

Case Report



An Ayurvedic approach to pediatric multiple Chalazia: A case report

¹Savita S. Angadi, ^{2*}Roshani DC, ³Adharsh Ganesh SK

ABSTRACT:

Background: A meibomian cyst is a chronic non-infective lipo-granulomatous inflammation of the blocked meibomian gland. An inflamed, blocked meibomian gland, typically on the upper eyelid, results in a chalazion. Ayurveda correlates it with *Utsangini*. Both *Acharya's Sushruta* and *Vagbhata* provide an explanation of *Utsangini* under *Vartmagata Rogas*. According to *Sushruta*, it comes under *Tridoshaja/Sannipataj Sadhya Vyadhi*. But according to *Vagbhata*, it is a *Raktaja Sadhya Vyadhi*. Both *Shodhana* and *Shamana Chikitsa* are mentioned in the treatment of *Utsangini*. In contemporary science, treatments are intralesional corticosteroid injection and surgical drainage, each with its own merits and demerits.

Clinical findings: In the present case report, a 2-year-old female patient was seen in the Shalakyia OPD, exhibiting painless swelling of both the right & left upper and lower eyelids. After taking a thorough history and on local examination, the condition was diagnosed as chalazion and treated accordingly. **Intervention:** As a treatment protocol, surgical incision was advised, but the patient was willing for Ayurveda treatment hence considering the symptomatology, *dosha* and *dushya* involvement, *sthanika chikitsa - Netra Seka, Avagunthana* followed by *Shamanoushadhis* was given.

Outcome: After 2 months of treatment, the symptoms were subsided along with a total reduction in the chalazion size and no recurrence was observed after one year of follow-up. **Conclusion:** This case report sets an example for an Ayurvedic noninvasive approach in the management of pediatric multiple chalazia having the chronicity of 2 months and treated with *kriyakaalpa(Avagunthana, Netra Seka)* followed by *shamana aushadhis* for 5 weeks with no any adverse effects during the treatment. and a lead for further research works.

KEYWORDS: Ayurveda medicine, Case report, chalazia, *Kriya kalpa*, pediatric multiple chalazia, *Utsangini*.

RECEIVED ON:

03-11-2025

REVISED ON:

18-11-2025; 21-12-2025

ACCEPTED ON:

05-01-2026

Access This Article Online:

Quick Response Code:



Website Link:

<https://jahm.co.in>

DOI Link:

<https://doi.org/10.70066/jahm.v14i1.2409>

Corresponding Author Email:

rejinadc@gmail.com

CITE THIS ARTICLE AS

Savita S. Angadi, Roshani DC, Adharsh Ganesh SK. An Ayurvedic approach to pediatric multiple Chalazia: A case report. Journal of Ayurveda and Holistic Medicine (JAHM) 2026; 14(1):82-88.

1. INTRODUCTION

“Chalazion” is the term for a non-infective granulomatous inflammation of the Meibomian gland. The most common type of lid lumps. First, low virulence and slightly pathogenic microorganisms invade the Meibomian gland. [1] This leads to an increase in the number of epithelium, an infiltration of the walls of clogged ducts, gland enlargement from secretion retention, and the development of a non-infectious lid granulomatous inflammation of the clogged Meibomian glands more common in adults than in children. [2] The patient usually feels a firm, painless swelling gradually increasing in the size of either lid without inflammatory symptoms.

Based on similar pathophysiology and presentations, chalazion and *Utsangini* may be related. *Acharya Shushruta* and *Acharya Vagabhatta* categorize *Utsangini* as one of the *Vartmagata roga*, as *Tridhosha Pradhan vyadhi* and *Rakta doshaj vyadhi* [blood vitiated disorders], respectively. [3] In the initial stage, medicine treatment along with external application can be tried, and if the treatment fails or if the lesion is large with an accumulation of exudates, it should be incised and evacuated. [4, 5]

In this case report, a female child of 2 years old developed multiple chalazia on her upper and lower eyelids, which is uncommon, despite the fact that chalazion is prevalent in adults. As the patient was a child and dissatisfied with the results from the conservative line of treatment from contemporary science and unwilling for surgery, there is a need of an alternative, cost effective and result oriented treatment hence this case report highlights the treatment of pediatric multiple chalazia through Ayurveda *kriya kalpa* procedures & *Shamana Chikitsa* without surgical intervention.

