



**MANAGEMENT OF SIMPLE DIFFUSE EPISCLERITIS WITH RESPECT TO SIRAJALA
– A CASE REPORT**

Dr. Gavimath Shivanand*¹ and Dr. Mangala K. S.²

¹Professor and Head, Department of Shalakya Tantra J.S.S. Ayurveda Medical College and Hospital, Lalithadripura Road, Mysuru – 570 028.

²Reader, Department of Kaumara Brithya, K.V.G. Ayurveda Medical College and Hospital, Kurinjibhag, Sullia, Dakshina Kannada, Karnataka.

***Corresponding Author: Dr. Gavimath Shivanand**

Professor and Head, Department of Shalakya Tantra J.S.S. Ayurveda Medical College and Hospital, Lalithadripura Road, Mysuru - 570 028.

Article Received on 21/10/2017

Article Revised on 11/11/2017

Article Accepted on 01/12/2017

ABSTRACT

Episcleritis is a benign, inflammatory disease affecting the subconjunctival connective tissues. A 35 year old female presenting with thick vascular network of engorged vessels in radial direction beneath the conjunctiva with discomfort has been admitted at JSSAMC & H, Mysuru. As the disease is having the similar characteristics features of Sirajala, hence it has been treated with Virechana, Nethra Seka, Nethra Anjana and Shamanoushadhi prayoga. The combined regimen is proved to be very effective in the management of Sirajala.

KEYWORDS: Simple diffuse episcleritis, Sirajala, Guggulutikta kashaya.

INTRODUCTION

Episcleritis is a benign inflammatory connective tissue, including the superficial scleral lamellae and frequently affects both eyes.

Anatomically dense lymphocytic inflammation of the subconjunctival and episcleral tissues is found. It is often considered as an allergic reaction to an endogenous toxin. The condition is a part of collagenous disease. A history of rheumatoid arthritis is commonly obtained.

Most of the time, the cause of the episcleritis is never determined. Several diseases are associated with episteritis, including systemic vasculitis, connective tissues disease. This is more common in female than in males.

Sirajala is one of the suklamandalagatha vyadhi which is affecting the entire shuklamandala.

Sirajala is known to be condition in which there is an extensive branched network of rigid blood vessels in the sclera.

“Jalabhaha kathinasiro mahan sa raktaha santhanaha smrathaiha jaala sanjnitastu” (Su. U. 4/8)

The cluster or network of blood vessels which affects the entire shuklamandala is the classical sign of sirajala. Here, “Kathina” and “Santhana” denote that engorged vessels occupy the entire shuklamandala.

In Astanga Hrudaya, Vagbhata explained “Sirajale sirajalam bruhadraktam ghanonnatam” (A.S.U. 13/18).

It is a thick engorged vascular network, filled with dusta raktam in shuklamandala.

CASE REPORT

Name	:	Shobitha
Age	:	35 years
Sex	:	Female
Occupation	:	Teacher
Address	:	Kuvempunagara
Place	:	Mysuru
Economical Status	:	Middle Class

Chief Complaints: patients c/o discomfort in the eyes with reddish thick colouration of the eyes. Watering of the eyes and mild head ache since 20 days.

Associated Complaints: Patient had mild fever, joints pain in the upper limb and lower limb, loss of appetite, since 2 months.

History of Present Illness: The pt developed mild fever with joints pain in the upper and lower extremities 2 months ago, and consulted the local physician and treated with anti-inflammatory drug and analgesics. She was comfortable with that medication for 2 weeks. Again she started with fever, joints pain in limbs, with reddish discolouration of eyes and discomfort. Irritation of eye lids, in both eyes, they consulted the physician and

ophthalmologist for the same and treated with steroidal eye drops and anti-inflammatory medications. After 15 days, again all the symptoms with of earlier clinical signs appeared, hence reported to JSS Ayurveda Hospital, Shalaky Tantra OPD / IPD, Mysuru – 570 028.

