

Case Report



Integrated treatment approach in the management of Kumbhika (Chalazia) in Pediatric: A case report

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ABSTRACT:

Background: *Kumbhika* is *vartmagata roga* characterized by cystic swelling at the tarsal plate of the lid which bursts out by its own and refills again. It can be correlated to chalazion cyst in allied health system. This case is unique because in pediatric age group performing *lekhana* and *jaloukavacharan* is challenging and incorporating these modalities with integration of modern medicine fasten the recovery along with no recurrence in such chronic and recurrent cases. **Clinical findings:** A 6years old female child was complaining of swelling of bilateral lower lid more than upper lid for last 2years. Swelling was insidious on onset with progressive nature, initially associated with mild pain and itching. Child was consulted ophthalmologist and undergone topical treatment but did not observe any improvement. The swelling was said to be progressive along with new cystic swelling formation at the lid. **Intervention:** *Lekhana* karma with topical anesthesia and under sedation to open the cyst. *Jaloukavacharana* help to evacuate the deep seated local *doshas* including internal medication (*Tab Kanchar guggulu*, *Syp Shodhak*). **Outcome-**The swelling was reduced completely without cystic swelling formation at tarsal plate of lid with ayurvedic surgical and para-surgical intervention and internal medication for 1 month. **Conclusion:** In this case *Nidana parivarjana*, *lekhana* and *Jaloukavacharana* with integration of modern medicine have shown significant improvement in reducing signs and symptoms of *kumbika*. This case highlights challenges in incorporating the surgical and Para surgical procedures in pediatric case effectively without any adverse effects.

KEYWORDS: Case report, Chalazia, *Kumbika*, *Lekhana*, *Jaloukavacharana*

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1. INTRODUCTION

In Ayurveda the eye diseases are classified on the basis of site of manifestation, treatment modality and prognosis. The disease which affects eyelids are termed as *Vartmagata roga* (diseases of eyelid). There are 21 and 24 number of eyelid diseases are mentioned by Acharya Sushruta and Vagbhata respectively. *Kumbhika* is one among them and the clinical feature are formation of cystic nodules at eyelid resembling the *kumbhaphala beeja* (seed of pomegranate) and once it open and discharges its content, it refills again and get swollen.[1] Acharya vagbhata mentioned location that which manifests at inner side of the eyelid and caused by *pitta dosha* involvement.[2] The causative factors are indulges in *achakshusya* (unwholesome for eyes) –*Pitta* aggravating food like *Shukta aranala*, *Amla* (sour), *Kulattha* (horsegram), *Madhya* (Alcohol), *Kshara* (alkali), *Teekshna*, *Ushna* (hot potency), *Katu* (pungent) and *Kapha* aggravating food as *Masha* (blackgram), *drava*, *sheeta*, *guru* along with lifestyle like, *vegadharana* (controlling natural urges), *Kopa*(anger), *shoka* (grief), *atirodhana* (excessive crying) [3] will leads to aggravation of *pitta*, *kapha* and this vitiates *rakta* and get travels through *raktavahi siras* (blood channels) of eye and get accumulates there and manifests eyelid disease by vitiating the *Rasa*, *Rakta*, *mamsa dhatu*. [4] While mentioning *rakta pradoshaja* diseases netraroga are also mentioned this indicates that involvement of *rakta* in manifestation of all eye disease. [5] *Kumbika* is *lekhana* (scraping) *sadhya vyadhi* [6] with these references it can be correlated to multiple chalazia.

