



A CASE STUDY ON PUYALASA W.S.R TO DACRYOCYSTITIS

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ABSTRACT

Dacryocystitis is an inflammatory condition affecting the lacrimal sac, often caused by a blockage in the nasolacrimal duct. This obstruction results in the stasis of tears, providing a breeding ground for bacterial infections. The sign, symptoms and the treatment of Dacryocystitis are very similar to that of the disease Puyalasa. The classical treatment of Puyalasa includes Raktamokshana (bloodletting), Upanaha (poultice), and Vimlapana (massage) and Vyadhana Karma. This paper focuses on both the conceptual and clinical aspects of Puyalasa according to different Ayurvedic texts and the efficacy of Ayurvedic modalities to treat Puyalasa. **Background:** A 58-year-old female patient came to the outpatient department of Shalaky tantra, SKAMCH & RC Hospital with a complaint of swelling near the inner canthus of the left eye since 3 days associated with irritation and watering from the same eye since 3 years. **Intervention & outcome:** Ayurvedic treatment including Amapachana, Shothahara, Vedanashamaka Chikitsa and Shastra karma was given. After one month complete resolution of the swelling was observed with complete relief in pain and watering.

KEYWORDS: Puyalasa, Dacryocystitis, Raktamokshana, Upanaha.

INTRODUCTION

Among 76 netra rogas explained by Acharya Susruta, Puyalasa is one among the nine Sandhigata Netra Rogas specifically occurring in Kaninika Sandhi. It is described as a Tridoshaja Sadhya Vyadhi. Puyalasa is associated with inflammation in the lacrimal sac, a condition akin to dacryocystitis. The latter is categorized based on onset, distinguishing between cases in infants and adults. Congenital dacryocystitis is noted for its prevalence, affecting approximately 30% of newborn infants due to the closure of the nasolacrimal duct at birth. Chronic dacryocystitis is more common in adults, particularly in females with a 75% incidence rate as compared to males. While dacryocystitis in adults generally has a low morbidity and mortality rate, the congenital form poses a significant risk if left untreated. The symptoms and treatment of Dacryocystitis align closely with those of Puyalasa. Both conditions involve similar therapeutic approaches, encompassing topical medications, lacrimal massage, probing, balloon catheter dilation, silicon tube intubation, and surgical procedures like DCR. The treatment of Puyalasa involves traditional practices such as Siravedha (bloodletting), Anjana (collyrium), Upanaha (poultice), and Shopha chikitsa. Medications used in managing these conditions focus on properties like

Shothahara Guna (pacifying swelling), Chakshushya (beneficial to eyes), and Vrana Shodhaka (wound-cleansing). These treatment processes are framed within the context of Saptavidha Upkrama, a seven-fold therapeutic approach for Vranashopha, emphasizing the importance of addressing swelling and wound-related concerns in both Puyalasa and Dacryocystitis.

Nirukti of Puyalasa-Puyalasa is made from two different words

Puya- according to Shabdakalpadruma, that substance that can generate a foul smell

Alasa- which does not move and stay at one place.

Puyalasa is the condition in which Puya neither can move up nor down and stays at one place as an Alasibhuta.

Description of Puyalasa according to Different Acharyas

Sushruta- A condition with Pakwa Shopha, Samsravedyah Sandram, Puyam Puti i.e., swelling in Netra Sandhi when undergoes suppuration, a thick purulent and foul-smelling discharge will be seen.

Vagbhata- Sukshma, Adhmayi, Samrambha, Savedana, Puyasravi Shopha, i.e., minute spreading type of swelling with pain and redness and pus discharge in Kaninika Sandhi. Sashilekha commentary by Indu explained the pathological events of Puyalasa in two stages Stage 1- Stage of Shopha and Stage 2- Sukshma Swayam Bhinno Srava. After one such episode it relapses within a few days.

Yoga Ratnakar: Pakwa Shopha with Toda.

PURPOSE OF THE STUDY

AIMS AND OBJECTIVE

1. To assess the effectiveness of Ayurvedic management in Puyalasa, W.S.R to Acute Chronic Dacryocystitis.
2. To establish a correlation between the features and treatment protocol on both Ayurvedic and Contemporary views of Puyalasa.

