



## A CONCEPTUAL REVIEW AND CLINICAL CASE STUDY ON PUYALASA WITH SPECIAL REFERENCE TO DACRYOCYSTITIS

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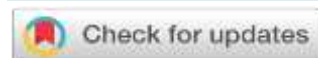
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### ABSTRACT

**Rationale:** Dacryocystitis is the inflammation of the lacrimal sac occurring due to obstruction in the nasolacrimal duct and stagnation of tears in the lacrimal sac. The sign and symptoms and the treatment of Dacryocystitis are very similar to that of the disease *Puyalasa*. The classical treatment of *Puyalasa* includes *Raktamokshana* (blood-letting), *Upnaha* (poultice), *Vimardana* (pressing), and *Vimlapana* (massage). This paper focuses on both the conceptual and clinical aspects of *Puyalasa* according to different *Ayurvedic* texts and the efficacy of *Ayurvedic* modalities to treat *Puyalasa*. **Background:** A 30-year-old female patient came to the outpatient department of Shalaky tantra, N.I.A Hospital with a complaint of swelling near the inner canthus of the left eye for 3 months associated with mild pain and watering from the same eye. **Intervention & outcome:** *Ayurvedic* treatment including *Ama Pachana*, *Shothahara*, and *Vedana Shamaka Chikitsa* was given for two months. After two months complete resolution of the swelling was observed with complete relief in pain and watering.

**Keywords:** *Puyalasa*, *Upnaha*, Dacryocystitis, *Swedana*

## INTRODUCTION

*Puyalasa* is one of the 9 *Sandhigata Netra Roga*. It occurs in *Kaninika Sandhi*<sup>1</sup> and it is a *Tridoshaja Sadhya Vyadhi*. Dacryocystitis is the inflammation of the lacrimal sac. It is broadly of two types according to its onset i.e., occurring in infants and other one in adults. Congenital Dacryocystitis is of very common occurrence and about 30% of newborn infants have closure of the nasolacrimal duct at birth.<sup>2</sup> Chronic dacryocystitis in adults is more common than the acute type. There is a 75% rate of incidence of dacryocystitis in females as compared to males. Generally, there is a very low rate of morbidity and mortality associated with dacryocystitis. However, significant mortality and morbidity rate is found in the congenital form if it is not treated appropriately on time. The sign and symptoms and the treatment of Dacryocystitis are very similar to that of the disease *Puyalasa*. Treatment of Dacryocystitis consists of topical medication, lacrimal massage, lacrimal probing, balloon catheter dilation, silicon tube intubation, and surgery (DCR). The treatment of *Puyalasa* includes *Siravedha* (bloodletting), *Anjana* (collyrium) & *Upanaha* (poultice), *Vimlapana* (massage). Drugs used in the management mostly consist of *Shothahara Guna* (pacifying the swelling), *Chakshushya* (beneficial to eyes) & *Vrana Shodhaka* (wound cleansing) properties.<sup>3</sup> These treatments processes can be taken as the *Saptavidha Upkrama* of *Vranashopha* described by Acharya Sushruta.

**Nirukti (Etymology) of Puyalasa-***Puyalasa* is made from two different words-

**Puya-** according to *Shabdakalpadruma*, that substance that can generate a foul smell

**Alasa-** which does not move and stay at one place.

The condition in which *Puya* neither can move up nor down and stays at one place as an *Alasibhuta* that condition is known as *Puyalasa*

**Description of Puyalasa according to Different Acharyas-**

**Sushruta-** A condition with *Pakwa Shopha*, *Samsravedyah Sandram*, *Puyam Puti* i.e., swelling in

*Netra Sandhi* when undergoes suppuration, a thick, purulent, and foul-smelling discharge will be seen.<sup>4</sup> *Dalhan* in his commentary has described the position of *Kaninika Sandhi* as *Kaninika Gate Nasasamipe Avasthita*, i.e., situated near the nasal part.

**Vagbhata-** *Sukshma*, *Adhmayi*, *Samrambha*, *Savedana*, *Puyasravi Shopha*, i.e., minute spreading type of swelling with pain and redness and pus discharge in *Kaninika Sandhi*<sup>5</sup> *Sashilekha* commentary by *Indu* explained the pathological events of *Puyalasa* in two stages-

Stage 1- Stage of *Shopha*: *Aado Shopha Samrambha*- at the initial stage- *Shopha*, *Samrambha*, *Adhmayi*  
Stage 2- *Sukshma Swayam Bhinno Srava* After one such episode it relapses within a few days.

**Yoga Ratnakar:** *Pakwa Shopha* with *Toda* (needle-pricking type of pain).<sup>6</sup>

**PURPOSE OF THE STUDY:**

**AIMS & OBJECTIVE-**

1. To assess the efficacy of Ayurvedic management in treating *Puyalasa* w.s.r to Acute Dacryocystitis.
2. To establish a correlation between the features and treatment protocol on both Ayurvedic and Contemporary views of *Puyalasa*.

