

An Ayurveda Management of *Puyalasa* Vis-À-Vis Acute Dacryocystitis - A Case Report

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ABSTRACT

Puyalasa (Dacryocystitis) is one of the *Sandhigata Vyadhi* described by *Acharya Sushruta* and *Vagbhata*. Meaning of *Puyalasa* “*Puya*” means pus, “*Alasa*” means collection, without flow. It is presented with symptoms of discharge of *Puya* (pus), *Pakwashopha* (swelling), *Vrana* (wound) and *Vedana* (pain) with *Tridosha dushti*. Dacryocystitis is an inflammatory condition affecting the lacrimal sac, often caused by a blockage in the nasolacrimal duct. This obstruction results in the stasis of tears, providing a breeding ground for bacterial infections. The sign, symptoms and the treatment of Dacryocystitis are very similar to that of the disease *Puyalasa*. The classical treatment of *Puyalasa* includes *Raktamokshana* (bloodletting), *Upanaha* (poultice), and *Stanika Vimlapana* (local stimulant massage) and *Vyadhana Karma* (puncturing).

Keywords: *Puyalasa*, Dacryocystitis, *Netra Kashaya seka*

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INTRODUCTION

Among 76 *netra rogas* explained by *Acharya Susrutha*, *Puyalasa* is one among the nine *Sandhigata Netra Rogas* specifically occurring in *Kaninika Sandhi*. It is described as a *Tridoshaja Sadhya Vyadhi*. *Puyalasa* is associated with inflammation in the lacrimal sac, a condition akin to Dacryocystitis⁽¹⁾ A condition in which there will be *Pakwasopha* (inflammation) occurring at the *Kaninika sandhi* (inner canthus) causing *Sandra putigandha yukta puyasrava* (thick purulent discharge).⁽²⁾ According to *Acharya Vagbhata*: *Sukshma vrana* occurring in *Kaninika sandhi* (inner canthus) producing *Sopha/samrambha* (inflammation) causing *Adhmana* in *Kaninika sandhi* leading to *Puyalasa*.⁽³⁾ *Yogaratanakara*: *Pakwasopha* (inflammation) in the *Kaninika Sandhi* (over the inner canthus near the punta) causing *Suchibedhavat toda* (pain as if pricking by needle) along with *Putigandhayuktha puyasrava* (thick purulent discharge).⁽⁴⁾ Owing to the

symptoms of *Puyalasa* it is co-related to Acute Dacryocystitis.

Puyalasa is associated with inflammation in the lacrimal sac, a condition akin to Dacryocystitis. The latter is categorized based on onset, distinguishing between cases in infants and adults. Congenital Dacryocystitis is noted for its prevalence, affecting approximately 30% of newborn infants due to the closure of the nasolacrimal duct at birth. Chronic Dacryocystitis is more common in adults, particularly in females with a 75% incidence rate as compared to males. While Dacryocystitis in adults generally has a low morbidity and mortality rate, the congenital form poses a significant risk if left untreated. The symptoms and treatment of Dacryocystitis align closely with those of *Puyalasa*. Both conditions involve similar therapeutic approaches, encompassing topical medications, lacrimal massage, probing, balloon catheter dilation, silicon tube intubation, and surgical procedures like DCR.⁽⁵⁾

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The treatment of *Puyalasa* (Dacryocystitis) involves traditional practices such as *Siravedha* (bloodletting), *Anjana* (collyrium), *Upanaha* (poultice), and *Shopha chikitsa* (swelling management). Medications used in managing these conditions focus on properties like *Shothahara Guna* (pacifying swelling), *Chakshushya* (beneficial to eyes), and *Vrana Shodhaka* (woundcleansing).⁽⁶⁾ These treatment processes are framed within the context of *Saptavidha Upkrama*, a seven-fold therapeutic approach for *Vranashopha* (acute inflammation) emphasizing the importance of addressing swelling and wound-related concerns in both *Puyalasa* and Dacryocystitis.⁽⁷⁾

CASE REPORT:

A male patient aged 28 years came with a complaint of reddish swelling over the nasal end of the left eye lower lid since 2 weeks. Associated with itching, pain and pus discharge.

HISTORY OF PRESENT ILLNESS: As per the statement of the patient he was asymptomatic 3 months ago, he gradually noticed swelling in both lower eyelids along with reddish discoloration and pain which was continuous in nature and also purulent discharge, so he consulted an ophthalmologist and was prescribed with topical application along with oral medication for which he found symptomatic relief about a month. He again noticed the same complaints and was neglected for a month but symptoms got aggravated since 2 days, hence

he visited JSS *Ayurveda* Hospital- *Shalaky* OPD for its better management.

