



CASE REPORT

MANAGEMENT OF ACUTE DACRYOCYSTITIS WITH AYURVEDIC MEDICATIONS AND EXTERNAL THERAPIES -A CASE REPORT

Lakshmisree T¹, Balakrishnan V K V²

¹PG Scholar, Department of Shalakyantra, Government Ayurveda College, Kannur

²Professor & HOD, Department of Shalakyantra, Government Ayurveda College, Kannur

*Email: tlakshmisreeayush@gmail.com

ARTICLE HISTORY

Received: 02 July 2025

Accepted: 23 August 2025

Available online

Version 1.0 : 30 September 2025

Keywords

Pooyalasa, Dacryocystitis, Karuthavat, mukkadi lepanam

Additional information

Peer review: Publisher thanks Sectional Editor and the other anonymous reviewers for their contribution to the peer review of this work.

Reprints & permissions information is available at <https://keralajournalofayurveda.org/index.php/kja/open-access-policy>

Publisher's Note: All Kerala Govt. Ayurveda College Teacher's Association remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Copyright: © The Author(s). This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited (<https://creativecommons.org/licenses/by/4.0/>)

CITE THIS ARTICLE

Lakshmisree T, Balakrishnan VKV. Management of Acute Dacryocystitis with Ayurvedic Medications and External Therapies-

A Case Report. Kerala Journal of Ayurveda. 2025;4(3):15-18. <https://doi.org/10.55718/kja.430>

Abstract

Background

Modern science states that lacrimal sac inflammation combined with nasolacrimal duct blockage results in tear stasis and secretion buildup in the sac, which makes the sac more vulnerable to bacterial colonization and dacryocystitis¹ According to Ayurveda it can be taken as *Pooyalasa*, characterised by suppurated swelling in the *Kanininka sandhi* (inner canthus).

Case Presentation

This case study includes an 8year old boy presented to our OPD with swelling in the medial canthus associated with pus discharge and mild fever. Ayurvedic treatments were administered, including *Karutha Vatt* and *Mukkadi Lepanam* over the nose, cheek, and around the eyes, *triphala Kashaya sekam*, *Rajanyadi Choornam*, *Kombanchadi* and *Gopichandanadi gulika*, *Pippalyasavam* and *Krimigna Vati*.

Outcome

After 14 days of treatment, the swelling, discharge, and fever completely subsided.

Conclusion

This case study demonstrates how ayurvedic remedies can be used to treat *Pooyalasa*, especially in paediatric patients. External and internal treatments worked well together to reduce symptoms and encourage healing. The positive result in this instance highlights how crucial it is to incorporate ayurvedic methods into the management of dacryocystitis, providing a comprehensive and supplementary substitute for traditional medical procedures.

Introduction

Acute dacryocystitis is a painful swelling in the lacrimal sac. There are three stages it progresses through: Cellulitis, lacrimal abscess, and fistula formation.²

The stage of cellulitis is characterized by a red, hot, and painful swelling, which is associated with epiphora and fever. In the stage of lacrimal abscess, the

lacrimal sac fills with pus, distends, and its anterior wall ruptures, forming a cystic swelling. An external fistula forms beneath the medial palpebral ligament when the lacrimal abscess spontaneously discharges if treatment is not received. This is the fistula development stage.²

Pooyalasa is a *sannipataja sandhigata vyadhi* producing a swelling in the *netra sandhi*. It will release a viscous, foul smelling discharges when it goes through suppuration. Though all the 3 *doshas* are involved, *pitta* dominates the disease process involving *mamsa* and *Rakta*.³

According to *Dipika* commentary, the site of clinical manifestation of *pooyalasa* is specified as *nasaanunetrantha* (place between nose and beginning of eye) ie, *kaninika sandhi*.

In *sasilekha* commentary on *Ashtanga sangraha*⁴, *Acharya Indu* explained the pathological events takes place in *pooyalasa*. First stage-stage of *sopham*, here the prominent sign is a marked swelling near the *kaninika sandhi*. second stage is stage of *vranam*, here ulcer formation occurs.

If not treated properly in time the disease will run very chronic and turn to the stage of *pilla*. (long standing disease of eye)

Case report

An 8-year-old boy with a history of watering eye since birth presented to our outpatient department of *Shalakyatantra*, with swelling in the left medial canthus, accompanied by pain, discharge, and mild fever for 3 days. Two months prior, he had a similar swelling in the right medial canthus with purulent discharge, which resolved with antibiotic treatment. Three days ago, his mother noticed slight skin discoloration around the eye, followed by pus discharge and fever upon waking up.

