

**CRITICAL REVIEW OF BLEPHARITIS IN AYURVEDA AND
MODERN OPHTHALMOLOGY****Dr. Pratibha Upadhyay***

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ABSTRACT

The concept of blepharitis belongs to modern ophthalmology but it is a matter of great surprise that it broadly resemble to the concept of some ayurvedic eye diseases described by susruta and subsequent author like krimigranthi, pakshamasata, shyavavartma, klinnavartma. Numerous uses of drugs and attempts have been tried to treat this disease, but it is still with us. Although, these don't claim cent percent cure. Also; the patients require prolonged treatment for this. Besides, reactivation and recurrence is also a major fact regarding the disease.

KEYWORD: krimigranthi, pakshamasata, shyavavartma, klinnavartma.**INTRODUCTION**

Ophthalmology is a fast advancing subject and specialized knowledge that is ever expanding. It has been felt that in the developing world especially there is great increase in blindness with multifactorial problems of economic and social factors throughout this region. Where as scope of this speciality is getting exploded with new technologies, the basic fact lies about prevention and cure of some problematic eye diseases economically and easily by better understanding of the disease and newer remedies.

Thus, the present treatment modalities are not as effective as claimed till now. Therefore, search for newer remedies is strongly indicated. Thus, it was thought wise to explore the greatest hidden treasure of natural drugs of our own nation which may be highly affective, non toxic, economical and easily available as home remedies.

Blepharitis is a descriptive term that refers to a group of disorders that produce inflammation of the lid margin and associated structures and constitutes one of the most common ocular diseases encountered in general ophthalmology practice. Data from the National Disease and

therapeutics Index revealed that blepharitis accounted approximately 59000 patients' visits in, 2002.^[1] Similarly, epidemiologic data from Britain indicates that blepharitis and conjunctivitis account for approximately 71% of cases presenting to general medical clinics with ocular inflammation.^[2]

Blepharitis is an acute or chronic inflammation process involving eyelids that is frequently associated with conjunctivitis. In its many clinical forms, blepharitis is one of the most common diseases seen by ophthalmologists, yet it remains a diagnostic and therapeutic challenge.^[3] This article reviews the clinical presentation, classification, diagnosis, etiology, pathogenesis and treatment of blepharitis by modern and ayurveda literature. Depending on the presentation, it can be correlated to praklinna, syavavartma, krimigranthi, pakshmashata, a large number of formulations for local applications are described in texts of ayurveda, for these conditions a formulation has been selected for the present study, which has been described for the treatment of kleda, kandu, paschmaprarohana, these clinical features commonly found with above conditions.

As per my view the different clinical features of Blepharitis are not present in a single disease in Ayurveda texts; so a good number of diseases can be collectively taken under this heading for detail review (i.e., Pakshmashata, Slishtavartma, krimigranthi, Utklishta etc.).

Blepharitis is inflammation of the lid margin. The main signs and symptoms are blepharitis are^[4]

1. Itching.
2. Burning sensation.
3. Watering.
4. Photo phobia.
5. Swelling of lid.
6. Redness of lid margin.

KRIMIGRANTHI here the organisms produce itching of eyelids and lashes. The various forms of organisms traveling along junction between lid and conjunctiva and damage inner part of eye thus above described diseases can be together correlated with blepharitis.

i.e. shyava : Black colouration
Shunam : Swelling

| | | |
|-------|---|-------------------|
| Daha | : | Burning sensation |
| Kleda | : | Itching |
| Srava | : | Watering |

Comparision of the vartmagata diseases with different ayurvedic texts.

Syava Vartma^[5]

Sushruta described the Shyava Vartma. The sign and symptoms of blepharitis found in this disease are as following: It is the condition in which the lid appears syava on the external as well as the internal surface, ie shunam and savedanam, daha, kandu and kleda.

| Character | Susruta | Astang Hridaya | Yoga Ratnakar | Madhava Nidana |
|-----------------------|---------|----------------|---------------|----------------|
| Shyava (Blackishness) | + | + | + | + |
| Shunam (Swelling) | + | + | + | + |
| Vedana (painful) | + | + | + | + |
| Daha (burning) | + | + | + | + |
| Kandu (Itching) | + | + | - | + |
| Kleda (moist) | + | + | - | + |

Klinna vartma^[6]

Klinna vartma is the condition in which the lid is painless swollen externally, moist on the inner (conjunctiva) surface and is characterized by discharge, itching and pricking.