HISTORY OF PAST ILLNESS: N/K/C/O DM and HTN.

History of repeated swelling of eyelids since 2-3 months.

History of repeated nasal obstruction during cold climate.

SYSTEMIC EXAMINATION:

CNS Higher mental function test: Conscious, well-oriented with time, place & person.

Memory: Recent and remote: Intact

Intelligence: Intact

Hallucination/delusion/speech

disturbance: Absent

Cranial nerve/sensory nerve/motor system: Normal

Gait: Normal

CVS Inspection: No scar/pigmentation found

Auscultation: S1 and S2 heard

Percussion: Normal cardiac dullness

RS Inspection: B/L symmetrical chest

Palpation: Trachea is centrally placed, non-tender

Auscultation: B/L NVBS heard

Percussion: Normal resonant sound

Abdomen/GIT: Soft and non-tender,

No Organomegaly, Normal bowel sounds heard.

LOCAL EXAMINATION:

Slit Lamp Examination- Findings of the Slit lamp examination are listed in Table 1.

Table 1. Slit Lamp Examination

| PARTS | EXAMINATION | RIGHT EYE | LEFT EYE |
|--------------------|-----------------|-----------|---|
| Eye lashes | | Normal | Crusting (+) |
| Eye lids | Position | Normal | Normal |
| | Movements | Normal | Normal |
| | Lid margins | Normal | Congestion++ |
| Lacrimal apparatus | Lacrimal sac | Normal | Swelling+++ |
| | LACRIMAL PUNCTA | Normal | CONGESTION ++ DISCHARGE +++ |
| Conjunctiva | Congestion | Absent | Pinpoint Palpebral conjunctival congestion+ |
| | CONCRETIONS | ABSENT | ABSENT |
| | PAPILLAE | ABSENT | ABSENT |
| | FOLLICLES | ABSENT | ABSENT |

| | | | |
|--------|--------------|------------------------------|------------------------------|
| | FOREIGN BODY | ABSENT | ABSENT |
| Cornea | Size | Normal | Normal |
| | SHAPE | NORMAL | NORMAL |
| | SHEEN | PRESENT | PRESENT |
| AC | Depth | Normal | Normal |
| Pupil | | 3mm.Round, Regular, Reactive | 3mm.Round, Regular, Reactive |
| Iris | Colour | Normal | Normal |
| Lens | Transparency | Ns Grade 1 | Ns Grade 1 |

Visual acuity: Findings are enlisted in Table 2

Table 2- VISUAL ACUITY

| | Distant vision | Near vision |
|-----------|----------------|-------------|
| Bilateral | 6/6 | N6 |
| Left eye | 6/6 | N6 |
| Right eye | 6/6 | N6 |

LACRIMAL APPARATUS INVESTIGATIONS:

REGURGITATION TEST: Pressure was applied over the left lacrimal sac area using the thumb at the punctum. Reflux of Mucoïd discharge was observed, suggesting **obstruction in the naso lacrimal duct**. The result was positive.

LACRIMAL SYRINGING:Lacrimal syringing was performed to assess the patency of lacrimal system. Patency of the lacrimal apparatus was examined by

injecting normal saline through the lower punctum. The patient was unable to elicit the fluid sensation in the throat, indicating blockage in the nasolacrimal duct.

On Examination of the Lacrimal Apparatus, swelling over the lacrimal sac area was seen in the left eye (**Fig.1**).

DIFFERENTIAL DIAGNOSIS:

Hyper lacrimation and Dacryocystitis.

Hyper lacrimation were ruled out as the pathology was in the lacrimal sac. *Puyalasa lakshana*, such as *vedana*, *puya srava at kaninika sandhi* were present.



Fig.1. LEFT EYE- BEFORE TREATMENT

DIAGNOSIS:

On the basis of signs and symptoms and ocular examination, it was diagnosed as *Puyalasa*.

TREATMENT:

1. *Sthanika Vimalapana* (local stimulet massage) for 5days.
2. *Netra seka* (pouring of the medicated liquid over the eye)with *Triphala* and *Dashamoola kashaya* with *Madhu* (honey)for 5 days.