Timeline of Events

Day/ Time point	Event
Since birth	Watery eyes intermittently
2months prior	Right eye swelling and discharge; with antibiotics
Day-3	Left eye discolouration, pus discharge, mild fever
Day 0	OPD visit, diagnosis of pooyalasa, Ayurvedic treatment started
Day 0-14	Internal medicines and external therapies given
Day 14	Complete resolution of symptoms; no recurrence noted

History of past illness

Took antibiotic for the same complaint

Table no-1. Personal history

Appetite	Reduced
Bowel	Irregular
Micturition	Regular
Sleep	Disturbed
Diet	Mixed
Allergy	Dust

Table no-2 Vital signs

Temperature	99.3
Pulse	76/min
Respiratory rate	18/min
Heart rate	74/min

Table no-3 Eye examination

	Right	Left
Orbit	Normal	Normal
Eyebrow	Normal	Normal
Eyeball	Normal	Normal
Eyelid	Normal	Swelling in the lower lid Inspection-skin discoloration Palpation-tenderness (++) Mild temperature Lacrimal puncta- inflamed, congested, pus discharge Lacrimal sac area- discoloration
Lacrimal apparatus	Normal	
Conjunctiva	Normal	Normal
Sclera	Normal	Normal
Cornea	Clear	Clear
Anterior chamber	Normal	Normal
Iris	Brownish	Brownish
Pupil	Round, reactive to light	Round, reactive to light
Lens	Greyish black	Greyish black
Visual acuity	6/12	6/12

Table no-4 *Samprapti ghataka*

<i>Dosha</i>	<i>Tridosha</i>
<i>Dooshya</i>	<i>Rasa, rakta, mamsa</i>
<i>Srotas</i>	<i>Rasavaha</i>
<i>Sroto dushti</i>	<i>Sanga, vimarga gamana, atipravritti</i>
<i>Adhishtana</i>	<i>Netra</i>
<i>Udbhavasthana</i>	<i>Amasayoktam</i>
<i>Rogamarga</i>	<i>Madhyama</i>
<i>Vyadhi Avastha</i>	<i>Chirakari</i>
<i>Agni</i>	<i>Jataragnimandhya</i>
<i>Sadhyasadyata</i>	<i>Sadhyasadyata</i>

Diagnosis

Diagnosed as *Pooyalasa* based on ocular examination and clinical features.

Methodology

Table no-5 Therapeutic interventions

Internal administration	Dose
<i>Rajanyadi choornam</i>	- 1tsp BD with honey and ghee after food
<i>Kombanchadi Gulika</i>	1-0-1 after food
<i>Gopichandanadi Gulika</i>	1-0-1 after food
<i>Pippalyasavam</i>	15 ml-0-15ml after food
<i>Krimigna vati</i>	1-0-1 after food

External treatments-

Sekam-Triphala Kashaya- two times daily

Lepanam-karuthavatt followed by *mukkadi lepanam*-two times daily

Result

Symptoms reduced after 14 days of treatment and there were no signs of infection and recurrence



Fig 1-Day 1



Fig 2- Day 2



Fig 3-Day 3



Fig 4-Day 5



Fig 5- Day 7



Fig 6-Day 14

Discussion

The case study demonstrates how well an integrated strategy that combines exterior therapies, and internal medication can manage *pooyalasa* symptoms. According to observations, the medication avoided infection and recurrence in addition to reducing outwardly noticeable symptoms.

The treatment approach accepted in this study was *ama pachan*(digestion of toxins), *Agni Deepana* (stimulating digestive fire), *Vrana sodhana*(cleansing the ulcer) and *ropana* (healing the ulcer). *Agni deepana* strengthened the digestive fire, ensuring efficient nutritional absorption and metabolic equilibrium, while *amapachana* focused on removing toxins from the body. To establish an atmosphere that is favourable

for healing, *Vrana sodhana* concentrated on cleaning the wound and eliminating the contaminants. Lastly, *ropana* was essential for tissue regeneration, accelerating healing and re-establishing normalcy.

