



STUDY EFFICACY OF *TRIPHALA KWATH* SAC SYRINGING IN EARLY *PUYALAS* WITH SPECIAL REFERENCE TO ACUTE DACRYOCYSTITIS

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ABSTRACT

'Puyalas' (Acute Dacryocystitis) is an acute suppurative inflammation of lacrimal sac characterized by painful swelling in the region of sac associated with Epiphora, fever, Malaise. *Puyalas* is one of the *Sandhigata netraroga* which includes swelling in *kaninika Sandhi*. which later on undergoes Suppuration causing thick purulent discharge. The present study was planned to access the efficacy of *Triphala kwath* Sac Syringing in early *Puyalas* in state of antibacterial eye drop on acute dacryocystitis. *Triphala kwath* having property of anti-inflammatory, antibacterial and anti-microbial property. so, we can do *Triphala Kwath* sac Syringing in acute dacryocystitis as like antibiotic eye drop sac syringng.

KEYWORDS: *Puyalas*, Dacryocystitis, Sac Syringing, *Triphala kwath*.

INTRODUCTION

In *Sushrut Samhita* 76 *Nertarogas* are described, in which 9 are *Sandhigata netrarogas*.^[1] '*Puyalas*' is one of the *Sandhigat Netraroga* described by *Ayurvedic Acharyes* in text like *Sushrut Samhita* and *Ashtang Samhita*.

Puyalas (Acute Dacryocystitis) consist of Inflammation of the lacrimal sac, in general caused by infection. This Pathology is predominantly found in adult women, while it is also relatively common in young infants.

The most notable common signs and symptoms are redening, edema and the presence of a painful area of induration overlying the nasolacrimal sac, specifically just below the anatomical boundary of the medial canthal ligament. Epiphora and discharge may also be observed. when pressure is applied to the inflamed tear duct, purulent material may be expressed through lacrimal punctum.^[2]

Sac Syringing is techniques which assess the patency of lacrimal system. It flush debris from the system which can improve the epiphora symptoms and also it elucidate the level of blockage where the system is found to be non-patent.

Triphala Kwath has therapeutic effects like antioxidant, anti-inflammatory, antimicrobial activities. It contains chemical constituents like quinones, tannin, flavones, flavonoids has antimicrobial activities. So, to subside the

sign and symptoms of acute dacryocystitis we can do *Triphala kwath* sac syringing, in state of antimicrobial eye drop.

Puyalas

(Puya-pus, Alasa-Collection, without flow).

Puyalas is a *Sannipataja Sandhigata vyadhi* Producing a swelling in *netra sandhi*. When undergoes Suppuration, it will discharge a thick purulent and foul smelling discharge, Though all the three *doshas* are vitiated, pitta dominates the disease process involving *Mansa* and *Rakta*.^[3]

Adhmayi - Spreading type

Samrambha - Angry looking with redness and pain.

Suksma vrana - Minute ulcer.

Puyasravi - continuously Discharging pus.

Savedana - With all kinds of discomforts.

Situated in *Kaninika Sandhi*.^[4]

Dacryocystitis^[5,6]

Etiology

In children – *Staphylococcus aureus*, B-hemolytic streptococcus, *Pneumococcus* and *Haemophilus Influenzae*.

In Adults - *Staphylococcus epidermidis*, *Staphylococcus aureus*, streptococcus pneumonia and *Pseudomonas aeruginosa*.

Risk factors

- Almost always related to nasolacrimal duct obstruction.
- Nasal pathologies like nasal septum deviation, rhinitis and inferior turbinate hypertrophy on the same side.
- Female is also a known risk factor for the development of this infectious condition due to narrow duct diameter.

Pathophysiology

Dacryocystitis usually occurs because of the obstruction of the nasolacrimal duct.

The obstruction may be an idiopathic inflammatory stenosis. (Primary acquired nasolacrimal duct obstruction) or may be Secondary to trauma, infection, inflammation, neoplasm, mechanical obstruction. (Secondary acquired lacrimal drainage obstruction).

Obstruction of the nasolacrimal duct leads to stagnation of tears in a pathologically closed lacrimal drainage system which can result in dacryocystitis.

Symptoms and Sign

Acute dacryocystitis is heralded by the sudden onset of pain, and redness in the medial canthus region.

Acute dacryocystitis

Sudden onset of pain, redness, and edema overlying the lacrimal sac area.

Drug Review

Drug	Rasa	Guna	Virya	Vipak	Karma	Doshgh nata	Pharmological action
<i>Haritaki</i> ^[7]	<i>Panch-rasa</i>	<i>Laghu Ruksha</i>	<i>Ushna</i>	<i>Madhur</i>	<i>Chakshushya Rasayana</i>	<i>Tridosh-ghna</i>	Antimicrobial Antibacterial Antispasmodic
<i>Bibhitaki</i> ^[8]	<i>Kashay</i>	<i>Laghu Ruksha</i>	<i>ushna</i>	<i>Madhur</i>	<i>Chakshushya Grahi Anulomana Deepan</i>	<i>Tridosh-ghna</i>	Antihistaminic Antibacterial
<i>Amalaki</i> ^[9]	<i>Panch-rasa</i>	<i>Guru Ruksha Sheeta</i>	<i>Sheeta</i>	<i>Madhur</i>	<i>Chakshushya Rasayana Dahaprasha mana</i>	<i>Tridosh-ghna</i>	Antiinflammatory Antimicrobial Antioxidant.

According to *YogaRatnakar Triphala kwath* Should be used in different types of *Srava*.^[10] *Triphala kwath* Eyewash cures various eye diseases.^[11]

DISCUSSION

Puyalas is the inflammation of lacrimal sac and management constituents of simple topical medication to surgery and with certain amount of recurrence. Though *Puyalas* is due to *Tridosha* it is considered as a curable disease and that's why treatment should be *Tridoshghna*. So the use of *Triphala* is better to cure the early stage of *Puyalas*.

It is not uncommon for the sac to rupture and fistulize through the skin.

Conjunctival injection and preseptal cellulitis often occur in conjunction with acute dacryocystitis.

More serious sequelae of the acute dacryocystitis is the extension into the orbit with formation of abscess and development of orbital cellulitis.

Differential Diagnosis

- Acute ethmoid sinusitis
- Infected sebaceous cyst.
- Cellulitis
- Eyelid ectropion.
- Punctual ectropion.
- Allergic Rhinitis.
- Lacrimal sac or sinunasal tumor.

Complication

- Fistula formation.
- Lacrimal sac abscess.
- Orbital cellulitis.
- Meningitis.
- Cavernous sinus thrombosis.

CONCLUSION

As *Triphala* is *Tridoshghna*, antioxidant, anti-inflammatory, antibacterial so, can be used in treatment of early *Puyalas*.

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