

Raktamokshana in Utsangini

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Abstract

Introduction: Chalazia (plural of chalazion), are the most common inflammatory lesions of the eyelid. They are typically slowly enlarging; non-tender eyelid nodules present in the sub tarsal conjunctiva of the eye lids. Chalazia are typically benign and self-limiting, caused by inflammation and obstruction of sebaceous glands of the eyelids, also called as meibomian cyst. It can be correlated with Utsangini which is the nodular growth like swelling outside eyelids and with its opening present inside due to the vitiation of the tridoshas. The treatment for Utsangini described by the Acharya is Chedana, Bhedana, Lekhana and Shodhana. Raktamokshana with Jalouka is one of the types of Shodhana described by Acharya's has been inculcated in this study.

Case Report: A 60 year female presented with the complaints of itching, swelling in the right upper eyelid along with redness since 1 month, was treated with Jaloukavacharana. Marked improvement with reduced itching, redness and decreased swelling was noted.

Conclusion: Raktamoshana with Jaloukavacharana is easy, economical, effective in the management of Utsangini.

Keywords: Utsangini; Chalazion; Raktamoshana; Jaloukavacharana.

INTRODUCTION

Chalazion is a common disorder of the eyelids and may present at any age. The disorder is

chronic inflammation of the Meibomian glands in the eyelids, often resulting in granulation caused by the blockage of the channels of the meibomian gland.¹ Typically, it is slow growing, non-tender and nodular. Chalazia are considered to be the most common inflammatory eyelid lesion in the general population today.² The overall prevalence of chalazion was 0.95% (2656/280,034) in children and 0.51% (8614/1,702,024) in adults.³ Chalazia tend to be self-limiting with conservative treatment measures includes the maintaining hygiene of eyelid, hot compresses and antibiotics. If they continue to enlarge or fail to settle within a few months, then smaller lesion may be injected with a corticosteroid or larger ones may be surgically removed using local anesthesia.⁴ This is usually

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done from underneath the eye lid to avoid a scar on the skin. If the Chalazion is located directly under eyelids outer tissue, an excision from above may be more advisable to avoid any unnecessary damage on the lid itself. If large chalazion is not treated then it causes the complication like astigmatism due to pressure over cornea.

Utsangini is one of the vartmagata vyadhi described by Sushruta Acharya.⁵ Presented with the symptoms of Abyantara mukhi i.e., with opening in the inner surface of eyelid, Bahya utsanga i.e., swelling in outer side of the lid with tadrupa pidakachita i.e., resembling with multiple nodules caused by vitiation of all the tridosha has called as Utsangini. Acharya Madhavakara has added the Tamra Varna i.e., blisters look like coppery red in colour and kandu i.e., itching is present due to dominance of Kapha Dosh.⁶ Utsangini is due to vitiation of the rakta and swelling is red in colour as described by Acharya Vagbhata.⁷ Acharya Videha defines Utsangini as pidaka which is Kathina i.e., hard to palpate, Manda vedana i.e., having dull aching pain. Kukkutanda rasopama srava i.e., on incision there is thick pus discharge resembling egg yolk.⁸ Based on the all the features of Utsangini it can be correlated with the chalazion of modern science.

In Ayurveda, Acharya describes the first line of treatment as Swedana (Hot compress), Nishpidana (Pressing and rubbing), Pratisarana (Application of medicated paste of various medicines). Intervention as Chedana, Bhedana and Shodhana which is depending upon the size and the chronicity of the Pidika, are described by Acharya Sushruta.⁹ Shodhana is the best treatment indicated for the Utsangini.¹⁰

CASE REPORT

A 60-year-old female patient presented with complaints of swelling, redness and itching over the right eyelid since 1 month.

Table 1: Local examination of Eye

Structures	Right eye	Left eye
Eye balls	Normal	
Eye lids	Hard, red non tender swelling	
Eye lashes	Normal	
Lacrimal gland	Regurgitation test negative	
Conjunctiva	Upper palpebral congestion	

Cornea	Normal
Sclera	
Anterior chamber	Normal
Iris	
Pupil	
Lens	

Table 2: General Examination

Findings	Results
Built	Moderate
Nourishment	Good
Temperature	98.6°F
Height	170 cm
Weight	72 kg
Pulse	72/min
Respiratory rate	17/min
Heart rate	72/min
BP	130/90 mmHg

Systemic examination:

Cardiovascular system: Known case of HTN on regular medication, S1 and S2 sounds heard, no abnormal sound detected.

Respiratory system: Size and shape of chest found normal; chest clear.

Nervous system: Higher mental functions normal.

Gastrointestinal system: No abnormalities found.

Locomotor system: No abnormalities found.

Diagnosis

The diagnosis was done on the basis of symptoms and local eye examination, as Utsangini (chalazion).

Observation

The patient was photographed before, during and after the Jaloukavacharana (Fig. 1).

