



AYURVEDIC MANAGEMENT OF UTSANGINI THROUGH JALOUKAVACHARANA - SINGLE CASE STUDY

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ABSTRACT- Chalazion is caused by inflammation of the meibomian gland, usually on the upper eyelid, also known as Meibomian cyst. In *Ayurveda* it can correlated to *Utsangini*. *Utsangini* is one of the *Vartmagata roga* and *Tridhoshaja sadhya Vyadhi*. Where the symptoms include *Abhyantharamukhi*, *Bahyautsanga*, *Mandhavedana* in *Netra*, *Kathina* (presence of hard cyst), *Sravethsravam* like *kukkudaandarasam* (discharges fluid resembling egg yolk) after suppuration and *pitaka* is red in colour. It called as *Utsang pidika*. Acharya Vagabhatta mentioned that *Utsangini* is a *Raktaja*, *Tulya pitikachita*. In *Utsangini chikitsa*, Acharya Vagbhatta explained *Bhedana*, *Nishpdan*, *Lekhana*, *Pratisaran*, *Parisheka*. Acharya Sushruta mentioned three types of the treatment for *Utsangini* are *Chedana*, *Bhedana* and *Sodhana* which is depends upon size and chronicity of the *Pidika*. *Shodhan karma* is necessary for permanent cure to the diseases. *Raktamokshana* is the best procedure of *Shodhana karma*, which is indicated for *Dushitarakta* by the method of *Jaloukaavacharana* (removing vitiated blood by using *Jalauka/leech*) and *Pitta Raktha Shamaka*. which is the most easier and convenient method. The present case has been treated with leech therapy, where leech was applied upon the upper eyelid. Remarkable results were observed in improvement in all signs and symptoms of the disease. It proposes a good and cost-effective approach to treat *Utsangini* with *Raktamokashan*.

KEYWORDS: *Vartmagata*, *Utsangini*, Chalazion, *Jalaukaavcharan*.

INTRODUCTION

Chalazion is a common disorder of the eyelids and may present at any age. It is a non -infective Lipo-granulomatous inflammation of the Meibomian gland, 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.^[1] Consequently, there occurs retention of secretions in the gland, further it leads to slow growing, non-tender, painless and nodular swelling. The overall prevalence of chalazion was 0.95% in children and 0.51% in adults.^[2] Chalazion tend to be self-limiting with conservative treatment measures includes the maintaining hygiene of eyelid, hot compresses, antibiotics and corticosteroids or larger one may be surgically removed using local Anesthesia.^[3] If large chalazion is not treated then it causes the

complication like astigmatism due to pressure over cornea. Complication like hypopigmentation may occur with corticosteroid injection. Recurring Chalazion in the same area may rarely be a symptom of sebaceous cell carcinoma.^[4]

Chalazion is correlated to *Utsangini* in *Ayurveda*. Acharya Vagbhatta has explained *Utsangini* as a red coloured *Pidaka* produced by *Raktha*. As per *Ayurveda* classics, the signs and symptoms of chalazion simulate that of *Utsangini* which results due to aggravated *Tridosha*. As per *Sushruta Samhita*, features of *Utsangini* are *Bahyautsanga* (swelling on lid); *Abhyanthramukhi* (opens on conjunctival side); According to Acharya *Videha*, *Kukkutandarasopmam Srava* is liberated on bursting of *Utsangini*. In the present study *Nidana* and

Prakruthi was more of *Pitta* involvement so more of *Pitta-Rakthahara Chikitsa* was adopted.

In *Ayurveda*, *Acharya* describes the first line of treatment as *Swedana* (Hot compress), *Nishpidana* (Pressing and rubbing), *Pratisarana* (Application of medicated paste of various medicines). Intervention as *Chedana*, *Bhedana* and *Shodhana* which is depending upon the size and the chronicity of the *Pidika*, are described by *Acharya Sushruta*.^[5] *Shodhana* is the best treatment indicated for the *Utsangini*. *Shodhan* karma is necessary for permanent cure to the diseases. *Raktamokshana* is the best procedure of *Shodhana karma*, which is indicated for *Dushitarakta* by the method of *Jaloukaavacharana*.

AIMS AND OBJECTIVES

To evaluate the efficacy of *Jaloukavacharana* treatment in the management of chalazion.

MATERIAL AND METHODS

On 28th September 2025, a Hindu male of 17 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

Hard nodular painless swelling over the right upper eyelid since 1month.

History of present illness

A 17 years old male patient apparently normal 1 month back, later gradually developed nodular swelling at right upper eye lid which is hard and no h/o increasing in size and shape, no h/o redness, pain, blurring of vision and the patient reported prolong screen time (6hrs per day), for this complaints patient took allopathy medication but didn't get relief, so for further management patient visited our ayurvedic hospital OPD of *shalakyatantra*.

Local examination: Table no 1 – Examination of eyes.

