



Case Study

AYURVEDIC MANAGEMENT OF PUYALASA (CHRONIC DACRYOCYSTITIS)

Gagana V N¹, Veerayya R Hiremath², Gururaj N³, Shashikala K³, Raju S N⁴

*1PG Schoolr, 2Professor and HOD, 3Associate Professor, 4Assistant Professor, Dept. of Shalakyatantra, SJGAMC, Koppal, Karnataka.

Article info

Article History:

Received: 09-11-2023

Accepted: 12-12-2023

Published: 05-01-2024

KEYWORDS:

Dacryocystitis,
Puyalasa,
Jaloukavacharana.

ABSTRACT

Puyalasa is one of the *Sandhigata Vyadhi* described by Acharya Sushruta and Vagbhata. It is presented with symptoms of discharge of *Puya* (pus), *Pakwa shopha* (swelling), *Vrana* (wound), *Vedana* (pain) with *Tridosha dushti*. *Puyaalasa* can be co-related with chronic dacryocystitis. It is an infection of the lacrimal sac, secondary to obstruction of the nasolacrimal duct at the junction of lacrimal sac, followed by stasis in the lacrimal sac, causing pain, redness, and swelling over the inner aspect of the lower eyelid and epiphora. In this case study 62-year-old female complaining of pus discharge, watering of eyes associated with swelling over the lacrimal sac in left eye for 3 weeks was treated with application of *Jaloukavacharana*, along with internally *Gandhaka rasayana*, *Nimbadi guggulu*, for 45 days. The results proved to be significant, on the basis of clinical assessment that Ayurvedic management with *Jaloukavacharana*, and internal medication on the lacrimal sac area offers effective result in the treatment of chronic dacryocystitis.

INTRODUCTION

Puyalasa is one among nine *Sandhigata netra roga*^[1,2] which occurs in *Kaninika sandhi*^[3-5]. It is said to be a *Tridoshaja Sadhya vyadhi*^[6].

Puyalasa is having symptoms of *Pakva shopha* (inflammation)^[7], *Puya srava* (pus discharge)^[7], *Vrana* (wound), *Vedana* (pain)^[8,9] where all the *Acharyas* mentioned the site specially at the *Kaninika sandhi*^[3,4,5]. The treatment modalities are mainly *Shonita mokshana*, *Upanaha*^[10]. The treatment modalities of *Akshipaka* like *Seka*^[11,12] *Churnanjana*^[13] can also be adopted. As *Chakshu* is site of *Pitta*^[16] specially *Bhrajaka pitta*^[17] the treatment modalities which are having properties of *Pitta hara* can also be adopted.^[20] *Puyalasa* can be correlated with dacryocystitis which is having the symptoms of pain, redness and swelling over the lacrimal sac in the innermost aspect of the lower eye lid. A mucoid or purulent discharge may be expressed from the punctum when pressure is applied^[14].

Commonly occur in 2 discrete age categories, infants and adults older than 40 years. Acute dacryocystitis in new born is rare, occurring in less than 1% of all new born. Acquired dacryocystitis is primarily a disease of females and is most common in patients older than 40 years, with a peak in patients aged 60-70 years. Epiphora one of the cardinal features in this condition is found to high in incidence about 33% due to Dacrocystitis^[15]. Management includes antibiotics, analgesics, procedures like probing, Dacryocysto-rhinostomy, Dacryocystectomy (DCT) etc. But in chronic case long term administration of medication is needed which have adverse effects, expensive and chance of recurrences^[18].

