

## Case Study

# Jaloukavacharana in the Management of *Kumbhika* (Recurrent Chalazion) – A Single Case Study

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## A B S T R A C T

*Kumbhika* is recurrent localized swelling in the eyelid. This condition can be clinically analyzed with the features of Chalazion. It refers to chronic non-infective granulomatous inflammation of Meibomian glands in the upper or lower eyelids and is one of the most common eyelid diseases affecting individuals of all age groups. *Kumbhika* is a *Sarakta Sannipataja Lekhana Sadhya Vyadhi*, mentioned by *Acharya Sushruta* and *Acharya Vagbhata*. Commentator of *Astanga Sangraha*, *Acharya Indu*, added *Vidarana* and *Visravana* as treatment modalities. *Jaloukavacharana* is a treatment prescribed for *Rakta Visravana* for *Pittaja* and *Raktaja* disorders. In this regard, this article aims to put forth a case of a 47year old male patient with signs and symptoms of *Kumbhika* (Recurrent Chalazion) treated by *Jaloukavacharana* in the *Shalakya Tantra* OPD.

**Keywords:** Jaloukavacharana, *Kumbhika*, Chalazion

## Introduction

*Kumbhika* is a localized swelling or nodule in the eyelid that is recurrent in nature.<sup>1</sup> This condition can be clinically analyzed with the features of Chalazion, a condition comprising localized swelling or a nodule on the eyelid caused by a blockage of the meibomian gland, leading to inflammation and the formation of a cyst-like structure.

Chalazion is an inflammatory lesion that forms when lipid breakdown products leak into surrounding tissue and incite a granulomatous inflammatory response. The meibomian gland is embedded in the tarsal plate of the eyelid; therefore, edema due to blockage of this gland is ordinarily contained to the conjunctival portion of the lid. On occasion, a chalazion may enlarge and break through the tarsal plate to the external portion of the lid.<sup>2</sup>

A study in 2020 in India revealed that the prevalence of chalazion in the world is estimated to be around 0.57% and among them, 10% of patients experienced recurrent chalazia.<sup>3</sup>

*Kumbhika* is a *Sarakta Sannipataja Lekhana Sadhya Vyadhi*, mentioned by *Acharya Sushruta* and *Acharya Vagbhata*.<sup>4</sup> Commentator *Indu* also added *Vidarana* and *Visravana* as treatment modalities.<sup>5</sup>

*Sira Vyadha* is first described by *Acharya Sushruta* for *Rakta Pradhana Vyadhis*. *Siras* carry all *Doshas* along with *Rakta*, thus in this disease, *Kumbhika*, *Jaloukavacharana* was adopted for *Raktavisravana*.<sup>6</sup> *Seka* was given post *Sira Vyadha* to remove the remnant *Doshas* and enhance the healing process.

The present case report shows the successful management of *Kumbhika* (recurrent chalazia).

The detailed time line of this case is shown in Table 1.

## Case Report

A male patient aged 47 years, consulted the Shalakya OPD of Sri Sri College of Ayurvedic Science and Research Hospital, Bangalore with the complaints of swelling in the left upper eyelid since fifteen days associated with heaviness of the left upper eyelid and difficulty in opening and closing the eyelid along with a foreign body sensation in the left eye since one week ago. The patient has been a known case of diabetes mellitus and hypertension for twelve years. The similar presentation of the Left eyelid for him was seen six months back but resolved on its own after one week table 2,3,4.

## Materials and Methods

The treatment was planned after assessment of *Rogabala* (strength of the disease) and *Aturabala* (strength of the patient).

Table 1. Timeline

23/02/2023 0 <sup>th</sup> day (Before treatment)	Swelling +++
	Heaviness ++
	Difficulty in opening and closure of eyelid +++
	Foreign body sensation ++
24/02/2023 1 <sup>st</sup> day (After Jaloukavacharana)	Swelling +
	Heaviness +
	Difficulty in opening and closure of eyelid ++
	Foreign body sensation +
25/02/2023 to 01/03/2023 6 <sup>th</sup> day (After 5 days of Seka)	Swelling - Absent
	Heaviness - Absent
	Difficulty in opening and closure of eyelid – No hindrance
	Foreign body sensation - Absent
16/03/2023 15 <sup>th</sup> day (Followup)	Swelling - Absent
	Heaviness - Absent
	Difficulty in opening and closure of eyelid – No hindrance
	Foreign body sensation - Absent

