

JALAUKAVCHARAN IN UTSANGINI (CHALAZION) – A SINGLE CASE STUDY

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ABSTRACT

Chalazion is caused by inflammation of the meibomian gland, usually on the upper eye lid. And commonly present in multiplicity. Chalazion also called as tarsal or Meibomian cyst. It can be co-related with *Utsangini*. *Utsangini* is one of the *Vartmagata* and *Tridhosha pradhan Vyadhi*. Where the symptoms include the *Abyantaramukhi* (Opening in the inner side), *Bahya utsanga* (Nodular swelling in the external surface of the eye lid), *Tadrup pidika* (Similar blisters around the main *Utsanga*), *Tamra* (A copper coloured *Pidika*), *Sarvaja* (Produced due to vitiation of all *Doshas*) associated with *Kandu* (Itching) called as *Utsang pidika* or *Utsangini*. Acharya Vagabhatta mentioned that *Utsangini* is a *Rakta* (Red colored), *Rakten* (Produced by only *Rakta*) and called as *Utsanga*. In treatment Acharya Vagabhatta suggest *Bhedana*, *Nishpdan*, *Lekhana*, *Pratisaran*, *Parisheka*. In *Utsangini chikitsa*, Acharya Shushruta mentioned 3 types of the treatment *Chedana*, *Bhedana* and *Sodhana* which is depending upon the size and the chronicity of the *Pidika*. *Shodhan karma* is necessary for a permanent cure to the diseases. *Raktamokshana* is the best procedure of *Shodhana karma* which is indicated for *Dushita rakta*. The present case has been treated with leech therapy, where leech was applied upon the palpebral part by everting the eye lid. Remarkable results were observed in the form of improvement in all the signs and symptoms of the disease. It proposes a good and cost-effective approach to treat *Utsangini* with *Raktamokashan*.

KEYWORDS: *Ayurveda*, *Vartmagata*, *Utsangini*, Chalazion, *Jalaukavcharan*.

INTRODUCTION

Chalazion is also known as a tarsal 'cyst' or meibomian 'cyst'. This is not a cyst but a chronic inflammatory granuloma of a meibomian gland. Chalazia are often multiple, occurring in crops, and are more common among adults than in children. The glandular tissue is replaced by granulations containing giant cells, plasma cells, histiocytes and polymorphonuclear leucocytes probably as a result of chronic irritation. Retention of meibomian secretions could lead to such a reaction. The patient often notices a hard, painless swelling in either lid, increasing very gradually in size and without inflammatory symptoms. The smaller chalazia are difficult to see, but are readily appreciated by passing the finger over the skin. If the lid is everted the conjunctiva is red or purple over the nodule. In later stages it's often grey or rarely yellow if infection has occurred (hordeolum internum). The grey appearance is due to alteration in the granulation tissue, which becomes converted into a jelly-like mass. Chalazia become smaller over months, but complete spontaneous resolution rarely occurs. The contents may be extruded through the conjunctiva, in which case a fungating mass

of granulation tissue often sprouts through the opening, causing the conjunctival discharge and irritation to continue. Sometimes the granulation tissue is formed in the duct of the gland, from which it projects as a reddish-grey nodule on the inter-marginal strip (marginal chalazion).^[1]

On the basis of its sign and symptoms, Chalazion can be co-related with *Utsangini*. *Utsangini* is one of the *Vartmagata roga* and according to Acharya Shushruta *Utsangini* is *Tridhosha pradhan vyadhi* and according to Acharya Vagabhatta *Utsangini* is *Rakta doshaj vyadhi*. Which is characterised by *Abyantaramukhi* (Opening in the inner side), *Bahya utsanga* (Nodular swelling in the external surface of the eye lid), *Adho vrtmana* (In lower lid) *Tadrup pidika* (similar blisters around the main *Utsanga*)^[2], *Tamra* (A copper coloured *pidika*), *Kandu* (Itching), *Rakta* (Red colour), *Sthul*^[3], *Bahyat api drushyat* (Visible from external surface), *Kathina* (Hard), *Mand vedna* (Dull pain), *Prabhinna stravet strav kukutanda rasopamam* (if busting discharge thick pus resembling egg yolk).^[4]