Jaloukavacharana- As a part of treatment of *Puyalasa*, *Shonita mokshana* is a best procedure^[10]. It is also called as Hirudo Therapy, where *Jalouka* (leech) is introduced to an affected part and for a stipulated time it is kept over that part and made to suck vitiated *Doshas* in and around the measurement of *Hasta Pramana*. Most importantly it is said that *Jaloukavacharana* is the best for *Baala*, *Vruddha*, *Naari* and *Sukumara* so, for this study we planned for *Jaloukavacharana*^[30]. Consequently, not only the active blood drainage that results from the leech sucking action, but also from the passive oozing after leech detachment due to the presence of the long-acting

Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdharma.v10i6.1446>

Published by Mahadev Publications (Regd.)
publication licensed under a Creative Commons
Attribution-NonCommercial-ShareAlike 4.0
International (CC BY-NC-SA 4.0)

anticoagulants in leech saliva motivated medics to use leech to alleviate venous congestion. The relieving effect is the accumulated result of the leech bite-induced blood oozing, which is a consequence of many factors, including bleeding wound, secreted bioactive enzyme, anticoagulants, and vasodilators.^[19]

Case Report/Patient Information

A fully conscious, normal oriented female patient, aged 62 years, visited the outpatient department of Shalakya Tantra, SJGAMC, Koppal,

Examination with Clinical Findings

Karnataka, India, with the chief complaints of pus discharge from left eye for 1 week and swelling with pain over the lacrimal sac area.

Past history: Patient had history of recurrent attacks of dacryocystitis once in a year for 3 years and DCT procedure has been done for right eye.

Personal history: Registered patient was vegetarian, appetite was moderate, bowel was regular, micturition and sleep were found normal.

Table 1: Ocular Examination (torch light and slit lamp)

	OD	OS
Visual acuity	6/24 P	6/24 P
Head position	Normal	Normal
Eyelids	Normal position and movement	Normal position and movement
Eyelashes	No trichiasis, districhiasis	No trichiasis, districhiasis
Lacrimal apparatus	Puncta - Patent Sac-Regurgitation test-negative	Puncta - Patent Sac-Regurgitation test positive clear fluid along with mucoid fibrinous flakes mild tenderness lacrimal syringing wasn't performed due to pain
Eyeball	Normal size, gaze, position	Normal size, gaze, position
Conjunctiva	No papillae, follicles, discoloration	Tear meniscus height > 0.3mm
Sclera	No discoloration and inflammation	No discoloration and inflammation
Cornea	Normal size, shape, sheen, surface and sensation	Normal size, shape, sheen, surface and sensation
Anterior chamber	Normal depth with no flares and cells	Normal depth with no flares and cells
Iris	Normal colour and pattern	Normal colour and pattern
Pupil	No cataractous changes Normal Pupillary reactions	No cataractous changes normal pupillary reactions

Treatment Protocol

Treatment was given to the patient as described in Table 2

Table 2: Therapeutic Intervention

Drug	Dose	Route	Duration
1. <i>Triphala kwatha netra pariseka</i>	Once in a day	Locally	7 days(day 1-7)
2. <i>Mardana with Jatyadi taila</i>	Twice in a day	Locally	Till 45 days except on the day of <i>Jaloukavacharana</i>
3. <i>Jaloukavacharana</i>	3 sittings	locally	10 days alternative
4. <i>Gandhaka rasayana</i>	1 BD	Internally	45 days
5. <i>Nimbadi guggulu</i>	1TID	Internally	45 days

Diagnostic Assessment

Symptoms- Inflammation, puss discharge, wound, pain in the left eyes.

Sign-regurgitation of puss fluid along with mucoid fibrinous flakes, slight tenderness over sac area. Reddish discolourtaion, Puncta.

Table 3: Time Line

S.No	Date	
1.	15/10/2022	She approached the Shalakya department, SJGAMC, Koppal. Pt C/O watery discharge, swelling and pain in left eyes, O/E redness and swelling over the lacrimal sac
2.	16/10/2022-21/10/2022	<i>Pariseka</i> with <i>Triphala Kwatha</i> for 7 days tab. <i>Nimbadi guggulu</i> is given
3.	21/10/2022	On first follow up redness reduced comparatively, swelling persists. 1 st sitting of <i>Jaloukavacharna</i> done
4.	27/10/2022	On second follow up redness and swelling reduced, puss present. Tab. <i>Gandhaka rasaayana</i> given
5.	30/10/23	2 nd sitting of <i>Jaloukavacharna</i> done
6.	05/11/23	On third follow up swelling size has been reduced
7.	08/11/23	3 rd sitting <i>Jaloukavacharana</i> done
8.	15/11/23	On fourth follow up swelling is reduced, cap. <i>Netramruta</i> is given
9.	30/11/23	On fifth follow up, there was no swelling, redness and puss present

On Examination: left Sac- Mild tenderness over area; Regurgitation test was positive with puss fluid. Lacrimal syringing was done with normal saline. Obstruction with regurgitation in lower punctum was found in both eyes.