**Table 2. Ocular examination**

Head posture		Normal
Facial symmetry		Symmetrical
Ocular posture		Orthophoria
PARTS	RIGHT EYE	LEFT EYE
Eyebrows	Normal	Normal
Eyeball	Normal	Normal
Eye lids	Normal	Upper eyelid Swelling +++ (Hard and Non-movable with measurements of 14.5mm x 15mm) Palpebral part – Reddish, cyst opening towards margin of eyelid Lower eyelid – Normal
Eye lashes	Normal	Normal
Conjunctiva	Normal	Normal
Sclera	Normal	Normal
Anterior Chamber	Normal	Normal
Iris	Normal	Normal
Pupil	Normal	Normal
Lens	Normal	Normal
Lacrimal apparatus	Normal Schirmer's test – 14mm	Normal Schirmer's test – 16mm
IOP	16 mmHg (NCT @ 24/02/2024 10AM)	15 mmHg (NCT @ 24/02/2024 10AM)

**Table 3. Visual Acuity and Auto-Refractometry**

Distant vision	Right eye	Left eye	Both eyes
Visual acuity without Power Glasses	6/6 (B)	6/6 (B)	6/6
Visual acuity with Power Glasses	6/6	6/6	6/6
Near vision	Right eye	Left eye	Both Eyes
Near vision without Power Glasses	N8	N12	N8
Near vision with Power Glasses	N6	N6	N6
Auto refractometry	Spherical	Cylindrical	Axis
Right eye	+1.00	+0.25	115
Left eye	+1.25	-0.50	80

**Table 4. Nidana Panchaka**

Nidana	* Sheetala Ahara at night
	* Dadhi Sevana
	* Purovata
	* Yaana
	* Chinta
	* Madya Sevana

Poorvarupa	* Avyakta
Lakshanas	* Manda Vedana
	* Pidaka (Kumbhika Beeja Pratima) in Vartma
	* Adhmayante Punah Binna (Reoccurrence)
Samprapti	Nidana Sevana → Rakta Pradhana Tridosha Dushti at Vartma Pradesha → Pidaka in Left Upper eyelid (Kumbhika)

## Intervention

*Jaloukavacharana* (one sitting) and *Akshi Seka* for five days were done.

## Jaloukavacharana (Leech therapy)<sup>7</sup>

A bloodletting procedure (*Raktamokshana*) using *Jalouka* done for one sitting on 24/02/2023.

- **Materials used for leech therapy:** Kidney tray, *Nirvisha Jalouka* (*Hirudo medicinalis*), *Haridra Churna*, *Lodhra Churna*, *Saindhava*, water, cotton swabs, cotton pads, and sterile gloves.

## Methodology of treatment

### Poorva Karma

- Patient was examined and made to lie in a supine position.
- *Nirvisha Jalouka* was put in a dilute salt water solution (1 gm of *Saindhava Lavana* in 100 ml of water) for 2-3 min to activate it and ease stress.
- Hot fomentation with a cotton pad dipped in warm water was done over the closed left eye.
- The most prominent point of swelling, i.e., the midpalpebral portion of the left upper eyelid, was located and exposed. Figure 1.

### Pradhana Karma

- *Jalouka* was kept on the exposed prominent part of the eyelid.
- *Ardra Vasasa Acchadana* (wet gauze) on *Jalouka* was done.
- During *Jaloukavacharana*, cold water was sprinkled over the gauze piece periodically till the Leech gets detached from the site on its own. Figure 2.

### Paschat Karma

- The *Vrana* was cleaned, and *Lodhra Churna* was sprinkled to stop bleeding.
- *Haridra* and *Saindhava Lavana* were applied to the mouth of *Jalouka* to remove *Dushta Rakta* from it by inducing *Vamana* (vomiting).
- Later the leech was kept in the *Haridra Jala* for two minutes after ensuring the completion of vomiting and then transferred to the glass bottle. Figure 3.



Figure 1. Picture of before treatment



Figure 2. Picture of during treatment



Figure 3. Picture of after treatment

## Akshi Seka

Akshi Seka with *Triphala Kashaya* was done for five days from 25/02/2023 to 01/03/2023.

- **Materials used for Akshi Seka:** Kidney tray, *Triphala Kashaya*, cotton cloth, cotton swabs, and vessel.

## Methodology of treatment

10 gms of *Triphala Qwatha Churna* is added to 1 litre of water and boiled. It was reduced to 1/4<sup>th</sup> and filtered in cotton cloth thoroughly. Filtered lukewarm water is used for Akshi Seka.

**Results:** After the course of treatment, the detailed results have been shown in timeline table 1 and in figures 1, 2, and 3.