MATERIALS AND METHODS

The treatment was planned by assessing the state of *Rogabala* (strength of the disease) and *Rogi bala* (strength of the patient). The following medicines were administered to the patient.

CASE REPORT

A female patient aged 58 years who is not a known case of DM/HTN/Thyroid issues had watering and itching sensation in left eye since 3 years which subsides after intake of medications and reoccurs on exposure to excessive heat and sleeplessness. The nature of the episodes were very frequent. She consulted an ophthalmologist and was diagnosed as Dacryocystitis of left eye and was advised for surgery but the patient

denied. She consulted another doctor for the same and was prescribed some medicines which provided temporary relief to the patient. The complaints were aggravating during cooking and on not getting sufficient sleep. Patient had persistent watering and itching of eyes for past 3 years. Whenever there was aggravation in symptoms patient was taking medications and was getting temporary relief. Later on the intensity and frequency of the symptoms aggravated and she was not getting enough relief even after the usage of medications. On march 24th 2023, patient noticed pain and swelling in left eye. Pain was pricking in nature along with redness and tenderness over the swelling and below the left eye. She took previous medications and continued using it for 2 more days but found no relief. So she approached Shalakya tantra OPD on Mar 27th 2023 presenting with pain, swelling, watering and itching of left eye.

EXAMINATION

General Physical Examination

Patient was fully conscious, cooperative and well oriented to time, place and person at the time of history taking. She had moderate built and appeared to be of her age. There was normal colour of skin without any hypo/hyper pigmentation. No skin lesion were present. There was no periorbital edema. Pupil: reactive to light B/L. The Ear, Nose, Throat and Paranasal sinus were clear from any discharge, collection, signs of infection and inflammation. Lips were pinkish in colour. Oral hygiene was well maintained.

Systemic examination of respiratory, cardiovascular, CNS and G.I.T. system revealed no abnormality.

LOCAL EXAMINATION

PART	EXAMINATION	RT EYE	LT EYE
EYELIDS	POSITION	NORMAL	NORMAL
	MOVEMENTS	NORMAL	NORMAL
	LID MARGINS	NORMAL	MATTED
LACRIMAL APPARATUS	LACRIMAL SAC	NORMAL	SWELLING
	LACRIMAL PUNCTA	NORMAL	RED AND TENDER, CONGESTION++ DISCHARGE++
EYE BALL	POSITION	SYMMETRICAL	SYMMETRICAL
	VISUAL AXIS	NORMAL	NORMAL
	SIZE	NORMAL	NORMAL
	MOVEMENT	NORMAL	NORMAL

SLIT LAMP EXAMINATION

PART	EXAMINATION	RT EYE	LT EYE
CONJUNCTIVA	CONGESTION	ABSENT	PRESENT
	CONCRETIONS	ABSENT	ABSENT
	PAPPILAE	ABSENT	ABSENT
	FOLLICLES	ABSENT	ABSENT
	FOREIGN BODY	ABSENT	ABSENT
CORNEA	SIZE	NORMAL	NORMAL
	SHAPE	NORMAL	NORMAL
	SHEEN	PRESENT	PRESENT

AC	DEPTH	NORMAL	NORMAL
PUPIL		ROUND, REGULAR, REACTIVE	ROUND, REGULAR, REACTIVE
IRIS	COLOUR	NORMAL	NORMAL
LENS	TRANSPARENCY	NS GRADE-1	NS GRADE-1

Visual acuity examination- Visual Acuity was BE-6/9(P)
RE-6/9(P)
LE-6/12

LACRIMAL APPARATUS INVESTIGATIONS

REGURGITATION TEST: Pressure was applied over the left lacrimal sac area using thumb at punctum. Reflux of Mucoïd discharge was observed suggesting obstruction in Nasolacrimal duct. Result was positive.

LACRIMAL SYRINGING: Lacrimal syringing was performed to assess the patency of lacrimal system. Patency of lacrimal apparatus was examined by injecting

normal saline through the lower punctum. The patient was unable to elicit the fluid sensation in the throat indicating blockage in Nasolacrimal duct.

On Examination of the Lacrimal Apparatus swelling over the lacrimal sac area was seen in the left eye.

