

## Management of Chalazion through *Bhedana Karma* and *samana chikitsa*: A Clinical Case Study

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### ABSTRACT:

Chalazion is a chronic, non-infective lipogranulomatous inflammation of the meibomian gland resulting from ductal obstruction and retained secretions, commonly presenting as a painless nodular swelling of the eyelid. It is one of the most frequent eyelid lesions affecting all age groups. In Ayurveda, chalazion can be correlated with *Utsangini*, described under *Vartmagata Roga* by *Acharya Sushruta* and *Vagbhata*. While *Sushruta* mentioned it as a *Tridoshaja Sadhya Vyadhi*, *Vagbhata* considers it as *Raktaja Sadhya Vyadhi*. Classical texts advocate treatments like *Bhedana* (therapeutic incision), *nishpidana* (squeezing the contents), *lekhana* (scraping), *pratisarana* (rubbing powders on skin) and *parisheka* (ocular irrigation). In this study, a 14-year-old female patient with a painless swelling of the right upper eyelid with heaviness and associated with watering presented to *Shalakyatantra* OPD of Government Ayurveda College Hospital, Kannur. Following history and examination, chalazion was diagnosed. The patient was treated with *Bhedana karma* followed by *parisheka* with *triphala kashaya*, *aschyotana* with *durva grita* and honey, along with *Samana chikitsa*. A remarkable result was observed in all aspects of the disease condition. Hence, it is proven that chalazion can be effectively managed by *bhedana karma*.

**KEYWORDS:** *Aschyotana*, *Bhedana Karma*, Chalazion, *Samana*, *Utsangini*.

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## INTRODUCTION:

A chalazion is a chronic, sterile lipogranulomatous inflammation of the sebaceous glands of the eyelid, most commonly arising due to obstruction and inflammation of a tarsal meibomian gland (deep chalazion) and less frequently from a Zeis gland at the lid margin (superficial chalazion). It typically presents as a painless, slowly enlarging, non-tender swelling of the eyelid, which is the main presenting complaint, often associated with a sense of mild heaviness in the lid and occasionally watering (epiphora).<sup>[1]</sup> On examination, a firm, hard, non-tender nodule, which is slightly away from the lid margin, more commonly involves the upper lid due to its greater number of meibomian glands, and multiple lesions may sometimes be seen. Eversion of the eyelid characteristically reveals a localised reddish or purplish area on the palpebral conjunctiva corresponding to the lesion, and in marginal chalazion, a small reddish-grey nodule may be observed near the lid margin. Pathophysiologically, lipid breakdown products leak into surrounding tissue following glandular obstruction, inciting a granulomatous inflammatory response; although infection may initiate obstruction, the lesion itself remains inflammatory rather than infective. While chalazia are generally benign and self-limiting, large central lesions—especially those exceeding 5 mm—can induce visual disturbances such as blurred vision due to pressure on the cornea, leading to induced astigmatism and peripheral corneal

aberrations, particularly in upper lid involvement. If left untreated, complications such as secondary infection or preseptal cellulitis may occur, and recurrent chalazia warrant evaluation to exclude underlying malignancy. Epidemiologically,

chalazion is a common eyelid disorder affecting both sexes equally and occurring more frequently in adults between 30 and 50 years of age.

Conservative management is the first-line treatment for chalazion. Warm compresses for 15 minutes, 2–4 times daily, along with lid massage and gentle lid hygiene, are usually effective, with most lesions resolving within one month. As chalazion is primarily inflammatory, antibiotics are not routinely required, but tetracyclines may be used if secondary infection is suspected. In non-infective cases unresponsive to conservative therapy, intralesional triamcinolone can be administered, with repeat injection after 2–7 days if needed. Persistent lesions require surgical management—curettage for smaller lesions and more extensive excision for larger ones.<sup>[1]</sup>