Differential diagnosis: Hyper-lacrimation and Dacryocystitis. Hyper-lacrimation was ruled out as the pathology was in lacrimal sac. *Puyalasa lakshana* such as *Vedana*, *Puya srava* at *Kaninika sandhi* were present.

Diagnosis - On above said signs, symptoms and examination, the case was diagnosed to have *Puyalasa* as per Ayurveda.

Method of *Jaloukavacharana*^[24]

Purva Karma: Procedure should be explained with patient and consent form must be taken, patient is said to be in supine position with closed eyes. *Jalouka* should be kept in *Haridra jala* to activate it for 1-2 minutes,

Pradhana Karma: Physician should wear the gloves and *Jalouka* should be hold in their hand and kept over the affected region, here it is near the *Kaninika sandhi*, physician should be care full regarding the place of application of *Jalouka*. The other parts like eyes and nose should be covered with cotton as there might be *Jalouka* enters. Once *Jalouka* has started sucking the blood then that must be covered with wet cotton to maintain with the atmospheric temperature to that of the *Jalouka*. Wait till to release from bitten part, if not

then sprinkle some *Haridra churna* to that part it will release immediately.

Paschat Karma

After *Jalouka* left the sucking part by itself, take a kidney tray and put some *Haridra churna* in it then keep *Jalouka* to suck *Haridra churna* so that it will vomit sucked vitiated blood. Then give gentle movement over *Jalouka* for vomiting completely. If still there is presence of vitiated blood in *Jalouka* then keep it in butter milk. Sprinkle some *Haridra churna* over bite part wait till blood to clot. Afterwards if necessary then go for *Pariseka* with *Sheeta jala*.

RESULTS

Significant improvement was observed in reduction of swelling and pain over the lacrimal sac area and there was mild relief in watering and puss discharge from sac area after 7 days of treatment. After 1 month of treatment, complete relief was found in reduction of pain, pus discharge and swelling over the lacrimal sac area. Watering from the eyes was found to be less compare to first week. With this treatment, the infectious stage of dacryocystitis was completely cured. No recurrence and adverse reactions was found in any symptoms and signs after follow-up of 1 month. during the study and follow-up periods. The current treatment protocol showed significant improvement and prevent the further infection.

Follow Up and Out Comes



Parisheka

1st Sitting Jaloukavacharana2nd Sitting3rd Sitting

Before Treatment



After Treatment

DISCUSSION

Netra Parisheka- Parishek is very effective in eliminate on of local *Doshas* and the pathologies. Use of medicinal drugs for a specific time and at desired temperature over the eyelids yields to reduction in local symptoms and signs of the disease helps to remove the *Ama* by its *Ushna guna*, The mode of action of *Parishek* also is quick and efficient as the absorption through the thin layer of eyelid skin is enhanced by heat and continuous exposure to the liquid drug for a short period of time. Nowadays use of sterile cotton fibre pad is done to deliver medication trans dermally through the eyelids in certain conditions of eye. The skin thickness of eye is 0.05cm, which is the thinnest skin in our body. Increased temperature of skin increases the rate of penetration by direct effect on diffusion within the skin. The temperature affects stratum corneum structure causing higher permeability. Also, temperature increase improves blood flow locally henceforth enhancing the dermal absorption. Thereby the use of *Parishek* drug at a specific temperature over the eyelids for a proper time of *Dhara* gives us good absorption of medicine and also reduces the local inflammations and pain^[25] *Jaloukavacharana-* Leech application or Hirudo therapy is not only removes blood from the site but also inject biologically active substance which helps to manage various ailments. It