Treatment

The line of treatment given in this case is Raktamokshana as Jaloukavacharana with single Jalouka of 2 sitting with the gap of 7 days for the Rakta dushita tridosha shodana, since the Utsangini is Rakta dushita tridosha vyadhi. Total duration of the study was 21 days.

Methods

The process of Jaloukavacharana was done as per mentioned in Sushruta Samhita.¹¹



Fig. 1: Before treatment

Process of Jaloukavacharana

Poorvakarma (Pre-operative procedure)

- Nirvisha Jalouka was collected from the SJGAMC Pharmacy.
- The size of the Jalouka was approximately 2 inch in length.



Fig. 2: Activation of Jalouka

- The Jalouka was kept in water mixed with turmeric for a while to make it active. (Fig. 2)
- Consent was taken from the patient before the procedure.
- Proper procedure counselling was done to the patient.
- The place of application of Jalouka was cleaned with sterile water.

Pradhana Karma (Operative procedure)

- The Jalouka was applied on the affected part i.e., On the right upper eyelid as shown in (Fig. 3).
- The Jalouka was removed after it leaves the bite site on its own.



Fig. 3: Jaloukavacharana

Paschat karma (Post-operative procedure)

- The bite site was pasted with turmeric powder for arrest of bleeding.
- The Jalouka was made to vomit the sucked blood by using turmeric powder (Fig. 4).

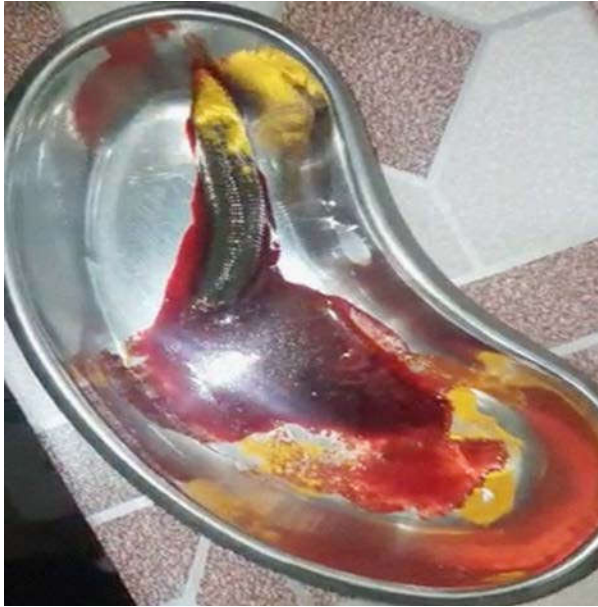


Fig. 4: Vomits of impure Blood

RESULTS

In this case study, only one Jalouka was applied to the affected side on two sittings, there was 7 days of gap between two sittings. On removal of the Jalouka, after one hour itching sensation and redness gradually got reduced and reduction in size chalazion of was noted. After the second sitting, all the symptoms got reduced along with the reduction in the swelling (Fig. 5). The patient was made understand to avoid the apathya and follow the pathyas of netra rogas.



Fig. 5: After Treatment

DISCUSSION

Chalazion is a small, usually painless lump or swelling that appears on eyelid. A blocked meibomian or oil gland causes this condition. It can develop on the upper or lower eyelid. Also called as meibomian cyst. External and internal hordeolum is confused with chalazion many a times. Chalazia are inflammatory lesions that form when lipid breakdown products leak into surrounding tissue and incite a granulomatous inflammatory response. The histologic examination reveals a chronic granulomatous reaction with numerous lipid filled, Touton type giant cells.¹² Typically, the nuclei of these cells are located around a central foamy cytoplasmic area that contains the ingested lipid material.

Mode of Action

The probable mode of action of leech is the Extra cellular matrix degradation following the bite, leeches immediately release hyaluronidase (27.5 kDa) and collagenase (100 kDa) enzymes to facilitate tissue penetration and spread of their bioactive molecules.¹³ These enzymes also support antimicrobial activity with two main molecules, destabilase and chloromycetin, which have been shown to have antimicrobial activity. According to ayurveda the vitiated dosha accumulated in the Vartma will cause the blockage of the Srotas, the Jalouka will suck the impure blood, leading to Shodhana of the srotas, pacifying of the dosha and decrease in the vyadhi. A single Jalouka treatment in this case was found very effective in not only reducing pidika size but also subsided the redness and itching sensation in the eye. Jaloukavacharana is found to be easy, economical and effective comparing to all other alternative options recommended for treating the Utsangini (Chalazion).

CONCLUSION

Chalazion is one of the most common cystic lesions affecting the eyelids. Although many cases are tiny or small in size, some are large enough to cause significant pressure over the eye ball and visual obscuration. On the basis of symptoms, the Utsangini described in Samhita can be correlated with the modern day chalazion. Jaloukavacharana is one of the type of Raktamokshana which can be easily applied to treat the chalazion successfully.

The study should be made on the large number sample to acquire/draw the statistical conclusion.

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