Chalazion can be correlated with *Utsangini* based on their clinical features. *Vagbhata* describes *Utsangini* as a *Raktaja Sadhya Vyadhi*.<sup>[2]</sup>, whereas *Sushruta* considers it as a *Sannipataja Sadhya Vyadhi*. It is characterised by a nodular swelling in the *Adhovartma* (lower eyelid) with an opening in the inner surface of the eyelid (*Abhyantara Mukhi*) and is often surrounded by similar small blister-like eruptions (*Tad Roopa Pidakachitha*)<sup>[3]</sup>. According to *Dalhana*, *Utsangini* is explained as a

*pidaka* visible externally (*Bahyat Api Drishyata*), hard in consistency (*Kathina*), and associated with mild pain (*Manda Vedana*). On puncturing, it may discharge thick material resembling egg yolk (*Prabhinna Sravet Sravaa Kukutanda Rasopamam*)<sup>[4]</sup>. The Ayurvedic management of this condition includes procedures such as *Bhedana Karma*, *Nishpeedana* (squeezing the contents), *Lekhana* (scraping), *Pratisarana* (local application of medicines), and *Parisheka* (therapeutic irrigation) as described in classical texts.<sup>[5]</sup>

#### **CASE HISTORY:**

##### **Presenting complaints**

A 14-year-old female patient, fully conscious and well-oriented, with no known comorbidities, presented to the Outpatient Department of *Shalakya Tantra*, Government Ayurveda College, Pariyaram, Kannur, with complaints of a painless swelling over the right upper eyelid associated with a sensation of heaviness and watering (epiphora) from the right eye. The swelling was gradually increasing in size and was not associated with tenderness, photophobia, or visual disturbance.

##### **History of Present Illness**

The patient was apparently asymptomatic 2 months before presentation, later she developed watering from the right eye associated with a painless swelling over the right upper eyelid. The onset was insidious, and the swelling was gradually progressive in nature. She used topical antibiotic eye ointment at that time,

following which the swelling subsided. However, after a symptom-free interval, she again noticed the development of another painless swelling over the same eyelid. The swelling gradually increased in size and was accompanied by a feeling of heaviness in the eyelid along with watering. As the symptoms persisted and progressed, she approached our OPD for further evaluation and management.

**History of previous illness:** The patient gives a history of similar swelling over the right eyelid few months before.

##### **Diagnosis:**

On analysing signs and symptoms, the case was diagnosed as *utsangini* as per Ayurveda classics and chalazion as per modern medicine.

##### **THERAPEUTIC INTERVENTION:**

Surface anaesthesia was obtained by instillation of xylocaine drops in the eye and the chalazion region was infiltrated with 2% xylocaine solution 1.5 cc. A chalazion clamp was then applied to stabilise the lesion. Subsequently, a vertical incision was made on the tarsal conjunctival surface, allowing the lipogranulomatous material to be drained. Gentle pressure was applied to evacuate the remaining contents completely. Following the procedure, *Parisheka* was performed using *Triphala Kashaya*, after which *Aschyotana* with one drop of *Durva Ghrita* with honey was administered. Additionally, appropriate internal medications were prescribed for a duration of five days to support healing and prevent recurrence.

**Table 1: Clinical findings**

	<b>Oculus Dexter (OD)</b>	<b>Oculus Sinister (OS)</b>
Eyelashes	Normal	Normal
Eye lids	<p>Nodule in the upper eyelid</p> <ul style="list-style-type: none"> <li>• Inspection : <ul style="list-style-type: none"> <li>Site: upper eyelid slightly away from the lid margin</li> <li>Number: single</li> <li>Shape: round</li> <li>Surface: smooth, overlying skin appears normal</li> </ul> </li> <li>• Palpation: <ul style="list-style-type: none"> <li>Local temperature: not raised</li> <li>Tenderness: non-tender</li> <li>Consistency: hard</li> <li>Fluctuation: non-fluctuant</li> </ul> </li> </ul>	Normal
Lacrimal apparatus	Normal	Normal
Regurgitation test	Negative	Negative
Conjunctiva	Localised reddish area on the upper tarsal conjunctiva.	No signs of inflammation
Sclera	No discolouration and inflammation	No discolouration and inflammation
Cornea	Normal size, shape, sheen, surface and sensation	Normal size, shape, sheen, surface and sensation
Anterior chamber	Normal depth with no flares or cells	Normal depth with no flares or cells
Iris	Normal colour and pattern	Normal colour and pattern

