

A Case Study: Bidalaka Prayoga in Puyalasa (Acute Dacryocystitis)

Dr.Sayeed Ameen, Dr Priyanka.P.S

Reader, Rasashastra & Bhaishajya

MS Shalakya Tantra

SSAMC, Bhatinda Punjab

Submitted: 20-02-2023

Accepted: 28-02-2023

ABSTRACT: Puyalasa is a netraroga which is explained in Sandhigatarogaby Acharya Sushruta and Vagbhata. It mainly affects the Kaneenaka Sandhi (inner Cantus). It is correlated to Dacryocystitis, which is an inflammation of lacrimal sac. Management of Puyalasa is Raktamokshana, Vyadana, Upanaha. This case includes Bidalaka, Seka and internal medication which had significant result.

Keywords: Puyalasa, Vyadana, Raktamokshana, Upanaha, Bidalaka, Dacryocystitis.

I. INTRODUCTION:

Puyalasa is a suppurating swelling occurring in the Kaneenaka Sandhi following thick discharge, foul smelling pus collection in the infected area according to Sushruta¹. Vagbhata² explains that the swelling suppurates and discharge of pus goes on to form sukshma vrana (minute wound), when ruptures causes pus discharge, redness along with pain. Treatment mentioned in puyalasa is raktamokshana, vyadana and upanaha, as it is raktavyadanasadyavyadhi, where puncturing of the wound is done with drainage of contents. Inflammation of lacrimal sac, characterized by presence of a painful swelling in the region of sac area³. It has three stages, stage of cellulitis where there is painful swelling, which is red, hot, tender in nature. Stage of lacrimal abscess, pus is collected in sac which results in large fluctuant swelling. Stage of fistula formation, where sac is discharged forming external fistula. Management is anti-inflammatory, analgesics, hot fomentation to relieve pain and swelling. Later stages depending on conditions of the lacrimal sac either DCR (Dacryocystorhinostomy) and DCT (Dacryocystectomy) operations should be carried out.

II. MATERIALS AND METHODS:

Case History: A 60 year old female patient named Sumitabai W/o Devkaran with OPD no-17467 came

to our Shalakya Tantra OPD SSAMC, Bhatinda C/o pain and swelling in eyebrow, orbital area, inner canthus and watering of eyes in Left Eye since 3 days. She had H/o fertilizers/pesticides sprayed in eyes 8 months back took treatment in general hospital. O/E LE- inner canthus- swelling (+++), tenderness, red discoloration, suppurated area with no pus point formed. Corneal examination- whitish patch over corneal- was diagnosed as corneal opacity (in general hospital 8 months back), corneal vascularization. VA- 6/24 (RE), PL { (+) LE } with NV- N36.

Treatment: Procedure: Bidalaka with {Triphala+Yastimadhu} Choorna mixed with madhu. Followed by Seka {Triphala Kashya+Haridra} with madhu for 5 days. Pratisaarana was done on 2nd day with Saindhalavana+ madhu. Internally Tab. Triphala Guggulu 1-1-1, Tab Gandhaka Rasayana 1-1-1 was given for 5 days.

FollowUp: Haridra Khanda 3gms at night milk was given for 5 days.

III. OBSERVATION:

Date	Observation	Treatment given
18/07/2022	Swelling+++ + Pain++++ Redness++ Watering++	Bidalaka Seka → Tab. Triphala Guggulu Tab. Gandhaka Rasayana
19/07/2022	Swelling+++ Pain+++ Redness++ Watering++	Bidalaka Seka → Pratisaarana Tab. Triphala Guggulu Tab. Gandhaka Rasayana
20/07/2022	Swelling++ Pain ++ Redness+ Watering+	Bidalaka Seka → Tab Triphala Guggulu Tab Gandhaka Rasayana

21/07/2022	Swelling+ Pain+ Redness- Absent Watering- Absent	BidalakaSeka → Tab TriphalaGuggulu Tab. GandhakaRasayana
22/07/2022	All the symptoms were reduced. Patient was relieved and was satisfied with the treatment.	BidalakaSeka → Tab TriphalaGuggulu Tab GandhakaRasayana



Day-1



Day-3



Day-5

Results:

There was 90% of significant result seen after the 5th day of treatment, with no any complications during the treatment.