A very small chalazion may undergo resolution, hot formation is suggestive. In Morden science, Chalazion can be treated with topical antibiotics eye drops or ointment are sometimes used for the initial acute infection, but are rare otherwise of little value in treating a chalazion. If they continue to enlarge or fail to settle within a few months, then smaller lesion may be injected with a corticosteroid or larger ones may be surgically removed using local anaesthesia. This is usually done from underneath the eye lid to avoid a scar on the skin. If the Chalazion is located directly under the eyelids outer tissue, an excision from above may be more advisable to avoid any unnecessary damage on the lid itself. Eyelid epidermis usually mends well, without leaving any visible trace of cicatrisation. Depending upon the Chalazion texture, the excision procedure varies. While fluid matter can easily remove under minimal invasion by merely puncturing the chalazion and exerting pressure upon the surrounding tissue, harden matter unusually necessitates a larger incision, through which it can be scrap out. Any residual matter should be metabolized in the course of the subsequent healing process, generally aided by regular application of dry heat. The excision of larger Chalazion may result in visible hematoma around the lid, which will wear off within three or four days, whereas the swelling may persist for longer.

A home remedy is to have a hot, wet flannel, and rub gently, until the heat has reached the cyst, this help to reduce the size, eventually it will be rid of. It is rare that a chalazion will recurs and are usually biopsied to rule out the possibility of a tumour. A large chalazion can cause astigmatism due to pressure on the cornea. As laser eye surgery involves shaping the cornea by burning parts of it away, weakening its structure, post operation patient can be left predisposed to deformation of the cornea from small chalazion. Complication like hypopigmentation may occur with corticosteroid injection. Recurring Chalazion in the same area may rarely be a symptom of sebaceous cell carcinoma.^[5]

Ayurvedic intervention includes a *Swedan* (Hot compress), *Nispidan* (Pressing and rubbing), *Bhedan* (puncturing), *Pratisaran* (Application of medicated paste of various medicines).^[6] Acharya Shushrut mentioned 3 types of the treatment *Chedana*, *Bhedana* and *Sodhana* which is depending upon the size and the chronicity of the *Pidika*.

General Eye Examination:

OD		OS
Normal	Eye Lashes	Normal
<ul style="list-style-type: none"> • Swelling and redness at the upper eyelid • Nodule slightly away from the lid margin near outer canthus (Fig. 1) • Non tender on palpation 	Eye Lid	Normal
• eversion of upper eye lid – reddish velvety appearance with Chalazion point	Palpebral Conjunctiva	Normal
Normal	Bulbar Conjunctiva	Normal
Normal	Cornea	Normal
Normal	Pupil	Normal

Shodhan karma is necessary for a permanent cure to the diseases. *Raktamokshana* is the best procedure of *Shodhana karma* which is indicated for *Dushita rakta*.

MATERIALS AND METHODS

Case History

A fully conscious, normal oriented 25-year-old male patient presented with chief complaints of :

- Mild itching,
- Mild pain,
- Watering from eye,
- Swelling & redness,

In the Right upper eye lid since 1 month.

Pa/H:

Patient suffered from same complain before 3 years.

AIM & OBJECTIVES

To evaluate the efficacy of *Jalaukavcharan* in the management of *Utsangini* (Chalazion).

CASE FINDINGS

The patient came to the O.P.D. No. 3 of *Shalakya Tantra*. The general condition of the patient was good. He was anxious, appetite was moderate, and tongue was coated. According the patient few days ago he developed swelling, redness, itching and heaviness of the upper part of right eyelid and watering from the right eye. Due to above eye complain he was consulted allopathic ophthalmologist. Though the allopathic treatment was continue, he got relief only for some days. Afterward the symptoms eventually changes in to painless swelling, slowly growing round mass in the lid. So he came here for good treatment as well as prevention for the same complain. He was vegetarian. *Dasha vidha pariksha* was done for patient assessment. The patient has *Kapha pittaj prakriti*, *Vikriti – Vata kaphaj*, *Sama pramana*, *Madhyama sara*, with *Avara vyayam shakti* and *Avara bala*.

Diagnostic Focus and Assessment

The diagnosis was done on the basis of symptoms and general eye examination.

- In Ayurveda this condition resembles *Utsangini*.



