



CASE REPORT

MANAGEMENT OF POOYALASA (ACUTE DACRYOCYSTITIS) - A CASE REPORT

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Abstract

Dacryocystitis is an inflammatory condition of the lacrimal sac, often presenting with pain, swelling and purulent discharge, primarily due to nasolacrimal duct obstruction. In Ayurveda, the condition is analogous to *Pooyalasa*, a chronic and recurrent pathology affecting the lacrimal apparatus and is included under *sandigata roga*. If untreated, it can lead to complications such as abscess formation, fistula and systemic infections, emphasizing the need for timely and systematic management.

This case report discusses a 48-year-old male presenting with a 3-month history of epiphora and purulent discharge from the right eye, progressing to acute painful swelling and associated systemic symptoms. The case was diagnosed as *Pooyalasa* in the stage of lacrimal abscess formation, based on clinical signs and symptoms. Treatment involved a combination of internal Ayurvedic formulations such as *Patoladi Kashaya*, *Kaisora Guggulu* and *Panchatikta Kashaya* for their anti-inflammatory, immune-modulatory and wound-healing properties. External therapies included *Triphala Kashaya Kshalana* for cleansing and *Karuthavattu Lepana* for localized anti-inflammatory and decongestant effects.

The integrated Ayurvedic intervention led to complete resolution of symptoms, healing of the lacrimal abscess and prevention of recurrence during follow-up. This case underscores the efficacy of Ayurvedic principles in managing *Pooyalasa* by addressing the pathogenesis holistically, focusing on both local and systemic healing. Further clinical studies are recommended to evaluate the broader applicability of Ayurvedic protocols in the management of lacrimal sac disorders.

Introduction

Dacryocystitis, an inflammatory condition poses significant clinical concerns due to risks of complications such as abscess formation, orbital cellulitis and systemic infections. With increasing prevalence linked to environmental and lifestyle factors, there is a growing need for effective, holistic treatment approaches, as demonstrated by the successful application of Ayurvedic interventions in this case report.

Dacryocystitis is an inflammation of the lacrimal sac, commonly resulting from an obstruction in the nasolacrimal duct. In adults, Dacryocystitis can manifest acutely, characterized by sudden pain, redness and swelling around the inner canthus of the eye. It may occur as a result of exacerbation of a chronic condition or from the spread of infection from nearby structures, such as the paranasal sinuses. Dacryocystitis progresses through three stages: the cellulitis stage, the lacrimal abscess stage and the fistula formation stage. During the abscess stage, the swelling may rupture spontaneously; if left untreated, this can lead to fistula formation and complications, including osteomyelitis of the lacrimal bone, orbital cellulitis, acute conjunctivitis and even rarely may lead to cavernous sinus thrombosis and septicaemia¹. In Ayurveda, the condition is known as "Pooyalasa," a sannipatika² sandhigata roga affecting the kaninaka sandhi as a "painful, foul-smelling purulent swelling located at the medial canthus³." While understanding the disease entity, as an inflammatory stage of swelling, known as vrana sophā, the lesion may spontaneously rupture, progressing to the formation of a vrana or ulcer. If the vrana sophā is not adequately drained or managed, it can develop into a nadi vrana, or a fistulous tract with continuous discharge of pus, due to prolonged inflammation and infection. The condition pooyalasa represents a chronic, recurrent pathology affecting the lacrimal sac area, characterized by persistent inflammation and discharge. If left untreated, Pooyalasa can advance to pilla roga⁴, a more severe stage associated with further structural damage and functional impairment. The characteristic symptoms like persistent tearing, discharge and discomfort, causes impact to patients' daily lives and social interactions thus affecting the quality of life. Structural changes and visible deformities, such as fistula formation or tissue scarring can lead to cosmetic and functional damage. Hence, progression highlights the importance of timely and effective intervention to prevent complications in lacrimal sac inflammation.

CASE REPORT

Presenting complaints

A fully conscious, normal oriented male patient, aged 48 years, visited the outpatient department of Shalakyā Tantra, GAVC Kannur Pariyaram, with the chief complaints of watering of right eyes for 3 months and red painful swelling over the lacrimal sac area in right eye since, 4 days. The condition was associated with fever and headache since, 2 days.

History of presenting complaints

The patient was asymptomatic until three months ago, when he gradually developed watering in his right eye. Initially, the condition was mild and was ignored, but over time it progressed

to include pus discharge. The patient sought treatment locally, where he used eye drops and underwent some therapies, which provided only slight and temporary relief. Four days prior to presentation, he developed sudden, painful swelling in the medial canthus of the right eye, which was accompanied by fever and headache for the past two days.

History of past illness

Patient is not a known case of DM, HTN, DLP

General examination

He was a moderately built patient with kaphapitha prakrithi, appetite was reduced, bowel constipated and jihwa was coated.

Clinical findings

Visual acuity was 6/6 (P) bilaterally, lacrimal apparatus examination shows patent puncta (b/l), Regurgitation test positive on right eye, pus discharge was present on right eye associated with tenderness. Lower palpebral conjunctiva showed mild congestion in the right eye.

Diagnostic assessment

Samprapti ghataka

Dosham: Vata, Pitha, Kapha

Dushya: Rasa, Rakta

Table No :1. Diagnostic assessment

Signs	Symptoms
Watering of right eye	
Painful swelling in medial canthus discharge	Pus Regurgitation test - positive

Agni: Manthagani

Srotas: Rasa vaha, Rakta vaha

Srotodusti: Sanga, granthi, vimarga gamana

Adhistana: Netra sandhi

Sadyasadyatha: Sadya

Differential diagnosis

Hyper lacrimation was ruled out since it shows pathology within the lacrimal sac.

