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A SINGLE CASE STUDY OF ANJANANAMIKA W. S. T. TO STYE

Dr. Chaya C.[1]* and Dr. Preethi H. M.[2]

[1]Assistant Professor, Dept. of Shalakyatantra, JSS Ayurveda Medical College, Mysuru, Karnataka, India.
[2]Assistant Professor, Dept. of Kaumarabrutya, JSS Ayurveda Medical College, Mysuru, Karnataka, India.

***Corresponding Author: Dr. Chaya C.**
Assistant Professor, Dept. of Shalakyatantra, JSS Ayurveda Medical College, Mysuru, Karnataka, India.

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ABSTRACT
Anjananamika is a Vartmagata Sadhya Netra vikara caused by the vitiation of Raktha and Mamsa of Varthma due to improper Ahara and Viharas. It can be correlated with Hordeolun, is a common disorder of the eyelid involving the infection of Zeis gland (External Hordeolun) or Meibomian gland (Internal Hordeolun). The treatment protocol described for Anjananamika includes Swedana, Bhedana and other local therapeutic procedures like Seka, Aschottana, Anjana, and Bidalaka. 12-years old female patient and her mother approached the Shalakya tantra OPD of JSS Ayurveda Medical Hospital, Mysuru with the complaints of Periorbital Oedema in both eyes since yesterday night with severe pain and difficulty of opening of left eye. On examination the patient was diagnosed as a case of Stye and advised Kriyakalpas based on the Roga and Rogibala along with internal medicines, which have given promising results with the complete absence of the symptoms within 5 days. In this study Sudda Gairikadi Bidalaka and Netra Parisheka with Dasamoola and Panchavalakala Kashaya was administered for 5 days, with follow up of one week. Here a sincere effort is made to evaluate the effect of Suddha Gairikadi Bidalaka and Netra Parisheka with Dasamooladi and Panchavalakala Kashaya. Clinical data collected in 5 days course shows complete relief from the symptoms.

KEYWORDS: Here a sincere effort is made to evaluate the effect of Suddha Gairikadi Bidalaka and Netra Parisheka with Dasamooladi and Panchavalakala Kashaya.

INTRODUCTION

The Ayurveda has classified into Ashtanga. Shalakya tantra(branch of Ayurveda deals with diseases of EYE,ENT and ORODENTISTRY)is one among the Ashtanga of Ayurveda[1] where Acharya Susrutha, the ancient surgeon has contributed to a maximum extent in the field of ophthalmology. Stye (External Hordeolun) is an infection of the sebaceous glands of Zeis at the base of the eyelashes or an infection of the Apocrine sweat glands of Moll.[2] Styes are more painful and are chronic in nature. They usually do not resolve without intervention. The disease is commonly caused by a Staphylococcus aureus-bacterial infection, or by the blocking of an oil gland at the base of the eyelash. Stye are experienced by people of all ages but they are particularly common in children and diabetic patients. Stye can be triggered by poor nutrition, sleep deprivation, or rubbing of the eyes.

CASE REPORT

12-years old female patient and her mother visited eye OPD No - 4, of Shalakya Tantra department, JSS AYURVEDA HOSPITAL on 12-2-2024. According to her mother, she was apparently well before yesterday night then at the morning she noticed Periorbital edema in both eyes and difficult to open in left eyes and severe pain in left eye.

She had a history of recurrent Stye from past 3month, for which she consulted Allopathy 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 but she had constipation occasionally. No significant family history, any trauma, any ocular surgery, any drug intake for long duration or allergies were known to occur.

Personal History

Diet -vegetarian diet
Sleep-sound sleep
Bowel- constipation,
Micturation - with no complaints of burning or foul smelling Micturation.

General Examination
Nadi -72/min
Mala – irregular bowel,
Mutra 5-6 times/day
Jihva - Clear,
Rate of respiration- 20/min,
Weight- 22kg.

On Examination
BEFORE TREATMENT
Head posture was normal,
No facial asymmetry or increased wrinkling was seen on forehead.