Fig.1

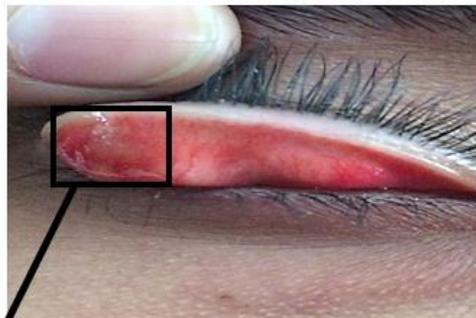


Fig. 2



Treatment

- In this case study the line of treatment mainly aimed at Tridosha shamana and Rakta shodhana; because vitiated Dosha were Tridosha and Dushya was Rakta so for Sodhan purpose Jalaukavcharan had been selected.

- The follow up of the patient has been done after the 7 days of treatment.

METHOD

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



Fig. 3



Fig. 4



Fig. 5

RESULT

- In the present case study, only one leech was applied to the affected side. Just after removing the Leech, swelling- redness-itching-mild pain- watering of eye was not reduced at that time but gradually resolved After 7 days, scar mark of leech bite was also diminished.
- The patient was advised to wear goggles to avoid exposure of light and dust.

DISCUSSION

A chalazion is a small, usually painless, lump or swelling that appears on your eyelid. A blocked meibomian or oil gland causes this condition. It can develop on the upper or lower eyelid.

A chalazion is sometimes confused with an internal or external stye. An internal stye is an infection of a meibomian gland. An external stye is an infection in the area of the eyelash follicle and sweat gland. Styes are usually painful and chalazion usually aren't.^[8] Chalazia (plural for chalazion) result from healed internal styes that no longer are infectious. These cyst-like eyelid bumps form around an oil gland within the lid and can cause red, swollen eyelids. Chalazia are more common in people with inflammatory conditions like seborrhoea, acne, rosacea, chronic blepharitis, or long-term inflammation of the eyelid and also more common in people with viral conjunctivitis or an infection covering the inside of the eyes and eyelids.^[9]

Chalazion is very well correlated with eye disease *Utsangini* in Ayurveda characterized by a copper coloured Nodular swelling in the external surface of the upper or lower eye lid which visible from external surface and by opening in the inner side with similar blisters around the main *Pidika*^[10,11,12] with itching and dull pain. There are many treatment modalities implicated for the *Utsangini* such as *Bhedana*, *Nishpdan*, *Lekhana*, *Pratisaran*, *Parisheka* by Acharya Vagbhata. And *Chedana*, *Bhedana* and *Sodhana* by Acharya Shushrut *Shodhan karma* is necessary for a permanent cure to the diseases. *Raktamokshana* (Bloodletting) is the best procedure of *Shodhana karma* which is indicated for *Dushita rakta*.

Jalaukavacharana (Bloodletting by leech) is indicated in various diseases including eye disorders.^[13] Acharya Shushrut mentioned, *Chedana*, *Bhedana* and *Sodhana* which is depending upon the size and the chronicity of the *Pidika*.

- The large swelling should be excised with knife and followed by scarification.^[14]
- If the *Pidikas* are small, very hard, suppurated and copper coloured, an incision should be followed by scarification.^[15]
- If the *Pidikas* are of recent origin, small in size and in the superficial surface of eye lid, they should be treated with: *Swedana* (Fomentation), *Alepa*

(External plastering with medicine), and *Sodhana* (General corrective measure like *Panchkarma* and *Rakta mokshana*).^[16]

Ayurvedic fundamentals propose leech application in conditions where *Rakta* derangement occurs. *Rakta* is predominant *Dhatu* responsible for occurrence of *Utsangini* (Chalazion).

A single leech treatment in this case was found very effective in not only reducing *Pidika* size but also subsided the swelling and reddening endorses Ayurvedic view point toward this pathology and proposes a novel approach to apply leech in such conditions. Leech therapy is found convenient, least expensive and safe comparing to all other alternative options recommended for treating the *Utsangini* (Chalazion).

CONCLUSION

Utsangini (Chalazion) is common disease manifested as lid swelling. *Utsangini* described in Ayurveda correlates with Chalazion on the basis of symptomatology and the management. *Jalaukavacharana* (Leech application) is a cost-effective and an easily accessible treatment that can be made use of in managing *Utsangini* (Chalazion) successfully.

Application of leech in *Utsangini* (Chalazion) may expand its indications and at the same time a difficult-to-be-treated condition may be provided with an easy treatment option.

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