Personal History: Consumes tea / coffee daily 3 to 4 times in untimely periods. Habit of untimely food intake reported.

Family History: Nothing contributory.

Asta Sthana Pareeksha

Nadi	:	78 / min
Mutra	:	8 to 10 times / day
Mala	:	Prakrutha
Jihwa	:	Coated
Shabda	:	NAD
Sparsha	:	Snigdha
Druk	:	Rakta varna with sira prominence
Akruthi	:	Madhyama

Ophthalmic Examination

Circumference of the head	:	52 cms
Orbit	:	NAD clinically
Eyebrows / Eyelashes	:	NAD clinically
Eye Lids	:	Margins mild, swelling, BIL
Conjunctiva	:	Congested, reddish in colour
Sclera	:	Thick vascular network seen – BIL Engorgements of vessels – (+) (+) Radial direction beneath the conjunctiva Seen (+) - BIL
	:	Diffuse vascular network in a clock wise Direction seen (+)
Cornea	:	No abnormalities detected
Pupils	:	Reactive to light
IRIS	:	NAD
AC/PC	:	NAD Clinically
Lens	:	Not opaque- transparent

Fundal Examination

Fundus	:	Pale reddish
No Neo vascularization		
No Cupping		
Disc – Normal, clinically		
No haemorrhagic spots		
Mild exudates (+) (+)		

DIAGNOSIS

(Simple diffuse episleritis) Sirajala

Investigations

Hb%	:	9.9 %
AEC	:	560
ESR	:	40 / hour
Urine (R)		Alb - Tracea Sug Nil Micro Pus cells 3-4 / hpf RBC Nil Epicells 56 / hpf

Thyroid Profile

TSH (CLIA)	-	2.27 UIU / ml
Serum HBS Ag	-	Negative
RBS	-	102 mg/dl
RA	-	Negative

Chikitsa, Treatment Profile

- 1) Agni deepaka – Amapachaka - Trikatu churna – 5gms (TID)
Anupana – ushna jala before food for 3 days.
- 2) Sadyovirechana (4th day)
Gandharvahasthadi Thailam (50ml) given
No. of vegas – 18 vegas observed
- 3) Samsarjana karma of 5 days
- 4) (10th day): Nethra seka with Triphala kashaya + Panchavalkala Kashaya Daily twice - Morning (8am) – evening (5 pm) for 7 days
- 5) Anjana with Chandanadyanjan for 7 days
- 6) Shamanoushadhis
 - i) Guggulu tikta kashays + Amavathari kashayam 10ml – 10ml – 10 ml – TID along with jala for 2 weeks (15 days) after food
 - ii) Tab Triphala Guggulu
BD after food with water for 2 weeks.
 - iii) Triphala Churna
(5 gms) at night for 1 week
 - iv) Pancha Nimbadi vati
1 - 0 – 1 BD
(after food with water) for 2 weeks.

Pathyapathya

Katu, Teekshna, Kashaya, Ushna dravyas, avoided.
Laghu, Sukoshna, simple foods are encouraged to eat.

Assessment of the Study

	<i>Before Treatment</i>	<i>After Treatment</i>
1)	Thick vascular network of engorged vessels seen in sclera bilaterally	Mild scanty vessels seen – countable
2)	Moderate eye lid swelling	No eye lid swelling
3)	Mild Epiphora	No. Epiphora
4)	Mild Headache	No Headache
5)	Joints pain observed in upper / lower extremities (Limbs)	Not observed the joint pain even after the follow up of 3 months
6)	Conjunctival congestion	No conjunctival congestion
7)	Mild fundal exudates	Reduced

DISCUSSION

As the disease simple diffuse episcleritis is an inflammatory affections of subconjunctival connective tissues which may be associated with inflammatory conditions such as arthritis, lupus, IBS, herpes simplex, gout etc. are underlying causes. Women are more frequently affected than males.