## Discussion

### Discussion on disease

Among 21 diseases of *Vartmagata Rogas*, based on clinical presentation, diseases like *Utsangini*, *Kumbhika*, *Lagana*, and *Anjananamika* can be categorized under cystic eyelid disorders. Among them, *Kumbhika* is a cystic/nodular swelling in the eyelid that resembles *Kumbhika Beeja*. *Acharya Dalhana* mentions *Kumbhika* as *Dadimakara Phala* (resembles pomegranate-like seeds in terms of size, shape, and color). He also adds *Sthala Kumbhi* means a pot-like structure that refills on its own after emptying.<sup>1</sup> The classic feature of *Kumbhika* is recurrence of *Pidakas* even after removing the contents of cyst/*Pidaka*. *Acharya Vagbhata* has specified that *Pidaka* is blackish in nature.<sup>8</sup> *Acharya Indu* the commentator of *Astanga Sangraha*, describes *Kumbhikabeejavat Pidakas* as *Kumudatandulavat Pidakas* (seeds of lotus).<sup>9</sup>

*Kumbhika* is a *Sannipataja Lekhana Sadhya Vyadhi*. In *Madhukosha* commentary on *Madhava Nidana* describes *Kumbhika* as an *Asadhy Vyadhi*. The treatment modalities include *Lekhana*, *Swedana*, *Lepana*, *Pratisarana* and *Pariseka*. *Acharya Indu* considers *Vidarana*, *Lekhana*, *Bhedana*, *Visravana* and *Raktamokshana*.

Clinically, *Kumbhika* features can be correlated to chalazion. It is also called a tarsal or meibomian cyst. It is a chronic non-infective granulomatous inflammation of the meibomian gland. Usually, it starts as a mild grade infection of the meibomian gland by organisms of very low virulence. As a result, there occurs proliferation of the epithelium and infiltration of the walls of the ducts, which are blocked. Consequently, there occurs retention of secretions (sebum) in the gland, causing its enlargement. The pent-up secretions (fatty in nature) act like an irritant and excite non-infective granulomatous inflammation of the meibomian gland.

Patients usually present with a painless swelling in the

lid and a feeling of mild heaviness. Examination usually reveals small, firm to hard, non-tender swelling present slightly away from the lid margin. It usually points on the conjunctival side as a red, purple, or grey area, seen on everting the lid. Rarely, the main bulk of the swelling projects on the skin side.<sup>10</sup>

In this case, the painless nodular cyst was present. Continuous *Nidanas* along with *Chinta* and *Madyasevana* caused *Rakta Dushti* that took *Stanasamshraya* in *Vartma* leading to *Kumbhika* (recurrent chalazion).

## Discussion on treatments

*Kumbhika* is *Sarakta Sannipataja Lekhana Sadhya Vyadhi*, mentioned by *Acharya Sushruta* and *Acharya Vagbhata*. Other treatment modalities like *Visravana*, *Bhedana*, *Raktamokshana*, and *Shodhana* can be adopted along with *Lekhana* to prevent the recurrence.

In this case, due to *Sannipataja* and *Rakta Dushti*, *Raktamokshana* with *Jaloukavacharana* (one session) was preferred, followed by *Triphala Kashaya Akshi Seka* for five days. *Jaloukavacharana* is a treatment prescribed for *Rakta Visravana* for *Pittaja* and *Raktaja* disorders. It also helps to remove deep-seated *doshas* effectively. *Triphala* has *Lekhana*, *Rasayana*, and *Chakshushya Karmas*,<sup>11</sup> thus brings out the remnant *Doshas* in *Vartma*. *Seka* is a procedure that is indicated in all *Netra Vikaras* irrespective of its *Dosha* vitiation and clinical presentation. Here *Seka* was done with *Triphala Kashaya* after a sitting of *Jaloukavacharana* for five days to enhance the healing process and to alleviate the remnant *Doshas*.

## Conclusion

*Kumbhika* is a clinical condition with high recurrence. This is due to the involvement of *Rakta Dushti*. Therefore, *Sthanika Raktamokshana* addresses the problem effectively. *Sira Vyadha* is considered as *Ardha Chikista* by *Acharya Sushruta*<sup>12</sup> and *Jaloukavacharana* was selected considering the *Sukumarata* of *Netra*, and it is one of the safest *Anushastra* procedures prescribed for *Rakta Visravana*. To clear the *Stanika Leena Doshas*, *Seka*, having *Lekhana* and *Prasadana Karma*, was chosen. In the current study, the treatments adopted cured the condition completely, and there was no recurrence observed till one year.

**Conflict of Interest:** None

**Source of Finding:** None

**Declaration of Generative AI and AI-Assisted**

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