injects anti-inflammatory, analgesic and bacteriostatic substance. Like hirudin, hyaluronidase, histamine, acetylcholinelike vasodilators inhibitors of kallikerin, superoxide products, eglins and bdellins have anti-inflammatory properties and many anaesthetic and analgesic compounds with its saliva which can be help full in subsidizing inflammation and pain. The *Dushita pitta* are *Rakta doshas* are extracted. Anti-inflammatory action: The contents present in leech saliva blocks steps involving pain by contracting cytokines with anti-inflammatory agents in it. It also suppresses mast cell mediated^[26] Tab. *Nimbadi Guggulu-* because of its *Shothagna* and *Shoolagna* properties which helps in this particular case. That acts as an analgesic, antimicrobial, and anti-inflammatory agent^[29]. Tab. *Gandhaka Rasayana* – the *Bhavana Dravya* (medium of trituration) used in the preparation of *Gandhaka Rasayana* have proven analgesic, anti-inflammatory, anti-bacterial action and is also said to promote wound healing properties. *Gandhaka Rasayana* consists of Sulphur along with other herbal ingredients. *Gandhaka* is mentioned as *Krimighna* in ancient Ayurvedic texts. Sulphur has been associated as an important constituent in sulphonamides, which are used as antimicrobial agents.^[27] *Jatyadi Taila Avacharana-* *Jatyadi taila* is having properties of *Vrana hara* and

considers as best for it. The drugs in JT contain non irritant properties of skin. Presence of *Karanjin*, lupeol and β -sitosterol in JT and found to be non-irritant.^[28]

CONCLUSION

Here the patient was diagnosed to have *Puyalasa* as per Acharya Sushruta and Vagbhata which was correlated with dacryocystitis. Treatment was planned according to the involved *Dosha* and *Vyadhiavasta*. Medicines given in this patient were *Nimbadi guggulu*, *Gandhaka rasayana*, *Jatyadi taila* and the procedures like *Jaloukavacharana* along with *Pariseka* was found significant.

