

AYURVEDIC APPROACH IN SEBORRHEIC BLEPHARITIS: A CASE REPORT

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ABSTRACT

Seborrhic blepharitis is a subacute or chronic inflammation of the lid margins. It is a very common cause of ocular discomfort and irritation. It is of common occurrence (more than 1million cases per year irrespective of age factor). Some surveys among ophthalmologists suggest that around 40% patients with ocular irritation may have blepharitis. It is frequently associated with seborrhic dermatitis, seborrhoea of the scalp (dandruff) and meibomian gland dysfunction. Inflammation occurs primarily at the anterior eyelid margin, characterized by presence of white scales on lid margin and lashes. This disease can be correlated to *Krimigranthi* which is mentioned under the broad category of *Sandhigata Netraroga*. It is characterized by itching in lid margin and *Krimi Utpatti* later if not treated properly. A patient of 27 years treated with Ayurvedic treatment protocol such as *Netra Kriyakalpa*, is presented as a case study in this article.

KEYWORDS: Seborrhic blepharitis, *Krimigranthi*, *Seka*, *Bidalaka*.

INTRODUCTION

Seborrhic blepharitis is a common subacute or chronic inflammatory disorder of the eyelid margins, characterised by deposition of white scales typically oily or greasy consistency on lid margin and lashes, associated with mild discomfort, irritation, occasional watering and a history of falling of eyelashes.^[1] It affects all individuals irrespective of age, gender, and

ethnic group. It is commonly seen in India about more than a million cases per year. The etiological factors include poor hygienic conditions, microbial infection, clogged meibomian gland, dandruff, and allergy, most common being seborrhoea of the scalp.^[2] Some constitutional and metabolic factors play a part in its aetiology. It may occur alone or in combination with staphylococcal blepharitis, meibomian gland dysfunction, or seborrheic dermatitis.

This disease can be correlated to *Krimigranthi* which is mentioned under the broad category of *Sandhigata Netraroga*. The *Sandhi* involved in the disease is *Vartma-shukla Sandhi*. But it is characterized by swelling at *Vartma-Pakshma* and causes *Kandu*, also characterized by the production of *Krimi*, which penetrate to the deeper structures of the eye and damage it. It is *Kapha Pradhana Bhedana Sadhya Vyadhi* according to Acharya Sushruta.^[3] Its clinical presentation shows striking similarity to the modern diagnosis of seborrheic blepharitis, in terms of site, symptoms and microbial aetiology.

There is limited evidence to support any particular treatment protocol for blepharitis. According to contemporary sciences, a permanent cure is unlikely, but control of symptoms is usually possible.^[4] The line of management described in Ayurveda classics for *Krimigranthi* includes *Swedana*, *Bhedana*, *Pratisarana*, etc.^[5] In this case study, a case of seborrhoeic blepharitis was treated with *Seka*, *Bidalaka* for 7 days and then *Apunarbhava Chikitsa* for a month.

MATERIALS AND METHODS

This is a case report of 27 years old female patient who approached outpatient department of Shalakya Tantra, GAMC, Bengaluru.

CASE REPORT

Chief Complaints With Duration

Mild swelling of upper lid of both eyes along with the presence of white flaky material on the lashes since 1 year on and off.

Itching over upper lid margin of both eyes occasionally, since 1 year.

History Of Present Illness

A 27-year-old female patient was apparently healthy 1 year ago. She gradually started developing complaints of mild swelling of upper lid of both eyes along with the presence of

white flaky material on the lashes since 1 year on and off. It was associated with itching over upper lid margin of both eyes occasionally. She has the history of dandruff since a year which was intermittent which tends to recur during travel, possible due to changes in water and environmental conditions. She used to get relief with eyedrops and eye ointments (details unknown) but on discontinuing them, the condition reoccurred. Hence the patient approached our hospital.

History Of Past Illness

History of intermittent dandruff during travel since 1 year.

No history of systemic diseases like asthma, hypertension, diabetes.

No history of allergy, skin diseases, ocular surgery, contact lens use.

Family History

Nothing significant.

Personal History

Appetite- good

Bowel- Regular, once a day

Micturition- 4-5 times a day

Sleep- sound

Diet- mixed

Asta Sthana Pariksha

Nadi – Pittakaphaja, Mutra- Prakrita, Mala- Prakrita, Jihwa- Aipta, Shabda and Sparsha – Prakrita, Drik- Prakruta and Akriti- Madhyama.