DIAGNOSIS- On the basis of signs and symptoms and ocular examination it was diagnosed as Pualasa.

MAJOR COMPONENTS FOR THE PATHOGENESIS OF AMAVATA

1	Dosha	Tridoshaja
2	Dushya	Rasa, Rakta, Mamsa
3	Srotas	Rasavaha
4	Srotodushti	Sanga, Vimaragagamana, Atipravrutti
5	Adhistana	Netra
6	Udbhavasthana	Amashayoktha
7	Rogamarga	Madhyama
8	Vyadhi Swabhav	Chirakari
9	Agni	Jatharagnimandya, Sthanika dhatwagnimandya
10	Sadhya	Sadhya

THERAPEUTIC INTERVENTION

The treatment was planned in three-dimensional way considering the nature of the disease.

During the first course of treatment patient was advised to take Trayodashanga guggulu for internal administration and Sthanika upakrama like Seka with Triphala, Yashtimadhu, Darvi, Bidalaka with Triphala, Yashtimadhu and Darvi and Ophthacare eye drop for topical instillation and Kalingadi taila as pratimarsha nasya (Table.1)

During the second course of treatment Patient underwent Bhedhana karma followed by dressing with Jathyadi taila. (Table.2)

During the third course of treatment patient was prescribed Netraprakshalana with Triphala Kashaya twice daily followed by external application of Sougatanjana once daily.

On follow up after 15 days Visual acuity was stable, Swelling and Pain on LE subsided, Watering from LE reduced.

Table No. 1: First Course of Treatment.

SL.NO	TREATMENT	DOSE	OUTCOME
FIRST COURSE OF TREATMENT	1. Trayodashanga Guggulu	1 tab TID	1. Pain and swelling in the left eye persist 2. Intensity and frequency of watering of eye reduced 3. Tenderness and pain noted 4. Swelling suppurated
	2. Seka with triphala+ Yashti+Darvi	E/A	
	3. Bidalaka with Triphala+ Yashti+Darvi	E/A	
	4. Ophthacare eye drops	4times/day	
	5. Pratimarsha nasya with Kalingadi taila	2/2/ drops in each nostril morning on empty stomach	

Table No. 2: Second Course of Treatment.

DATE	TREATMENT	DOSE	OUTCOME
SECOND COUSE OF TREATMENT	1. Bhedhana karma done over the abscess under LA		1. Incision was made over the abscess 2. Purulent discharge was expressed out from the incision site. 3. Bleeding and discharge reduced 4. Wound healing and Pain subsided
	2. Dressing done with Jathyadi taila	Once every 2 day	
	3. Tab Grab	1 tab TID	

Table No. 3: Third Course of Treatment.

DATE	TREATMENT	DOSE	OUTCOME
THIRD COURSE OF TREATMENT	1. Nethra prakshalana with Triphala kashaya	Twice daily	1. Irritation and pain in LE subsided 2. Tenderness and Swelling Over left eye inner canthus Subsided 3. Wound healed completely. 4. Visual acuity stable. 5. Watering from LE reduced.
	2. Sougathanjana	Once daily in the morning	

PATHYA: Laghu Supachya Ahara was advised.

APATHYA: Dadhi (curd), Besan (cheak pea flour), Papad, Achar (pickles), White flour, and spicy food were restricted.

OBSERVATIONS

The swelling over the Left lacrimal sac area got completely subsided. Patient observed relief from

itching, pain and irritation in LE. Watering from the LE reduced considerably. At the site of Bhedhana karma there was proper healing.

During the follow up there was no reoccurrence of symptoms. Pathya ahara and vihara was explained to the patient. The assessment of patient was done by subjective parameters i.e symptoms mentioned in Puyalasa.

CRITERIA	Before Treatment	After Treatment
Visual acuity	BE-6/9 NV-N12	BE-6/9 NV-N12
Pain	Pricking pain in LE	Pain reduced
Watering of Eyes	Very frequent watering from BE	Watering reduced considerably
Swelling of Eyelids	Red, painful and tender swelling over LE	Redness, Pain and Swelling subsided



Fig. A1, A2, A3. before treatment.