2. CASE REPORT

Patient Information: A 2-year-old female child, born full-term with normal delivered and regular immunized, presented at

the OPD of *Shalakya Tantra* on January 30, 2024, with the chief complaints of multiple swellings on both eyelids, with no history of eczema or allergies regarding food and drugs. No similar family complaints. As per the patient’s mother, she developed redness and a painless swelling on the right upper eyelid and then on the left eye. As per the patient’s parents, for the management, they have visited a homeopathic hospital, but the symptoms were not reduced. The parents were from a middle-income background, and the patient was a child and unwilling for surgery; her parents visited our *Shalakya Tantra* OPD for Ayurvedic management. Both the parents were cooperative and well instructed regarding the therapies and regular with follow-up visits.

Clinical findings: On general examination child was active, alert and cooperative with afebrile, pulse rate of 92bpm, respiratory rate-22/min, weight- 11.5kg revealing no systemic abnormality and no lymphadenopathy.

Table 1: Eye Examinations [Image 1](#) & [Image 2](#)

Structures	Right eye	Left eye
Lid	Marked swelling in upper 2.6mm × 2.1mm and lower eyelids 1.4mm × 1.4mm, Redness, nodules not tender.	Marked swelling in upper 2mm × 2mm & lower lid 1.9mm × 1.5mm, redness, nodules not tender
Conjunctiva	Congestion++	Congestion++
Cornea	Clear	Clear
AC	NAD	NAD
Pupil	RRR	RRR
Lens	Phakic	Phakic
Vision	As the patient was 2-year-old subjective visual acuity testing was not reliable hence fixation and following behavior were used to assess visual response and were within normal limits.	



Image 1: Before Treatment (30/1/24)



Image 2: Before Treatment (30/1/24)

Diagnostic Assessment: No specific laboratory investigations were required for this case. Diagnosis of Chalazion is primarily based on the clinical presentation with multiple painless swellings over both upper and lower eyelids. On ocular palpation, firm, non-tender nodules were noted on the tarsal plates of both eyes with freely movable overlying skin and mild conjunctival congestion. Cornea was clear, anterior chamber and pupil reactions were normal, and vision was appropriate for age was checked by seeing how well she could look at and follow a moving object/light. she was able to fix and follow equally with both eyes.

Diagnostic challenges: Examination was slightly difficult due to the young age & limited cooperation. However, with parental assistance and gentle handling assessment was completed.

Table 2: Timeline

Date	Internal medication	Dose/Frequency/ Anupana	Local Therapy	Rationale	Result observed
30/01/24 to 07/02/24	<i>Triphala guggulu</i> (KLE Pharmacy Batch No. 01)	½ BD with luke warm water	<i>Seka</i> with <i>triphala</i> + <i>Yashtimadhu</i> + <i>Patoladi kwath</i> twice a day Ophthacare E/D (Himalaya company) 1 drop in both eye TID	<i>Triphala guggulu</i> reduces inflammation and <i>srotoshodhana</i> . <i>Seka</i> helps to reduce local congestion and promotes drainage.	Slight reduction in size
08/2/24 to 04/03/2024	<i>Kanchanar guggulu</i> (KLE Pharmacy Batch No. 03)	½ BD with luke warm water	<i>Avaguntana</i> was done (<i>Nimba patra</i> + <i>chinch patra</i> + <i>Haridra</i>)	<i>Kanchanar guggulu</i> is <i>Granthinashaka</i> & <i>Shothahara</i> . <i>Avaguntana</i> enhances	Mild Reduced in size

Differential Diagnosis:

- Internal hordeolum: Acute, painful, tender swelling; may point and discharge, hence excluded as the lesion was painless, chronic and nontender in present case report.
- Dermoid cyst: Present since childhood; located near outer canthus hence excluded as the lesion was not congenital and appeared on both eyelids.

Intervention:

After proper assessment, Ayurvedic management was adopted (Table 2). She was advised to take internal medication—*Triphala guggulu* ½ BD and *Netra seka* with *Triphala*, *Yashtimadhu*, and *Patoladi kwatha* and *Ophthacare* eye drops 1 drop three times a day was advised.

