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

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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 *Shalaky* 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 suppurative, 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 is as -

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

In word of *Acharya Vagbhatta* is –

*Granthi panduruka paakah kanduman kathinah kafat
Kolmatrah sa laganah 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 ophthalmology 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 shalaky 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 [5].

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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*, *Shothahar 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 *Achryas* 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.

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