AYURVEDA MANAGEMENT, ENSURING SAFE, EFFECTIVE NON-RECURRENT ACUTE DACRYOCYSTITIS - A CASE REPORT

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Abstract

Two major conditions manifesting on the inner canthus are – Puyalasaka and Upnaha,” as enumerated in ancient treatises. Excessive lacrimation, swelling associated with pain and pus are the hallmarks of this condition. Patient seemingly healthy, aged around 60 years, not on any regular medication presented with symptoms of painful swelling filled with pus near the inner canthus of right eye. On mild pressure on the swollen lacrimal sac –regurgitation was noted –confirming acute dacryocystitis with nasolacrimal duct block.

Management: Jalaoukacharna after dehashudi and shirashudi was conducted. Followed by shoolashothaharabidalaka followed by prasadananjan was adopted. All symptoms mitigated. No scars or traces of nasolacrimal duct obstruction were seen. Ayurveda management done in this case promises non recurrence, is cost effective and has given fast results. Case followed for three years and acute or chronic manifestations have not manifested so it is significant and worth to be explored in large scale. Multi centric and various permutations and combinations for similar case are recommended for further research.

Introduction:-

Ayurveda’s special branch termed ‘Shalakya’ denotes the unique and in separable proximity of the eyes, nose, ears and oral cavity. Anatomically, physiologically, pathologically and managerial interrelated factors are visualized. Acharya Susrutha describes the lacrimal ducts as Asruvahasrotas. (1) Ayurveda. Acutedacryocystitis symptoms coincide with manifestations of Puyalasakaand chronic dacryocystitis could be correlated to upnaha ‘both sandhigatarogas. Ashruthasrotos, (lacrimal duct)netrodaka (tears),ashrudyavarta(blocking of nasolacrimal duct) have been enumerated.

Research articles written on Ayurveda management of dacryocystitisthrow light on various aspects worth looking into Ayurveda is preferred treatment due to failure of surgery, cost and complications followed after surgery. (2)(3)(4)(5)(6) Acute and chronic cases of dacryocystitis can be managed with Ayurveda alone and publishing it helps globally adopt this manage in similar cases.

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Materials And Methods:-
Case history
Patient aged 60 years lady, seeming healthy and not any regular medication. Epiphora from right eye, mild fever and headache since a week, developed painful pus filled swelling at the inner canthus of right eye since 2 days associated with decreased appetite and constipation. Darshan, sparshan and prashna pareeksha helped in diagnosis. Swelling on inner canthus of right eye, with pain and pus discharge on mild pressing on the lacrimal punctum confirmed the diagnosis.

Before treatment | During with leech application | After treatment

Darshan Pareeksha –red swelling in inner canthus of right eye. SparshanPstrrksha :pressure on lacrimal duct -pus and discharge seen. Prashnapareeksha :manifestation of symptoms, medical and family history details were collected. Vision showed age related changes but all other sense organs did not report much to need medication.

Management: line of treatment -agnideepana, kayashudi, shirashudi ,raktamokshana, kriyakalpa was initially achieved by choushastiharpipalli 1/4 tea spoon mixed with honey administered thrice a day. Erandasneha for achieving anulomana and kostashuddi. Anutaila for pratimarshanasya. Jalokacharna (JK) was done with all purva, pradhana and paschat karma as per shastra and it was uneventful, followed by bidalaka to mitigate pain and swelling. The parisheka was done using nalpamaradi kashyam done many times a day for a week. After pain and pus was totally under control prasadananjana was also adopted. The whole treatment was adopted as per rules and regulations so it was highly beneficial and no side effects at any stage occurred.

<table>
<thead>
<tr>
<th>Date</th>
<th>symptoms</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.08.17</td>
<td>Painful swelling with pus right eye – inner canthus ++++ epiphora</td>
<td>Sothashoola har bidalaka</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Deepana – pachana C, pipali churna + honey</td>
</tr>
<tr>
<td>15.08.17</td>
<td>Pain pus +++</td>
<td>Anuloman –erandasneha</td>
</tr>
<tr>
<td>16.08.17</td>
<td>Pain pus +++</td>
<td>JK 20 minutes – one leech</td>
</tr>
<tr>
<td>17.08.17</td>
<td>Pain pus +</td>
<td>Nalpamaradhiseka, lekhananjananjana</td>
</tr>
<tr>
<td>20.08.17</td>
<td>Pain, swelling reduced</td>
<td>Nalpamaradhiseka + bidalaka</td>
</tr>
<tr>
<td>30.08.17</td>
<td>All symptoms reduced</td>
<td>Nalpamaradhiseka + bidalaka</td>
</tr>
<tr>
<td>15.09.17</td>
<td>No symptoms</td>
<td>Nalpamaradhiseka + prasadananjan</td>
</tr>
<tr>
<td>12.08.19</td>
<td>6th Follow up – no recurrence</td>
<td>Lacrimal system healthy</td>
</tr>
</tbody>
</table>

Table 01: - Treatment details
Results:--
fast, effective and safety at all levels of treatment and no recurrence was noticed for three years. Management of acute stage of dacryocystitis was made possible adopting Ayurveda herbs and bloodletting using (JK)Jaloukacharana.
Follow up after 3years ---with no recurrence

Discussion:--
Choushastiharppipalli also being chakshusya and rasayana gave multiple benefits. It is imperative to conduct such management so that patient benefits more at low cost, no hospitalization, no surgical intervention. Jaloukacharan adds benefits so that pain and inflammation can subside sooner without any antibiotics.Bidalakakapplication is herbal pastes applied on closed lids and it is absorbed much, giving immediate relief from all symptoms so also pariseka. All the ingredients utilized have been utilized in most common conditions and especially in eye diseases. Conclusion –treating acute and chronic dacryocystitis without any antibiotics or surgical intervention is worthy of taking note of and this needs to be utilized in larger sample in multicenters to make it global,

References:--
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