After 15 days of treatment, the patient demonstrated a marked reduction in presenting symptoms. During follow-up, she was prescribed *Kanchanara Guggulu* (½ tablet twice daily) and *Avaguntana* (The *potali* containing drugs is dipped in hot *kashaya* and fomentation is given around the eyes) for the next 7 days. Subsequently, she was advised to continue *Kanchanara Guggulu* (½ tablet once daily), *Mahamanjisthadi Kwatha* (1 teaspoon thrice daily), and *Seka* therapy with *Triphala*, *Yashtimadhu*, and *Patoladi Kwatha* twice daily, along with *Kaishora Guggulu* (½ tablet twice daily) for an additional 7 days.

				local absorption, reduces hardness & swelling.	
05/3/24	<i>Kaishor guggulu</i> (SDL Mumbai Batch No. DU152401) <i>Mahamanjsthadi kadha</i> (KLE Pharmacy Batch No. 02) <i>Kanchanar guggulu</i> KLE Pharmacy Batch No. 03)	½ BD 1tsf TID ½ OD all with luke warm water.	<i>Seka</i> with <i>triphala</i> + <i>Yashtimadhu</i> + <i>patoladi churna</i> twice a day.	<i>Kaishor guggulu</i> & <i>Mahamanjsthadi Kashaya</i> act as <i>Raktaprasadaka</i> & <i>shothahara</i> aiding final healing and preventing recurrence	Reduced

Table 3: Intervention SOP

<i>Triphala Pariseka /Seka</i>			
Ingredients and Quantities	Preparation	Temperature	Duration and Frequency
<i>Triphala Churna</i> 10g+ <i>Yashtimadhu churna</i> 5g+ <i>patoladi churna</i> 5g water 160ml (KLE Pharmacy)	All ingredients were boiled together in 160ml of water and reduced to half 80ml and was filtered through sterile gauze to ensure clarity.	with decoction temperature nearly 30-32 °C i.e lukewarm.	5-6mins twice daily Morning and evening
<i>Avaguntana SOP</i>			
<i>Nimba Patra</i> 10g+ <i>Haridra</i> 10g + <i>Chincha Patra</i> 10g	The leaves were cleaned and made into a fine paste	Luke warm	5-6mins Once daily afternoon.
Safety and precautions	Temperature should be checked before use. Sterile materials used each time to avoid contamination.		

Pediatric Dose Rationale: According to Kashyapa Samhita and Ayurveda Prakasha paediatric dosage is calculated as age in years divided by 20 multiply by adult dose.

So for 2 year child $2 \div 20 = 1/10^{\text{th}}$ multiply by adult dose (i.e. 1 Tab TID) of the adult dose hence ½ tablet of *guggulu* (125mg) twice daily was appropriate for her age and weight.

Monitoring Plan:

Clinical monitoring: Reduction in size, redness and tenderness of lesion documented at each visit.

Ocular monitoring: Checked for any conjunctival congestion, irritation.

Systemic monitoring: Appetite, sleep and activity noted by parents during follow up.

Adherence and Tolerance: with good parental adherence treatment was well tolerated and no adverse effects were observed during the course of therapy.

Follow Up and Outcome: Clinical improvement was observed gradually throughout the course of treatment. Swelling started reducing within first week & by second week, all nodules had reduced to nearly half of their original size, and by 3rd follow on 05-03-2024 the chalazion was totally resolved and eyelids were normal with no any complaints. Parents reported improvement in the child’s eye appearance and

comfort. Treatment Adherence was monitored by direct parental reporting during follow up. On 10/3/25 again one more general follow up was taken and there was no reoccurrence of chalazion. ([Image 3](#))



Image 3: After Treatment (5/3/24)

3. DISCUSSION:

Dealing with a chalazion which is rare in very young children can be challenging. In most pediatric cases, spontaneous resolution can occur within 2-5 weeks: however large or multiple lesions often require intervention. Conventional management includes warm compresses, intralesional steroid injection or incision and curettage. Studies show that incision and curettage remain the standard approach with about 90% success, whereas intralesional triamcinolone injection achieves 60-80% resolution within two weeks along with recurrence may occur in some cases. Observation alone leads to spontaneous resolution in many cases but takes 2-8 weeks and carries a recurrence risk up to 25%. [6]

Kanchanara Guugulu's pharmacodynamic characteristics revealed that *Triphala* shared the *Kaphavatahara* property with *Rasayana*. *Trikatu* aids in the promotion of *Amapachan* and *Agni*. *Trijataka* supports *Kaphavatahara* and *Agni deepana*. *Varuna Twak* and *Guggulu* improve the activity of *Kanchanara*, which serves as the *Shothagna* and *Granthi Nashaka* property. *Kanchanara* is regarded as the preferred medication for *galaganda* and *granthivikara*. Its *Prabhava* is *Gandamalanashana*, astringent property allows to dry out vitiated *Kapha* and *Medha*. Its *grahi* property helps to remove excess fluid from swollen tissue. [7]

