



Available online through

www.jbsoweb.com

ISSN 2321 - 6328

Case Study

AN AYURVEDA APPROACH IN THE MANAGEMENT OF VERNAL KERATO CONJUNCTIVITIS: A CASE STUDY

Payal Sharma ^{1*}, Gulab Pamnani ²

¹P.G. Scholar P.G. Department of Shalakya Tantra, NIA, Jaipur, Rajasthan, India

²Assistant professor, P.G. Department of Shalakya Tantra, NIA, Jaipur, Rajasthan, India

*Corresponding Author Email: sharma.payal169@gmail.com

Article Received on: 12/11/15 Accepted on: 21/12/15

DOI: 10.7897/2321-6328.03658

ABSTRACT

Vernal kerato conjunctivitis(VKC) or spring catarrh is a recurrent, bilateral and self-limiting inflammation of conjunctiva, having a periodic seasonal incidence. It is an allergic disorder in which IgE mediated mechanism play a role. As per Ayurveda classics this condition can be correlated with Abhishyand. Objective was to evaluate the efficacy of Ayurveda treatment in the management of Vernal kerato conjunctivitis. A 9-year-old female child patient presenting with chief complaints of itching, burning sensation in eyes, with mild watering mild photophobia, lacrimation, came to OPD of National institute of Ayurveda. Examination and history leads to diagnosis of Vernal kerato conjunctivitis. So patient was treated according to Abhishyand chikitsa with Shigru- patra (*Moringa oleifera*) Ashchyotan and shaman chikitsa using Ayurveda formulation. Remarkable results were observed in the form of improvement in chief complaints and signs also. Ayurveda treatment has valuable effect in the management of Vernal kerato conjunctivitis.

Key words: Vernal kerato conjunctivitis, Abhishyand, Shigrupatra, Aschyotan.

INTRODUCTION

Ayurveda, being a life science has laid its full emphasis on nature and environment, for the maintenance of a health as well as for withstanding the disease condition. Adverse environmental factors disturb the natural rhythmic circadian and seasonal rhythms leading to an altered homeostasis. This disharmony affects the immune system of the body and the disease resistance power. The skin, eyes, and respiratory tract show immediate response to the exogenous factors called allergens. Sensitivity to allergies may develop any time in life, although greater propensity for the development of allergic diseases appears to occur in childhood and adolescence.

Among the different varieties of allergic conjunctivitis, vernal kerato conjunctivitis (VKC) is the most troublesome, wherein, the child suffers from intense itching, grittiness, mucoid discharge, redness, lacrimation, photophobia etc. The disease is chronic and becomes worse during the warm months.

Vernal kerato conjunctivitis(VKC) or spring catarrh is a recurrent, bilateral and self-limiting inflammation of conjunctiva, having a periodic seasonal incidence¹. It is an allergic disorder in which IgE mediated mechanism play a role. As per Ayurveda classics this condition can be correlated with Abhishyanda, mainly with Kaphaja type of Abhishyanda. Abhishyanda is the root cause of all eye diseases², which has main feature of discharge or secretion.

Mast cell stabilizers (e.g. sodium cromoglycate), NSAIDs and topical corticosteroids are the treatment options, but only

symptomatic relief is the outcome. On the other hand, drug sensitivity, increasing resistance, preservative-induced dry eye, as well as the complications of the corticosteroids, for example, cataract, glaucoma, and increased risk of bacterial and fungal infections restrict the long-term use of these medicines. Keeping in view the above mentioned facts, Shigru Pallava-Madhu Aschyotan and Haridrakhanda was selected³.

MATERIAL AND METHODS

Selection of patient:- A 9 year old female child came to NIA Shalakya OPD with following chief complaints; Kandu (itching in both eyes),srava(lacrimation),pichhil srava(ropy discharge) & photophobia. According to patient's mother she recurrently had such complaints, which are more aggravated in summer. This was the case of moderate VKC.

Symptoms

1. Kandu(Itching)
2. Picchil Srava (Mucous ropy secretion)
3. Muhurmuhur Srava/Ashru (Lacrimation)
4. Photophobia

Signs

1. Mild papillary response (Upper palpebral conjunctiva)
2. Gelatinous infiltration at the limbus
3. Hyperemia of conjunctiva (palpebral and bulbar)
4. Horner-Trantas dots.

