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Case Study

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BHEDANA KARMA IN CHALAZION-A CASE STUDY

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ABSTRACT

A chalazion is a common inflammatory lesion on the eyelid. They are small, slow-growing lumps that appear on the eyelid, in the sub-tarsal conjunctiva. They are usually benign painless and non-tender caused by inflammation and blockage of meibomian glands. In Ayurveda, it can be correlated to utsangini, explained as a nodular growth like swelling outside eyelids and with its opening present inside due to tridosha Kopa. Both Acharva Vagbhata. [1] and Susruta. [2] explained utsangini under vartmagata rogas. The treatment of utsangini includes chedana, bhedana, lekhana and shodhana. In this study a 55 year old female patient approached to shalakyatantra out-patient department of Government ayurveda hospital, Thiruvananthapuram with redness, watering and swelling in upper eyelid of left eye associated with heaviness. Following the history and examination Chalazion was

diagnosed. The patient was treated with Bhedana karma followed by pratisarana, aschyotana with durva grita and Samana chikitsa. Remarkable result was observed in all aspects of disease condition. Hence it is proved that chalazion can be effectively managed by bhedana and pratisarana karma.

KEYWORDS: Chalazion, Utsangini, Bhedana karma, Pratisarana karma, Aschyotana karma.

INTRODUCTION

Chalazion is also known as tarsal cyst or meibomian cyst. [3] This is not a chronic inflammatory granuloma of a meibomian gland. Chalazion are usually multiple, occurring in crops. A chalazion develops when the meibomian gland in the eyelid becomes blocked, often due to a mild infection or epithelial cell growth. This blockage leads to oil accumulation, swelling, and chronic inflammation, resulting in a small bump on the eyelid. Thereby, it will lead to retention of secretions in the gland occurring its enlargement. Recurrent episodes of chalazia should be evaluated for malignancy. Chalazion is more common in children and young adults, especially those with uncorrected vision problems. Key risk factors include habits like frequent eye rubbing, touching the eyelids or nose, and a diet high in carbohydrates or alcohol consumption. These factors can increase the likelihood of developing a chalazion.

In ayurveda chalazion can be correlated with utsangini on the basis of their signs and symptoms. It is one among the vartmagata roga and classified under rakta pradhana vyadhi by Acharya Vagbhata and tridosha pradhana vyadhi by Acharya Susruta.

According to Acharya Susruta, Utsangini is characterized by a nodular swelling on the lower eyelid with an opening on the inner surface and visible externally.

According to Vagbhata, Rakta pitika-red colour nodules, Tulya pitikachita -surrounded by similar *pitikas*.

According to Dalhana, Bahyat api drushyata-visible from extended surface katina-hard, Manda Vedana-dull pain, Prabinna sravet srava kukkunda rasopamam-if busting discharge like thick pus resembling eye yolk.

Ayurvedic treatment protocol includes *swedana*, *nispeedana*, *bhedana* and *pratisarana*.

CASE HISTORY

A 55 year old female patient came to out-patient department of *Shalakyatantra*, Government Ayurveda hospital, Thiruvananthapuram in January 2025. She has swelling on upper eyelid of left eye since 2 months. The growth was painless, large in size and the innerpart of eyelid is red in colour. On examination sclera, cornea, iris, pupil and lens were found to be normal. On the basis of clinical signs and symptoms the patient was diagnosed with chalazion.

LOCAL EXAMINATION OF EYE

Structures Rt eye Lt eye Eyeballs Normal

Hard, red, non-tender Eyelids

Eyelashes Normal

Lacrimal glands Regurgitation test -ve Conjunctiva Upper palpebral congestion

Cornea Normal
Sclera Normal
Anterior chamber Normal
Iris Normal
Pupil Normal
lens Normal

In this study, we selected the treatment protocol as *bhedana karma* followed by *pratisarana* and *aschyotana* with *durva grita*. The treatment plan involves taking 2 tablets of Kanchanara Guggulu twice daily for 5 days as a samana therapy.

METHODOLOGY

The treatment begins with mild swedana around the chalazion site, followed by carefully positioning a chalazion clamp with the ring side facing the inner eyelid and the flat side against the skin. Gently evert the left eyelid to fully expose the lesion. Gradually tighten the clamp to secure the area. Then *bhedana karma* was done by making an incision over the lump for opening the cavity to drain out pus. After incising and evacuating the chalazion, gently release the clamp. Then it will be squeezed to remove the remaining pus as well.

Next *pratisarana karma* with mixture of *madhu*, *grita* and *saindava* was done. It is followed by *pariseka* with *triphala kasaya* and *aschyotana* of 1 drop of *durva grita*. And as a *shamana chikitsa*, two gulikas of *kanchanara guggulu* for internal administration twice in a day for 5 days.

DISCUSSION

Chalazion is a chronic non-infectious lipo-granulomatous inflammation of meibomian gland. [4] It is correlated to *utsangini* according to ayurveda. *Acharya Vagbhata* explained so many therapeutic techniques for *utsangini* like *bhedana*, *nispeedana*, *lekhana*, *pratisarana* and *pariseka*. *Acharya Susruta* added more karmas like *shodana* and. In addition to *bhedana karma*, we followed pratisarana with *saindava lavana*, *madhu* and *grita*. *Saindava lavana* is light, unctuous, effect on *tridosa*. *Madhu* is used as an antioxidant, antibacterial and anti-inflammatory agent. *Ghrita* can help in moisturizing, cleansing and wound healing processes. *Triphala Kashaya pariseka* contains equal quantity of *hareetaki*, *vibheetaki* and *amalaki*. This will helps in washout the *pratisarana dravya* from eyes and these medicines also have

chakshushya, anti-inflammatory and anti-bacterial effects. *Kanchanara* guggulu contains the bark *of kanchanara, triphala, trikatu, ela, varuna, twak* and *dalachini*. All ingredients of *kanchanara guggulu* possess *lekhana* property while *kanchanara* have *grandhinashaka* property.

RESULT

After performing *Bhedana karma*, followed by *pratisarana* and *aschyotana* with internal administration of *kanchanara guggulu*, there was a marked relief in the complaints and associated symptoms. No complaints are observed during the procedure and after the procedure.



Fig 1: Chalazion clamp placement.



Fig 2: Making incision.



Fig. 3: Showing chalazion content.



Fig. 4: After removal of contents.



Fig 5: After clamp removal, followed by sqeezing and cleaning.

CONCLUSION

This case study reveals that the patient with large single chalazion can get significant result through *bhedana karma* followed by *pratisarana*, *aschyotana* and *ayurveda management*.

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