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Case Study

AN INTEGRATIVE AYURVEDIC APPROACH TO CHRONIC DACRYOCYSTITIS

Aneesha Fathima S[1]*, Muhammed Nissam CP[2]

*[1]MS Scholar, [2]Assistant Professor, Department of Shalakyatantra, Government Ayurveda College, Kannur, Pariyaram, Kerala, India.

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ABSTRACT

Chronic dacryocystitis is the most common disorder of the lacrimal drainage system, resulting from a long-standing obstruction of the nasolacrimal duct that leads to tear stagnation, secondary infection, and chronic inflammation of the lacrimal sac. It commonly presents with insidious epiphora, painless medial canthal swelling, and mucoid or purulent regurgitation, progressing through catarrhal, mucocele, suppurative, and fibrotic stages, with potential complications such as corneal ulceration, lacrimal abscess, fistula, and orbital cellulitis. This case reports a 56-year-old diabetic male with chronic right-sided epiphora and lacrimal sac swelling of four months' duration, with positive regurgitation test and Munk score grade 1. In Ayurveda, the condition can be correlated with *Upanaha,* a *Sandhigata roga* characterised by a painless nodular swelling with the dominance of *Kapha dosha*. An integrative Ayurvedic approach using internal medications such as *Patoladi Kashaya,* which is *Kapha pitha hara*, *Shothahara*, and *Ropana*; *Triphala Guggulu* with *Shothaprasamana*, *Krimighna*, *Rasayana*, and tissue-healing actions; and *Guggulu Panchapala Churna* with *Srotoshodhana*, *Lekhana*, and *Vranashodhana* were employed, along with local therapy using *Ilaneer Kuzhambu Anjana* for effective debris clearance and ocular tissue preservation, and *Tulasi arka* with *Saindhava* for enhanced antibacterial, anti-inflammatory action and deeper drug penetration. This highlights the relevance of Ayurvedic management in chronic dacryocystitis for reducing inflammation, preventing recurrence, and offering a non-surgical, holistic therapeutic alternative.

INTRODUCTION

Dacryocystitis is the most commonly encountered disease of the lacrimal drainage system. It is an inflammation of the lacrimal sac, typically caused by a partial or complete obstruction in the nasolacrimal drainage system, resulting in the stagnation of tears in the lacrimal sac. Such obstructions can occur at any level of the lacrimal drainage pathway, most commonly at the junction of the lacrimal sac and NLD. Chronic dacryocystitis results from a long-standing obstruction of the NLD, and is often due to repeated attacks of acute infection, idiopathic fibrosis of the NLD, systemic diseases and chronic inflammatory debris in the nasolacrimal system.

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The stagnation of tears creates a favourable environment for infectious organisms to propagate and for proteinaceous debris to form. The stagnation of infectious material in the lacrimal sac causes inflammation of the surrounding tissues. Chronic dacryocystitis presents with insidious epiphora, which may be associated with painless swelling at the medial canthus. [1]

Chronic dacryocystitis has been staged into catarrhal, mucocele, chronic suppurative and chronic fibrotic sac. The initial stage is characterised by epiphora with mild congestion in the inner canthus. Chronic stagnation leads to distention of the lacrimal sac with mucoid contents, causing the formation of a mucocele. Secondary infection of the mucocele causes accumulation of purulent contents, characterised by pyocele formation. Occasional cases of mucocele develop a membranous obstruction at the level of the common canaliculus opening, leading to encysted mucocele formation. Low-grade repeated infections for

a prolonged period ultimately result in a small fibrotic sac with persistent epiphora and discharge. [1]

The disease is more common than the acute form and typically follows an indolent course. Persistent epiphora often causes social embarrassment due to constant watering and discharge, and poses a threat to ocular integrity. Owing to the unique anatomical position of the lacrimal sac at the junction of the orbit and nose, it is frequently affected by diseases of both regions.[2] In India, chronic dacryocystitis remains a significant cause of ocular morbidity. Commonly isolated organisms include *Staphylococcus aureus*, *Streptococcus pneumoniae*, and *β-haemolytic streptococci.*

Syringing and probing are accepted as first-line management in chronic cases and can be done in the outpatient setting, and the definitive management of chronic dacryocystitis is achieved through dacryocystorhinostomy (DCR) [1]. If left untreated, the condition can progress to complications such as conjunctivitis, corneal ulcer, lacrimal abscess, fistula formation, marked eyelid oedema, preseptal or orbital cellulitis, endophthalmitis, and hypopyon.

In Ayurveda, this condition is described as *Upanaha*, a *Kaphaja Sandhigata roga* affecting *the netra sandhi*. *Acharya Sushruta* explains *Upanaha* as a *Granthi* (nodular swelling) that is *Analpa* (large in size), *Apaka* (non-suppurative) and associated with *Kandu* (itching), indicating *Kapha* predominance and a chronic, non-inflammatory nature.[3] *Acharya Vagbhata* further characterises the lesion as a *Teekshnagra Sopha (Nishita Mukha)* with a *Prithu Moola* (broad base), resembling *Ksharabudbuda*, comparable to bubbles formed during the preparation of *Kshara (pachyamane kshare agni samyogat utpatyante)*, having normal skin colour, showing absence of inflammation, and being *Niruja* (painless).[4] Hence, the classical depiction of *Upanaha* as a *Kapha*-dominant, non-suppurative and painless lesion establishes a clear therapeutic basis for *ayurvedic* management aimed at correcting *dosha* imbalance through appropriate *Sodhana, Samana* and localized treatment measures.

