

To Study The Efficacy Of Jalaukavacharan And Shadanga Guggulu In Puyalasa W.S.R. To Acute Dacryocystitis

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Introduction:

'Puyalasa' is sandhigata Netraroga, which is characterized by inflammation Of the junctional tissues resulting in suppuration with thick purulent and foul smelling discharge. According to modern science. Acute dacryocystitis is an acute suppurative inflammation of lacrimal sac characterized by painful swelling in the region of sac associated with epiphora, fever and Malaise Acute dacryocystitis is correlated with that of Amaavastha and pachyamanavastha of puyalasa i.e. of vranashopha.

Sushrutacharya describes "Raktamokshan" is the main treatment of Puyalasa, also with that in BhashajyaRatnawali 'ShadangaGuggulu' is indicated in some eye diseases with shoath&pak Among the various different procedures of Raktamokshan 'Jalauka' is the best and easy to be carried out with no side effects. ShadangaGuggulu contains Bibhitak, shiva, Dhatri, Patol, Aarishtha (Nimb) and Vasa, hence it is decided to take as choice of treatment.

Aims And Objectives -

1. To assess the efficacy of Jalaukavacharan and shadangaGuggulu in Ama-avastha of and Pachyamanavastha of Puyalasa.
2. To standardise the methodology of Jalaukavacharan in Netraroga.

Material And Methods -

Group of Management -

Total 60 patients of puyalasa (Amaavastha and pachyamanavastha) were randomly selected for this study from OPD of Postgraduate department of shalakyatantra at VidarbhaAyurvedMahavidyalaya, Amravati all the subjects were divided into three groups.

- **Group A** - 20 Patients treated with Jalaukavacharan on 1st, illrd, Vth day then after if required.
- **Group B** - 20 Patients treated with shadanga Guggulu 250mg. Tab.I TDS with Koshnajal for 15 days.
- **Group C** - 20 Patients treated with Jalaukavacharan and shadangaGuggulu.

The subjects of three group were treated for I 5 days. • The detailed clinical History and clinical examination Including Puyalasa was noted on specially prepared case-sheet.

Inclusion criteria -

1. Patients from age group 25-60 Years were included having symptoms considered for study they are –
 - Shopha • Savedana • Strava • Sarambha
2. Patients of Ama-avastha and Pachyamanavastha of Puyalasa as mentioned in A.H.U.T 10/7 i.e. Acute dacryocystitis.

Exclusion Criteria - Pakva - avastha of Puyalasa Jalaukavacharan-

The method of Jalatikavacharanis .performed according to ancient method as described by AcharyaSushruta. Sushrutacharya had advised to perform Jalaukavacharan at inner canthus, forehead and outer canthus in Timira, Akshipaka, Adhimantha and other eye diseases. So Jalaukavacharan is carried out near inner canthus where there is maximum inflammation.

ShadangaGuggulu -

Was given 250 mg Tab I T.D.S. for 15 days with koshnajal.

Follow up -

On 3rd, 5th, 7th, 10th and 15th day of treatments.

Observations and Results -

All the Patients were studied on the basis of factors like Age, Sex, habitat, and diet etc to observe any relationships between the factors and puyalasa.

1. Age - out of 60% Patients maximum i.e. 24 (40%) belong to age 41-50.
2. Sex - out of 60% patients, 41 (68.33 %) Females are affected in Acute dacryocystitis as compared to Males. Thus incidence of this disorder is more in females.
3. Habitat -Maximum 44 (73.33%) patients were from rural area this may be due to unhygienic condition of rural area.
4. Economic status - out of 60 patients maximum patients 40 (66.67%) belong to low economic class.
5. Education - Education wise 36 (60%) patients were Literate. 6) Occupation - As far as occupation is concerned maximum belongs to house wife and farmers category respectively 21 & 20 (35%) and (33.34%). 7) Diet - Maximum number of patients were found consuming mixed diets.

Clinical evaluation of symptoms - The clinical evaluation is based on observation of results during 15 days.

Swelling - After the treatment, swelling was relieved by 54.54% in Group A, 37.03% in group B and 72.41% in group C.

Pain - After the treatment, pain was relieved by 61.81% in group A, 8.21% in group B and 82.41% in group C.

Discharge - After the treatment, discharge was relieved by 27.5% in Group A, 18.42% in group B and 50% in Group C.

Redness - After the treatment, Redness was relieved by 54.54% in group A, 50.90% in Group B and 87.71% in Group C.

Thus above findings indicate relief in symptoms in Group C is more than that of Group A & Group B.

Discussion -

Dacryocystitis is very commonly observed condition in ophthalmic clinic and very common in rural and suburban area. Which treatment in modern science is antibiotic and surgery. Though there is no complete eradication and recurrence is very common.

Recurrent infection is very common often in dacryocystitis though we treat with antibiotic, ultimately we treat with surgery but surgery also has its own limitation and complication. Pathogenesis of Puyalasa - various ahitkaraaharviharvitatestridoshas these dosha vitiate Raktadhatu in the sirastrotas of Urdhvajatrugata region then this vitiated dosha moves towards the eye through sirastrotas confined to sira in the eye. If there is khavaigunya present in Kaninika Sandhithen puyalasa is produced.

Dosha - Tridoshaja

Dushya - Rakta

Properties of ShadangaGuggula-

- **Rasa**- Tikta, Kashayapradhanya, Pancharasatmak, Tridosahar
- **Tikta**- Lekhana, as well as shoshan of kleda, Puya, Pitta, Kapha.
- **Kashaya** - Pidana, Shoshana, Ropanashoshan of kleda, KaphaPitta
- **Virya** - Ushna, Kaphavatashamana, pachana.
- **Vipak**-Katu, shoshana of kleda, kapha Raktasanghata
- **Doshagnata** - Tridosahar, Kaphapitta Pradhanya.
- **Prabhava** - Most of the dravyas has chakshushya property. So taking into consideration all the rasa, virya, vipak, guna. Prabhava & doshagnata of ingredients of shadangaGuggula, the principle effect is mainly tridosahar, raktashodhaka and stambhak. Because of these properties vitiated tridosha & Rakta are pacified.
- **Jalaukavacharan** - Jalaukaracharan is advised in various pita raktaja diseases. Though Puyalasa is tridoshaja, Pitta is predominating factor & hence sushruta had included it in 'vedhyavyadhi'
- **Modern aspect** - In shadangaGuggula, all the dravyas having property of antibacterial & anti-inflammatory, Especially guggule is astringent & anti-inflammatory action, also Jalauka has very good anti-inflammatory action.

Conclusion :

Thus, In all the three groups the group C in which both Jalaukavacharan and ShadangaGuggula were included is very effective after treatment of 15 days and statistically significant in reducing shophha, savedena, and sarambha especially, Jalaukavacharana is potent to check in inflammatory-pathology.

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