REFERENCES

1. Sushruta: Sushruta Samhita with the Nibandha sangraha Commentary of Sri Dalhanacharya and the Nyayachandrika panjika of Sri Gayadasacharya on Nidhanasthana, Edited by Vaidya Yadavji Trikamji Acharya, Chaukhambha Orientalia, Varanasi Publication, Edition: Reprint, 2014, utara Sthana, 2nd chapter, 3rd sloka, Page number 495.
2. Vagbhata: Ashtanga Hrudaya with the Commentaries Sarvangasundara of Arunadatta and Ayurveda rasayana of hemadri, Annotated by Dr. Anna Moreswar Kunte and Krsna Ramachandra Sastri Navre, Edited by Pt Hari SadasivaSastri Paradakara, Chaukamaba Sanskrit Sansthan, Edition Reprint 2012, Uttara tantra 10th chapter, 10th sloka Page number 810.
3. Vagbhata: Ashtanga Hrudaya with the Commentaries Sarvangasundara of Arunadatta and Ayurveda rasayana of hemadri, Annotated by Dr Anna Moreswar Kunte and Krisna Ramachandra Sastri Navre, Edited by Pt Hari Sadasiva Sastri Paradakara, Chaukamaba Sanskrit Sansthan, Edition Reprint 2012, Uttara tantra 10th chapter, 7th sloka Page number 809.
4. Sushruta: Sushruta Samhita with the Nibandha sangraha Commentary of Sri Dalhanacharya and the Nyayachandrika panjika of Sri Gayadasacharya on Nidhanasthana, Edited by Vaidya Yadavji Trikamji Acharya, Chaukhambha Orientalia, Varanasi Publication, Edition: Reprint, 2014, Uttara Sthana, 2nd chapter, 3rd sloka commentary, Page number 598.
5. Vriddha vagbhata; Ashtang asangraha; with shashilekha samskruta commentary by indu, edited by Dr.Shiva prasad sharma, Chowkamba Sanskrit series office Varanasi, Uttara tantra 13th chapter, 8th sloka Page 694
6. Sushruta: Sushruta Samhita with the Nibandha sangraha Commentary of Sri Dalhanacharya and the Nyayachandrika panjika of Sri Gayadasacharya on Nidhanasthana, Edited by Vaidya Yadavji Trikamji Acharya, Chaukhambha Orientalia, Varanasi Publication, Edition: Reprint, 2014, Uttara Sthana, 2nd chapter, 4th sloka commentary, Page number 495.
7. Sushruta: Sushruta Samhita with the Nibandha sangraha Commentary of Sri Dalhanacharya and the Nyayachandrika panjika of Sri Gayadasacharya on Nidhanasthana, Edited by Vaidya Yadavji Trikamji Acharya, Chaukhambha Orientalia, Varanasi Publication, Edition: Reprint, 2014, utara Sthana, 2nd chapter, 4th sloka, Page number 598.
8. Vagbhata: Ashtanga Hrudaya with the Commentaries Sarvangasundara of Arunadatta and Ayurveda rasayana of hemadri, Annotated by Dr Anna Moreswar Kunte and Krsna Ramachandra Sastri Navre, Edited by Pt Hari SadasivaSastri Paradakara, Chaukamaba Sanskrit Sansthan, Edition Reprint 2012, Uttara tantra 10th chapter, 7th sloka Page number 809.
9. Vriddha Vagbhata; Ashtang Asangraha; with shashilekha samskruta commentary by Indu, edited by Dr. Shiva Prasad Sharma, Chowkamba Sanskrit series office Varanasi, Uttara tantra 13th chapter, 8th sloka Page 694
10. Sushruta: Sushruta Samhita with the Nibandha sangraha Commentary of Sri Dalhanacharya and the Nyayachandrika panjika of Sri Gayadasacharya on Nidhanasthana, Edited by Vaidya Yadavji Trikamji Acharya, Chaukhambha Orientalia, Varanasi Publication, Edition: Reprint, 2014, utara Sthana, 13th chapter, 45-46th sloka commentary, Page number 618-619.
11. Sharangadhara: Sharangadhara Samhita, With the commentaries Adhamalla's Dipika And Kasirama's Gudhartha- Dipika, Edited with foot notes by Pandit parasuramasastri, Vidyasagar, Chaukamba Publication, New Delhi, Uttara khanda 13th chapter, 3rd sloka, Page number 379.
12. Sushruta: Sushruta Samhita with the Nibandha sangraha Commentary of Sri Dalhanacharya and the Nyayachandrika panjika of Sri Gayadasacharya on Nidhanasthana, Edited by Vaidya Yadavji Trikamji Acharya, Chaukhambha Orientalia, Varanasi Publication, Edition: Reprint, 2014, utara Sthana, 9th chapter, 22nd sloka commentary, Page number 612.
13. Vagbhata: Ashtanga Hrudaya with the Commentaries Sarvangasundara of Arunadatta and Ayurveda rasayana of hemadri, Annotated by Dr Anna Moreswar Kunte and Krsna Ramachandra Sastri Navre, Edited by Pt Hari Sadasiva Sastri Paradakara, Chaukamaba Sanskrit Sansthan, Edition Reprint 2012, Uttara tantra 11th chapter, 5th sloka Page number 809.
14. Post Graduate Ophthalmology, Edited by Zia Chaudhuri, Jaypee highlight medical publishers, INC, first edition 2012, page number-226.
15. Comprehensive of ophthalmology, A K Khurana, 7th edition, Jaypee Brothers Medical publishers, page number 290.
16. Vriddha vagbhata; Ashtang Asangraha; with shashilekha samskruta commentary by Indu, edited by Dr. Shiva prasad sharma, Chowkamba Sanskrit