Multiple chalazia/ Chalazion (ICD-10 H00.19) is also known as meibomian cyst which manifests due to obstruction the glands situated at tarsal plate of the eyelid. It is chronic, sterile granulomatous inflammation of the meibomian glands.[7] In the beginning the orifice of meibomian gland are obstructed by inflammatory swelling and the collected sebum ruptures the gland creating inflammatory reaction in the lid and it gets swollen, infected and painful. Eventually cyst will formed at the lid. [8] The prevalence of the chalazion is 4% [9] which is reports same as study conducted by Sahoo JR et.[10] In pediatric cases early diagnosis is must otherwise it leads to calcification. The medical management of in early stage involves hot compressions, lid massage. In persistent cases incision and curettage, steroid injections with-0.1-0.2 triamcinolone given and systemic tetracycline in recurrent cases. [11]

These treatment options are challenging in children and local and systemic steroids has their own adverse reactions in children. Through Ayurveda surgical procedure- *Lekhana* (Scraping) and para-surgical- *Jalouka* (Leech) intervention along with oral medications it is managed well without recurrence.

There are few cases reported in on Ayurveda Surgical and Para surgical intervention along with modern medicine integration in pediatric ophthalmic cases. This case was chronic and recurrent nature. Ayurveda treatment principles shown significant improvement without recurrence within 30 days of treatment shows the uniqueness of the case.

2. CASE REPORT

Patient Information: A 6 years old child brought by her parents to the outpatient department of Shalakya tantra with complaints of swelling at bilateral lower lid more than upper lid of eye since 2 years. The swelling was insidious onset initially it was associated with mild pain and itching, gradually swelling was progressive and complaining of heaviness of lid. The nodules use to get discharge often and another nodule gets appear at the tarsal plate of the eyelid for these complaints patient consulted ophthalmologists and advised to put topical steroids for short course and lubricant drops but there was no so promising outcome with the treatment so they approached to Ayurveda treatment.

Past Ocular history- Nothing specific

Family Ocular history- The other family members were not suffering from the same complaints as this case and no history of contagious eye diseases in family members.

Personal history- the appetite of child was normal but the child was fond of commercially available market products which are savory, spicy with artificial flavored snack food like potato chips etc. was consumed daily and even she consumes curd more often at night. Bowel habit and micturition was normal, child's parents also complained that she used to use electronic gadgets more with near to her eyes and reduced outdoor activities. On examination systemic examination were normal limits, eye examination findings were listed.

Table 1: Clinical Findings

	OD	OS
VA (Snellen Chart)	6/9	6/9
Upper lid	Nodule+	Solitary nodule+
Lower Lid (on everting)	3 cysts approximately measuring 1mm	2 cysts approximately measuring 0.5 to 1mm
Conjunctiva	Normal	Normal
Cornea	Normal	Normal
AC	Deep and quite	Deep and quite



Figure 1: Before treatment-Showing swelling of lower lid.

Time line

Pain and swelling of the lower lid more than upper lid since 2 years, Small nodule at the lower lid which gets supportive and burst and forms other cyst at the tarsal plate of the lower lid since 2 years. After modern treatment remission was observed but the symptoms aggravated after cessation of medications before 1year. Eventually painless swelling and cyst are more observed.

Diagnostic assessment- diagnosis was done on clinical examination under the slit lamp. This was showing multiple non tender cystic nodules at the lower lid of eye away from the lid margin. There was no congestion of the palpebral and bulbar conjunctiva. It was suggestive of multiple chalazia of bilateral eye. (Figure 1)

Differential diagnosis

Table 2: Differential diagnosis according to Ayurveda

Diseases	Exclusive criteria
<i>Anjanamika</i>	<i>Rukha</i> (Pain) <i>Usha</i> (burning sensation), <i>Tamra peetika</i> (copper color swelling)
<i>Utsangini</i>	<i>Rakta peetika</i> opens <i>bahya</i> (outside) and <i>adhovartma</i> (lowerlid.)
<i>Sikatavartma</i>	<i>Susukshm Ghana peedika</i> (hard minute swelling) characterized by <i>s</i> (roughness) <i>Sthula</i> (Palpable)
<i>Bahalavartma</i>	Solid growth resembles like <i>mamsa</i> and equal in size.
<i>Lagan</i>	Size of kola(jujube fruit), Hard, itching, white in colour

Table 3: Differential diagnosis according to modern medicine

Diseases	Exclusion criteria
Internal Hordeolum	Painful swelling away from the eyelid margin, tender on palpation, acute inflammation of meibomian glands
External hordeolum	Painful swelling of eyelid margin pointing towards the skin side. Inflammation of glands of Zeiss and Moll
Concretions	Tiny, yellowish-white deposits causing grittiness and foreign body sensations.