Fig. B1, B2, B3 after treatment.

DISCUSSION

Puyalasa is a Tridoshaja vyadhi. Achakshushya and tridoshakara aahara and vihara causes Tridosha prakopa and Agnimandhya which in turn vitiates Dhatwagni. These vitiated doshas travel to urdhwajatra pradesha through the siras and does sthana samsraya in netra sandhi vitiating rasa, rakta and mamsa dhatus. This inturn produces Sandhija pakwa sopha leading to Puyalsa. Here the Vyadhi being Tridoshaja the main line of management should be to pacify tridoshas as well as vitiated rakta and mamsa dhatus. Acharya Susrutha in chikitsa sutra for Puyalasa explained about Vyadhana karma, Upanahana, Shodhana Karmas, and Akshipaka chikitsa.

Mode of action of drugs

Bidalaka and Seka

In Bidalaka the aushadhi dravyas are mixed and prepared in the form of thick paste and applied as external application or bahi parimarjan chikita. The main absorption of the drug is by skin and glands. Increased tissue contact time facilitates that the active principle of the drug reaches its target tissue through skin and relieves inflammation, watering, burning sensation. Seka also works on the same principle, netra dhara acts as synergistic for treatment. During seka the use of medicinal drugs over the eyelids for a specific time and at desired temperature helps in yielding reduction from localised symptoms and signs of the disease through Amapachana by its ushna guna. Seka enhances the effect of medicines as it allows continuous absorption of medicine through skin. Moreover akshi seka increases the dilatation of blood vessels thereby enhancing blood circulation which in turn leads to increased absorption of drugs and relief.

Triphala is described as rasayana and used for tridosha shamaka. Triphala is one of the potent immunomodulator helps in free radical scavenging, anti inflammatory, anti pyretic and wound healing. It is a rich source of vitamin C and flavinoids. It increases activities of anti oxidant enzymes like superoxide dismutase, catalase, glutathione s transeferase and glutathione peroxidase. It is a good anti inflammatory agent as it decreases inflammatory markers. It reduces the expression of inflammatory mediators such as IL-17, COX2, RANKL through inhibition of NFkB activation.

Yasthimadhu has Chakshushya (improves vision), Snehana (oleation) and Rasayana (rejuvenating) properties. Yasthimadhu which has been reported to have the immunomodulator, antimicrobial and anti inflammatory activities thus help in preventing T-cells from releasing cytokines (primarily interleukin-6) that incite the inflammatory components.

Daruharidra is the best drug of choice for Karnanetramukha rogas. It is Sophahara and Kapha abhishyandahara. It relieves pain, swelling and inflammation.

Trayodashanga Guggulu

It consists of Babula, Hapusha, Shatavari, Ashwagandha Shunthi, Satavha, Vriddadaru, Shuddha guggulu, Rasna, Guduchi, Gokshura, Yavani, and Goghrita. It has Tridoshahara, Krimighna, Vranaropana and Rasayana properties. It helps in balancing the aggravated Tridoshas. As it possesses Krimighna Guna, it helps in treating the infection. It has Shothagna and Shoolaghna properties which helps in reducing inflammation and relieves pain and enhances the immune system.

Kalingadi Taila

Kalingadi Taila is explained under Nasaroga chikitsa in Chakradatta. It contains Kalinga, Hingu, Maricha, Laksa, Surasa, Katphala, Kushta, Vaca, Shigru, Vidanga and Gomutra. It is Katu, Tikta rasa pradhana and has tikshna guna. It also has Shoolahara and Shothahara properties which helps in reducing inflammation as well as blockage of Nasolacrimal duct.

