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Case Study

MANAGEMENT OF ULCERATIVE BLEPHARITIS THROUGH AYURVEDA: A CASE STUDY

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ABSTRACT

Ulcerative blepharitis is a sub type of anterior blepharitis which affects the base of eye lashes. It is characterized by gritty or burning sensation, watering, itching, red and swollen eye lids, crusting of eye lids etc. It causes minor irritation to more severe symptoms such as blurred vision, missing or misdirected eye lashes and inflammation of other ocular tissues such as cornea. As per *Ayurveda* classics, this condition simulates with *Krimigranthi* which is characterized by *Kandu* (itching) and *Granthi* (crusting around lashes root). It is usually associated with generalized vitiation of *Kapha Dosha* along with *Rakta Anubandha*. An 8-year-old male child patient presented to eye OPD of NIA, Jaipur with gradual onset of itching, foreign body sensation in both eyes along with watering and hard whitish yellow deposits on root of eyelashes giving a history of two years. Detailed history and examinations lead to the diagnosis of ulcerative blepharitis. In the present case study patient was treated with *Saindhavadi Lepa*, *Triphaladi Parisheka* for local therapy and *Triphala Guggulu* orally for *Shamana Chikitsa*. Remarkable results were observed in the form of improvement in all the signs and symptoms in the patient. Hence *Ayurveda* treatment has valuable effect in the management of ulcerative blepharitis.

Keywords: Ulcerative blepharitis, *Krimigranthi*, *Lepa*, *Netra Parisheka*.

INTRODUCTION

Blepharitis is one of the most common ocular condition for which patients seek ophthalmic care. It is a chronic inflammatory condition of lid margins which may occur in two forms viz. anterior and posterior. Anterior blepharitis can be divided in two types such as seborrheic and ulcerative. Ulcerative blepharitis is an acute or chronic suppurative inflammation of follicles of eye lashes and glands of zeis and moll caused by *Staphylococcus aureus*. It is manifested as itching, lacrimation, redness, soreness of lid margins along with yellowish crusting at root of eye lashes. Crust is hard, brittle and fibrinous formed by staphylococcal debris and white blood cells. It is associated with ocular discomfort impacting the quality of life and at the same time it is associated with sequelae which are threatening to vision¹. As per *Ayurveda* classics, on the basis of origin, site, pathogenesis, signs and symptoms, it can be correlated with *Krimigranthi*. By *Acharya Sushruta*, it is considered as *Kaphaja Vedana Sadhya Vyadhi*^{2,3}. Here the word *Krimi* can be considered as bacteria involvement. In modern science, antibiotic eye drop, steroids ointment etc. are mainstay in the treatment of this disease⁴ which provides temporary relief but not cure from the disease. Yet the disease follows a chronic course with frequent relapses. Patient was treated according to principles of treatment based on *Krimigranthi* and *Krimi Chikitsa* which includes *Netra Pakshma Lepa*, *Parisheka* therapy and *Shamana Chikitsa* using various *Ayurveda* formulations. Hence considering all these factors this case study had been carried out to analyze the effect of *Lepa*, *Parisheka* along with *Shamana Chikitsa* for proving its efficacy in above condition.

Case Report

An 8-year-old male child patient came to the eye OPD of National Institute of Ayurveda, Jaipur on 25/02/2019. According to patient's guardian he was before two year after then he complained itching, foreign body sensation and whitish deposition around root of eye lashes. He took Allopathy treatment but got temporary relief.

Chief complaints are-

- Itching of lids for 2 years
- Foreign body sensation for 2 years
- Watering from eyes for 2 years
- Hard whitish yellow deposition on root of lashes in both eyes for 2 years

No family history of diabetes, hypertension and same eye problem and there is no history of any kind of drug allergy.

Examinations

Diffuse examination through torch light revealed mild congestion in upper and lower palpebral conjunctiva of both the lids and yellowish crusting around eye lashes. These findings were further verified by the slit lamp examination. His visual acuity was examined by Snellen's chart and it was found to be 6/6 in both the eyes. Intra ocular pressure was measured by non-contact tonometer; it was 11 mm of Hg in both eyes. Eye examination findings are given in Table 1.

Diagnosis

On the basis of above examinations, the patient was diagnosed with Ulcerative blepharitis.

Informed Consent

Informed written consent was taken from the guardian of patient before commencement of study

Treatment

In this case treatment line was mainly aimed at pacification of *Kapha* and *Rakta*, because vitiated *Dosha* was *Kapha* along with *Anubandha* of *Rakta*. Thus, following drugs were selected for the present condition.

1. *Saindhwadi Lepa* was applied on eye lashes root in doses of 1-2 gm for 7 days.
2. *Parisheka* therapy with *Triphaladi Kwatha* for 14 days which comprises- *Triphala Churna* 1 gm, *Yashtimadhu Churna* 1 gm, *Lodhra Churna* 1 gm, *Sudha Tankana Bhasma* 125 mg and *Haridra Churna* 125 mg.
3. *Shamana Chikitsa* with *Triphala Guggulu* 250 mg twice a daily with lukewarm water for 14 days.

