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AYURVEDIC MANAGEMENT OF EPISCLERITIS (SIRAJALA)

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ABSTRACT

Episcleritis is a benign, recurrent inflammation of the episclera that affects only the tenon's capsule above it and not the sclera underneath. Young adults are frequently affected, and women are twice as likely as males to experience it. The majority of instances are idiopathic, but they may be linked to connective tissue disorders or brought on by an external trigger. It can repeat without any complications and is typically a benign, self-limiting condition. The 26-year-old female patient came to the eye OPD complaining of minor discomfort and redness in the left eye that had been present for five to six days. Beshaja (medical management) was a successful method of handling the issue.

KEYWORDS: Episcleritis, *Sirajala, Shamana.*

INTRODUCTION

A problematic manifestation of red eye has been described as episcleritis, an acute unilateral or bilateral inflammation that is typically an idiopathic or autoimmune illness with or without an underlying systemic ailment. It appears as red or pink eyes, varying degrees of moderate pain to a feeling of a foreign body, tender discomfort upon touch, and frequently recurs. Patient seeks medical attention due to an urgent condition. Episcleritisis is a benign, recurring inflammation of the episclera that affects only the Tenon's capsule above it and not the sclera underneath.[1] Young adults are frequently affected, and women are twice as likely as males to experience it.[2] It can be seen as falling under the category of Sirajala in Ayurveda.[3] It is defined as the condition in which there is presence of Sarshapoma Pidaka(mustard seed like granules) near Krishna Mandala (cornea) associated with Daha (burning sensation) and is Garshavati (irritation or foreign body sensation).[4]

Episclera and sclera are the main sites of the chronic inflammatory disease scleritis. A systemic disease, such as an infection or an auto-immune disorder, is diagnosed in 50% of individuals with scleritis.[5] The inflammatory process may spread to nearby structures, resulting in a number of issues that could eventually result in eyesight loss. Topical eye drops are useless in this circumstance.[6] The cornerstone of treatment for non-infectious scleritis is systemic administration of non-steroidal anti-inflammatory drugs (NSAIDs), corticosteroids, non-steroidal immuno-suppressive agents, or a combination of these medications.[7] Though these therapies re beneficial, can lead to serious adverse effects. Systemic corticosteroids are often accompanied by a poor safety profile characterized by multiple adverse effects, such as fluid retention, hypertension, hyperglycemia, greater susceptibility to infections, mood changes, osteoporosis, psychosis etc.[8],[9]

CASE REPORT

A 26 years female patient district visited the Eye Out patient department of Ayurved Hospital, Anand complaining of sudden onset of redness and mild discomfort in the left eyes since 5-6 days. Patient did not present with any other associated complains like photophobia or lacrimation There was no history of diabetes mellitus or hypertension. Her vitals were within normal limits. On general examination, there was no pallor, icterus, clubbing of nails, oedema or lymphadenopathy. CNS examination revealed no abnormalities.

Local Examination

▪ Head posture: Head is kept in straight and erect posture without any tilt of head.

▪ Facial Symmetry: Both eyebrows and eyelids are at the same level.

o Symmetrical nasolabial folds.

o Symmetrical angle of mouth on both sides.

▪ Occular posture: visual axes of two eyes are parallel to each other in primary position and is maintained in all position of gaze.

Eyebrows: Symmetrically placed on each side of face above eyelids.

o Curved with convexity upwards.

▪ Eyelids: Upper eyelid covers 1/6th of cornea.

o Lower eyelid touches the limbus.

▪ Eye lashes: Upper eye lid – directed forwards, upwards and backwards.

o Lower eye lids – directed forwards.

downwards and backwards

o No trichiasis, poliosis.

▪ Lacrimal apparatus: skin over lacrimal sac –redness, swelling absent.

▪ Eye ball: proptosis, enopthalmos – absent, Movements unioccular and binocular movements possible.

▪ Conjunctiva: congestion; resent in lower palpebral conjunctiva

o Chemosis : absent

o Discolouration : reddish

o Follicles : present

o Papillaes : present

o Pterygium and pingecula : absent

▪ Sclera : engorged episcleral vessels

o Vessels run in radial direction beneath the conjunctiva

▪ Cornea : size - microcornea, macrocornea - absent

o Shape : concavo-convex shaped

o keratoconus, keratoglobus : absent

o Surface : smooth

o Transparency : no opacities found

▪Antreior chamber : Shallow - torch light method

▪ Iris : Pattern - presence of crypts, ridges and collaretes

▪ Pupil : number – one in number

o Site - centrally placed

o Shape - round

o Colour - black

o Reflexes - good

o mydriasis, miosis - absent

Differential diagnosis - scleritis, conjunctivitis, keratitis, acute anterior uveitis and acute angle-closure glaucoma can be considered for differential diagnosis. Use of phenylephrine hydrochloride 2.5% drops is indicated in distinguishing episcleritis (blood vessels blanch) from scleritis (does not blanch); but the same is not available at most primary care sites.

Final diagnosis - Episcleritis (Sirajala).

Treatment plan

1]Triphala Guggulu[9] 250 BD with luke warm water After food.

2]Laghu Sootashekara Vati[10] 250 BD with luke warm water After food.

3] Guduchyadi Kashaya[11] 4 tsp Bd with 6 tsp water before Food.

RESULT

Significant changes in signs and symptoms were noticed before treatment and after treatment with short course of 7 days.

DISCUSSION

Episcleritis is a benign episclera inflammation that affects only the tenon's capsule above it and not the underlying sclera. Corticosteroids, tropical NSAIDs, and tropical artificial tears that provide symptom alleviation are used in its therapy.[10] According to Ayurveda, sirajala is treated either medically or through surgical excision. Blood tests and radiographic exams are mostly used to rule out auto immune conditions and are rarely effective. Rarely are corneal staining or conjunctival culture necessary. Scleral biopsy should be performed if histologic diagnosis is required to assess therapeutic failure.

Triphala Guggulu and Guducyadi Kashaya can be given. Triphala Guggulu is Deepana, Pachana, Amahara, Tridoshahara and Shothahara. It has antimicrobial, anti-oxidant and anti-inflammatory properties. Guduchyadi Kashaya is Pittakaphahara, Dahahara, Trishnahara and Agnivivardhana. Sirajala being Pittaraktapradhanaja Tridoshajavyadhi, with Daha, Pidaka, Raga etc. Lakshanas, above mentioned medicaments serves good in the management.

CONCLUSION

On understanding proper Nidana, Lakshanas and Samprapti of Sirapidaka, it can be compared with clinical presentations of episcleritis. Samprapti Vighatana can be done with Aushadha like Triphala Guggul, Sukshma triphala, Gudduchyadi kwatha for internal medicine.

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