The Klinna vartma is also described in Yoga Ratnakar and Madhava Nidan but not describe in Astang Hridaya. Comparison of character of Acharya Sushruta and other Acharyas is given as follows.

| Character | Susruta | Astang Hridaya ^[26] | Yoga Ratnakar ^[27] | Madhava Nidana ^[20] |
|-----------|---------|--------------------------------|-------------------------------|--------------------------------|
| Shunam | + | - | + | + |
| Srava | + | - | - | + |
| Kandu | + | - | - | + |
| Toda | + | - | - | + |
| Arujam | + | - | + | + |

Prognosis

It is also Sannipataj, Sadhya and Lekhya vyadhi.

Krimigranthi^[7]

Krimigranthi is (a swelling) in which the organisms produce itching at the junction of the eyelids and the eye lashes. The various forms of organisms travelling along the junction between the eye lid and the white of the eye (conjunctiva) damage the inner part of the eye.

Krimigranthi is also described by other Acharya, comparison of the character Sushruta and other Acharya in the following table.

| Character | Sushruta | Astang Hridaya ^[26] | Yoga Ratnakar ^[29] | Madhava Nidan ^[29] |
|-------------|----------|-----------------------------------|----------------------------------|----------------------------------|
| Kandu | + | + | + | + |
| Krimi | + | + | + | + |
| Puyasrava | - | + | - | - |
| Paschmatopa | - | + | - | - |

Prognosis

It is kaphaj, and sadhya vyadhi.

The Shyava vartama, Klinna vartama and Krimigranthi can be correlated with blepharitis. Because sign and symptoms of blepharitis and the disease describe above are very similar to each other by the following description.

1. Shyava (blackish colour) - found in dermatitis, hyper pigmentation and by rubbing and blepharitis.
2. Shunam (Swelling) – found in blepharitis, chalazion, sty, allergic conjunctivitis and trauma.
3. Daha (Burning sensation) – found in blepharitis, conjunctivitis.
4. Kandu (Itching) – found in blepharitis, allergic conjunctivitis.
5. Kleda (Moist) – found in blepharitis, Keralitis and conjunctivitis
6. Srava (Watering) – found in blepharitis, keralitis and conjunctivitis

Nidan^[8]

As in susruta samhita various nidan are described for netra roga, but as in this disease there is predominance of kapha, pitta, so any type of dietetic regimen or activity that alleviate kapha and pitta dosha is contributing factor for this like excess of intake of amla rasa, kulatha, excess anger, disturbed sleep, excessive weeping, stoppage of natural urges like vama or excess vama therapy.

Samprapti of the disease suggests that when tridosha gets vitiated, single or together got associated at lid margin and spread there by vartmagata sira and vitiate mamsa and rakta dhatu, vartmagata diseases are mentioned.^[9]

In Purvarupa stage disease symptoms are manifested in milder forms.

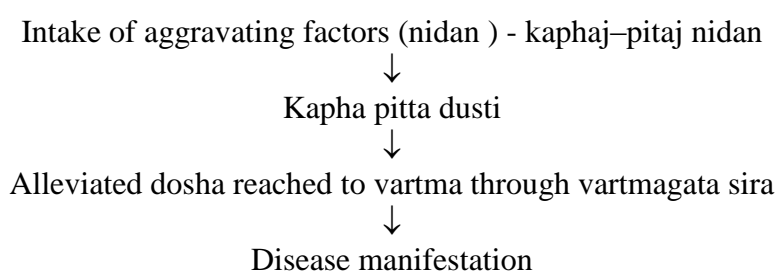
In Rupa avastha all these symptoms are manifested in full fledged condition as mentioned.

- Presence of krimi
- Kandu
- Daha
- Arati
- Paksmashata

Upshay

Those conditions that pacifies alleviated symptoms of doshas, are not described as such, but, ocular hygiene, warm compression, are found to relieve symptoms.