IV. DISCUSSION:

Ratkamokshana and Upanaha is the main line of treatment advised by Sushrutaand Vagbhata. It is a form of treatment where in a thick medicated paste(choorna mixed in madhu) is applied over closed eyelid except eyelashes. It is the virya and vipaka of the drug that brings relief when applied locally on the eyeball, by coming in direct contact with the layers of skin and reaches conjunctival sac, fornices, inner and outer canthus, nasal cavity and blood vessels, where absorption follows the transdermal pathway, as the eyelids have a thinner stratum corneum, showing lower impudence which could be reason for higher drug permeation through eyelid skin. Triphalachoorna being chakshyshya is used here, is rich in antioxidants, vranashodaka, vibhitaki helps to improve digestion, amalaki controls pitta manages in controlling ama⁵ formation of netralike swelling, redness, pain, watering of eyes,and reduces inflammation caused by vrana. Seka⁶ is a sukshmadhara(irrigation)over the closed eyes from 4angulas for given matrakalahelps in the removal of debris which are collected in the channels, increases the blood flow, causing in the rapid wound healing procedure. Yastimadhu, Haridra, Madhu and SaindhavaLavana were used in seka procedure. Haridra relieves the block in the cells and re-establishes their normal functioning as clearing blocks makes free movement of nutrients into the cells with clearing of toxins out of the cells. SaindhavaLavana is chakshushya, relieves infection, which contains NaCl, which generate action potential by which ion exchange takes places through the membrane of eyelid skin taking out vitiated doshasfrom the area. GandhakaRasayana is tridoshashamaka with anti-bacterial, anti-viral anti-microbial actions, its raktashodhaka which unclogs pores reduces pain and inflammation.

V. CONCLUSION:

Combine therapy of Bidalakawith seka and pratisarna with internal medications as above TriphalaGuggulu, GandhakaRasayana, HaridraKhandawere effective in the management of Puyalasa. No adverse effect were found during or after the treatment.

REFERENCES:

[1]. SushrutaSamhita of MaharsiSushruta Volume 3 UttaraTantra edited by 'SushrutaVimarshini' Hindi Commentary by Dr. Anant Ram Sharma, ChaukhambhaSurbharatiPrakashan,



- Varanasi First Edition 2001 Su.Utt 2/4 Pg no.17
- [2]. AstangaHridaya of SrimadVagbhata by BrahmanandTripathi, Chaukhambha Sanskrit Pratisthan Delhi, A.H.Utt.10/8 Pg No. 947.
- [3]. Comprehensive Ophthalmology A.K.KhuranaJaypee Brothers Medical Publishers, New Delhi; Seventh Edition 2019 Pg no. 412-413
- [4]. SushrutaSamhita of MaharsiSushruta Volume 3 UttaraTantra edited by 'SushrutaVimarshini' Hindi Commentary by Dr. Anant Ram Sharma, ChaukhambhaSurbharatiPrakashan, Varanasi First Edition 2001 Su.Utt 12/45 Pg no.87-88.
- [5]. SushrutaSamhita of MaharsiSushruta Volume 3 UttaraTantra edited by 'SushrutaVimarshini' Hindi Commentary by Dr. Anant Ram Sharma, ChaukhambhaSurbharatiPrakashan, Varanasi First Edition 2001 Su.Utt 1/22 Pg no.9-10
- [6]. SharangadharaSamhita of AcharyaSharangadhara by DrShailajaSrivastava, ChaukhambhaOrientalia Varanasi 4th Edition Sh.Utt 13/2-4 Pg No 477-478.