ASSESSMENT CRITERIA

5-5-5-exacerbation grading scale

Grade of clinical sign	100-point-grade	10-point-grade	1-point-grade
Clinical sign	Active giant papillae † Gelatinous infiltrates of the Limbus Exfoliative epithelial kerato- pathy Shield Ulcer Papillary proliferation at lower palpebral conjunctiva	Blepharitis Papillary proliferation with velvety appearance Horner-Trantas spots, Edema of bulbar conjunctiva Superficial punctate keratopathy	Papillae at upper palpebral conjunctiva Follicular lesion at lower palpebral conjunctiva Hyperemia of bulbar conjunctiva Lacrimal effusion ‡
Score	100 points × number of positive signs	10 points × number of positive signs	1 point × number of positive signs
Range	0-500 points	0-50 points	0-5 points

MANAGEMENT

1. Aschyotan Karma:-

Dose and Duration : *Shigru Pallava -Madhu Aschyotan*

Dose -2drops QID

Mode- *Aschyotan*

Duration-20 days

2. Shaman Aushadhi : *Haridra Khand*

Dose-1t.s.f.twice daily

Duration-20days

RESULTS

Improvement in symptoms and signs as following-
Complete relief in Kandu.
Marked relief in lacrimation and photophobia.
Gelatinous infiltrates disappeared.
Papillary response also relieved markedly.
Marked improvement seen in conjunctival congestion.

DISCUSSION

Today's highly polluted environment has effect on lifestyle. Due to disturbance of this homeostasis, there is an increased risk of allergic response. Kapha is considered as bala in our texts in the form of-Oja: "Prakritastu Balam Shleshma Vikruto Malam Uchyatey, Sa Chaiva Oja Smritah.....".⁵ Vitiated Kapha fails to discharge this duty of providing Bala / Oja immunity to the eye. Therefore, the disease-fighting capacity as well as preventing ability is diminished and whatever causative organism comes in contact, makes the eye disease, whether Childhood(balavastha) is Kapha predominant age. VKC is also more prevalent in this age group.

Acharya Sushruta has described different treatment modalities like Blood Letting, Nasya, Putapaka, dhumapana, Kaval, Seka, Pralepa, Anjana and Aschyotana for the management of Kaphaja Abhishyanda. Moreover, both the ingredients in shigru patra - Madhu aaschyotana are known for antibacterial and anti-inflammatory activity. Shigru Patra is chakshushya (eye tonic), meda-krimihara (anthelmintic), used in eye diseases, sadyovrana, masurika, shushkarsha.⁷

Shigru is also reported as anti-inflammatory, antimicrobial, antioxidant and anthelmintic: Shigru Madhu Aschyotana contains Shigru having Katu, Tikta Rasa, Laghu Ruksha Teekshna

Guna, Ushna Veerya, Katu Vipaka and Kapha Vata Shamaka property, these all properties of the preparation works upon the Kapha dosha and does the Lekhana Karma also, which is mandatory for Kaphaja Netra Roga.

Research and development provide the information regarding the therapeutic use of honey and its use in diabetes mellitus, nervous disorders, muscular weakness infection in body, skin wounds and eye defect.⁸

Haridra khand having anti-allergic, Rasayana, Jeevaniya, Balya, Brimhaniya, Ojovardhaka, Ayurvedhaka, Dhatuposhaka properties, which indirectly increase Vyadhikshamatva.

CONCLUSION

VKC can be managed/ treated with simple, safe, non-toxic, cheap, and effective Ayurvedic formulations. Further trials on a large sample, are required to support the assert.

REFERENCES

- 1 A.K.Khurana. Comprehensive Ophthalmology, published by new age international(p).Ltd, 4th edition,2007,p.no.85
2. Yadav Ji Trikam ji aacharya,Sushrut Samhita, Dalahana commentary,Varanasi: Chaukhambha Surbharati Prakashan,Reprint 1994, P.No.500
- 3.Lal chand Vaidhya,Ashtang Hridaya,Sarvang Sundari Vyakhya,Varanasi;Reprint2008,P.No-666
4. Jun Shoji et al. Evaluation of Novel Scoring System Named 5-5-5 Exacerbation Grading Scale for Allergic Conjunctivitis Disease, Allergology International. 2009;58:591-597
- 5.Kashinath shastri,Gorakhnath chaturvedi, Charak Samhita,Vidyotini hindi Vyakhya,Varanasi:Chaukhambha Bharati Academy,Reprint 2009 p.no.366
6. Yadav Ji Trikam ji aacharya,Sushrut Samhita, Dalahana commentary,varanasi: Chaukhambha Surbharati Prakashan,Reprint 1994, P.No.510
7. Prof.P.V.Sharma, Dravyaguna-Vijnana, Vol.II, Vegetable Drugs, Chaukhambha Bharati Academy, Varanasi. Reprint:2006
8. Verma S. et al. Chemical Investigations of Honey: A Multiactive Component of Herbal Therapeutic Agent. Int J Res Ayurveda Pharm. 2010;1(1): 85-89

Cite this article as:

Payal Sharma, Gulab Pamnani. An Ayurveda approach in the management of vernal kerato conjunctivitis: A case study. J Biol Sci Opin 2015;3(6):278-279 <http://dx.doi.org/10.7897/2321-6328.03658>

Source of support: Nil; Conflict of interest: None Declared

Disclaimer: JBSO is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the contents published in our Journal. JBSO cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of JBSO editor or editorial board members.