Triphala sekam can reduce infection and inflammation due to its potent anti-inflammatory and anti microbial properties. *Triphala's* active components, which include flavonoids, polyphenols, and tannin aid to reduce inflammation.it also prevent further progression of microorganisms by neutralizing free radicals.⁵*Triphala* by its *Kashaya Rasa* (Astringent) and *Kapha Pitta Hara* property is *Kleda Hara* (eliminate excess moisture) and helps healing of *Vrana* faster.⁶

In *karutha vat*, bioswellix an extract from *Boswellia serrata* resin have anti-inflammatory and anti-bacterial activity.⁷*karutha vat* also contain silicate of magnesium (*kannaram*) also have anti-fungal, anti-inflammatory and anti-bacterial property. Promoting skin wound repair by inhibiting infection, alleviating inflammation, and facilitating epithelialization.

According to the *Sahasra yogam*, *mukkadi bidalaka yog a* is beneficial for inflammatory eye diseases. It reduces *sopha* (inflammation), *ruja*(pain), *daha*(burning sensation). The drugs enter the body through the skin, works locally, and causes vasodilatation and toxin drainage from the application site. Because of the *seeta veerya* (cold in potency) of the drugs it reduces vitiated *rakta* and *pitha*.⁸

Rajanyadi choornam is anti-inflammatory, immunomodulatory and antisecretory action. And control *ama* formation and *Agni Deepana*.⁹

Kombanchadi and *Gopichandanadi Gulika* have *jwarahara* action (anti pyretic) and to prevent further infection and complications.

Pippalyasavm has *Deepana pachana* action, *vrana ropana* and *jwara hara* (reduces fever) property. *Krimigna vati* also has *Deepana* and *ama Pachana* action. Therefore, enhancing or fortifying *Agni's* state, together with appropriate *vata* channelization and rebalancing imbalanced *Srotas* (channels), aids in both symptom control and repeated symptom development.

In this case study, the body's *dosha* was adjusted, and the *Vrana*(ulcer) healed more effectively due to the combination of internal and external therapies. This comprehensive approach not only reduced visible symptoms but also successfully prevented infection and recurrence, exemplifying how holistic therapy can produce long-lasting and beneficial health results.

Conclusion

When treating comparable problems in the future, the case study's findings can serve as a guide. To address the underlying causes of the ailment and guarantee a long-lasting recovery, it highlights the importance of Ayurvedic treatments. It also implies that more investigation and comparison research may be useful in gaining a deeper comprehension of the mode of action and long-term effects of these medicines. More specific details regarding the advantages and efficacy of such holistic techniques may be provided by this.

Conflict of Interest-nil

Patient perspective

"My Son's frequent eye infections worried me as a parent. He was extremely uncomfortable due to the swelling and pus discharge. We were please to see that his symptoms totally went away and have not come back after receiving the Ayurvedic treatment. He is now active and pain free."

Assent/Consent

Written informed consent was obtained from the patient's parent for publication of the case details and clinical images. Verbal assent was also obtained from the patient.

References

1. Maharana PK. Postgraduate ophthalmology: an exam preparatory manual. New Delhi: Jaypee Brothers Medical Publishers; p. 96.
2. Khurana AK, Khurana Aruj K, Bhawna P. Comprehensive ophthalmology. 9th ed. New Delhi: Jaypee Brothers Medical Publishers; p. 378.
3. SrikanthaMurthy KR. Susrutha Samhita: English translation. Varanasi: Chaukhambha Orientalia; p. 11.
4. Vagbhata. Ashtanga Samgraha: Sasilekha commentary. Varanasi: Chaukhambha samskrutha series office;p.694
5. Kumar S, Nair S, Nair M, Murali. Pharmacological and therapeutic effect of Triphala: A literature review. J Pharmacogn Phytochem. 2016;5(3):23-27
6. Prajitha P.K., Nikhila K.P. Granulomatous Lobular Mastitis - Ayurvedic understanding and management - A Case Report. J Ayurveda Integr Med Sci 2023;01:175-181.
7. Jaroš P, Vrublevskaia M, Lokočová K, Michailidu J, Kolouchová I, Demnerová K. Boswellia serrata extract as an antibiofilm agent against Candida spp. Microorganisms. 2022;10(1):171. doi: 10.3390/microorganisms10010171. PMID: 35056620; PMCID: PMC8778954
8. Vidya NV, Bineesh P, Medhavini S, Sooriyaarachchi M. To evaluate the efficacy of Mukkadi Bidalaka and Patoladi Kashaya Parisheka in the management of Anjananamika - A single case study. Int J Ayurvedic Med. 2021;12(2):434-439.
9. Panicker MS, Anilkumar MV. Clinical efficacy of Rajanyadi Choornam in Allergic Respiratory Disease in Children. J Ayurveda Integr Med Sci. 2023;8(3):1-4. Available from: <https://jaims.in/jaims/article/view/2327>.

§§§