- series office Varanasi, sutra sthana 20th chapter, 3rd sloka Page 156
17. Vrুদ্ধha Vagbhata; Ashtang Asangraha; with shashilekha samskruta commentary by Indu, edited by Dr. Shiva Prasad Sharma, Chowkamba Sanskrit series office Varanasi, sutra sthana 20th chapter, 7th sloka Page 156
 18. Effects of Jaloukavacharana in Inflammatory Eye Disorders Dr.Santosh Kumar Shaw, Dr.Prakruthi G., Dr.Sujathamma K.
 19. Abdualkader AM, Ghawi AM, Alaama M, Awang M, Merzouk A. Leech therapeutic applications. Indian J Pharm Sci. 2013 Mar; 75(2): 127-37. PMID: 24019559; PMCID: PMC3757849.
 20. Sushruta: Sushruta Samhita with the Nibandha sangraha Commentary of Sri Dalhanacharya and the Nyayachandrika panjika of Sri Gayadasacharya on Nidhanasthana, Edited by Vaidya Yadavji Trikamji Acharya, Chaukhambha Orientalia, Varanasi Publication, Edition: Reprint, 2014, sutra Sthana, 13th chapter, 4th sloka commentary, Page number 55.
 21. Naginadas Chagana lala shah: Bharata Bhaishajya Ratnakara: Edited by vaidya. Gopinath Bhisgratna. B, Jain publishers, New Delhi, Volume 2, sloka 28-39, page 97
 22. Naginadas chagana lala shah: Bharata bhaishajya ratnakara: Edited by vaidya. Gopinath bhisgratna. B, Jain publishers, New Delhi, Volume 3, page 179.
 23. Naginadas chagana lala shah: Bharata bhaishajya ratnakara: Edited by vaidya. Gopinath bhisgratna. B, Jain publishers, New Delhi, Volume 2, page 265.
 24. Method of jaloukavacharana (su.su 13th) Sushruta: Sushruta Samhita with the Nibandha sangraha Commentary of Sri Dalhanacharya and the Nyayachandrika panjika of Sri Gayadasacharya on Nidhanasthana, Edited by Vaidya Yadavji Trikamji Acharya, Chaukhambha Orientalia, Varanasi Publication, Edition: Reprint, 2014, sutra Sthana, 13th chapter, 3rd sloka commentary, Page number 55.
 25. Kiran Raj et al: Role of Parishek in Netrashleshma- vranashotha. International Ayurvedic Medical Journal {online} 2017 Available from: http://www.iamj.in/posts/images/upload/507_510.pdf
 26. Naringe Seema et al: Jalaukavacharana (Leech Therapy) Its Indications and Complications - A Brief Review. International Ayurvedic Medical Journal 2021 Available from: Hyperlink http://www.iamj.in/posts/images/upload/_pdf http://www.iamj.in/posts/images/upload/228_233.pdf
 27. https://www.researchgate.net/publication/307138130_Screening_of_antibacterial_and_antifungal_activity_of_Gandhaka_rasayana_an_ayurvedic_formulation
 28. Shailajan S, Menon S, Pednekar S, Singh A. Wound healing efficacy of Jatyadi Taila: in vivo evaluation in rat using excision wound model. J Ethnopharmacol. 2011 Oct 31; 138(1): 99-104. doi: 10.1016/j.jep.2011.08.050. Epub 2011 Aug 30. PMID: 21907784.
 29. Anjali W.G and Chaitra H. A review on Nimbadi guggulu. J Biol Sci Opin 2017;5(3): 37-38.<http://dx.doi.org/10.7897/2321-6328.05357>
 30. Sushruta: Sushruta Samhita with the Nibandha sangraha Commentary of Sri Dalhanacharya and the Nyayachandrika panjika of Sri Gayadasacharya on Nidhanasthana, Edited by Vaidya Yadavji Trikamji Acharya, Chaukhambha Orientalia, Varanasi Publication, Edition: Reprint, 2014, sutra Sthana, 13th chapter, 3rd sloka commentary, Page number 55.

Cite this article as:

Gagana V N. Veerayya R Hiremath, Gururaj N, Shashikala K, Raju S N. Ayurvedic Management of Puyalasa (Chronic Dacryocystitis). AYUSHDHARA, 2023;10(6):110-115.

<https://doi.org/10.47070/ayushdhara.v10i6.1446>

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Gagana V N

PG Schoolr,

Dept. of Shalakyatantra,

SJGAMC, Koppal, Karnataka.

Email:

gaganavishwanath17@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.