Bhedhana Karma

Acharya Susrutha explained Puyalasa as Vyadhana Sadya vyadhi while according to Acharya Vaghbata Puyalasa is having symptoms of Pakva sopha and Vrana. All Acharyas mentioned the site of sopha specifically as Kaninika sandhi. After considering it as Pakva Sopha, Bhedhana Karma should be the choice of Shastra karma. Bhedana karma is defined as incision to lay open a cavity for draining out tissue debris, blood and pus with the help of Shastras like Vrudhipatra, Nakhashastra, Mudrika, Utpalapatra and Ardhadhara. Anushastras used in bhedana karmas are Sphatika, Kacha, Agni, Nakha and Kshara. It is indicated in management of conditions like Cysts, Carbuncles, Abscess etc. In Acute dacrocystitis, the stage of cellulitis is followed by stage of lacrimal abscess. During this stage even allopathic medicine suggest incision and drainage of the abscess. Here the incision should be done at the site of the abscess. Instrument should be inserted into the seat of the disease to a proper depth and extent and the doshas should be let out. Through bhedhana Karma vitiated sthanika Pitta, Rakta and Puya is drained out leading to reduction in Raga, Toda and Shopha.

Sougatanjana

It is explained by Cakradutta in context of netra rogas. It contains Haridra, Daruharidra, Pippali, Jatamamsi, Haritaki, Kushta. It is constituted of drugs with Chakshushya properties. It helps in relieving inflammation as well as provides rejuvenating properties thereby preventing the reoccurrence of the disease.

CONCLUSION

Ayurveda's role in the management of diseases is a subject of intriguing exploration, inviting an analytical consideration of both traditional and contemporary viewpoints. Embracing a curious neutrality, we dwell into the importance of Ayurveda with an open mind. Ayurveda's distinctive strength lies in its holistic approach. It perceives individuals as unique entities,

considering physical, mental, and spiritual facets in disease management. This holistic framework aims to restore balance, promoting overall well-being rather than merely addressing symptoms. Here the patient was diagnosed to have Puyalasa as per the roga lakshanas explained by Acharya Sushruta and Vagbhata which was correlated with Dacryocystitis. Treatment was planned according to the involved Dosha and Vyadhiavastha. Medicines given in this patient were Tab Grab, Trayodashanga guggulu, Ophthacare eye drops along with Pariseka, Bidalaka, Nasya and Bhedhana karma was found significant.

REFERENCES

1. Sushruta Samhita by Kaviraja Ambikadutta Shastri, chaukhambha publications, 2014, Uttartantra Chapter 2 Shlok no. 4 page no-18.
2. Comprehensive Ophthalmology by A.K. Khurana 7th Edition Jaypee Brothers Publications; Chapter-16, page no-410.
3. Vaidya Yadavji Trikamji Acharya. Uttar tantra. Sushruta Samhita with Dalhan Tika. Ch. 12/45. Varanasi: Chaukhambha Sanskrit Sansthan; 2015. p. 618.
4. Sushruta Samhita by Kaviraja Ambikadutta Shastri, chaukhambha publications, 2014, Uttartantra Chapter 2 Shlok no. 4 page no-18.
5. Ashtanga sangraha of Vriddha vagbhata with the Sashilekha Sanskrit commentary by Indu, edited by Dr. Shivprasad Sharma, chapter-, 13 verse-8, pp-964, pg694.
6. Vidyasagar PS, Khanda M, Samhita S. Reprint 2013. Ch. 7/82 Vataka Kalpana Adhyaya, Chaukhambha Varanasi; 2013. p. 162.
7. Yogaratnakara with hindi commentary by Vaidya Shrilakshmi Pati Shastri edited by Bhisagrata Sri Brahmasankara mishra shastri, Chaukhambha Sanskrit bhawan, Varanasi, reprint edition-2012, Uttarakanda, Netra Rogadhikara, verse- 102, pp-356, pg647.
8. Comprehensive Ophthalmology by A.K. Khurana 7th Edition Jaypee Brothers Publications; Chapter-16, page no.410.
9. Shirota H, Goto M, Katayama K. Application of adjuvant-induced local hyperthermia for evaluation of antiinflammatory drugs. J Pharmacol Exp Ther, 1988; 247: 1158–63.
10. Professor Udayshankar-Text book of Shalakyata, Chaukhambha orientalia, Varanasi, 1stEdition, 2012; 740, 600.
11. Madhava nidana of Sri Madhavakara with the Madhukosha Sanskrit commentary by Sri Vijayarakshitha and Srikanthadatta with the Vidyothini Hindi commentary and notes by Sri Sudarshana shastri reprint and edition by Prof. Yadhunandana Upadhyaya, part-2, reprint edition 2004, chapter-59, verse 70, 600, 368.