

AYURVEDIC MANAGEMENT OF ANJANAMIKA (EXTERNAL HOREDOLUM) - A CASE REPORT

Dr. Nidhi Verma^{*1}, Dr. Narayan Bavalatti², Dr. Pankaj Kundal², Dr. Manjusha Rajagopal³

¹PG Scholar, Department of Shalakya Tantra, AIIA, New Delhi.

²Assistant Professor, Department of Shalakya Tantra, AIIA, New Delhi.

³Professor and HOD, Department of Shalakya Tantra, AIIA, New Delhi.

Article Received on
05 Feb. 2020,

Revised on 25 Feb. 2020,
Accepted on 17 March 2020,

DOI: 10.20959/wjpr20204-17097

*Corresponding Author

Dr. Nidhi Verma

PG Scholar, Department of
Shalakya Tantra, AIIA, New
Delhi.

ABSTRACT

Background-Hordeolum is a common disorder of the eyelid involving the infection of zeis gland (external hordeolum) or Meibomian gland (internal hordeolum). In Ayurveda it can be co-related with *Anjanamika*. The treatment protocol described for *Anjanamika* includes *swedana*, *bhedana* and other local therapeutic procedures like *seka*, *aschyotana*, *anjana*, *bidalaka*. It indirectly indicates that the disease can be managed surgically as well as medically. **Aim-** To evaluate the efficacy of *netraprakshalan*, oral administration of *Amritarishta* and *kaishore guggulu* in the management of *Anjanamika*. **Results-** The sign and symptoms were completely resolved in 21 days.

Conclusion-Based on the case study, it can be concluded that the localized procedure like *netraprakshalan*, and oral drugs like *amritarishta*, *kaishore guggulu* are highly effective in the treatment of *anjananamika* (external hordeolum).

KEYWORDS: Hordeolum, *anjanamika*, *triphala*, *haridra*, *guggulu*.

INTRODUCTION

Hordeolum is an acute purulent inflammatory condition of eyelid caused by a bacterial infection (*staphylococcus aureus*).^[1] It results from the infection of the follicle of the cilium and the adjacent glands of zeis and moll. The lesion typically causes pain, oedema and erythema of the eyelid, which becomes localized and often drains anteriorly through the skin near the lash line. Whereas an internal hordeolum occurs due to infection and obstruction of Meibomian gland. Although the inflammatory process is self-limiting with drainage and resolution occurring within 5-7 days. Rarely incision and drainage are

necessary. Treatment of accompanying blepharitis is necessary to prevent the formation of new lesions.^[2]

The exact incidence of hordeola is unknown. Every age group and demography is affected although there is a slight increase in incidence in patients ages 30 to 50. There are no known differences in prevalence among populations worldwide. Patients with chronic conditions such as seborrhoeic dermatitis, diabetes, and high serum lipids may also be at increased risk.^{[3][4]} The clinical features of *Anjanamika* is similar to the external hordeolum. According to *Acharya Sushruta* the clinical features of *Anjanamika* are burning sensation in eyes, pricking pain and copper coloured small boil in the lid which is slightly soft and moderately painful in nature.^[5]

CASE REPORT

A 9 year old female, unmarried, from New Delhi, UHID NO.- 385425 visited eye OPD No - 102, of Shalaky Tantra department, AIIA, New Delhi on 20-5-2019 . According to her father (reliable source) she was apparently well before 1 week then she noticed some scales below her right lower eyelid which was later on accompanied by pain , redness and swelling beneath the right eye and intolerance to light , with no any other associated complaints. She had a history of recurrent styne from past one year for which she concerned several allopath doctors, the symptoms subsided till the usage of medicine, but recurred as the medicines were stopped, details of the medicines were also not known. No details of any systemic disease were found. No significant family history, any trauma, any ocular surgery, any drug intake for long duration or allergies were known to occur.

Personal history- vegetarian diet with an increased consumption of milk and pulses, sound sleep, regular clearance of bowel, with no complaints of burning or foul smelling micturition.

General examination

Nadi -74/min., *mala* – irregular bowel, *mutra* 4-6 times/day, no micturition during night, *jihva* - Clear, rate of respiration- 20/min, weight- 24 kg.

