

MANAGEMENT OF PUYALASA (CATARRHAL STAGE OF SUBACUTE DACRYOCYSTITIS) - A CASE REPORT

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ABSTRACT

Puyalasa is one among 9 *sandhigata vyadhi* which occurs in *kaninika sandhi* (medial canthus) and is caused by *tridosha* and is a *vyadhanasadya* (puncturing) *vyadhi*. *Puyalasa* can be compared with Dacryocystitis, where there is infection of lacrimal sac secondary to Nasolacrimal duct (NLD) obstruction. A male patient aged 38 years had visited our O.P.D with complaints of watering of eye, slight tenderness over sac area since 2 months. Blurriness reduces after wiping and regurgitation test was positive with mucoid fibrinous flakes mixed clear fluid and there was mild tenderness and patient was diagnosed with case of *puyalasa*. On above said signs, symptoms and examination, the case was diagnosed as *puyalasa*, it can be compared to catarrhal stage of subacute dacryocystitis. Treatment given was *Nimbadi guggulu* (500 mg) 1tablet (t.i.d) A/F, *Triphala kashaya* eye wash (b.i.d) for 7 days. After 7 days of treatment protocol, all signs and symptoms were markedly reduced.

KEYWORDS: *Puyalasa*, Epiphora, Dacryocystitis, *Nimbadi guggulu*, *Triphala kashaya netra prakshalana*(eye wash).

INTRODUCTION

Puyalasa is one among 9 *sandhigata vyadhi*. *Puyalasa vyadhi* occurs in *kaninika sandhi* (medial canthus). Clinical features of *Puyalasa* are *pakwa shopha* (suppurated swelling) at *kaninika sandhi* characterized with *Sandra* (thick), *puya* (purulent), *puti srava* (foul smelling discharge) which is a *sannipataja vyadhi*^[1]. *Puyalasa* is compared to *vrana* (wound) which is *sukshma* (small) in size at *kaninika sandhi* (medial canthus), prior to wound formation, its characterized by *shopha* (swelling), *samramba* (redness of

eye), *vedana* (pain) and *puya srava* (pus discharge)^[2].

Puyalasa can be compared with Dacryocystitis, where in there is inflammation of lacrimal sac secondary to Nasolacrimal duct (NLD) obstruction^[3]. Acharya Vagbhata's explanation can be correlated with Acute Dacryocystitis; where painful swelling over lacrimal sac region, redness is present in stage of cellulitis and in stage of lacrimal abscess is characterized by pain, swelling of lacrimal sac filled with pus, pus regurgitates through punctum on pressure over sac. Acharya Sushruta

explanation can be correlated with chronic Dacryocystitis, as in stage of catarrhal is characterized by epiphora, clear fluid with few fibrinous mucoid flakes regurgitates through punctum over pressure and in stage of lacrimal mucocele is characterized by swelling over sac area, gelatinous/milky discharge regurgitates through punctum over pressure.

Treatment protocol of *puyalasa* involves 1. *Snehana* (oleation) and *Swedana* (sudation) followed by *raktamokshana* (blood-letting) 2. *Upanaha* (poultice) with *dravya* (substance) having properties of *dosahara*, *vranashodhana* (antimicrobial) and *chakshushya* (wholesome to eye). 3. *Paka karma*- Suppurative measures of *vrana*. 4. *Vrana shotha chikitsa* (wound management) is advocated as per *avasta* (stage) of *puyalasa* [4]. If above said measures fail to combat the disease, it's considered as *pillaroga* and treated with *agnikarma* (cautery) [5].

Modern treatment of acute type of adult Dacryocystitis depends on stage of Dacryocystitis; in stage of cellulitis involves systemic and topical antibiotics, analgesic, anti-inflammatory drugs and hot fomentation. Stage of lacrimal abscess involves draining of pus with above said measures. Treatments of Chronic type of Adult Dacryocystitis are 1. Conservative treatment- probing and lacrimal syringing 2. Balloon catheter dilator 3. DCR (Dacryocystorhinostomy) 4. DCT (Dacryocystectomy); when 1st measure fails successive measures are taken [6].

CASE REPORT

Patient Information

A 38 years old male Hindu patient priest by occupation had visited our O.P.D with complaints of watering of eye resulting in

blurriness of vision, watery type of discharge regurgitates over pressure on medial sac, slight tenderness over sac area since 2 months. Blurriness reduces after wiping.

Present history- Patient was said to be apparently normal before 2 months and gradually developed watering of eye resulting in blurriness of vision, watery type of discharge regurgitates over pressure on edge of eye, slight tenderness over sac area.

Past Medical History - not been treated for the above complaints and has no other systemic illness.

General Examination - He was moderately built with 50kg of weight and 5 feet in height. Pulse was 72bpm, blood pressure was 110/80 mmhg and respiratory rate was 16bpm. *Prakruti* (body constitution) and *nadi* (pulse) of the patient was *vata-kaphaja*. Appetite bowel and urine were normal. *Jihwa* (tongue) was uncoated.

Clinical Findings –

Table No 1- Clinical examination of eye

Timeline- A written consent was taken from patient. He was treated with *shamanoushada* for 7 days.