MATERIALS AND METHODS

Presenting Complaints

A fully conscious, well-oriented 56-year-old male patient, a known case of diabetes mellitus for the past six years, presented to the Outpatient Department of *Shalakya Tantra*, GAVC Kannur Pariyaram, with complaints of watering of the right eye and a painless swelling over the lacrimal sac area persisting for the past four months.

History of Present Illness

The patient reported that approximately one year earlier, he first noticed watering in the right eye, which he initially ignored. Over time, he developed a gradual, painless swelling over the right medial canthus and the regurgitation test elicited mucoid discharge. He consulted an ophthalmologist, and ultrasonography of the right medial canthus suggested a probable dermoid cyst, for which surgical management was advised. The patient declined surgical intervention at that time. Due to progressive symptoms, he subsequently attended our OPD seeking alternative therapeutic options.

Clinical findings

Table 1: Ocular examination

	OD	**OS**
Eyelids	Normal position and movement	Normal position and movement
Eyelashes	Normal	Normal
Lacrimal apparatus Lacrimal Puncta Lacrimal sac area Lacrimal passage Patency – Lacrimal syringing Regurgitation test	 Open Swelling • Inspection: broad based, non-inflammatory swelling with normal appearance of overlying skin • Palpation: non tender, non-fluctuant swelling Regurgitation of mucoid fluid from opposite punctum Positive	 Open Normal Patent Negative
Conjunctiva	No signs of inflammation	No signs of inflammation
Sclera	No discoloration and inflammation	No discoloration and inflammation
Cornea	Normal size, shape, sheen, surface and sensation	Normal size, shape, sheen, surface and sensation
Anterior chamber	Normal depth with no flares and cells	Normal depth with no flares and cells
Iris	Normal colour and pattern	Normal colour and pattern

Pupil	Normal Pupillary reactions	Normal Pupillary reactions
Lens	IMSC	IMSC
Visual acuity Distant vision With pinhole Near vision	 6/6 6/6 N8	 6/9 (P) NIPH N8
IOP- NCT	15 mm Hg	15 mm Hg

Investigations

USG – Right medial canthus

A thick-walled complex cystic lesion showing a solid component and medium level internal echoes is seen in the medial canthus of right orbit. The lesion is extra conal. The lesion measures 17.5 x 11.7 x 9 mm. Color doppler study shows no significant internal vascularity.

Diagnostic Assessment

Symptoms	Signs
Watering (RE) (Munk score - grade 1)	Swelling over the medial canthus (RE) Regurgitation test – positive (mucoid discharge)

Samprapti ghataka

Dosham: Kapha
Dushya: Rasa, Rakta
Agni: Mandagni
Srotas: Rasa vaha
Srotodusti: Sanga, Granthi, Vimarga gamana
Adhistana: *Netra sandhi*
Sadyasadyatha: *Sadya*

Differential diagnosis

Pooyalasa - excluded since the above condition was not associated with *Sookshma vrana* (minute ulcer), *Pooyasrava* (pus discharge) and *Vedana* (pain).

Diagnosis

On analysing signs and symptoms and examination, the case was diagnosed as *Upanaha* as per Ayurveda classics and the Stage of lacrimal mucocele formation in chronic dacryocystitis.

Methodology/ Treatment given:

The therapeutic intervention was given for a period of 2.5 months

Table 2: Therapeutic Intervention

S.No.	Medicines	Dose	Route
1.	*Patoladi gana Kashaya*	45 ml twice daily before food	Internally
2.	*Triphala Kashaya*	45ml twice daily before food	Internally
3.	*Triphala guggulu*	1 tablet twice daily after food	Internally
3.	*Guggulu panchapala churnam*	5g *Churna* with honey twice daily after food	Internally
4.	*Ilaneer kuzhambu anjanam*	Once daily	Locally
5.	*Tulasi arkam* with *saindhava Nasya*	Once daily in the morning	Nasally
6.	Lacrimal syringing with *Triphala Kashaya* and *Saindhava*	8 sittings	Locally

Table 3: Assessments and Outcomes

S.No.	Date	Findings
1.	16/04/2025	Pt approached the OPD of *Shalakyatantra,* GAVCH Kannur *Pariyaram*. Pt c/o painless swelling over the medial canthus, along with watering from the right eye
2.	16/04/2025	Lacrimal syringing with *Triphala Kashaya* with a pinch of *Saindhava* was done in the right eye. Medicines were given internally, nasally and locally.
3.	21/04/2025	First follow-up - mild reduction in swelling, but watering and mucoid discharge upon regurgitation persisted. Medicines were advised to continue
4	29/04/2025	Second follow-up- swelling reduced, other symptoms were persisting
5	06/05/2025	Third follow-up - swelling and watering reduced, regurgitation of mucoid discharge persisted.
6	13/05/2025	swelling and watering reduced, mild reduction in regurgitation of mucoid discharge
7	20/05/2025	swelling and watering markedly reduced, minimal regurgitation of mucoid discharge
8	31/05/2025	Swelling and watering markedly reduced, with minimal regurgitation of mucoid discharge
9	28/06/2025	mucoid discharge markedly reduced with no watering (Munk score - grade 0) or swelling