Upanaha - Since the swelling was associated with pain and tenderness and had pus discharge

Diagnosis

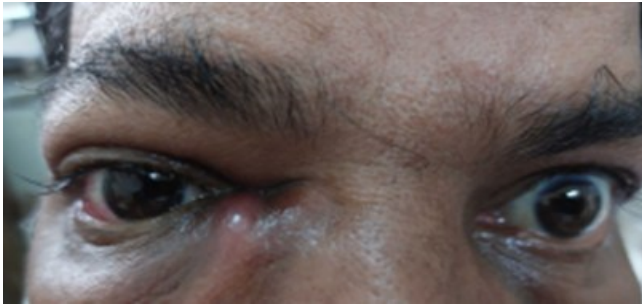
On analysing signs and symptoms and examination, the case was diagnosed as Pooyalasa as per Ayurveda classics and Stage of lacrimal abscess formation in acute dacryocystitis.

Therapeutic intervention

Internal and external therapies were done for a period of 14 days.

Table No: 2. Clinical Condition and Therapeutic intervention

Clinical condition	Internal administration	External Procedures
Watery eye Painful swelling in medial canthus Pus discharge	<i>Patoladi kashaya</i> - 90ml in morning before food <i>Guggulupanchapala choorna</i> -5gm twice daily with honey after food <i>Kaisora guggulu</i> tablet 1 tab bd with <i>Kashaya</i> <i>Panchatiktakam kashaya</i> -90ml in evening before food	<i>Kshalana- triphala kashaya</i> - thrice daily <i>Lepanam</i> - Karuthavattu - twice daily - morning and evening



Day 1



Day 14



Day 21

Discussion

Dacryocystitis, when compared with *Pooyalasa*, shares a pathophysiological basis characterized by obstruction, inflammation, suppuration and potential complications like fistula formation. In Ayurveda, *Pooyalasa* is considered a *Sannipatika Roga*, where all three *doshas-Vata, Pitta* and *Kapha*-are vitiated, contributing to the disease progression. The condition typically progresses through three stages: *Sopha* (inflammation and swelling), *Paka Avastha* (suppuration or abscess formation) and *Nadi Vrana* (chronic fistula formation). Management strategies in Ayurveda align with these stages and emphasize *Agni Deepana* (stimulating digestive fire), *Sopha Hara* (reducing inflammation) and *Vrana Shodhana-Ropana* (cleansing and healing of wounds).

The Internal administration of *Patoladi Kashaya*⁵, which contains *Tikta* (bitter) and *Kashaya* (astringent) *rasa*-dominant herbs, are *Kapha-Pitta Hara* in nature. These properties help reduce inflammation and discharge by balancing the vitiated *Kapha* and *Pitta*. Additionally, *Patoladi Kashaya* has *Agni Deepana* properties, improving digestion and metabolism, which is vital for managing infections and enhancing tissue healing.

The formulation *Guggulupanchapal Choorna*⁶ including *Triphala*, is renowned for its *Vrana Shodhana* (wound cleansing) and *Vrana Ropana* (wound healing) properties. The *choorna* is known for its significant anti-inflammatory, antibacterial and immunomodulatory effects, which are crucial in managing suppurative conditions like lacrimal abscesses. The *Krimighna* (antimicrobial) action helps control infection, while the astringent and bitter tastes promote tissue repair.

*Kaisora guggulu*⁷ has a cumulative action on *Rakta Prasadana*⁸ (purification of blood) and its anti-inflammatory and antibacterial properties make it highly effective in reducing swelling, pain and infection. The inclusion of *Tikta rasa dravyas* aids in promoting the healing of abscesses and preventing recurrence. Enriched with *Tikta* (bitter) *rasa* herbs, *Panchatikta Kashayam*⁹ formulation is particularly effective for *Vrana Ropana*. The *dipana pachana, pithahara, raktashodana* and anti-inflammatory properties support the repair of affected tissues while aiding in the resolution of inflammation and infection.

Kshalana with *Triphala Kashaya*¹⁰ provides an antiseptic and anti-inflammatory effect, reducing local swelling and infection. *Triphala's* high tannin content offers astringent action, which helps in wound contraction and promotes granulation tissue formation.

*Karuthavattu*¹¹ has *Rooksha* (dry), *Ushna* (hot) and *Kapha hara* properties, which help reduce the swelling and resolve the abscess. The ingredients also have *Lekhana* (scraping) and *Chedana* (incision-like) actions, which assist in draining the pus and promoting healing of the lacrimal sac area. This particular preparation is also known for its *sopha granti hara* property¹².

The integrated Ayurvedic management aligns with the disease's *Samprapti* (pathogenesis), addressing the vitiated *doshas* at each stage of progression. The internal medications work systemically to correct the underlying *doshic* imbalance, support digestion and enhance immunity. External therapies provide local action to reduce inflammation, drain pus and accelerate tissue healing.

Conclusion

Understanding the pathogenesis of both *Pooyalasa* and acute dacryocystitis, the use of *Samana* (palliative) and *Vrana Shodana-Ropana* (wound cleansing and healing) therapies has led to the complete resolution of the lacrimal abscess and the healing of the microscopic wound (*Sooskma Vrana*) that formed during the later stages of the condition's progression.

This case demonstrates how Ayurvedic principles, rooted in holistic and individualized care, can effectively address the acute and chronic stages of dacryocystitis (*Pooyalasa*). By combining systemic and localized interventions, Ayurveda offers a sustainable and scientifically supported alternative for managing lacrimal sac infections, highlighting its relevance in modern healthcare.

Conflict of interest: Nil

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