Pupil	Normal Pupillary reactions	Normal Pupillary reactions
Lens	Phakic	Phakic
Visual acuity		
Distant vision	6/9	6/6
With pinhole	6/6	6/6
Near vision	N6	N6
IOP- NCT	15 mm Hg	14 mm Hg

**Table 2: Diagnostic assessment**

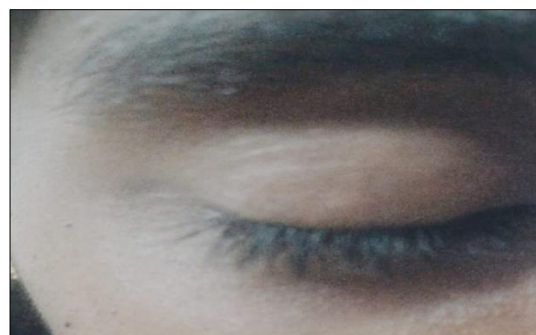
Symptoms (RE)	Signs (RE)
<ul style="list-style-type: none"> <li>• Watery</li> <li>• Mild Heaviness in the eyelid</li> </ul>	<ul style="list-style-type: none"> <li>• Nodule slightly away from the lid margin</li> <li>• Non-inflammatory, non-tender, non-fluctuant nodule</li> </ul>

**Table 3: Internal medicines:**

Medicines	Dose	Route
<i>Kaisora guggulu</i>	1 tablet twice daily after food	Internally
<i>Guggulu panchapala churnam</i>	5g <i>churna</i> with honey twice daily after food	Internally
<i>Avipathi churna</i>	5g <i>churna</i> with hot water after food at bedtime	Internally
<i>Durva ghritha</i> with honey	1 drop twice daily (B/L eyes)	Locally



**Figure- 1: Swelling on the upper eyelid before treatment**



**Figure-2 Normal eyelid after *bhedana karma***

## RESULTS:

Following *Bhedana Karma* (surgical incision), appropriate postoperative care was administered to facilitate healing and prevent complications. After removing the lipogranulomatous material, *Parisheka* (ocular irrigation) was performed using *Triphala Kashaya* to cleanse the affected area and reduce inflammation. In addition, *Aschyotana* was carried out with *Durva Ghritha* mixed with honey, which helped in soothing the tissues and promoted wound healing. *Samana chikitsa* was also advised to aid in the healing process and to avoid any recurrence of the lesion. The patient showed a clear improvement in their symptoms following the procedure. There were no complications experienced either during or after the treatment. No return of symptoms was noticed during the follow-up after 5 days. The use of *samana chikitsa* after the procedure helped balance the *doshas*, support tissue recovery, and maintain eye health. These results highlight the effectiveness and significance of *bhedana Karma* in treating chalazion, particularly when paired with appropriate *samana chikitsa*, resulting in substantial relief without any harmful effects.

## DISCUSSION:

*Bhedana Karma* refers to a surgical incision made to open a cavity and facilitate the drainage of accumulated contents such as pus, *rakta*, or other obstructive materials. [6]. It is particularly indicated in conditions where pus or secretions are present

without an external opening, including lesions with internal pockets or sinuses. [7]. In the case of a Chalazion, *bhedana karma* provides an outlet for the accumulated material through a controlled incision. This facilitates proper drainage, reduces swelling, and promotes quicker resolution of the lesion.