RESULTS

The patient was followed for approximately two and a half months, during which a steady and progressive improvement was observed. At presentation, the patient exhibited a painless swelling over the right medial canthus with persistent watering. During the early follow-up period, a mild reduction in swelling was noted, although watering and mucoid regurgitation continued. With ongoing therapy, the swelling progressively decreased, and both watering and discharge showed gradual improvement. Over successive reviews, swelling and watering became markedly reduced, with only minimal regurgitation of mucoid material. By the end of the follow-up period, the patient demonstrated near-complete symptomatic resolution, with the absence of swelling and watering and only a markedly reduced mucoid discharge, indicating a favourable and sustained clinical response. No recurrence of symptoms or adverse reactions was noted throughout the treatment and observation period. The therapeutic protocol effectively prevented progression to more advanced stages of dacryocystitis and showed significant improvement in symptoms while reducing the risk of further infection.

Before Treatment **First Follow-up**

Second Follow up **After Treatment**

Fig 1: Photographs showing the differences in the swelling over the lacrimal sac area before and after treatment

DISCUSSION

The internal administration of *Patoladi Kashaya*[5], composed of *Tikta* and *Kashaya rasa*–dominant herbs with *Kapha-Pitta hara* properties, facilitates *Kleda vishoshana* and *Ropana* actions that help reduce inflammation and discharge while promoting tissue healing; additionally, its *Agni Deepana* effect enhances digestion and metabolism, which is crucial for controlling infection and supporting overall tissue recovery. [6]

Most of the ingredients of *Triphala guggulu* [7] Possess *Uṣṇa Vīrya*, which helps alleviate aggravated *Vāta Dosa* and thereby promote *Śotha Praśamana*. In addition, many of the drugs included exhibit *Kṛmighna karma*, indicating strong antimicrobial activity. *Triphala*, one of the key components, is a well-established formulation known for its potent anti-inflammatory and free radical scavenging properties, which significantly contribute to reducing inflammation and preventing infection. The presence of *Pippali* endowed with *Rasāyana karma* further enhances the restorative and tissue-healing efficacy of the formulation. The primary ingredient, *Guggulu*, widely recognised as one of the most effective *Śothahara dravyas* in Ayurveda, plays a central role in managing inflammatory conditions and thereby strengthens the overall therapeutic impact of this preparation. [8]

Guggulu Panchapala Churna[9] Exhibits key pharmacological actions such as *Srotoshodhana* (purification of channels), *Lekhana* (scraping), and *vranashodhana* (wound cleansing), which collectively aid in removing obstruction and promoting tissue healing.[10]

The *Lekhana* property of *Ilaneer kuzhambu anjana*[11] helps flush out accumulated debris and unwanted tissue from the affected site. The constituent drugs, predominantly possessing *Katu* and *Tikta rasa* along with *Rūkṣa guṇa*, further enhance the *Lekhana* and *Cakṣuṣya* activities of the formulation. These attributes enable effective clearance of pathological

debris while preserving the integrity of the normal ocular tissues, thereby supporting a safe and sustained therapeutic response.[12]

Tulasi is described in *Ayurveda* as possessing *Katu* and *Tikta Rasa, Ushna Virya*, and *Krimighna Karma*[13] reflecting its potent antimicrobial and cleansing properties. It exhibits strong antibacterial and anti-inflammatory actions, which are further enhanced when combined with *Saindhava*, and has demonstrated significant activity against Staphylococcus aureus.[14] *Saindhava*, which is a member of *Sirovirechana gana,* [15] contributes through its *Sukshma Guna*[16] enabling penetration into minute *Srotas,* and *Teekshna Guna*,[17] which helps remove minor obstructions and facilitates deeper drug delivery. Collectively, these attributes allow the formulation to act effectively at the level of deeper *Dhatus,* supporting its therapeutic relevance in localised pathological conditions.

CONCLUSION

Chronic dacryocystitis is a slowly progressive disorder characterised by persistent epiphora, mucoid discharge, and lacrimal sac swelling, with a risk of significant ocular complications if untreated. The clinical presentation in this case correlates well with the Ayurvedic concepts of *Upanaha*. The patient approached Ayurvedic care due to progressive symptoms and reluctance toward surgical management. Early diagnosis and stage-appropriate intervention are crucial to prevent suppuration and fibrosis.

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***Address for correspondence**
Dr. Aneesha Fathima S
MS Scholar,
Department of Shalakyatantra,
Government Ayurveda College,
Kannur, Pariyaram, Kerala, India.
Email: aneeshafathima99@gmail.com