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

Chaudhari Devendra R.

Professor & HOD, Post Graduate Dept. of Shalaky Tantra, Vidarbha Ayurved Mahavidyalaya, Amravati, Maharashtra, India.

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* (*Amaavastha* 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*,^[1] 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.^[2] Acute dacryocystitis is

correlated with that of *Amavastha* and *Pachyamanavastha* of *Puyalasa* i.e. of *Vranashopha*.^[3] *Sushrutacharya* describes "Raktamokshana" is the main treatment of *Puyalasa*,^[4] also with that in *Bhashajya Ratnavali* '*Shadanga Guggulu*' is indicated in some eye diseases with *Shotha* and *Paka*.^[5] 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

Address for correspondence:

Dr. Devendra R. Chaudhari

Professor & HOD. Post Graduate Dept. of Shalaky Tantra. Vidarbha Ayurved Mahavidyalaya, Amravati, Maharashtra.

E-mail: chaudharidevendra5@gmail.com

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Shalakyta Tantra at Vidarbha Ayurved Mahavidyalaya, Amravati, all the subjects were divided into three groups.

Group A - 20 Patients treated with *Jalaukavacharana* on 1st, 3rd, 5th 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 3rd, 5th, 7th, 10th, and 15th 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 relationsheep 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 unhygienic 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 category 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.

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