**MATERIAL AND METHOD-**

**Case History:** A 30-year-old female patient came to the outpatient department (Reg no. 4130032019) on 30<sup>th</sup> March 2019, with a complaint of swelling near the inner canthus of the left eye for 3 months. It was associated with mild pain and watering from the same eye. She has not taken any treatment for this till now. The right eye was normal. The patient gave no history of trauma or infection in the left eye and no other history of ocular or systemic disease.

**Personal History-**

Appetite- good

Bowel- regular

Sleep- regular

Occupational History: Housewife

**Diagnostic evaluation and Assessment:**

**Table 1:** Ocular Examination & Findings before treatment

Ocular Structure	OD	OS
Eyelashes	Normal	Normal
Eyelids	Normal	Normal
Conjunctiva	Normal	Normal
Cornea	Normal	Normal
A.C., Iris	Normal	Normal
Pupil	Size & Shape- Normal Reaction- Normal	Size & Shape- Normal Reaction- Normal
Lens	No significant changes (clear)	No significant changes (clear)
Lacrimal Apparatus-		
Lacrimal punctum	Normal	Swelling near puncta
Lacrimal Sac	Normal	Swelling over lacrimal sac area

Visual acuity examination- Vision of both eyes was normal. Visual Acuity was 6/6 in both eyes. On Examination of the Lacrimal Apparatus swelling over the lacrimal sac area was seen in the left eye.

**DIAGNOSIS-** On the basis of signs and symptoms and ocular examination it was diagnosed as *Puyalasa* (Dacryocystitis).

**TREATMENT PROTOCOL**

**Table2:** Chronological Summary: Details of Ayurvedic Management & Changes in Prescription

Date of visit	Presenting complaints	Therapeutic intervention				
		Medication	Dose	Route	Frequency	Duration
<b>First visit – 16-03-2019</b>	Swelling near inner canthus associated with mild pain and watering in left eye for 3 months	1. Lacrimal Massage			3-4 times a day	15 days
		2. <i>Mridu Swedana</i> with <i>DashamoolaKwatha</i> over the lacrimal sac of the left eye		Local therapy	Once a day	15 days
		3. <i>Triphala Guggulu</i>	500mg tablet	Oral	Thrice a day	15 days
		4. <i>Dashamoola Kwatha</i>	20 ml	Oral	Twice a day	15 days
		5. <i>Shunthi, Mustaka, Dhanyaka Paniya</i>	2 liters	Take throughout the day	Oral	15 days
<b>On the second visit- 30-03-2019</b>	Mild reduction in pain was there and the same treatment was continued for 15 more days					
<b>On the third visit- 13-04-2019</b>	Swelling over the lacrimal sac area of the left eye Reduction in pain	<i>Amapachana Yog (Shunthi, Mustaka, Dhanyaka Paniya)</i> was stopped and <i>Lodhra Twak Churna</i>	20 ml	Oral		15 days

	and watering	<i>Kwatha</i> was added with the above medicines				
<b>On the 4<sup>th</sup> visit- 27-04-2021</b>	Reduction in pain and watering	<i>KoshnaUpnaha</i> with <i>Saindhava</i> , <i>Pippali Churna</i> , <i>Madhu</i> , and <i>Nirgundi Patra</i>	Equal amount each	Local application	Twice a day	15 days
	Mild relief in swelling over the lacrimal sac area of the left eye	<i>Mahamanjishthadi Kwatha</i> was added along with the above medicines in place of <i>Dashmoola Kwatha</i>	20ml	Oral on an empty stomach	Twice a day	15 days
<b>Pathya</b>						
<i>Laghu Supachya Ahara</i> was advised						
<b>Apathya</b>						
<i>Dadhi</i> (curd), <i>Besan</i> (cheak pea flour), <i>Papad</i> , <i>Achar</i> (pickles), White flour, and spicy food were restricted						

**OBSERVATION-** The swelling over the lacrimal sac area was improved after the first two visits and was resolved on 5<sup>th</sup> visit.

## DISCUSSION

**Vimardana (Lacrimal Massage)-** This increases the hydrostatic pressure in the sac area and helps to end the occlusion.<sup>7</sup>

**Upnaha-** *Upnaha* is one of the *Bahyaparimarjana Kriya* mentioned in *Vataja Vyadhi*. Paste prepared from a combination of different drugs and applying it to a part of the body is *Upnaha*. It improves local blood and lymphatic circulation and thus improves local tissue metabolism.<sup>8</sup>

**Shunthi, Mustaka, Dhanyaka Paniya-** These formulations possess *Ama Pachana* properties. *Shunthi* has *Katu rasa*, *Ushna Virya*, and *Madhura Vipaka* so it subsides the *Ama* but does not provoke *Pitta*. *Shunthi* is *Kaphavata shamaka*, *Amapachaka*, rejuvenator and relieves oedema.