SHAMANA AUSHADHI:

| DRUGS | DOSE | ROUTE | DURATION |
|-----------------------|-----------------------------------|-------|----------|
| TAB. NIMBADI GUGGULU | 1 Tab. twice a day After food | ORAL | 10 days |
| TAB.TRIPHALA GUGGULU | 1 Tab. twice a day After food | ORAL | 10 days |
| TAB.PUNARNAVA GUGGULU | 1 Tab. twice a day After food | ORAL | 10 days |
| TAB. ANULOMA DS | Once a day (before food at night) | ORAL | 10 days |

Observations:

| Left eye | Day 0 (21/04/2025) | Day 05 (25/04/25) | Day10(30/04/25) |
|------------|--------------------|-------------------|-----------------|
| Itching | Present | Absent | Absent |
| Pain | Present | Absent | Absent |
| Tenderness | Present | Absent | Absent |
| Eye lashes | Crusting ++ | Crusting Absent | Crusting Absent |

| | | | |
|------------------------|---|----------------------------------|----------------------------------|
| Eye lid margin | Congestion +++ | Congestion+ | Congestion Not seen |
| Conjunctiva | Pin point palbepral conjunctival congestion + | Congestion reduced | Congestion not seen |
| Lacrimal sac | Swelling +++ | Swelling+ | Swelling Absent |
| Lacrimal puncta | Congestion ++ and Discharge +++ | Congestion and Discharge reduced | Congestion and Discharge reduced |

RESULTS:

Swelling over eyelid, pain and discharge from the eye reduced after 10 days of treatment (**Fig.2**).



Fig.2- LEFT EYE-AFTER TREATMENT

FOLLOW UP:

After 15 days of follow up there was no recurrence of the symptoms.

DISCUSSION:

Acharya Susrutha has described *Puyalasa* under *Sandhigata Netra Rogas* affecting the *Kaninika Sandhi*, characterized by

Pakwa(suppuration),*Shopha*(inflammation), *Vedana*(pain)and *Putigandha yukta* puyasrava (think purulent discharge) .⁽⁸⁾ The present case showed classical clinical manifestations such as swelling over the lacrimal sac area, redness, tenderness, pain, and purulent discharge from the inner canthus, which closely resembles Acute Dacryocystitis in modern ophthalmology. The

regurgitation test and lacrimal syringing findings confirmed obstruction in the nasolacrimal duct with collection of mucopurulent discharge in the lacrimal sac.⁽⁹⁾ According to *Ayurvedic* principles, *Puyalasa* is considered a *Tridoshaja Vyadhi* with predominance of *Kapha* and *Pitta dosha* associated with *Rakta dushti*. *Kapha* contributes to *Srotorodha, picchilata*, and accumulation of discharge, while *Pitta* is responsible for *Paka* (suppuration), *Daha*(burning sensation), *Raga*(pain), and inflammatory changes. *Vata* involvement results in *Toda*(pricking pain) and *Vedana*(pain). Repeated episodes of nasal obstruction during cold climate in this patient might have contributed to vitiation of *Kapha dosha* and obstruction of the nasolacrimal pathway, leading to recurrent inflammation.⁽¹⁰⁾

The line of treatment adopted in this case aimed at reducing *Shophya*(inflammation), removing *srotorodha*, pacifying vitiated *doshas*, and promoting drainage of accumulated pus. *Netra Seka* with *Triphala Kwatha*(decoction prepared with three herbs), *Dashamoola Kashaya*(decoction prepared with roots of 10 herbs), and *Madhu* (honey) was administered for five days: *Triphala* possesses *Chakshushya*(ocular health promoting therapy), *Shothahara* (anti-inflammatory), and antimicrobial properties, thereby helping in reducing inflammation and cleansing the affected area. *Dashamoola Kashaya* acts as an effective anti-inflammatory and *Vedanasthapana*(analgesic therapy) drug, reducing pain and swelling. *Madhu*(honey), owing to its *Lekhana*(scraping), *Ropana*(healing), and antimicrobial actions, aided in wound cleansing and healing.⁽¹¹⁾

Sthanika Vimalapana (local stimulet massage) was done to facilitate drainage of the accumulated purulent material from the lacrimal sac and relieve obstruction. This local therapeutic procedure helps in reducing pressure, tenderness, and inflammatory oedema in the affected region:

The *Shamana aushadhis* (conservative therapeutic drugs) prescribed also played a significant role in the management. *Nimbadi Guggulu* possesses anti-inflammatory, antimicrobial, and *Rakta Shodhana* (blood purification) properties, useful in controlling infection and suppuration. *Triphala Guggulu* acts as *Shothahara*(anti-inflammatory) and *Vrana Shodhana*(wound cleaning), helping in reduction of inflammation and discharge. *Punarnava Guggulu* is known for its *Shothahara* (anti-inflammatory) and *Mutrala* (diuretics) effects, reducing oedema and inflammatory swelling. *Anuloma DS* (proprietary drug) was administered for maintaining proper *Kosta suddhi*(bowel movement) and correcting *Agni*, as *Ayurveda* emphasizes the importance of *Koshta shuddhi* in the management of inflammatory disorders:

The patient showed symptomatic improvement following the treatment, with reduction in swelling, tenderness, redness, and purulent discharge. The therapeutic interventions not only addressed the local pathology but also targeted the underlying *Dosha* imbalance responsible for recurrence.

CONCLUSION:

Puyalasa can be effectively correlated with Acute Dacryocystitis based on its clinical presentation and pathological features. Early diagnosis and timely *Ayurvedic* intervention help in reducing inflammation, relieving obstruction, controlling infection, and preventing recurrence or complications. The combined approach of *Netra Seka* (pouring of the medicated liquid over the eye), *Sthanika Vimlapana*(local stimulet massage), and appropriate *Shamana aushadhis* (conservative therapeutic drugs) proved beneficial in managing the condition successfully. This case highlights the efficacy of *Ayurvedic* management in lacrimal sac disorders and emphasizes the importance of *Dosha*-based treatment in ocular diseases

REFERENCE

1. Sushruta: Sushruta Samhitawith the Nibandha sangrahaCommentary of Sri Dalhanacharyaand the Nyayachandrika panjikaof Sri Gayadasacharya on Nidhanasthana, Edited by Vaidya Yadavji Trikamji Acharya, ChaukhambhaOrientalia, VaranasiPublication, Edition: Reprint, 2014, uttara Sthana, 2ndchapter,3rdsloka,Page number 495.
2. .Sushruta: Sushruta Samhitawith the Nibandha sangrahaCommentary of Sri Dalhanacharyaand the Nyayachandrika panjikaof Sri Gayadasacharya on Nidhanasthana, Edited by Vaidya Yadavji Trikamji Acharya, ChaukhambhaOrientalia, VaranasiPublication, Edition: Reprint, 2014, uttara Sthana, 2ndchapter,3rdsloka,Page number 495.
3. Vagbhata: Ashtanga Hrudayawith the Commentaries Sarvangasundaraof Arunadattaand Ayurvedarasayanaof hemadri, Annotated by Dr.Anna Moreshwar Kunte and Krsna Ramachandra Sastri Navre, Edited by Pt Hari SadasivaSastri Paradakara, Chaukamaba SanskritSansthan, Edition Reprint 2012,Uttara tantra10thchapter, 10thsloka Page number 810.
4. Yogaratnakara with hindi commentary by Vaidya Shrilakshmi Pati Shastri edited by Bhisagratna Sri Brahmasankara mishra shastri, Chaukambha Sanskrit bhawan, Varanasi, reprint edition-2012, Uttarakanda, Netra Rogadhikara, verse- 102, pp356, pg647

5. Comprehensive Ophthalmology by A.K. Khurana 7th Edition Jaypee Brothers Publications; Chapter16, page no-410.
6. Vaidya Yadavji Trikamji Acharya. Uttar tantra. Sushruta Samhita with Dalhan Tika. Ch. 12/45. Varanasi: Chaukhambha Sanskrit Sansthan; 2015. p. 618.
7. Sushruta Samhita by Kaviraja Ambikadutta Shastri, chaukhambha publications, 2014, Uttartantra Chapter 2 Shlok no. 4 page no-18.
8. Sushruta Samhita by Kaviraja Ambikadutta Shastri, chaukhambha publications, 2014, Uttartantra Chapter 2 Shlok no. 4 page no-18.
9. Comprehensive Ophthalmology by A.K. Khurana 7th Edition Jaypee Brothers Publications; Chapter16, page no.410.
10. Professor Udayshankar-Text book of Shalakya tantra, Chaukhambha orientalia, Varanasi, 1stEdition, 2012; 740, 600.
11. Sushruta Samhita by Kaviraja Ambikadutta Shastri, chaukhambha publications, 2014, Uttartantra Chapter 2 Shlok no. 4 page no-18.