

CONCEPTUAL ANALYSIS OF CHALAZION IN AYURVEDA**Dr. Yadukrishnan S.*¹ and Dr. Vinod Jadhav²**¹PG Scholar, Department of PG Studies in Shalakyatantra, SVMAMC, Ilkal.²Guide Professor & HOD, Department of PG Studies in Shalakyatantra, SVMAMC, Ilkal.**ABSTRACT**

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Ayurveda, the science of life is as old as we all even more. Though it is the science of thousands of years ago even so it has detailed description of supra clavicular disorder under the section of *Shalakya tantra*. Among these supra clavicular disorders *Acharya Sushruta* has described 76 types of *netra rogas*.^[1] *Lagana* disease is one among them. It is a disease of eye lid^[2] having nonsuppurative, painless hard *Kola Pramana* swelling with itching and sticky appearance. Treatment wise it is *Kaphja bhedana Sadhya Vyadhi*. This is surgically cured by *Bhedana Karma*. According to recent science it can be correlated with chalazion which can be treated medically in initial stage and in later stage by means of surgery.

KEYWORDS: Lagana, Kaphaja bhedana sadhya, chalazion

INTRODUCTION

Chalazion is not a cyst but a chronic inflammatory granuloma of a meibomian gland present in the eyelids. Chalazia are often multiple, occurring in crops, a condition commoner in adults than in children.^[3] It normally presents as a cosmetically disfiguring firm nodular mass extending from the tarsus either anteriorly toward the skin or posteriorly toward the conjunctiva.^[4] Histologically, Chalazion, described as an epithelioid granuloma.^[5] It is frequently seen in association with meibomian gland dysfunction.^[6]

Human body is made up of five *Indriyas* i.e. five sense organ among them *Netra* is an important entity responsible for visual perception for seeing the beauty of nature. *Lagana* comes under the *Netra Indriya Vyapad*. Though it cannot hamper vision directly but it can lead to refractive error which can further lead to visual impairment. Our *Acharya* explains the types of *Netra* disorders in different ways such as *Sthananusar*, *Doshanusar*, and

Chikitsanusar. Lagana is Vartamgata Kaphaja Bhedana sadhya Vyadhi respectively.

Acharya Sushruta described it is as

Apakah kathinah sthulo granthivartmabhavoaruja, Sakandu pichhilah kola pramana laganastu sah.^[7]

In word of Acharya Vagbhatta is

Granthi panduruka paakah kanduman kathinah kafat Kolmattrah sa laganah kinchidalpa tato api wa.^[8]

According to both *Acharyas* size of *Lagana* is *Kola Pramana* which might be achieved in very later stage when patient avoid to take any treatment. In modern ophthalmology it can be correlated with chalazion. It is a non infectious granulomatous inflammatory disease appears due to obstruction of meibomian gland secretions, can be present on upper or lower lid on both lids in single or both eyes. It is common at eye lid lump which is typically present at the margin of lid hence it is also known as tarsal cyst and because of it appears due to obstruction of meibomian duct it can also named by meibomian cyst. In daily shalakya or ophthalmic practice, cases of chalazion increases day by day. The reason behind it might be a change of life style as excessive use of Smartphone or computer, exposure to pollution etc which gives strain to the eyes.

Causes

Chalazion is worldwide in distribution with a higher prevalence in the hot, humid, and dusty areas. It is caused by a blockage in one of the tiny meibomian glands of the upper and lower lid. Inflammation or virus affecting the meibomian glands are the underlying causes of chalazia.^[9] It is also caused by habitual rubbing of eyes as in chronic blepharitis, metabolic disorders such as diabetes mellitus and excessive intake of carbohydrate. Rubbing of lid because of blepharitis or some other reason such as excessive uses of phone or other electronic devices also lead to this. And it is common in patient with eye strain due to muscle imbalance or refractive error.^[10]

Our *Acharyas* did not describe specific causes for particular type of *Netra Rogas*. They key out the *Samanya Nidanas* for all 76 types of *Netra Rogas*.

They are as follows

- Get afloat after exposure to heat

- Keep viewing distance object for longer time without rest
- Sleep disturbance
- Continuous crying
- Excessive anger or sorrow
- Injury to eyes
- Excessive stress
- Intake of *shukta*
- *Arnal* type acidic food
- Restrain of natural urges
- Excessive sweating
- Smoking
- Excessive vomiting
- Try to see very small objects etc.^[11]

When a person met with one or more than one *Nidana* he might be a sufferer of *Netra Roga*. Not necessarily all *Nidana* causes all *Netra Roga*. Each disease progresses by its specific *Nidana*. *Lagana* also can induced by excessive crying, speech disturbance, acidic food etc.