On ocular examination

Head posture was normal, no facial asymmetry or increased wrinkling was seen on forehead, both upper and lower eyelids were at their normal position, movement of eyelids was synchronous with a normal rate of blinking (12-16 / min.). No significant pathologies were

found on eyelids examination, except scales at the right lower lid near the canthus at the temporal region, with mild swelling. On conjunctival examination lower palpebral conjunctiva was found to be mild congested bilaterally, and bulbar conjunctiva was mild superficially congested bilaterally, with no other signs of (conjunctivitis). Regurgitation test was positive bilaterally. Cornea were clear and pupils were reactive to light both direct and consensually. Her distant visual acuity was found to be 6/6 bilaterally. IOP in both eyes was 14.6 mm Hg.

Dashavidha pariksha

The *Shariraprakriti* of the patient was *kaphaja-vataja*, had a *Mridukostha* (on the basis of bowel habit), *Madhyambala* (on the basis of strength). Her *Satwa*, *Sara*, *Samhanana*, *Ahara Shakti*, *Vyamashakti*, *Pramana*, *Satmya* were *Madhyam*.

Lab. Investigations

Before treatment – CBC, urine (routine and microscopic) were found to be within normal limits.

Slit Lamp Examination

Right eye- right lower eye lid revealed signs of inflammation like oedema, tenderness, redness with elevated temperature & adnexa was normal.

Left eye-The Cornea, Anterior chamber, Posterior chamber and ocular movements were seen normal in both eyes.

MATERIAL AND METHODS





Treatment plan:

- 1) *Amritarishta* in a dose of 5ml BD with equal amount of water, after food.
- 2) *Kaishore guggulu* 1 BD, with luke warm water, after food.
- 3) *Triphala churna* + *Haridra churna* for *netraprakshalana*, once daily in the morning.

RESULT

The patient got marked improvement after 21 days of Ayurveda treatment.

Table 1: Results according to the visit of the patient.

No. of visits	Date	Signs and symptoms	Treatment advised	Presentation
First visit	20/may/2019	Scales on right lower eyelid, Pain, Redness and swelling, Intolerance to light	1) <i>Amritarishta</i> in a dose of 5ml BD with equal amount of water, 2) <i>Kaishore guggulu</i> 1 BD, with luke warm water. 3) <i>Triphala churna</i> + <i>Haridrachurna</i> for <i>netraprakshalan</i>	
Second visit	27/jun/2019	With significant improvement in scales on right lower lid, redness, swelling, intolerance to light	Patient was advised to Continue the same treatment.	
Third visit	5/jun/2019	almost reduced signs and symptoms	Patient was advised to Continue the same treatment with local application of <i>erandataila</i> .	
Fourth visit	1/jul/2019	Completely resolved sign and symptoms	Advised to stop all the medicines	

DISCUSSION

External hordeolum is an inflammatory disease of eye lid and it is caused by organisms like *Streptococcus* or *staphylococcus*. Its recurrence is usually due to uncorrected refractive errors in children. It may be an early manifestation or presenting sign of diabetics in elderly individual. The symptoms include pain, oedema and erythema of the eyelids.

Specific *nidanas* of *anjanamika* are not been described in the texts, therefore *samanya nidana* of *netra roga* described in *sushruta samhita* can be considered as the *nidana* for *anjanamika*.

Samanya nidan of *netra rogas*^[13] include *ushna abhitaptata*, *jalpraveshad*, *doorekshanat* etc. Amongst these, the causative factors like *prasakt sanrodana*, *shoka*, *klesha*, *abhighahta* can be considered as the specific *nidanas* for *anjanamika*, which leads to vitiation of either single or multiple *doshas*, these *doshas* get accumulated in the *vartma* (lids) which later on appear in *sira* (blood vessels) which may cause *anjanamika*.

