



## A HOLIASTIC AYURVEDIC APPROACH IN THE MANAGEMENT OF CHALAZION – A CASE STUDY.

Dr Veeranna Mugadur<sup>1\*</sup>, Dr. Sharada H<sup>2</sup>, Dr. Shilpa Kamath<sup>3</sup>, Dr. Ratan Singh<sup>4</sup>

<sup>1\*</sup>Professor, Department Of Shalakya Tantra, Institute Of Ayurveda Major S.D. Singh University, Department Of Shalakya Tantra. Email- [drvkm82@gmail.com](mailto:drvkm82@gmail.com)

<sup>2</sup>Associate Professor, Department Of Shalakya Tantra, Institute Of Ayurveda Major S.D. Singh University. Email- [dr.sharada1710@gmail.com](mailto:dr.sharada1710@gmail.com)

<sup>3</sup>Associate Professor, Department Of Shalakya Tantra, Shree Hingulambika Ayurvedic Medical College, Hospital And Research Centre. Email - [shilpakamath270@gmail.com](mailto:shilpakamath270@gmail.com)

<sup>4</sup>Associate Professor, Department Of Swasthavritta Evam Yoga ,Institute Of Ayurveda Major Sd Singh University, Farrukhabad ,U.P., 209749, Email Id- [singh.ratan21685@gmail.com](mailto:singh.ratan21685@gmail.com)  
Orchid Id- 0000-0002-6938-575x

**\*Corresponding Author:** Dr Veeranna Mugadur

\*Professor, Department Of Shalakya Tantra, Institute Of Ayurveda Major S.D. Singh University, Department Of Shalakya Tantra. Email- [drvkm82@gmail.com](mailto:drvkm82@gmail.com)

### ABSTRACT

Chalazion is a sub acute or chronic non suppurative inflammation of meibomian glands. It is also called tarsal cyst or meibomian cyst. Chalazion is more common in people with poor facial hygiene with habits of rubbing of eyes with dirty fingers. Chalazion is a common ocular condition that often requires surgical intervention in modern practice. In our classics chalazion is compared to *Lagana*. It is defined as a non suppurative(*Apaka*) , hard(*katina*), visible from outside(*sthulo*) cystic painless swelling in the eye lid(*granti vartmabhavo arujah*) ,shape and size resembles black pepper or *Badara(kola pramano laganastu sa)* and it is produced by the *Kapha dosha*<sup>1</sup>. It is *Bhedhana sadhya vyadhi*, where incision should be made to the nodular swelling followed by *pratisarna* with *Gorochana, yava kshara, pippali*, honey. According to the size of Chalazion(*Lagana*), the treatment can be modified. In this case, the patient has been treated with the procedures like *seka, bidalaka* (can be taken as *Usna Upachara*), and *shaman oushadhies*.

**Keywords:** Chalazion, *Lagana*, *Triphala Guggulu*, *Gandhaka Rasayana*, Vertical massage of eye lid.

### INTRODUCTION

The case was diagnosed as *Lagana* which is *kapha dominantant vartma gata vyadhi* described by *Acharya Susruta*. *Lagana* can be clinically correlated with chalazion.

Acharya Vagbhata has defined *Lagana* as a hard cystic swelling of pale colour, which is non suppurative, associated with itching produced by *kapha*<sup>1</sup>. Acharya Vagbhata has recognized the colour as *Pandu* (white) that reflects the dominance of *Kapha*.

Bhavaprakasa has changed name as *Nagana* and Sharangadhara Samhita has used the term *Alagana* instead of *Lagana*.

Chalazion is the most common of all lid lumps. It is a chronic non infective condition. Pathogenesis starts with mild grade infection of the meibomian gland by organisms of low grade virulence. As a result there occurs proliferation of the epithelium and infiltration of walls of the ducts, which are blocked. Consequently, there occurs retention of secretions in the gland, causing its enlargement.

Clinical features includes painless swelling in the eyelid , gradually increasing in size, mild heaviness of eye lid, blurred vision, lacrimation<sup>2</sup>. Upper eye lid is involved more commonly than lower eyelid because of the fact that Upper eye lid contains more meibomian glands than lower eye lid<sup>2</sup>.

Usually vision is not affected. If nodule is large, it may cause mechanical ptosis or induced astigmatism due to pressure on cornea.

Pain, redness, watering are features of inflammation seen in internal and external hordeolum, which have to be differentiated from Chalazion which is painless in nature. Secondary infection of a Chalazion leads to formation of internal hordeolum.