Pathogenesis – (samprapti



Samprapti ghataka

| | | |
|----------|---|---------------------------|
| Dosha | : | Kapha –pitta |
| Dusya | : | Mamsa rakta |
| Srotasa | : | Raktawaha srotas |
| Samuthan | : | Amashayagayta |
| Agni | : | Bhutagni janya (mandagni) |
| Prabhava | : | Kricha sadhya |

Symptoms of diseases that have similarity to blepharitis.

| Krimi granthi | Pakshma shata | Utklista | Praklinna | Klinna vartma | Shyavavartma | Vartma kardam | Slista vartma | Klista vartma |
|---------------|---------------|----------|---------------|---------------|---------------------|---------------|---------------|-------------------|
| Kandu | Kandu | Stambha | Aruja bahyata | Aruja bahyata | Bahyato anta shyava | Pitta yuta | Kandu | Mridu alpa vedana |

| | | | | | | | | |
|------------|--------------|-------|--------|----------------|--------|---------|--------|-------------------|
| Puya sravi | Daha | Kleda | Shunam | Shunam anta | Shuna | Aklinna | Shotha | Akasmat raktam |
| Krimi yut | Pakshmathata | | | Klinna | Vedana | | Raag | |
| Arati | | | | Kandu | Daha | | | |
| | | | | Toda | Kandu | | | |
| | | | | | Kleda | | | |

PROGNOSIS^[10]

| | | |
|------------------|---|---------------------|
| Krimi granthi | : | Kaphaj sadhya |
| Pakshma shata | : | Sadhya |
| Utklista | : | Sadhya |
| Kapho utklista | : | Sadhya |
| Shlista | : | Sadhya |
| Vartma kardam | : | Sannipataj , sadhya |
| Klista | : | Rakta j sadhya |
| Praklinna vartma | : | Kaphaj sadhya |
| Shayava vartma | : | Sannipataj sadhya |
| Alinna vartma | : | Sannipataj sadhya. |

Concept of blephritis in ophthalmology

The term "blepharitis" encompasses a group of conditions often divided into anterior and posterior blepharitis. Anterior blepharitis affects the anterior lid margin and eyelashes and frequently is associated with bacterial overgrowth and/or an increase in sebaceous gland activity. Posterior blepharitis is considered a disease of meibomian gland dysfunction and is the leading cause of evaporative dry eye disease.^[11]

Diagnosis^[12]**symptoms**

- Burning, grittiness and mild photophobia with remissions and exacerbations are characteristic.
- Symptoms are usually worse in the mornings although in patients with associated dry eye they may increase during the day.

2. Signs**a. Staphylococcal blepharitis.**

- Hard scales and crusting mainly located around the bases of the lashes collarettes.
- Mild papillary conjunctivitis and chronic conjunctival hyperaemia are common.

- Scarring and notching (tylosis) of the lid margin madarosis, trichiasis and poliosis in severe long-standing cases.
- Secondary changes include sty formation, marginal keratitis and occasionally phlyctenulosis.
- Associated tear film instability and dry eye are common.

b. Seborrhoeic blepharitis.

- Hyperemic and greasy anterior lid margins with sticking together of lashes.
- The scales are soft and located anywhere on the lid margin and lashes.

Treatment

Proper lid hygiene, use of Antibiotics, Use of tear substitutes and Weak topical steroids.^[13]

Blepharitis simulate many vartmagata disease described in Ayurvedic texts like Shyava vartma, Klinna vartma; pakshmashata; krimigranthi, that tally to the disease with few of the clinical features or in toto.

The recent trend of treatment for the disease hence gives just control of the disease but not complete cure, so in perspective of this, a herbal drug preparation is tried for better alleviation of the disease that can be beneficial for the patient and doctor both

CONCLUSION

Despite the high prevalence of this condition, blepharitis has been a poorly understood clinical entity, and has posed a diagnostic and therapeutic challenge to practicing eye care providers. Recent discoveries however, have brought about a greater understanding of the etiologic factors and mechanisms underlying the pathogenesis of this disorder. It has been well established that microorganisms play a significant role in the pathogenesis of blepharitis. Recent clinical and laboratory investigations have also demonstrated the importance of sebaceous and meibomian gland abnormalities in the development of blepharitis, and have shed light on the complex relationship between blepharitis, ocular surface disease, and tear film abnormalities for, the better understanding of the disease process a more systematic and rational approaches to therapy. In this study we reviewed the current and ancient state of knowledge concerning blepharitis and present the most recent insights into the etiology, pathogenesis, and treatment.

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