An Ayurvedic review on lagana W.S.R. Chalazion

Mukesh Kumar Gupta and Anubha Jain

Abstract

Science of Ayurveda is as old as we all even more. Though it is the science of thousands of years ago even so it has detailed description of supra clavicular disorder under the section of Shalakya tantra. Among of such supra clavicular disorders Acharya Sushruta has described 76 types of netra rogas [1] and Lagana is one of them. It is a disease of eye lid [2] having non supurative, painless hard Kola Pramana swelling with itching and sticky appearance. Treatment wise it is Kaphja Sadhya Vyadhi. This is surgically cured by Bhedana Karma. According to recent science it can be correlated with chalazion which can be treated medically in initial stage and in later stage by means of surgery.

Keywords: Ayurvedic, W.S.R. Chalazion, Indriyas

Introduction

Human body is made up of five Indriyas i.e. five sense organ among them Netra is an important entity responsible for visual perception for seeing the beauty of nature. Lagana comes under the Netra Indriya Vyapad. Though it cannot hamper vision directly but it can leads to refractive error which can further leads to visual impairment. Our Acharya delineates type of Netra disorders in different ways such as Sthananusar, Doshanusar, and Chikitsanusar. Lagana is Vartamgata Kaphaja Bhedana sadhya Vyadhi respectively. Acharya Sushruta described it as -

Apakah kathinah sthulo granthivartmabhavoaryu,
Sakandu pichchhilah kola pramana laganastu sah [3].

In word of Acharya Vagbhatta is –

Granthi panduruka paakah kanduman kathinah kafat
Kolmatrah sa lagana kinchidalpustato athawa [4].

According to both Acharyas size of Lagana is Kola Pramana which might be achieved in very later stage when patient avoid to take any treatment. In modern opthalmology it can be correlated with chalazion i.e. a non infectious granulomatous inflammatory disease appears due to obstruction of meibomian gland secretions, can be present on upper or lower lid on both lids in single or both eyes. It is common at eye lid lump which is typically present at the margin of lid hence it is also known as tarsal cyst and because of it appears due to obstruction of meibomian duct it can also named by meibomian cyst. In daily shalakya or ophthalmic practice, cases of chalazion increases day by day. The reason behind it might be a change of life style as excessive use of Smartphone or computer, exposure to pollution etc.

Causes

Our Acharyas did not describe specific causes for particular type of Netra Roga. They key out the Samanya Nidanas for all 76 types of Netra Rogas. As - get afloat after exposure to heat, keep viewing distance object for longer time without rest, sleep disturbance, continuous crying, excessive anger or sorrow, injury to eyes, excessive stress, intake of Shukta, Arnal type acidic food, restrain of natural urges, excessive sweating, smoking, excessive vomiting, try to see very small objects etc [1].
When a person met with one or more than one Nidana he might be a sufferer of Netra Roga. Not necessarily all Nidana causes all Netra Roga; each disease progresses by its specific Nidana. Lagana also can induced by excessive crying, speech disturbance, acidic food etc.

According to modern science chalazion is caused by habitual rubbing of eyes as in chronic blepharitis, metabolic disorders such as diabetes mellitus and excessive intake of carbohydrate. And it is common in patient with eye strain due to muscle imbalance or refractive error [6].

Clinical feature
In chalazion painless non suppurative swelling in the eye which will gradually increases in size is the main symptom. It is present slightly away from lid margin and firm to hard and non tender in nature [7, 8].

Our Acharya also described it is in same way as they wrote it - Apakah i.e. non suppurative, Arujah i.e. painless, Kathin, Sthul, Granthi of Vartma i.e. hard granulomatous swelling of lid. It is having Kandu which is also cause and symptom of chalazion. It is due to rubbing of lid because of blepharitis or some other reason as excessive uses of phone or other electronic devices.

Besides these symptoms patient may also complains of mild heaviness in the lid, blurred vision due to induced astigmatism by large chalazion.

Treatment
Complete spontaneous resolution of chalazion rarely occurs. Size of chalazion increase very slowly and eventually it may become very large. In small and soft recent chalazion self resolution may be helped by conservative treatment in the form of hot fomentation topical antibiotics and oral anti inflammatory drugs.

In some cases local steroid injection may be helpful to resolve soft and small chalazion.

If the size of chalazion is increases than surgical removal with incision and curate is only way to cure it. It is conservative and effective treatment for it.

- Surface anesthesia is obtained by instillation and infiltration by lignocain 2%. Than vertical incision on conjunctival site is made by 11no. blade followed by curate of contain of chalazion with chalazion scoop. To keep off recurrence its cavity should be cauterized, after that antibiotic ointment is instilled with eye patching. Post operatively antibiotic eye drops, hot fomentation and oral anti inflammatory analgesic drug should be given [9, 10].

In older classic in perspective of treatment of Netra Roga Acharya Sushruta advocate Samanya treatment for all types of diseases i.e.

Sanksheptah kriyayogah nidanam parivarjanam [11]…….

It means in concise way treatment is nothing but avoidance of causative factors. At the time of describing treatment of Lagana Acharya did not mention directly for conservative treatment but from the Doshaj predominance of disease i.e. Kaphaj Sadhya Vyadhi, it can be consider that in initial stage of disease Kaph Shamak treatment [12] such as Sthaniya Swedan, Shothashar Aushadha such as Triphala Guggulu, will help to restore normal physiology of eye which is about similar to conservative treatment of chalazion.

If size of Pidika increased than Shastra Karma should be done namely Bhedan Karma which is similar to incision. After Bhedan Karma for curettage of contains of Lagana Acharya advised for Pratisaran Karma with Gorochana, Kshara, Tutha, Pippali, and Madhu either with single drug or with combination of these contains [13].

He also told that if size of Pidika is large than Agnikarma or Kshararma should be perform similar as modern science which indicates for cauterization.

Conclusion
Causes, clinical features and treatment of Lagana described by our respected Acharyas are very similar to causes, clinical features, and treatment of chalazion described by modern doctors there for Lagana and Chalazion can be correlated. Main cause of chalazion is obstruction of meibomian gland secretion and clinical symptom is lump on lid. Hence on the basic of Shrotodusti Lakshana it can be concluded that Lagana is originated by Sang and Grunthi type of Shrotodusti.

Apart from these symptom heaviness, blurring of vision due to astigmatism are important symptom of chalazion. If patient come to us immediately after elevation of lid skin it can be cured by medicine according to both system of medicine if size of lump increase up to Kola Pramana than it can be treated only by surgical method in both system i.e. by Bhedan Karma in Ayurveda and by incision and curate in modern science.

References