On ocular examination
SLIT LAMP EXAMINATION

	OD	**OS**
LASHES	NAD	Matting of eye lashes
LID MARGIN	**Upper lid**-normal **Lowe lid**- moderate swelling with pus point present in inside the lid margin(1/3rd of lower lid margin)	**Upper lid**- mild swelling with pus point present inside the lid(1/3rd of lower lid margin) **Lower lid**- severe swelling with 2 pus point present inside the lid(near nasal and medial canthus)
CONJUNCTIVA	NAD	NAD
SCLERA	NAD	NAD
CORNEA	NAD	NAD
PUPIL	3RRR	3RRR
LENS	NORMAL	NORMAL
AC Chamber	Normal	Normal
Eye ball	Periorbital oedema present (grade3)	Periorbital edema present(grade 4)

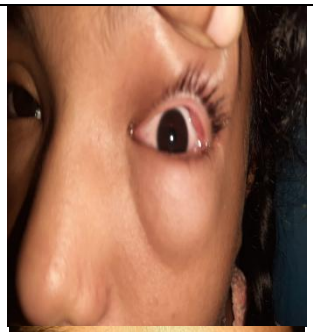
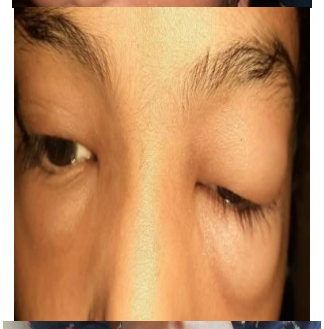
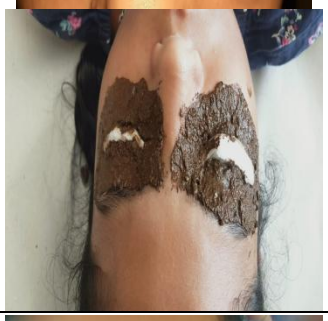
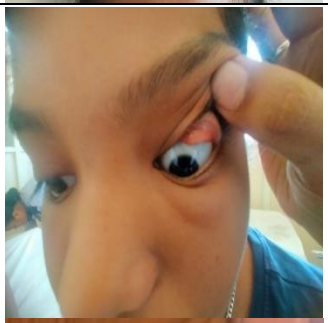
Lab. Investigations (Before treatment)
Hb%-12gm
ESR-10mmHg
AEC

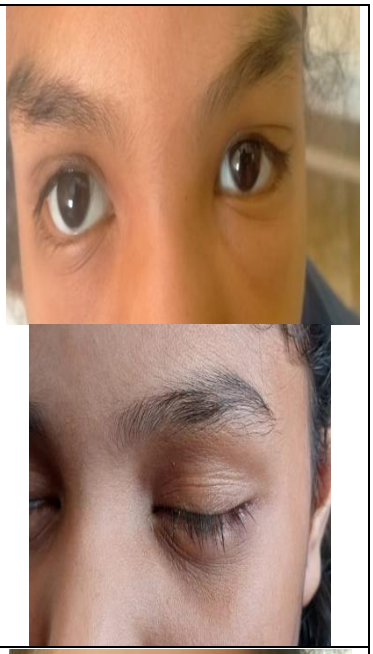
Therapeutic intervention
Treatments given to the patient have been enlisted in Table 1. Patient was advised to avoid mobile usage, direct sunlight, UV light and wind. Also, patient was advised to take proper sleep, avoid work near fire, dust and smoke.

Table 1: Posology of treatment protocol.

SN	**PROCEDURE/DRUGS**	**DOSAGE**	**DAYS**
1.	Seka with Dashamoolakashaya and panchavalkala kashaya	200ml	5days
2	Bidalaka with Suddha Gairika with Honey	Sufficient quantity	5days
3	Tab. Anulomana DS	1OD	7days
4	Opthocare eye drop	1drops every 2hrs once	7days
5	Mahamanjistadi khada	20ml TID with equal quantity water	7days

Table 2: Therapeutic intervention and result.

