



Ayurvedic Management of Chalazion (Utsangini): A Case Study

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Article History	Abstract
Received: 06 June 2022 Revised: 15 Sept 2023 Accepted: 21 Sept 2023	<p>A chronic non- infective lipo- granulomatous inflammation of the blocked meibomian gland. An inflamed, blocked meibomian gland, typically on the upper eyelid, results in a chalazion (meibomian gland lipogranuloma). Ayurveda correlates it with Utsangini. Both Acharya's Sushruta and Vagbhata provide an explanation of Utsangini under Vartmagatha Rogas. According to Sushruta, it comes under Tridoshaja / Sannipataj Sadhya Vyadhi. But even so, Vagbhata asserts that it is a Raktaja Sadhya Vyadhi. The overall prevalence of chalazion is 51% in adult. Both Shodhana and Shamana Chikitsa are mentioned in care of Utsangini. In modern medicine, the therapies include intralesional corticosteroid injection and surgical drainage are advised. In this study, a 22-year-old male patient with a right eye redness, watering of eye and painless swelling of the right upper eye lid with heaviness presented to the Eye OPD of the Dr. DY Patil College of Ayurved and Research Centre, Pimpri, Pune. Following the history and examination, chalazion was diagnosed. The patient received local treatment in kriya kalpa using Netra Parisheka therapy in addition to shamana chikitsa. As a result of the treatment remarkable improvement in all disease symptoms and signs was observed. So, the management of chalazion has been proven to be successful with Ayurvedic treatment.</p>
CC License CC-BY-NC-SA 4.0	Keywords: Chalazion, Utsangini, Kriya kalpa, Netra Parisheka, Shamana

1. Introduction

A non-infective granulomatous inflammation of the Meibomian gland is called as chalazion. Most typical of all lid lumps. The Meibomian gland first becomes infected with mildly pathogenic, low-

virulence pathogens. A result of this, the epithelium proliferates and the walls of obstructed ducts get infiltrated and the gland enlarges due to secretion retention and develops a non-infectious lid granulomatous inflammation of the blocked Meibomian glands (It's more common in adults than in children). (Khurana, 2015) In either lid, the patient frequently experiences a hard, painless swelling that grows slowly and without showing any signs of inflammation. Even though the smaller chalazion are hard to see, rubbing the finger over the skin makes them obvious. The conjunctiva over the nodule is red or purple if the lid is everted. If infection has already taken place, it becomes laterally frequently grey or infrequently yellow (hordeolum internum). (Khurana, 2010) Mild lesion may be infused with a hot fomentation, ocular drops containing antibiotics and anti-inflammatories, intralesional steroid injections, but bigger lesions may need to be removed through surgery under local anaesthesia if they don't stop growing or don't go away within a few months (Sihota & Tandon, 2021). Chalazion and Utsangini may be connected to each other based on their signs and symptoms. One of the *Vartmagata roga*, *Utsangini*, is classified as *Tridhoshha Pradhan vyadhi* by *Acharya Shushruta* and *Rakta doshaj vyadhi* by *Acharya Vagabhatta* (Ambikadutta, 2019).

- According to *Acharya Susruta* (Ambikadutta, 2019) features of *utsangini*:
 - *Adho vartmanah bahya utsanga*: a nodule like swelling in the lower lid.
 - *Abhyantara mukhi*: with an opening in the inner surface.
 - *Bahya utsanga*: Nodular swelling on the external surface of eye lid.
 - *Tadrupa pidikacita*: surrounded by similar small blisters.
 - *Vijneya utsangini nama*: is called as *Utsangini*.
 - *Utsanga*: Elevated or prominent
- According to *Vagbhatta* (Tripathi, 2017) features of *utsangini* (*Nidana* and *Prakruti* had more *Pitta* involvement)
 - *Rakta pitika* - red color nodules.
 - *Tulya pitikachita* - Surrounded by similar *pitikas*.
- According to (Tripathi, 2017) features of *utsangini*:
 - *Bahyat api drushyate* - Visible from external surface
 - *Kathina* - Hard
 - *Mand vedna* - Dull pain
- *Prabhinna stravet strav kukkutanda rasopamam* - if bursting discharge thick pus resembling egg yolk

Ayurvedic interventions (Vidawans, 2015) include a *Swedan* (hot compress), *Nispidan* (pressing and rubbing), *Bhedan* (puncturing) and *Pratisaran* (application of medicated paste of several medications).