External hordeolum is very well correlated with eye disease *Anjananamika* in Ayurveda characterized by copper coloured *pidika* having pain, swelling, redness, itching etc. There are many treatment modalities implicated for *Anjanamika* such as hot compresses (*swedana*), incision by small knife (*bhedana*), Colloryim (*anjana*), Blood letting (*raktamokshana*) etc.^[6] *Pidika* is formed in early stage. The early condition of *Anjananamika* can be considered as pre-suppurative stage and gets suppurated after 3-4 days and gets converted into abscess (Suppurative stage of stye). In this stage *Acharya Sushruta* advocated *bhedana chikitsa* (puncturing of *pidika* by instrument).^[7] In the present case, *Triphala churna* with, *Haridra* (*Curcuma longa*) was given for *netraprakshalan*. According to a study conducted, the *ushna* and *rukshna* property of *triphala* breaks the *abhishyanda* of *srotas* at ocular level. *Tridosahara guna* of *triphala* maintains homeostasis in the body and eye (*chakshushya*),^[8] hence further preventing the pathogenesis. *Haridra* contains 3-5% of bitter oils including zingiberine and turmerone which act as anti inflammatory, and antibacterial.^[9]

According to *Bhaishajyaratnavali*, *kaishore guggulu* is indicated in *shotha* (oedema) and *mandagni*.^[10] *Kaishoreguggulu* or *Kishore guggulu* contains the purified guggulipid which acts as Antiallergic, antibacterial.^[11] *Amritarishta* contains 5-8% of self-generated natural alcohol and also water which helps in the absorption and proper assimilation along with boosting the natural immunity.^[12] In the above case, the combination of oral medicines and local procedure like *netraprakshalan*, successfully helps in the management of *anjanamika* (external hordeolum).

CONCLUSION

Anjanamika is a *raktaj*, *sadhya*, *vartmagata netra roga*, which shares similar signs and symptoms of external hordeolum. The treatment described in ancient texts includes *swedana* (sudation) and *bhedana* (scrapping). In the above case, concept of *shaman chikitsa* is applied by the means of Oral drugs like *kaisore guggulu*, *amritarishta* and local procedure like *netraprakshalan* by *triphala* and *haridra*, which provided significant relief to the patient.

Also the drugs used are cost effective and easily available. In the present study both external and internal medication are needed to manage the disease.

REFERENCES

1. Khurana AK, Comprehensive Ophthalmology , Fifth Edition, New Delhi, The Health Science Publishers, 2014; pg; 367.
2. Moriya k et al, Incidence of Ophthalmic Disorders in the patients treated with the Antineoplastic agent, 2017 Jun; 44(6): 501-506.
3. Ansari AS et al, the Association between Diabetes, level of glycemic control and eye infection. Cohort diabetes study, 2017 Oct; 11(5): 421-429.
4. Ansari AS et al, the Association between Diabetes, level of glycemic control and eye infection. Cohort diabetes study, 2017 Oct; 11(5): 421-429.
5. Uttartantra, Sushruta Samhita, Vartmagata Roga Vigyaniya Adhyay, 3/15, pg no.22.
6. Shrilakshmi pati shastri; Yogratnkar Vidyotini hindi commentary, Sarva netraroga chikitsa (Vartma pakshmaja chikitsa/ 2,3,4), Chaukhmba Prakashan, Varanasi.
7. Ambikadatta Shastri: Sushrut samhita, 12th edition, 2001, Chaukhamba publication, New Delhi, 26; (Su.uttartantra. Cha. 8/7).
8. Nandiini jadhav M et al, A Brief Compilation On Triphala- A wonder compound in ayurvedic ophthalmology, Ayurpharm International Journal Of Ayurveda And Allied Sciences, 2018; 7(8): 123-128.
9. Zankhana m buch et al, (interventional role of haridra [curcuma longa] in cancer),clinical cancer investigation journal, 2012; 1(2): 45-50.
10. Siddhinandan Mishr, Bhaishajya Ratnavali, Chaukhamba publishing house, chapter 27, Vataraktadhikar, pg no. 582.
11. Amit lather et al, an ayurvedic polyherbal formulation kaishore guggulu: a review, international journal of pharmaceutical and biological archives, 2100; 2(1): 497-503.
12. Dr. Abhishek Girish Taksale et al, Amritarishta, A Medico Review, World Journal of Pharmaceutical Research, 6(2): 357.
13. Uttartantra, Sushruta Samhita, Aupdravikam Adhyay, 1/26-27, pg. No. 14.