No. of visits and DATE	Signs and symptoms	Treatment advised	Presentation
1ST day 12-2-24	**Right eye**. 1. Upper lid- normal 2. Lowe lid- moderate swelling with pus point present in inside the lid margin(1/3rd of lower lid margin) 3. Tenderness present. 4. Periorbital-odema present (grade 3) **Left eye** 1. Upper lid- mild swelling present. 2. Matting lashes present. 3. Lowe lid- severe swelling with 2 pus point present in lid margin(near nasal and medial canthus) 4. Tenderness present. 5. Periorbiatal-odema present(grade 4). 6. Pt was unable to open eye.	1. Seka with Dashamoolakashaya and Panchavalkala kashaya 2. Bidalaka with Sudda Gairika with Honey 3. Tab. Anulomana DS 4. Mahamanjistadi khada 5. Opthocare eye drop	  
2nd day 13-2-24	**Right eye**. 1. Upper lid- normal 2. Lowe lid- mild swelling(grade 2) with pus point present in inside the lid margin(1/3rd of lower lid margin) 3. No Tenderness present. 4. Periorbital-oedema present(grade 2) **Left eye** 1. Upper lid- mild swelling present. 2. Tarsal Conjunctival congestion present. 3. Matting lashes present. 4. Lowe lid- moderate swelling with 2 pus point present inside the lid margin(near nasal and medial canthus). 5. Tenderness present. 6. Periorbital-oedema present(grade 3) 7. Pt was able to open eye.	Patient was advised to Continue the same treatment.	 

3rd day 14-2-24	**Right eye**. 1. Upper lid- normal. 2. Lowe lid- mild swelling with no pus point present. 3. No Tenderness present. 4. Periorbital oedema absent. **Left eye** 4. Upper lid- no swelling present. 5. Absent of matting lashes. 3. Lowe lid- mild swelling with pus point present in lid margin(near nasal canthus). 4. Tenderness absent. 5. Periorbital oedema absent. 6. Pt was able to open eye.	Patient was advised to Continue the same treatment.	
4th day 15-2-24	**Right eye**. 1. Upper lid- normal. 2. Lowe lid- normal. 3. No Tenderness present. 4. Periorbital oedema absent. **Left eye** 1. Almost healed lower lid. 2. Almost reduced signs and symptoms. 3. No Tenderness present. 4. Periorbital oedema absent.	Patient was advised to Continue the same treatment.	
5th day 16-2-24	Completely resolved sign and symptoms in both eyes.	Patient was advised to Continue the same treatment.	

Follow up

After completion of treatment, the patient was followed up for 7days. Patient was completely free from the previous signs and symptoms and no any new complaints were found during the 7th day of follow up.

RESULTS

After 5th day of assessments, she got complete relief from on each symptom associated with Anjananamika. Results of the treatment were tabulated and analyzed in table no-2.

OBSERVATIONS

It was observed that the patient got complete relief from Anjananamika (Stye) in 5th days. She was asked to come for follow-up after7 days; Patient was not on any medication at that time. There was no recurrence during the time of follow up.

DISCUSSION

The signs and symptoms of Stye are similar with the signs and symptoms of Anjananamika where there will be Dushana of Raktha Dhatu along with Mamsa Dhatu. In later stages it may lead to several complications where in the patient may have visual impairment. In the present case the patient had constipation, this constipation also one of the leading cause for stye, so the treatments of constipation also very important along with Kriyakalpas and suitable internal medicines.

Netra Seka

Netra Seka is one the Kriyakalpas where in the drugs (in the liquid form) poured over closed eyelid from 4angula. In the present case Dasamooladi kashaya and Panchavalkala kashaya were used based on signs and symptoms.

Bidalaka
Bidalaka is one among the Kriyakalpa where in the drugs are applied in the form of paste over the eyelids excluding eye lashes. In the present case Sudda Gairika with honey were used based on signs and symptoms.

Ashothana
Aschothana is one among the Kriyakalpa where the application of the medicated liquid drug (in the form of drops) into eye at 2angula. In the present case Opthocare eye drops were used based on signs and symptoms.