According to the extent and chronicity of the *Pidika*, *Acharya Shushrut* suggested three different kinds of treatments - *Chedana*, *Bhedana* and *Shodhana*.

2. Materials And Methods

Case report

A 22 years old male patient visited in Shalakyia Tantra's OPD No.6 at Dr. D.Y. Patil College of Ayurveda and Research Centre, Pimpri, Pune. Overall health of the patient was good. As per the patient, he starts experiencing symptoms like heaviness of the upper right lid, Redness on right upper lid and a painless swelling on the right eyelid in the beginning. Also watering of the eye have been present last ten days.

Associated complaints:

- Heaviness of the upper lid (*Vartam gourav*)
- Redness (*Rakta raji Darshanam*)
- Painless swelling (*vedana rohit sayathu*)
- Watering of eye (*netra sarav*).

Past history: No history of Diabetic mellitus and any systemic or surgical illness

Table 1: Personal history

Name – XY	Bala - Madhyama	Prakriti – Pita Kapha
Age – 22 years	Marital status - Unmarried	BP – 120/80 mm of Hg
Sex – Male	Addiction - None	Weight – 50 Kg
Occupation – Student	Bowel Habit - Irregular	Koshtha – Madhyam
Sleep – Disturb	Appetite - Lost	Height – 150cm

Table 2: Astha Vidha Pariksha

Mala – Malavshmbha	Sabda – Regular
Mutra –Regular	Druk – Right eye Partial
Jeehva – Sama	Sparsh – Ushna
Nadi – 76/ minute	Akriti – Madhyam

Table 3: Darshana

Structures	Right eye	Left eye
Lid	Marked swelling in upper lid, Redness, nodules non tender	NAD
Conjunctiva	Congestion	NAD
Cornea	Clear	Clear
AC	NAD	NAD
Pupil	RRR	RRR
Lens	Phakik	Phakik
Vision	6/6 P	6/6

Samprapti:

- **Dosha** - Tridosha
- **Dushya** - Rakta
- **Agni** - Sama
- **Srotas** - Raktavaha
- **Nidana** - Excess Ushna Ahara, Tikshna Ahara
- **Saara** - Masa

Diagnostic assessments

Table 4: Assessment criteria

Grades	Redness	Lid Swelling	Heaviness of the upper lid	Watering of eye
0	No redness	No lid swelling	No Heaviness	No watering of eye
1	Mild	Mild	Mild	Mild
2	Moderate	Moderate	Moderate	Moderate
3	Severe	Severe	Severe	Severe

Therapeutic intervention

Table 5: Ayurvedic Medications given to the patient

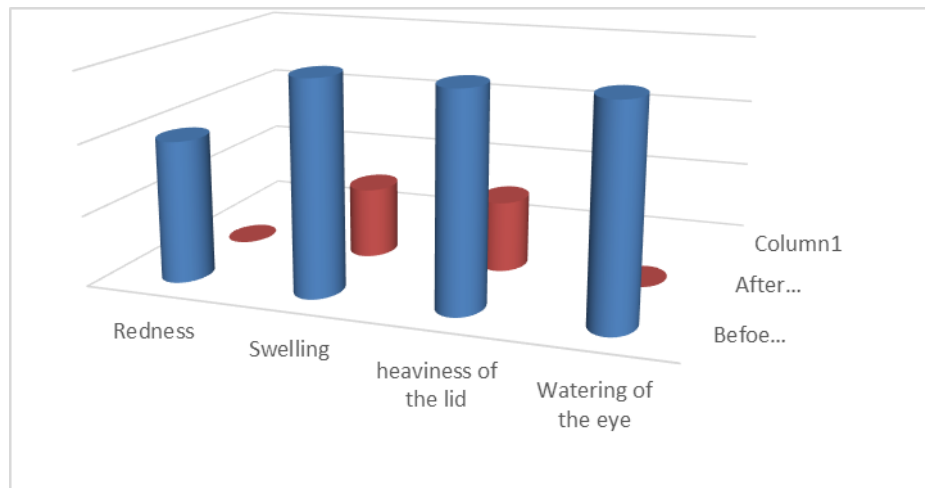
Medicine	Dose	Anupana
Manjishtadi Kashaya	15ml BD	1/2 Cup Luke warm water
Kaishore Guggulu 250mg	2BD	Luke warm water
Kanchanara Guggulu 250mg	2BD	Luke warm water