Therapeutic intervention

Nidana parivarjana – *Achakshusya* (Avoid the food and lifestyle which are causes harm to eyes).

Lekhana Karma- Preoperative blood investigations Hb%, CT, BT were done and these were normal limit. Informed consent and high risk consent taken from patient

attender. 5 ml phenargan was given orally for sedation. Supine position was given for the procedure then betadine solution draping of the both eyes was done and topical anesthesia was instilled. Once child was under sedation right lower lid is everted with finger, then all the cyst were punctured then scraping done with the hibiscus bud. Same procedure was followed at the left lower lid also. Minimal bleeding was noticed. Eye irrigation was done with normal saline and antibiotic ointment was applied topically, dressing was applied for both the eyes. Tab kanchanar guggulu and syp. shodhaka were continued for 15 days.

Jaloukavacharana (Leech therapy) - After 15 days patient came for follow up, there was marked reduction in symptoms. To prevent the recurrence *jaloukavacharana* was planned. Patient was made to lie on supine position and small nonpoisonous leeches were applied on everted lower lid of both eyes for 10 min. Then *haridra* (curcuma powder) was applied to relieve the leeches. Child was crying and due to forced cry moderate bleeding with clots observed at bite site. Immediately potash alum applied and *seka* (pouring medicine at distance of 4 angula approximately 8 inches) with *sphatika* water done. Eye bandage applied for both eyes to minimize bleed. Patient was made to sit in upright position and Tab *Chandrakala rasa* given stat dose. After an hour bleeding stopped and discharged on next day with *Syp Shodhak* 5 ml BD for 15 days. (Figure 2)



Figure 2: Showing the Jalukacharana & lekhana karma procedure under sedation.

Follow up and Outcome

The treatment was given for 1 month and 15 days once follow up was done. *Lekhana karma* and *jaloukacharana* were done on IPD basis and 15 days gap was given

between two procedures. After *lekhana karma* swelling of lid was reduced and after *jaloukacharana* no recurrence of cyst at the lid. Complete remissions from the signs and symptoms were observed. (Figure 3) The adherence and tolerance of the procedure and medicines were monitored during post-operative follow up and the rounds. There was no any adverse effects were observed during the procedure and at the follow up.



Figure 3: After treatment picture

Table 4: Consolidated Timeline of Clinical Course and Therapeutic Interventions

Visits with Date	Clinical features	Treatment/ Procedure	Oral medicine Dose	Date	Anupana	Results
28/5/2023	Swelling of lower lid > upper lid, mild pain and itching	<i>Nidana parivarjana</i> Ophthacare eye drop 1 drop BD Counseling for Para surgical procedures done				Patient agreed for the procedure and informed consent taken.
31/5/2023	Same complaints persists	Lekhana karma under sedation and topical anesthetic drops on IPD base	1.Tab.Kanachanar guggulu (250mg) BD (KLE Pharmacy, Batch No. I KLE623-24) 2. Syp.Shodhaka 5ml BD (Revento pharmacy, Batch No. RA23590) 3. Ophthacare eye drops- 1 drops B/L eye (Himalay drug company, Batch No. 762100169)	31/5/2023 to 15/6/2023	Warm water Normal water	Swelling of lids reduced Cysts were resolved.