*Mustaka* has *Tikta*, *Katu*, *Kashaya Rasa*, *Sheeta Virya*, *Katu Vipaka* and *Laghu*, *Ruksha Guna* with *Kapha-pittahara* properties. It has *Deepana*, *Pachana*, anti-inflammatory properties. *Dhanyaka* has *Madhura*, *Tikta*, *Kashaya* & *Katu Rasa*.

**Triphala Guggulu-** It has *Tridosahara*, *Krimighna*, *Vranaropana* and *Rasayana* properties.<sup>9</sup> It helps in balancing the aggravated *Tridoshas*. As it possesses *Krimighna Guna*, it helps in treating the infection.

**Dashmoola kwath Swedana-** Drugs present in *Dashmoola* have anti-inflammatory and analgesic properties that help to reduce the swelling and pain in the lacrimal sac. *Dashmoola* has *Tridosahara* properties. *Swedana* also enhances the blood circulation in the lids which reduces the pain and swelling.<sup>10</sup>

**Probable mode of action of Swedana-** The benefit of *Dashmoola Kwath Swedana* & *Saindhavadi Dravya Upnaha* is that their local effect is more than the systemic effect. The drug is mainly absorbed through the skin and the glands. Because of more tissue contact time, this therapy increases the bioavailability and effect of the drugs. The mechanical effect of *Swedana* or *Upnaha* reduces swelling and pain, localized vasodilatation reduces inflammation.

Through this disease is *Tridoshaja* but the main *Chikitsa* involves *Raktamokshana* which explains that *Raktaja's* involvement is also there. So, the main emphasis is given to *Pitta Shamak* and *Rakta Shodhana Chikitsa*. According to the *Avastha* or stage, if it is in *Pakwavastha* then *Shalya Karma* is required. Also, the *Saptavidha Upkrama* of *Vranashopha* can

be included in the treatment of *Puyalasa* i.e., *Vimlapana* – lacrimal massage *Avasechana- Visravana*, probing with Bowman’s probe, balloon catheter dilation *Upnaha*- hot fomentation, *Patana*- drainage of pus with a small incision, fistulectomy, *Ropana*, *Vaikritapahama*

According to *Shatkriyakala*, *Sanchaya* can be considered as stasis of lacrimal secretion and mild infection, when there is the growth of microorganisms it causes *Prakopa* of the *Doshas* and the spread of infection can be considered as *Prasara Avastha* of the disease. if patients come with early symptoms that means the disease is at *Sthansamshraya Avastha* when the pus point is clear, and the patient complains of pain and swelling over the lacrimal area than that stage will be considered as *Vyaktavastha*. And when the fistula develops, or we can say *Swayam Bhinna Awastha* can be considered as the *Bhedawastha* or complication stage.

## CONCLUSION

This case report is proof of the therapeutic efficacy of the Ayurvedic compounds and procedures in the treatment of *Puyalasa* and needs further merit.

## REFERENCES

1. Sushruta Samhita by Kaviraja Ambikadutta Shastri, chaukhambha publications,2014, Uttartantra Chapter 2 Shlok no. 4 page no-18
2. Comprehensive Ophthalmology by A.K. Khurana 7<sup>th</sup> Edition Jaypee Brothers Publications; Chapter-16, page no.410.
3. Vaidya Yadavji Trikamji Acharya. Uttar tantra. Sushruta Samhita with Dalhan Tika. Ch. 12/45. Varanasi: Chaukhambha Sanskrit Sansthan; 2015. p. 618.
4. Sushruta Samhita by Kaviraja Ambikadutta Shastri, chaukhambha publications,2014, Uttartantra Chapter 2 Shlok no. 4 page no-18
5. Ashtanga sangraha of Vriddha vagbhata with the Sashilekha Sanskrit commentary by Indu, edited by Dr. Shivprasad Sharma, chapter-, 13 verse-8, pp-964, pg-694
6. Yogaratnakara with hindi commentary by Vaidya Shrilakshmi Pati Shastri edited by Bhisagratna Sri Brahmasankara mishra shastri, Chaukhambha Sanskrit bhawan, Varanasi, reprint edition-2012, Uttarakanda, Netra Rogadhikara, verse- 102, pp-356, pg647.
7. Comprehensive Ophthalmology by A.K. Khurana 7<sup>th</sup> Edition Jaypee Brothers Publications; Chapter-16, page no.410.
8. Shiota H, Goto M, Katayama K. Application of adjuvant-induced local hyperthermia for evaluation of anti-inflammatory drugs. *J Pharmacol Exp Ther.* 1988; 247:1158–63.
9. Vidyasagar PS, Khanda M, Samhita S. Reprint 2013. Ch. 7/82 Vataka Kalpana Adhyaya, Chaukhambha Varanasi; 2013. p. 162.
10. Brosseau L, Yonge KA, Robinson V, Marchand S, Judd M, Wells G, et al. Thermotherapy for treatment of osteoarthritis. *Cochrane Database Syst Rev.* 2003;4:CD004522.

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