Table No 2- Oral Medicines for 7 days

Table No 3- Signs and Symptoms before and after treatment

Diagnostic Assessment - Symptom-watering of left eye resulting in blurriness of vision. Sign-regurgitation of clear fluid along with mucoid fibrinous flakes, slight tenderness over sac area. Puncta was patent.

On Examination; left Sac- Mild tenderness over area; Regurgitation test was positive with clear fluid along with mucoid fibrinous flakes expulsion. Lacrimal syringing wasn't performed due to tenderness.

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, catarrhal stage of subacute dacryocystitis as per allopathic diagnosis.

Therapeutic Intervention – *Nimbadi guggulu*(500 mg) 1tablet (ter in die) A/F , *Triphala kashaya* eye wash(bis in die) for 7 days.

Follow up and Outcome - After 7 days of treatment protocol, watering of eye was markedly reduced there by blurring of vision was reduced which was secondary to stagnation of tear in fornix, and regurgitation test was negative and tenderness was absent.

DISCUSSION

Nimbadi guggulu contains 1part of *nimba* (*azadirachta indica*), *triplala* {*amalaki* (*emblica officinalis*), *vibitaki* (*terminalia bellirica*), *Haritaki* (*terminalia chebula*)}, *vasa* (*adhatoda vasika*), *patola* (*trichosanthes dioica*) and *guggulu* (*commiphora mukul*)^[7]. *Triphala kashaya* is prepared using *triplala kwatha churna* (coarse powder). These ingredients are having *tikta* (bitter), *katu* (pungent) and *kashaya* (astringent) *rasa pradhana* with *laghu* (light), *ruksha* (dry) *guna* which causes *shoshana* (emaciation) *karma* there by reducing the epiphora. *Nimba* has *vra* *shodhaka* (antimicrobial) and *cakshushya guna* (wholesome for eye) thereby reducing the lacrimal sac infection^[8]. *Triphala* has *cakshushya guna*^[9]. *Haritaki* has *anulomana*(downward movement of *vata*), *vra* *shodaka* and *cakshushya guna*^[10]. *Vibitaki* has *vedana sthapana* (antinociception), *anulomana* (downward

movement of *vata*) and *cakshushyaguna*^[11]. *Amalaki* has *anulomana* and *cakshushyaguna*^[12]. *Vasa* has *shothahara* (reduces swelling) and *vedana sthapana guna*^[13]. *Guggulu* has *vedana sthapana*, *vra* *ropana*(tissue healing) and *tridoshagna guna*^[14].

Netra Prakshalana (eye wash) procedure was adopted among other local procedures (*tarpana*, *putapaka*, *prakshalana*, *seka*, *aschotana*, *pindi* and *vidalaka*) because; *tarpana* and *putapaka* are adopted in *nirama lakshana* and other procedures are adopted in *ama lakshana*. In this case, patient had *ama lakshana* and hence one among above procedures should be adopted. Among *prakshalana*, *seka*, *aschotana*, *pindi* and *vidalaka*; *prakshalana* mean splashing of liquid medicine in open eye, due to external pressure it clears the mucoid fibrinous flakes from the medial canthus and has greater bioavailability of medicine; hence this procedure was selected.

Puyalasa is characterized by *pakwashopha* (suppurated swelling) at *kaninika sandhi* characterized with *sandra*, *puya*, *puti srava* which is a *sannipataja vyadhi*. As per Acharya vagbhata, *Puyalasa* is compared to *vra* *na* which is *sukshma* in size at *kaninika sandhi* , prior to wound formation, its characterized by *shopha*, *samramba*, *vedana* and *puyasrava* .*Puyalasa* can be compared with Dacryocystitis, where in there is inflammation of lacrimal sac secondary to Nasolacrimal duct (NLD) obstruction.

Here oral intake of *nimbadi guggulu* and *triphala kashaya* eye wash locally has totally reduced the signs and symptoms.

CONCLUSION

Here the patient was diagnosed to have early stage of *puyalasa* as per acharya Vagbhata which was correlated with catarrhal stage of

sub-acute dacryocystitis. Treatment was planned according to the involved *dosa* and *vyadhiavasta*. Medicines given in this patient were *nimbadi guggulu* and *triphalakashaya* for eye wash for 7 days which aimed in *tridosashamaka*, *vranashodaka*, *vranaropaka* and has *chakshusyaguna*.

Limitation of Study - This patient had visited OPD in acute stage and hence better results very obtained within no time. If the disease is chronic, it would require addition of *Shodhana* or *Shastra karma*. As it's a case report, it requires to be studied on large sample size in order to affirm the study.

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TABLE NO 1

	OD	OS
Visual acuity	6/6	6/6
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
IOP	18 mmhg	18 mmhg
Fundus	Normal disc, macula, retinal vessels	Normal disc, macula, retinal vessels

Table No- 2

Medicine	Dose	Anupana	Frequency
<i>Nimbadi Guggulu</i>	500 mg	Jala	t.i.d(A/F)
<i>Triphala kashaya prakshalana</i>	100ml		b.i.d (6am, 8pm)

Table No -3

	Dates	Signs and Symptoms
Onset of treatment	20-12-2021	Symptom -watering of eye resulting in blurriness of vision Sign -regurgitation of clear fluid along with mucoid fibrinous flakes, slight tenderness over sac area.

Follow up	27-12-2021	Symptom -No complaint of watering. Sign -No tenderness and regurgitation test was negative.
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