15/6/2023	No meibomian cysts were observed. Swelling of lid reduced	Jaloukavacharana (leech therapy) done at the lower lid of bilateral eye on IPD Base Events after leech application Bleeding ++ at the lower lid with clots.	Tab Chandrakala Rasa 250mg stat (Dhootapapehwara company, batch No-DU502108) Syp shodhaka 5ml BD continued for 15 days	Stat 15/6/2023 to 30/6/2023	Normal water	No swelling at the lower and upper lid.
30/6/2023	No any fresh complaints. No recurrence of the cysts.	---	Syp Shodhaka 5 MI BD for 1 month. (Revento pharmacy, Batch No. RA23590)	30/6/2023 to 1/7/2023		

3. DISCUSSION

Meibomian glands are specialized sebaceous gland which produces lipid rich substance and forms layer of tear film. These glands are situated at both upper and lower eyelid and parallel arranged within tarsal plate of lids. When these glands get obstructs leads to cysts or Chalazion. As per ayurveda it can be correlated to *kumbika* on clinical features.

In classics the management of *kumbhika* is *shastralekhana* (scraping) explained by acharya Sushruta. Acharya Vagbhata also mentioned same surgical procedure with *yashti, patoladi seka*. [12] In this present case report the patient is *sukumar* (Sensitive) and *bala* (Pediatric) *Lekhana* with *japapushpa* bud (Hibiscus) done under the sedation with Syp. Phenargan (Figure 2) and to prevent recurrence leech therapy was done at tarsal plate of lower lid. (Figure 2) The causes of eye disease involves *pitta* and *kapha* aggravating food and lifestyle which vitiates the *rakta* and *raktavahini sira*

(blood channels) [13] of eye and manifests the diseases.

This shows involvement of *rakta* in eye disease manifestation.

In this case child was consuming all *pitta and rakta* aggravating food because of this *rakta dusti* occurred and thus child was suffering with these presentations. To combat the *Pitta* and *rakta* the choice of treatment is *Virechana* (Purgation), *Upavasa* (Fasting) and *raktamokshana* (bloodletting). [14] According to acharya sushruta in children for *raktamokshana* the *Jaloukavacharan* [15] is indicated. Which is appropriate way to reduce the aggravated *doshas* and clear the channels *and* also the deeply situated localized doshas will be evacuated. [16]

Kanchanar guggulu comprises *Kanchanara* (Bauhinia Varigata) *Shunti*, *Maricha*, *Pippali*, *Triphala*, *Varuna*, *Trijataka and Guggulu* it is indicated in *Granthi* (cysts) does *vrunaropana* (heals ulcers) [17] so after the *lekhana* procedure it was administered orally along with

Shodhaka –it is proprietary medicine which contains *Panchanimba churna* and *mahamanjista churna*. These two ingredients acts as *raktaprasadhaka* and break the pathogenesis of eye disease. Ophthacare eyedrop was instilled in both eyes for healing the wound created by *lekhana*. Tab. Chandrakala ras 250 mg stat given orally along with sphatika jala seka was done to prevent bleeding. *Tab Chandrakala rasa* is herbo mineral preparation which balances the *pitta and kapha* and indicated in bleeding disorders. (Table 4)

4. CONCLUSION

Kumbhika in pediatric case bit challenging to manage. In this pediatric case complete relief from the disease was observed where patient was suffering since 2 years. The combination of surgical *Lekhana* and parasurgical procedure *jalouka* were incorporated with modern medicine integration for better tolerance of the procedures. The swelling of both eyes lower lid was prominent before the treatment (Figure 2) and after treatment complete relief was observed without any adverse effect within 30 days of treatment duration (Figure 3). Oral medicines which possess the *pitta kaphahara, raktaprasadhaka aushadhi* were administered orally for 1 month (table 3) which clear the channels and prevents the recurrences. The surgical and Para surgical procedures are safe in pediatric cases. This case highlights incorporation of surgical and Para surgical procedure to prevent recurrent ophthalmic diseases.

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The

patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient perspective - The patient reported satisfactory improvement following treatment. Child was having swelling of both the eyelid; heaviness of lid was prominent before the treatment. After treatment there was no swelling and no formation of new cyst at the palpebral conjunctiva.

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