Administration of *netra parisheka* with *kashayam* for 3 days is given. The patient was kept in supine position. In the *Netra parisheka* procedure, an extremely thin stream of liquid is poured from a height of about four inches around the eyes. All through the whole duration of therapy, lukewarm medicated liquid is required. A single stretch process may require between 2 and 20 minutes.

3. Results and Discussion

Table 6: Showing difference in the symptoms before and after *netra parisheka*

Symptoms	Before <i>Pariseka</i> Day 0	1 st day of <i>Pariseka</i>	2 nd day of <i>Pariseka</i>	After <i>Pariseka</i> Day 3
Redness	2	1	1	0
Swelling	3	3	2	1
Heaviness of upper the upper lid	3	3	2	1
Watering of the eye	3	2	1	0



Graph 1: Showing relief before and after the *Netra Pariseka*

The patient's condition significantly improved after receiving Ayurvedic treatment for two weeks.

Table 7: Showing difference in the symptoms before and after Treatment

Symptoms	Before treatment	After treatment
Redness	2	0
Swelling	3	0
Heaviness of the upper lid	3	0
Watering of the eye	3	0



Figure 1: Before Treatment



Figure 2: After Treatment

According to *Ayurveda*, *Utsangini* is characterized by an opening in the inner side with blisters similar to those around the major *pidika* and a copper-colored nodular enlargement on the exterior surface of the upper or lower eyelid that is visible from the outside, along with dull discomfort and

watering of eye (Sreedhar, 2016). *Acharya vagbhata* suggested a variety of therapeutic techniques for *utsangini* which includes *Bhedana*, *Nishpeedana*, *Lekhana*, *Pratisarana* and *Parisheka* (Maurya, 2018). *Acharya Sushruta* added some more *karmas* like *Shodhan*, *Chedana*, *Bhedana*, and *lekhana* as a long-term treatment for the illnesses (Ambikadutta, 2019). *Triphaladi Netra Parisheka* contains equal quantity of powder of *Terminalia chebula* (*Haritaki*), *Glycyrrhiza glabra* (*Yashtimadhu*) and *Trichosanthes dioica* (*Patol*). *Ayurveda* stated *Netra Parisheka* is one of the *Kriya Kalpa* for *netra roga* (Ambikadutta, 2019). This topical treatment helps with the quick and easy absorption of drugs by removing bacteria, clearing obstructions in the channels and enhancing local blood flow. Additionally, these medications also have *Chakshushya*, anti-inflammatory and antibacterial effects. *Kanchanara Guggulu* contains the bark of *Kachanara*, *Triphala*, *Trikatu*, *Varuna*, *Ela*, *Twaka* and *Dalchini*. All these ingredients have *lekhana* property while *Kanchanara* have *granthinashaka* property (Ambikadutta, 2015). *Manjishyadi Kashaya* and *Kaishora Guggulu* also have *Pithahara*, *Rakthaprasadhaka*, and *Sophahara* properties (Ambikadutta, 2015; Ambikadutta, 2015).

4. Conclusion

This case study demonstrates how effective *Ayurvedic* treatment can be for patients with chalazion. Internal medicines including *Manjishyadi Kashaya*, *Kaishora Guggulu* and *Kanchanara Guggulu* and externally *netra seka* aids to reduce reddish discoloration, swelling and heaviness of the lid.

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