Eye structure	Right eye	Left eye
Eye lashes	Normal	Normal
Eye lids	Nodular swelling at the junction of lateral 1/3 rd and medial 2/3 rd canthus of upper eyelid, redness present, Non tender on palpation	Normal
Palpebral conjunctiva	Eversion of upper eye lid – reddish nodular appearance at chalazion point	Normal
Bulbar conjunctiva	Normal	Normal
Cornea	Normal	Normal
Pupil	RRR, 2mm	RRR, 2mm
IOP	13mmhg	12mmhg

Table No. 2: Visual Acuity.

Visual Acuity on First Visit	Distant Vision	Near Vision
OD	6/6	N6
OS	6/6	N6
OU	6/6	N6

(OD- OCULUS DEXTER, OS-OCULUS SINISTER, OU-OCULUS UTERQUE).

History of past illness

N/K/C/O HTN, DM

Family history

No similar complaints in the family.

Personal History

1. Appetite: Good
1. Sleep: Sound
2. Bowel: Once a day
3. Micturition: 4-6 times a day
4. Diet: Mixed

Ashta Stana Pareeksha

1. *Nadi*: 70/ min
2. *Mutra*: 4-5 times/day
3. *Mala*: *Prakrutha*
4. *Jihwa*: *Alpa lipta*
5. *Shabda*: *Prakrutha*
6. *Sparsha*: *Rooksha*
7. *Akriti*: *Prakrutha*
8. *Druk*: *Prakrutha*

General Examination

1. Pulse rate- 72/ min
2. BP- 120/80 mm/Hg
3. Temperature- 94 F
4. Respiratory rate-12 times/min
5. Pallor -absent

Systemic examination

CNS- Conscious, HMF intact
Respiratory System: NVBS, No added sounds
CVS: S1, S2 heard, No murmurs on auscultation
Per Abdomen: Soft, Non-tender.

Haematological examination

1. Haemoglobin -12 gms %
2. ESR -8 mm/ hr
3. TLC -5600 cells/cumm
4. Platelet counts -3.24 lakhs/cumm
5. CT - 5 min, BT -2 min
6. HBsAg - Negative
7. HIV – Negative
8. HCV – Negative

Diagnosis

The diagnosis was done based on signs and symptoms and local examination of eye, as *Utsangini*^[6] (chalazion).

Treatment

In this case study *jaloukavacharana* was done to right upper eye lid for 2 sittings with a gap of 7 days, *Utsangini* is *Tridoshaja Raktha Dushita Vyadi*, so for *Raktha Shodana Jaloukavacharana* was selected. Total duration of the study was 16 days.

Method: The process of *Jaloukavacharana* was done as per mentioned in *Susruta Samhita*.^[7]



Fig i. Application of jalouka.

RESULTS

- In the present case study, only one leech was applied to the affected side. Just after removing the Leech, swelling- redness was not reduced at that time but gradually resolved. After 7days, scar mark of leech bite was also diminished.
- During treatment no adverse effect as been reported. No recurrence of nodular swelling.
- The patient was advised to wear goggles to avoid exposure of light and dust.



Fig ii. Before treatment.



Fig iii. After treatment (end of 2nd sitting)

DISCUSSION

Jaloukavacharana showed remarkable changes in the management of *Utsangini*, a condition understood in *Ayurveda* as a localized manifestation of *Raktadushti* accompanied by *sotha*, and *raga*. The procedure facilitated the removal of vitiated *Rakta* and relieved *srotorodha*, thereby restoring local circulation and reducing inflammatory congestion. The significant

improvement observed in swelling and discoloration can be attributed not only to the mechanical bloodletting but also to the pharmacological actions of leech saliva,

which contains substances such as hirudin, bdellin, and eglin known for anticoagulant, anti-inflammatory, analgesic, and vasodilatory effects. These mechanisms closely correlate with Acharya *vagbhatt's* explanation of

Jalaukavcharana having *pitta-shamaka* and *raktaprasadaka* properties, making it particularly suitable for *Pitta-Rakta* dominant conditions like *Utsangini*. Moreover, the therapy's minimally invasive nature, rapid symptomatic relief, and favorable safety profile support its clinical usefulness over more aggressive forms of *Raktamokṣaṇa*. The results of the present analysis reinforce both classical Ayurvedic rationale and contemporary biomedical understanding of hirudotherapy, indicating that *Jalaukavacaraṇa* serves as a scientifically plausible, effective, and well-tolerated therapeutic modality for *Utsangini*.

CONCLUSION

In Ayurveda without invasive procedure *Jaloukavacharana* (Leech therapy) is found convenient, least expensive and safe comparing to all other alternative options recommended for treating the *Utsangini* (Chalazion). Application of leech in *Utsangini* (Chalazion) may expand its indications, it is painless procedure even done in more sensitive persons also. It can be treated in OPD bases with an easy treatment option.

Conflict of Interest: None.

Source of Finding: None.

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