*Parisheka* with *Triphala Kashaya* plays an important role in cleansing and maintaining the health of ocular tissues. *Triphala* acts as *Tridosha Shamaka* and supports the purification of the eye. *Haritaki* (*Terminalia chebula*) has *Srotovishodini karma* that cleanses the macro- and microcirculatory channels and supports immune function. *Vibhitaki* (*Terminalia bellirica*) described as *Netrahit* by *Charaka*, purifies *Rasa*, *Rakta*, *Mamsa*, and *Medo Dhatus* involved in disease pathogenesis, while *Amalaki* (*Phyllanthus emblica*) acts as a potent antioxidant and detoxifying agent. [8]. Thus, *parisheka* with *Triphala Kashaya* after *Bhedana Karma* in Chalazion helps cleanse the incised area, prevent infection, reduce inflammation, and promote proper healing of the eyelid tissue.

The *Anurasa* of *Durva* (*Cynodon dactylon*), namely *Tikta* and *Kashaya*, provide *Pittashamaka*, *Krimivishahara* (antimicrobial) and *Ropana* (wound-healing) properties. [9] The classic combination of *Ghritha* and *Madhu* is indicated in *Sadyovrana* (fresh wounds) to reduce *Vrana Ushma* (local inflammation) and promote *Vranasandhana* (wound healing) [9]. Therefore, when used after *Bhedana Karma* in Chalazion, *Durva Ghritha* may

help reduce postoperative inflammation, prevent microbial infection, and enhance faster healing of the incised tarsal tissue, thereby supporting effective recovery.

Most ingredients of *Kaishora Guggulu* possess *Tikta* and *Kaṣāya Rasa*, which help in reducing the *Kleda Guṇa* of *Rakta*, *Kapha*, and *Āma*, while its *Lekhana* and *Śoṣaṇa* properties assist in clearing obstructions caused by accumulated *Doṣas*. It also exhibits *Laghu* and *Rūkṣa Guṇa*, which help in removing *Srotorodha* and enhancing the therapeutic efficacy of the formulation. Furthermore, the predominance of *Madhura Vipāka* exerts *Rasāyana* effects, thereby promoting tissue rejuvenation and healing. [10]. Thus, the *Tridoṣa Śāmaka*, *Rakta Śodhaka*, and *Rasāyana* properties of *Kaishora Guggulu* played a significant role in reducing inflammation and promoting the resolution of chalazion.

*Avipathi Churna* contains drugs predominantly having *Katu*, *Tikta* and *Madhura Rasa* and *Laghu*, *Ruksha*, *Tikshna Guna* collectively help in maintaining *agni* and help prevent *ama* formation. The principal ingredient, *Trivrut*, exhibits *Rechana* and *Shothahara* properties, thereby facilitating *Pitta Virechana*. The *Mridu Rechana* and *Anulomana* effect of *Triphala* further supports its action. [11]. *Guggulupanchapala Choorna* is widely recognised for its *Vrana Shodhana* (wound cleansing) and *Vrana Ropana* (wound healing) properties. The formulation exhibits notable anti-inflammatory and immunomodulatory effects, which help reduce local

inflammation and promote tissue recovery. [12]. The *Tikta* and *Kashaya rasa* contribute to tissue repair, reduction of secretions, and stabilisation of the affected area [13]. These actions make the formulation beneficial in the management of Chalazion by facilitating the clearance of glandular obstruction and supporting proper healing of the affected eyelid tissue.

### **CONCLUSION:**

*Bhedana Karma* is an effective intervention for chalazion, facilitating drainage of retained glandular contents, reducing inflammation, and relieving symptoms. When combined with appropriate post-procedural care and *Śamana Chikitsa*, it provides a safe, holistic approach that promotes healing and helps prevent recurrence.

### **Consent of the patient:**

Written informed consent was obtained from the patient's legally authorized representative for treatment and anonymous publication of this case.

### **Limitation of the study:**

As this is a single case report, the findings cannot be generalized; further studies with larger samples are needed.

**Conflict of interest:** The author declares that there is no conflict of interest.

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