General And Systemic Examination

No abnormality detected.

Ocular Examination

Table 01- Slit lamp examination.

Ocular Structures	OD	OS
Eyelid	Mild swelling and hyperaemia in upper lid	Mild swelling and hyperaemia in upper lid
Lid margin	Congestion +, white greasy scales at base of eyelashes	Congestion +, white greasy scales at base of eyelashes
Eyelashes	Normal alignment, no madarosis	Normal alignment, no madarosis

Meibomian gland orifices	Patent, no plugging	Patent, no plugging
Conjunctiva	Normal	Normal
Sclera	Normal	Normal
Cornea	Clear	Clear
Anterior Chamber	Normal depth, quiet	Normal depth, quiet
Pupil	RRR	RRR
Lens	Normal	Normal
IOP	14mm of Hg	13mm of Hg

Table 02- Visual Acuity.

Visual Acuity	Without spectacles		
	OD	OS	OU
Distant Vision	6/6	6/6	6/6
Near Vision	N6	N6	N6

Subjective Parameters for Dandruff^[6]

1. *Shira Kandu* (Itching on scalp)
2. *Twak Sphutana* (Cracking of the skin)
3. *Keshabhoomi Rukshata* (Dryness of scalp)
4. *Keshachyuti* (Falling of hair)

Gradings: 0 - Absent, 1 – Occasionally, 2 - Moderate, 3 – Severe

Diagnostic Assessment

The diagnosis was made based on slit-lamp examination with the presence of white scales on the upper lid margin with mild swelling. Since there was no bleeding and ulceration on removal of scales, no cylindrical dandruff and history of dandruff, it confirmed the diagnosis of seborrheic blepharitis.

Table 03- Treatment Protocol.

Treatment	Duration
<i>Seka With Triphala, Haridra And Nimba Kashaya</i>	7 Days
<i>Triphala Kashaya Swedana Followed By Bidalaka With Triphala, Punarnava And Yastimadhu</i>	7 Days
<i>Pratimarsha Nasya With Anutaila</i>	1 Month
<i>Mahamanjishtadi Kashaya 15ml Bd B/F</i>	1 Month
<i>Durdurapathradi Taila For E/A Over Scalp</i>	1 Month

OBSERVATIONS AND RESULTS

There was significant improvement in the signs and symptoms of the patient. No adverse or unanticipated events were reported during the treatment process.

After Treatment- Slit Lamp Examination

- Reduction in the swelling and hyperaemia of eyelids.
- Absence of white greasy scales at the base of eyelashes.
- Congestion in the lid margin reduced.

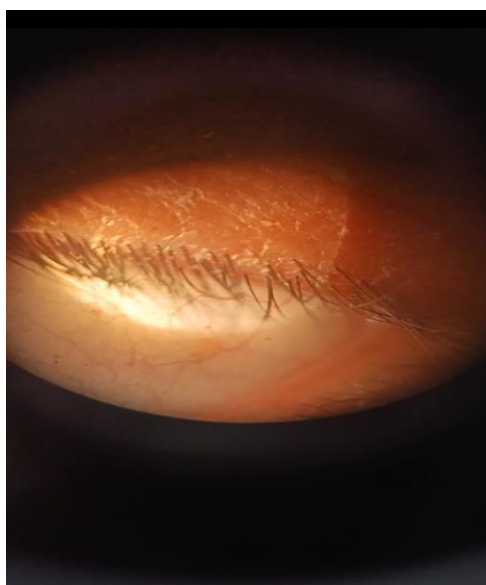


Fig. 1- White flakes in the eyelid margin and mild swelling and hyperaemia of the lid, before treatment.

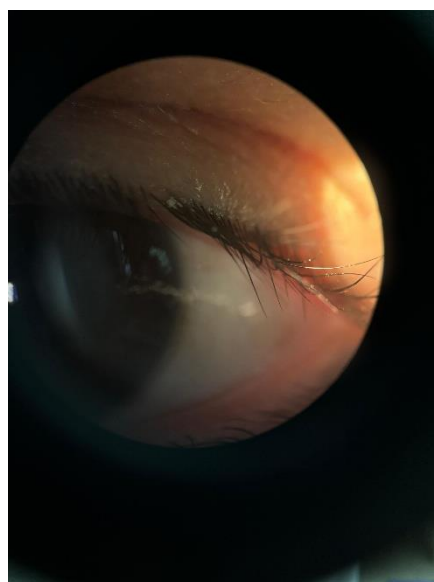


Fig. 2- Reduced white flakes in the eyelid margin and no swelling and hyperaemia of the lid, after *Seka* and *Bidalaka*.