Hence, by analysing the etipathogenesis in Ayurveda Sirajala is Raktaja, Shuklagatha Sadhya Vyadhis, in which vitiated rasa / rakta doshas takes the stana samshraya in the Urdhwagami siras of head and eyes affecting the shukla mandala.

According to Ashtanga Hrudaya Uttara Tantra 11/2. - Causative factors of all rogas especially achakshushya, in general pitta prakopaka ahara vihara will increase the sedimentation of malas in the shiras and netra pravibhaga. by producing different diseases like sirajala and other diseases of eyes.

In modern episcleritis may be managed with local corticosteroids eye drops / anti-inflammatory analgesics medications. Patients with tropical lubricants can be seen for several days.

While adopting the chikitsa prakriyas for Sirajala doshavasechana with gandharvahastadi taila proved to be efficacious in excreting the urdhwagami malas. Internal amapachana and ama dosha nirharana is the prime importance in treating the disease of eye. Dushita rasa and rakta dosha nirharana is essential to excrete the endotoxins.

For Sthanika dosha chikitsa, nethra seka with triphala kashaya and panchavalkala kashaya which are tridosha shamaka in specific pitta shamaka, rakta shamaka dravyas as the disease is raktaja sadhya vyadhi. This treatment enables the superficial conjunctival detoxification and will act on the engorged vessels.

Chandanadyaanjana contains chandana, saindhava, hareetaki, palasha which are essential in establishing the

normal physiology on the walls of the ophthalmic scleral vessels.

Guggulu tiktaka kashaya and amavatari kashaya, panchanimbadi vati, triphala churna combinations for internal medications will help in samprapthi vighatana of sirajala and also by maintaining the niramavastha of kosta. The medications helps in the purification of rasavaha and raktavaha srotas and the secretion of malas (Netra mala).

The entire combination of treatment protocol adopted here proved to be efficacious in this patient.

CONCLUSIONS

1. As the disease Simple Diffuse Episcleritis (Sirajala) is based on allergic / inflammatory disease of the collagenous, the management also needs doshavasechana, sthanika upakramas and amavata chikitsa, because the underlying cause may be many a times due to amadosha.
2. The chikitsa dravyas are based on katu rasa, lavana, tiktra rasa pradhana, shastrokta oushadhis which are very much beneficial in combating the amayata of kaya including urdhwagami siras.
3. Further studies are essential to establish the treatment protocol for the Sirajala in large scale.

BIBLIOGRAPHY

1. Maharaja Bhoja Rajamarthanda. English translation by Dr. Neti Shivasubramanyam. Pub. Chowkamba Orientalia, Delhi. Year, 2011; 3/12: 24.
2. Vaidya Lakshmiapati Shastry – Yogaratnakara. Ed. by Brahmashankara Shastry. Pub. By Chowkambha Sanskrit Samsthan, Chap. Uttarardha, Netra Rogadhikara, 1997; 341- 345.
3. Dr. Ramanath Dwiwadi – NIMITANTRA. Pub. by Chowkambha Samskrit Series. Off. Varanasi, 2008, Netra Rogadhayaya, 442.
4. Vagbhatacharya – Ashtanga Hrudaya – Commentator Sri Harinarayana Vaidya. Chowkambha Bharati Academy, 1997, Uttarardha, Netra Rogadhikara. Sita asita roga vignaniyam, 429.

5. Dr. L.P. Agarwal, Handbook of Ophthalmology, 6th Ed. Revised. Pub. C.B.S. Publications. Delhi, 1997; 114
6. Prof. Udayashankar. Shalakya Tantra, pub. by Chowkamba Vishwabharati. Year, 2012; 1: 378-379.
7. Ramanajit Sinota and Radika Tandon. Parson's Disease of the Eye. Pub. By Butterworth Heinemann, Oxford, year, 2004; 232.
8. Vd. P.S. Varier, Chikitsa Sangraham. Pub. by Arya Vaidya Sala, Kottakal. Year, 2002; 37.