Clinical feature

In chalazion painless non suppurative swelling in the eye which will gradually increases in size is the main symptom and sometimes it associated with itching, discomfort and heaviness in the eye lids. Besides these symptoms patient may also complains of mild heaviness in the lid, blurred vision due to induced astigmatism by large chalazion. It is present slightly away from lid margin and firm to hard and non tender in nature.^[12,13]

The glandular tissue becomes replaced by granulations containing giant cells, probably as a result of chronic irritation by an organism of low virulence. The gland becomes swollen, increasing in size very gradually and without inflammatory symptoms so that patients usually seek advice on account of the disfigurement. The smaller chalazia are difficult to see, but are readily appreciated by passing the finger over the skin. If the lid is everted the conjunctiva is red or purple over the nodule, in later stages often grey, or rarely, if infection has occurred, yellow. The grey appearance is due to alteration in the granulation tissue which becomes converted into a jelly-like mass. Complete spontaneous resolution rarely occurs. The contents may be extruded through the conjunctiva, and in these cases a fungating mass of granulation

tissue often sprouts through the opening, keeping up conjunctival discharge and irritation. Sometime the granulation tissue is formed in the duct of the gland, from which it projects as a reddish-grey nodule on the intermarginal strip.^[3]

Our Acharya also described it is in same way as –

- *Vartmabhavo shoolo katina granthi* – a cystic swelling / lump formed on the eyelids which are large and hard texture
- *Kola pramana* – lump appears like a fruit of jujube in its size and shape
- *Apakah* – lump doesnot undergo suppuration
- *Arujah* – lump and eyelids are devoid of pain
- *Sa kandu* – there is itching in the lump and eyelids
- *Pichhilah* – lump is sticky, the eyelids too are sticky.

Treatment

Treatment recommendations go from controlling predisposing factors, use of antimicrobial agents (topical/systemic). Previous studies have found a 25–50% resolution rate with this conservative treatment.^[9]

Complete spontaneous resolution of chalazion rarely occurs. Size of chalazion increase very slowly and eventually it may become very large. In small and soft recent chalazion self resolution may be helped by conservative treatment in the form of hot fomentation topical antibiotics and oral anti inflammatory drugs. In some cases local steroid injection may be helpful to resolve soft and small chalazion.

If the size of chalazion is increases then surgical removal with incision and curate is only way to cure it. It is conservative and effective treatment for it. Surface anesthesia is obtained by instillation and infiltration by lignocain 2%, Then vertical incision on conjunctival site is made by 11no. blade followed by curate of contain of chalazion with chalazion scoop. To keep off recurrence its cavity should be cauterized, after that antibiotic ointment is instilled with eye patching. Post operatively antibiotic eye drops, hot fomentation and oral anti inflammatory analgesic drug should be given.^[14,15]

In older classic in perspective of treatment of *Netra Roga Acharya Sushruta* advocate *Samanya* treatment for all types of diseases i.e.

Sanksheptah kriyayogah nidanam parivarjanam^[16]

It means in concise way treatment is nothing but avoidance of causative factors. At the time of describing treatment of *Lagana Acharya* did not mention directly for conservative treatment but from the Doshaja predominance of disease i.e. *Kaphaja Sadhya Vyadhi*, it can be consider that in initial stage of disease *Kapha Shamaka* treatment^[17] such as *Sthaniya Swedan*, *Shothahar Aushadha* such as *Triphala Guggulu*, will help to restore normal physiology of eye which is about similar to conservative treatment of chalazion.

If size of *Pidika* increased than *Shastra Karma* should be done namely *Bhedana Karma* which is similar to incision. After *Bhedan Karma* for curettage of contains of *Lagana Acharya* advised for *Pratisaran Karma* with *Gorochana*, *Kshara*, *Tutha*, *Pippali*, and *Madhu* either with single drug or with combination of these contains.^[18] He also told that if size of *Pidika* is large, then *Agnikarma* or *Kshararma* should be performed similar as modern science which indicates for cauterization.

The roughness of the upper surface of the leaf is so pronounced that leaf of *Parijata* (*Nyctanthes arbortristis L.*) is used as a sand paper in parts of India where it is indigenous.^[19] Due to this rough surface delicate eyelid is scraped and impure blood and pus is escaped. Pure blood is circulated and healthy tissue is developed soon. Because of this *Susrutha* used such type of leaves (*Parijata*, *Gojihva*) for scraping.^[20] After the procedure *Pratisarana* was done with paste made with one pinch of *Sodhita Kasisa* (*Ferrous sulphate*), *Pippali* (*Piper longum L.*), *Saindhava* (*Rock salt*) and two drops of *Madhu* (*Honey*). These drugs having anti-inflammatory effect, *Vranaropana* effect etc. *Seka* was done with *Triphalakashaya* and wrapped with plain *Ghrita* (*Ghee*). *Triphala* is having Anti-inflammatory, wound cleaning activity, wound healing activity, Anti-oxidant activity etc.^[21]

CONCLUSION

Causes, clinical features and treatment of *Lagana* described by our respected *Achryas* are very similar to causes, clinical features, and treatment of chalazion described by modern science. There for *Lagana* and Chalazion can be correlated. Main cause of chalazion is obstruction of meibomian gland secretion and clinical symptom is lump on lid. Hence on the basic of *Shrotodusti Lakshana* it can be concluded that *Lagana* is originated by *Sanga* and *Grunthi* type of *Shrotodusti*.

Apart from these symptom heaviness, blurring of vision due to astigmatism are important symptom of chalazion. If patient come to us immediately after elevation of lid skin it can be cured by medicine according to both system of medicine if size of lump increase up to *Kola Pramana* then it can be treated only by surgical method in both system i.e. by *Bhedana Karma* in *Ayurveda* and by incision and curate in modern science. The plant based formulations with zero side effects are safer clinically than the steroid and penicillin based eye drop formulation with various side effects. So it will be better to use the Ayurvedic way of protocoals in the treatments as it gives the best result in it.

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