Mode of Action
Dashamoola Kashaya and Panchavalkala kashaya Netra Seka
Dashamoola Kashaya
Dashamoola kashaya having the properties of Katu rasa, Katu vipaka, Laghu, Rukshaguna and Ushna veerya. By these properties it pacifies Vata dosha along with Tridosha. The Dasamoola preparation contains various phytochemicals such as Alkaloids, Tannins, Saponins, Flavonoids and Quinones, total Phenolic content and exhibits Antioxidant and Anti-inflammatory activities. inhibits synthesis of prostaglandin and other inflammatory mediators.[3]

Panchavalkala kashaya
Panchavalkala has the properties of kapha-vata hara and vrana prakshalana vrana, ropana, shothahara and rakta shodhaka properties. Pharmacological action of Panchavalkala (Bark) is found to have Antiinflammatory, Analgesic and Antimicrobial properties. Early researches explain that tannins present in Nyagrodha and Udumbara are antioxidants and blood purifiers with anti-inflammator actions. They hence might have helped to decrease the swelling. The phytosterols and flavonoids are anti-inflammatory and analgesics reducing the pain. Tannins also proved to have antimicrobial property which might have reduced the vrana. Hence these constituents in the Panchavalkala might have helped in regression of signs and symptoms of ulcer, hence by administering these drugs in the form of Kashaya.[4]

Suddha Swarnagairika
Suvarna Gairika i. e. Red ocher (anhydrous Fe2O3) is described in Ayurvedic Rasashastra as an Uparasa. It's having Pitta shamaka propertie. Suvarna Gairika is snigdha, sheeta, virya, Kashaya (astringent), madhura rasatmak dravya. As it is Pittashamak[5] Vranaropaka, shonitshapaka, Dahanashaka it heals Mukhapaka (mouth ulcer) very effectively. As a local application it is Dahshamaka and Vranaropaka. shuddha Suvarna Gairika protects underlying tissues and enhances normal healing and epithelialisation.

Madhu
Honey is hygroscopic in nature, with a pH of 3. 2–4.[6-8] prevents colonization and bacterial growth in tissues due to this acidic nature. Most microorganisms do not grow in pure honey because of its low water activity (a_w) of 0. 6[9,10] Honey also has antibacterial properties[11-13] The presence of hydrogen peroxide[14,15] and a high osmotic pressure. Also contribute to the antibacterial effect of honey. These natural properties of Madhu are said to make it suitable for use in wound management.

The combination of Madhu and Swarnagairika helps to cure stye because of these properties.

Aschotana with Opthocare eye drops
Himalaya Opthacare[16] Eye Drop contains a mixture of Honey and Persian Rose. Honey acts as an effective anti-inflammatory agent which has a soothing effect on the eyes. Persian Rose has unique cooling properties and helps in treating eye strain.

SHAMANA MEDICATION
- **Tab. Anulomana DS[17]** -it is herbal formulation contains drugs like Ajamoda (carum copticum), Jeeraka (Cuminum Cyminum). Balharda (sphaeranthus indicus), Yashtimadhu (Glycyrrhiza Glabra), Shunthi (zingiber officinale), Rock salt (saindhav) and Sonamukhi (Chelidonium Majus). it Promotes healthy bowel motions and regularity.
- **Mahamanjistadi khada[18]** - act as Tridosahara specially Pitta and Raktahara. Twachya and Immunomodulator.

CONCLUSION
Anjanamika is a Rakthaja sadhya Vartmagata Netra roga, which shares similar signs and symptoms of External Hordeolun. In the above case, local procedure like Netra Seka with Dashamoolakashaya and Panchavalkala kashaya and Bidalaka with Suddha Gairika with Honey and Aschotana with Opthocare eye drops. oral medications like Tab. Anulomana DS and Mahamanjistadi khada which provided significant relief to the patient. The drugs used are cost effective and easily available. In the present study both external and internal medication are needed to manage the disease the management of Anjananamika due to the Kapha Pitta Shamana properties of the drugs.

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