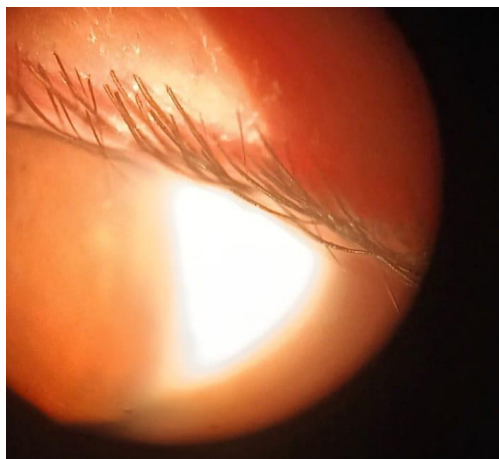


Fig. 3- Mostly resolved white flakes in the eyelid margin, after 1 month of the treatment.

Subjective Parameters for Dandruff- before and after treatment

<i>Lakshanas</i>	Gradation	
	Before Treatment	After Treatment
<i>Shira Kandu</i>	2	0
<i>Twak Sphutana</i>	1	0
<i>Keshabhoomi Rukshata</i>	1	0
<i>Keshachyuti</i>	2	1

DISCUSSION

Seborrheic blepharitis is a chronic lid margin inflammation which is correlated to *Kapha Pradhana Sandhigata Netraroga- Krimigranthi*. The therapeutic approach therefore focuses on reducing inflammation, clearing accumulated scales, and restoring the normalcy. The treatments used in this case, including local procedures and herbal medications help in alleviating the signs and symptoms of Seborrheic Blepharitis.

Nidana Parivarjana is the primary line of treatment which highlights the elimination of causative factors. Here, dandruff of the scalp is considered an important associated factor that contributes to eyelid scaling and inflammation. Therefore, management of dandruff was initiated by local application of *Durdurapathradi Taila* and *Pratimarsha Nasya* with *Anutaila* to control scalp flaking.

Seka functions as a form of localized hot fomentation. *Sukhoshna Seka* reaches to the deeper tissues through *Siramukha* and *Swedavahi Srotas*, clears the obstruction in *Swedavahi Srotas* thus clearing out the micro channels, which helps in clearing out the scales and increasing the

blood flow.^[7] *Triphala* is *Tridosahara* and *Chakshushya*. *Haridra* is *Krimighna*, *Kandughna*, *Lekhaniya* and *Kaphavatahara*. *Nimba* is *Netrya*, *Krimighna* and *Kaphapittahara*. The above said medicines are having the antimicrobial, anti-inflammatory, antioxidant action so pacifying the pathology involved in the seborrheic blepharitis.

Bidalaka is one of the *Kriyakalpa* used in *Sama Netra lakshanas*. It might act as *Avagundana* which is used during acute stage i.e *Sadyah Prakupite*. *Dravyas* used are *Triphala*, *Yastimadhu* and *Punarnava* which help in relieving the *Shotha* and *Kandu*. It was preceded by *Triphala Kashaya Swedana* which help in vasodilation, makes the skin of the lid more permeable and enhances the absorption of medicines used.

Pratimarsha Nasya with *Anutaila* and *Mahamanjishtadi Kashaya* was given for a month as a part of *Apunarbhava Chikitsa* to prevent the recurrence. Patient was told to continue hot fomentation with *Triphala Kashaya* on exacerbation of symptoms and take care of the scalp by using normal water for hair wash, not using strong shampoos and conditioners and to cover the scalp on exposure to sun and dust.

CONCLUSION

This case demonstrates that Ayurvedic management aimed at correcting the signs and symptoms, maintaining eyelid hygiene can effectively reduce the scaling, itching and lid margin inflammation. *Apunarbhava Chikitsa* by way of *Pratimarsha Nasya* and *Raktashodhaka Dravyas* was found to be effective in minimizing the chance of recurrence. Thus, this case study suggests that *Netra Kriyakalpas* along with internal medications provide a safe and effective option in the management of chronic eyelid condition.

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