Chalazion should be differentiated from the eye lid diseases like Sty, Sebaceous cyst, Dermoid cyst, Meibomian gland carcinoma.

## CASE REPORT

A 24 year old female patient reported with swelling in left upper eye lid since 7 days.

Associated features were mild pain, irritation, redness of upper eye lid, and lacrimation of left eye since 7 days. Initially lesion was small and then gradually increased in size. There was no contributory family history.

There was no history of Diabetes, hypertension.

On clinical examination showed swelling/ nodule at medial side of left upper eye lid with redness of upper palpebral conjunctiva after eversion of the lid. (**Figure 1**)

**Table 1: Visual acuity (before treatment)**

Visual acuity	DISTANT VISION	NEAR VISION	PIN HOLE
RE	6/6	N6	6/6
LE	6/9	N6	6/6P
BE	6/6	6/6	-

**Table 2: Examination**

Structure	RE	LE
Eye lid	NAD	Smooth, dome shaped Nodule seen
Eye Lashes	NAD	NAD
Palpebral conjunctiva	NAD	Mild redness
Bulbar conjunctiva	NAD	NAD
Cornea	Transparent	Transparent
Pupil	Reactive to light	Reactive to light
Lens	Transparent	Transparent

**Table 3: Treatment**

Treatment	Medicine	No of days	Duration
Seka	Triphala kashaya	7	20 min
Bidalaka	Triphala churna	7	20 min
Internal medication	Triphala guggulu	2 BD	14 DAYS
	Gandahaka Rasayana	2 BD	14 DAYS
	Vertical Massage Of Eye Lid	14	5 MIN TWICE A DAY



**FIGURE 1- localized swelling presenting on the conjunctiva side, away from the lid margin of upper eye lid. (Before treatment)**

**Table 4: Visual acuity (After treatment)**

Visual acuity	DISTANT VISION	NEAR VISION
RE	6/6	N6
LE	6/6	N6
BE	6/6	6/6



**FIGURE 2- After treatment**

## DISCUSSION:

### Mode of Action of vertical massage

Vertical massage of the eyelid is advised for patients with chalazion because it is primarily caused by blockage of meibomian glands, which are arranged vertically within the eyelid. Gentle vertical massage helps in unblocking these glands and promotes drainage of the retained secretions.

In this case, importance is given to cure the disease by using *Tripahla kashya*, *Tripahla churna* for *seka* and *Bidalaka* respectively. The main motive to select these drugs was cost effective, safe, and to prove that lesion was completely resolved without surgical intervention. As in this disease there is a blockage of glands in eye lids, by using topical procedures like *seka* and *Bidalaka* may lead to softening and resolution of nodule. The use of luke warm *Triphala kashaya* for *seka* helps to unblock the meibomian glands (Clarence of *Srotorodha*).

To address this pathology, the internal medicine chosen was *Tripahla Guggulu*, which is anti inflammatory, anti infective, *Lekhana*, *shothahara*, *vranashodhaka* properties helps in healing of Chalazion (*Lagana*)<sup>3</sup>. *Gandhaka rasyana* acts as *kaphahara*, *Lekhana*, *Rakta shodhaka*, *Shotahara*, *Srotoshodhaka* action helps to evacuate the accumulated kapha in meibomian gland. It also promotes drainage of meibomian secretions and prevents its reoccurrence through its *Rasayana karma*<sup>4</sup>.

## CONCLUSION:

This article demonstrates the effectiveness of topical medications in successful management of *Lagana* without surgical intervention. The formulation acted as *Rakta shodhaka*, *kapha shamaka*, and *srotoshodhana* which resulted in complete healing of the lesion. When patient approaches the OPD at the right time and physician applies *yukti* and *jnana*, many complications can be prevented. Timely diagnosis and rational *Ayurvedic* management can thus avoid the need for surgery, leading to safe, economical, and holistic healing.

## REFERENCE:

1. Uday Shankar, Text book of Shalakya Tantra illustrated, Varanasi: Chaukambha Visvabharati, Vol 1 Chapter 33, 2018 p.287.
2. A .K .Khurana , Comprehensive ophthalmology, 6<sup>th</sup> edition , jaypee Brothers Medical Publishers(p) Ltd, New Delhi, 2015, p. 368.
3. Prof. K.R. Srikanth Murthy, Sharangadhara Samhita. Varanasi: Chaukambha orientalia ;2012.Madhyama Khanda ,chapter 7, sloka no 81-83, p.109.
4. Pandit Kashinath Shatrini, Rasatangaini.Delhi: Motilal Banarasidas;2014. chapter 8, Sloka no 38-91, p. 186.