Manjisthadi Kashaya is *pittahara*, *Raktaprasadhaka* and *shophahara*. [8] *Kaishora guggulu* is *tridosahara* with indications in *netra rogas*. *Guggulu* is a drug which possess

anabhishtyandi & *srothosodhaka* action because of this property, blood circulation to the site of the lesion gets improved, which relieves the inflammation. [9]

Netra Parisheka: It is one among the *Kriya Kalpas* mentioned for *Netra Roga*. This local therapy acts by resolving the obstruction of channels, removing micro-organisms and enhances local blood circulation which is helpful for quick and easy absorption of drugs. Moreover, these drugs have *Chakshushya*, anti-inflammatory and antimicrobial properties. [10]

Drugs used for *Seka* in case study: [11]

Triphala: Its metabolic-stimulating qualities cause the *Srotas'* *Abhishtyandatva* to be broken. Vitamins A, C, beta-sitosterol, glycine, cysteine, and glutathiamine are all found in *Triphala*, and they all aid in the repair of cells and tear film also has antibacterial and anti-inflammatory properties. **Yashtimadhu:** Flavonoids found in *Yashti* have antioxidant, terpenoid, and anti-inflammatory properties. **Patoladi churna:** It helps to absorb and destroy toxins by penetrating tissues at the cellular level with *Agni's* assistance.

Avaguntana: The skin of the eyelids is very fragile and delicate; it is attached to loose areolar tissue to cover the adjacent muscles and has no fat. The mode of action depends on the route of administration. *Avaguntana* is applied to the skin covered in cloth. It quickly penetrates into the skin. Since the epidermis acts as a lipid barrier, drug solubility depends on the lipid solubility of the contents. In contrast, the dermis is freely permeable to many dissolved substances. It promotes easy and fast absorption of drugs, leading to practical results.

Solubility and bioavailability: Drug absorption depends on the solubility of the compound and the physiological conditions prevailing at the site of administration. In *Avaguntana*, the drug's contact time with the tissues is longer than in *Ashchyotana* and *Seka*, which increases bioavailability.

The longer the drug exposure time, the faster the absorption rate and the greater the effect. When *Avagutana* is applied hot, it increases the vasculature of the area and, therefore absorption.

Drugs used for *Avagutana* were *Nimba patra*, *Tulsi patra* and *Chincha patra* along with *Triphala Kashaya*. These drugs possess *chakshushya*, *krimighna*, *kandugghna*, *Rakta Shodhaka*, *Raktaprasadaka*, *Twagdosha*, and *sophaghna* properties. *Triphala Kashaya* balances *Kapha Pitta Dosha*, it is *Chakshushya*. It is a route of drug delivery through the skin of the eyelids. So, tissue contact is more important and helps significantly in drug absorption, reducing the inflammation, imparting soothing effect. The drugs have anti- infective and anti- inflammatory properties so that patients can quickly relieve symptoms.

Limitations and Generalizability: As it is single case report, the findings cannot be generalized to all cases of pediatric multiple chalazia. The advanced diagnostics like imaging, others objective parameters- histopathology was not considered due to the child's age and affordability of parents. However the complete resolution and no recurrence is suggestive of the potentiality of ayurvedic intervention as a safe, cost effective, child friendly alternative in uncomplicated cases. Further suggestive of RCT with larger sample size to validate these outcomes.

4. CONCLUSION:

Chalazion is one of the most common cystic lesions affecting the eyelids. In this case report a 2-year-old female child with a history of multiple chalazia since 2months was successfully managed with Ayurveda *treatment* protocol- local *kriya-kalpas* & *Shamana Aausadhis* for five weeks without any adverse events. As this is the single case study it may give a new track to ophthalmologists and researchers for exploring the treatment protocol for chalazion.

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 parents of the child reported that they were worried about the repeated swelling on both eyelids as the child was small, willing for a safer alternative rather than surgery. After starting Ayurvedic treatment within some weeks, there was a gradual reduction in swelling, child was more comfortable. The parents expressed satisfaction and relief that the problem was cured without any need of surgical intervention and was no recurrence during follow-up.

