the basis of these properties, it helped in relieving symptoms of Chlazi.

CONCLUSION

This case study reveals that patient with chalazion can gain significant results through Ayurveda management. Sadyovirechana helps in Sroto Avarodha, Triphaladi Seka helps to relieve congestion and itching sensation and Internal medications like Manjishtadi Kashaya and Kaisora Guggulu helps to subside reddish discolouration.

REFERENCES