On the day first lukewarm fomentation was applied on lid margin by warm water containing 2-3 pinches of *Sudha Tankana Bhasma* and *Haridra Churna* to soften the crusting after that the crusts are removed with the help of cotton bud. The three treatments from 1 to 3 were continued for 7 days. After that, *Saindhwadi Lepa* was stopped and *Triphala Guggulu* and *Triphaladi Kwatha Parisheka* were continued for next 7 days.

RESULT

After 14 days of therapy there was significant improvement in the complaints like-Itching, Foreign body sensation in both eyes, watering from eyes and hard whitish yellow deposition at lashes root in both eyes. Clinical assessments were made from the symptoms and signs. Before starting the treatment, crusting was present along the root of eye lashes and mild congestion on lid margin as shown in Figure 1 and after completion of 14 days treatment there was no deposition on eyelashes root and congestion also subsided as shown in Figure 2. There was no recurrence of signs and symptoms of the disease after 1 month follow up period. No side effects were observed during the treatment as well as after the completion of treatment.

DISCUSSION

In this case study both the types of treatment modalities are adopted viz. *Antah Parimarjana* and *Bahi Parimarjana*. Under *Bahi Parimarjana Chikitsa*, *Netrapaksham Lepa* and *Parisheka* are included. Firstly, fomentation was performed with lukewarm containing *Sudha Tankana* and *Haridra Churna*. Both the contents are having *Lekhana*, *Vrana Nashana* and *Vishaghna*

properties⁵. In *Lepa Karma* medicine is absorbed through the skin of lids. After *Lepa* application there is release of active principles and they enter at proper site in skin then absorption takes place. After that *Pachana* occurs by *Bhrajakagni* and formation of new metabolites takes place which leads to pacification of *Doshas* and alleviation of the signs and symptoms.

In this case study *Saindhavadi Lepa* is used which consists of equal quantity of rock salt (*Saindhava*), *Berberis aristata* (*Daruharidra*), red ochre (*Sudha Gairika*), *Terminalia chebula* (*Haritaki*) and processed *Ghana* of *Berberis aristata* (*Rasanjana*)⁶. *Saindhava Lavana* is having antiseptic, anti-ulcerative and *Vishaghna* properties. *Daruharidra* having *Krimighana Vishaghna* and *Kapha Pitta Nashaka* properties, its local application in form of *Lepa* having *Shoth-hara*, *Kushtaghna*, *Vrana Shodhana*, *Vrana Ropana* and *Lekhana* properties along with anti-inflammatory and anti-bacterial properties⁷. *Haritaki* (*Terminalia chebula*) has anti-microbial property. *Sudha Gairika* is having *Vishaghna*, *Raktaghna* properties as well as it is beneficial for eyes⁸.

Parisheka is the most common type of *Kriyakalpa* therapies⁹. It is helpful for removing micro-organisms and enhances blood circulation which is helpful for the quick and easy absorption of drugs. *Triphaladi Kwatha Netra Parisheka* contains equal quantity of powder of *Terminalia bellirica* (*Vibhitaki*), *Terminalia chebula* (*Haritaki*), *Glycyrrhiza glabra* (*Yashtimadhu*), *Symplocos racemosa* (*Lodhra*) and borax (*Sudha Takana*) and *Curcuma longa* (*Haridra*). These drugs are having *Chakshushya* property.¹⁰⁻¹² Anti-inflammatory, antimicrobial and anti-ulcerative properties are also present in the above contents of drug¹³.

Triphala Guggulu consists of *Terminalia bellerica* (*Vibhitaki*), *Terminalia chebula* (*Haritaki*), *Emblica officinalis* (*Amla*) and *Commiphora mukul* (*Shuddha Guggulu*). It cures wound accompanied with swelling (*Shotha*), suppuration (*Paka*), discharge (*Kleda*).¹⁴ On the basis of these properties, it helps in relieving the signs and symptoms of ulcerative blepharitis.

CONCLUSION

This case study reveals that patient with Ulcerative blepharitis can gain significant relief in signs and symptoms through *Ayurveda* management. The study concludes that this line of treatment enhances the speed of recovery with minimal risk, high patient acceptance in preference to other methods of treatment and without recurrence in comparison to modern science. Despite the limitations of this case study, the therapy may be an effective option in the treatment of Ulcerative blepharitis. Further study should be carried out in larger sample group for statistical significance.

Table 1: Eye examination finding

Characters	OD	OS
Eye Lashes	Whitish yellow crust at the root of eye lashes	Whitish yellow crust at the root of eye lashes
Eye lids	Mild swelling and redness at lids	Mild swelling and redness at lids
Bulbar conjunctiva	Normal	Normal
Palpebral conjunctiva	Mildly congested	Mildly congested
Cornea	Clear	Clear
Pupil	NS NR	NS NR



Figure 1: Before treatment photos



Figure 2: After Treatment photos

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