Authors Details:

¹Professor and HOD, Department of Shalaky Tantra, Shri BMK Ayurveda Mahavidyalaya Postgraduate Studies and Research Centre, A Constituent unit of KLE Academy of Higher Education and Research Centre, Deemed to be University, Belagavi, Karnataka

^{2*}, ³Final year PG scholar, Department of Shalaky Tantra, Shri BMK Ayurveda Mahavidyalaya Postgraduate Studies and Research Centre, A Constituent unit of KLE Academy of Higher Education and Research Centre, Deemed to be University, Belagavi, Karnataka

Authors Contribution:

Conceptualization and clinical management: SSA

Data collection and literature search: RDC, AGSK

Writing original draft: SSA

Reviewing & editing: SSA, RDC

Approval of final manuscript: All authors

Declaration of Generative AI

The authors declare this manuscript was written without the use of generative artificial intelligence tools. All the content, including text generation, data analysis and references was developed and reviewed by the author without assistance from AI technologies.

Conflict of Interest – The authors declare no conflicts of interest.

Source of Support – The authors declare no source of support.

Additional Information:

Authors can order reprints (print copies) of their articles by visiting:

<https://www.akinik.com/products/2281/journal-of-ayurveda-and-holistic-medicine-jahm>

Publisher's Note:

Atreya Ayurveda Publications remains neutral with regard to jurisdictional claims in published maps, institutional affiliations, and territorial designations. The publisher does not take any position concerning legal status of countries, territories, or borders shown on maps or mentioned in institutional affiliations.

REFERENCES:

1. Khurana AK. Comprehensive ophthalmology; 4th edition, Jaypee Brothers medical publishers; 2020; 130–132.
2. Tandon Radhika & Sihota Ramanjit, Editor. Parson's disease of the eye; 22nd edition, published by elsevier; 2015; 453
3. Shankar Udaya. *Shalakya Tantra – Volume II (Netra Roga Vigyana)*; 1st ed, Chaukhambha Vishvabharati; Varanasi; 2017; 145-147.
4. Vidwans N. Text Book of *Shalakya Tantra – Netra Roga Vigyan*; 3rd edition, Chaukhambha Surbharati Prakashan; Varanasi; 2021; 74-80
5. Shastri A (editor). Sushruta Samhita of Sushruta with Ayurveda Tatva Sandipika Hindi Commentary. Uttartantra, chapter3, verse 9-10 & 15, 14th edition. Varanasi: Chaukhambha Sanskrit Sansthan; 2001;15-16
6. Kornhauser T, Elhusseiny AM, Pemberton JD. Management strategies for chalazia in pediatric patients: A scoping review. *European Journal of Ophthalmology*. 2025;35(4):1481-1494. doi:[10.1177/11206721251330146](https://doi.org/10.1177/11206721251330146)
7. Sini Elizabeth Sunny, S. Thara Lakshmi. Analytical Profile of Kanchanara Guggulu Tablets Prepared as per References in Sharangadhara Samhita and Bhaishajya Ratnavali. *International Journal of Ayurveda and Pharma Research*. 2022 Jul 10;29–35. doi:[10.47070/ijapr.v10i6.2417](https://doi.org/10.47070/ijapr.v10i6.2417)
8. Sindhu A, Sruthi C. A comparison of the antioxidant property of five Ayurvedic formulations commonly used in the management of vata vyadhis. *Journal of Ayurveda and Integrative Medicine*. 2012;3(1):29. [https://doi:10.4103/0975-9476.93945](https://doi.org/10.4103/0975-9476.93945).
9. Ramachandran A, Prasad S, Prasad U, Jonah S. A comparative study of Kaishora Guggulu and Amrita Guggulu in the management of Utthana Vatarakta. *AYU (An International Quarterly Journal of Research in Ayurveda)*. 2010;31(4):410. [https://doi:10.4103/0974-8520.82027](https://doi.org/10.4103/0974-8520.82027).
10. Dhiman K. M. *Shalakya Tantra Kriyakalpa vijyana*; 1st edition, Chaukhambha Vishvabharati; Varanasi; 2013; 7-24
11. Pandey Gyanendra. *Dravyaguna vijyana VOL I-III*; 1st edition, Krishnadas Academy; Varanasi; 2001; 102-112, 366-375, 749-766, 456-468, 90-99.