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Management of Multiple Chalazia through Ayurveda: A Case Study

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ABSTRACT

Chalazion is most common focal inflammatory lesion of eye lid. Currently, available treatment modalities in contemporary science are intralesional corticosteroid injection and surgical drainage. As per *Ayurveda*, it can be correlated with *utsangini* that is *sannipataja varmagata roga*. In this study a 26 year old female patient approached the Eye OPD of NIA, Jaipur with painless multiple nodular swelling and foreign body sensation in both eyes since 2-3 months. History and examination revealed the diagnosis of multiple chalazia. Patient was treated according to treatment principles of *granthi* by adopting *lekana* and *sodhana* procedures because it is also *varmagata granthi (utsangini)*. Patient was treated locally with Netra *Parisheka* therapy as well as systemically administered *shamana chikitsa* using various *Ayurveda* formulations. Remarkable results were observed in the form of improvement in all the symptoms and signs of the disease. Hence, *Ayurveda* treatment proved to be effective in the management of multiple chalazia.

KEYWORDS

Chalazion, *Utsangini*, *Parisheka*



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INTRODUCTION

Chalazion is chronic non infective granulomatous inflammatory lesion of eye lid which accounts to 13.4% of all benign lid lesions. It results from the obstruction of Meibomian gland or zeis gland and retention of meibum that causes nodule formation. It is characterized by heaviness, foreign body sensation and lid swelling. Usually lesion is sterile and also known as Meibomian or tarsal cyst. It is produced by retained secretion of Meibomian glands or by products of lipid breakdown which leaks into the surrounding stroma of tarsal plate and incite a granulomatous inflammatory response. The condition may be bilateral or unilateral and it may present as a single or multiple lesions. Histopathologically, it is characterized by the presence of neutrophils and later on lymphocytes, plasma cells, macrophages, mononuclear cells, eosinophils etc¹. Available treatments are hot fomentation in acute stage, antibiotic eye drops, anti-inflammatory drugs, intra lesional steroid injection and surgical drainage². As per *Ayurveda* classics, the signs and symptoms of chalazion simulate that of *Utsangini* which results due to aggravated *tridosha*³. As per *Sushruta samhita*, features of *Utsangini* are *bahyautsanga* (swelling on lid), *abhyantramukhi* (opens on conjunctival

side)⁴. According to *Acharya Videha*, *kukkutandarasopmam srava* is liberated on bursting of *Utsangini*⁵.

AIMS AND OBJECTIVES

To evaluate the efficacy of *Ayurvedic* formulation in the management of chalazion

MATERIALS AND METHODS

Case history: A 26 year old female patient came to outpatient department of Shalakra Tantra, National institute of Ayurveda in September 2018. She had swelling on upper and lower lid in both eyes. Slit lamp examination showed multiple small, hard, non-tender swelling present slightly away from the lid margin and conjunctiva was seen as red-purple on everting the lid in both eyes. Sclera, cornea, iris, pupil and lens were found to be normal. Visual acuity of both the eyes was 6/6. On the basis of clinical symptoms and signs, the patient was diagnosed with multiple chalazia.

Treatment administered-

In the present study the treatment line was mainly aimed at *tridosha shamana* and *rakta shodhana*; because vitiated *dosha* were *tridosha* and *dushya* was *rakta*. Thus following drugs were selected for the present condition.



A. *Parisheka* therapy for three sitting of 7 days with three days interval. It comprises- *Triphala Churna* 1gm, *Yashtimadhu Churna* 1gm and *Lodhra* 1gm for making luke warm decoction.

B. *Shamana Chikitsa* with -

1. *Kanchanara Guggulu* 500 mg twice a day with *Kanchanara kashaya* for 1month
2. Combination of *Avipattikara Churna* 3 gm, *Pittantaka Yoga* 500 mg and *Shankha Bhasma* 250 mg with luke warm water twice a day for 1 month.

RESULTS

After 1 month of therapy there was significant improvement in the complaints like- swelling on lids and foreign body sensation in eyes. On slit lamp examination, conjunctival congestion and swelling completely subsided. No side effects were observed during the treatment as well as after the completion of treatment.

DISCUSSION

Triphaladi Netra Parisheka contains equal quantity of powder of *Terminalia berelica* (*Vibhitaka*), *Terminalia chebula* (*Haritaki*), *Glycyrrhiza glabra* (*Yashtimadhu*) and *Symplocos racemosa* (*Lodra*). *Netra Parisheka* is one among the *Kriya Kalpas* 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*⁶⁻⁸, anti-inflammatory and antimicrobial properties^{9,10}.

*Avipatikara Churna*¹¹ contains *Trikatu*, *Triphala*, *Musta*, *Lavanga*, *Vidanga*, *Vida Lavana*, *Ela*, *Trivrita* and *Sugar*. It has anti-inflammatory and purgative properties, which acts on *Pitta Dosha*. *Pittantaka Yoga* contains *Shudda Swarna Gairika*, sugar and *Amrita-dhara*. *Shudda Swarna Gairika* and *Shankha Bhasma* have *Chakshushya*, *Pitta*, *Rakta*, *Kapha Nashaka* properties^{12,13}.

Kanchanara Guggulu consist bark of *Kachanara*, *Triphala*, *Trikatu*, bark of *Varuna*, *Ela*, *Tvaka*, *Dalachini* and *Guggulu*¹⁴. All the contents have *lekhana* property and *Kanchanara* has *specially granthinashaka* property¹⁵. *Anupana* is *Kanchanar kashaya* which enhanced the activity of *Kanchanara guggulu*. On the basis of these properties, it helped in relieving the symptoms of chalazion.

CONCLUSION

This case study reveals that patient with multiple chalazion can gain significant results through *Ayurveda* management. The study concludes that this line of treatment cleans the obstructed channels of



Meibomian glands and improves the quality of meibum with minimal risk and high patient acceptance in preference to other methods of treatment. Despite the limitations of this case study, the therapy may be an effective option in the treatment of chalazion. Further study should be carried out in larger sample group.



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