



**ROLE OF AYURVEDIC TREATMENT MODALITIES IN THE MANAGEMENT OF
KAPHAJA SRAVA WITH SPECIAL REFERENCE TO EPIPHORA- A CASE REPORT**

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ABSTRACT

The commonest symptom of lacrimal disorder is Epiphora. It is a term reserved for an overflow of tears from the eye because of obstruction, stenosis, punctal malposition or functional disorder of the lacrimal passages which might be Anatomical or Physiological.^[1] Among many lacrimal disorders Chronic dacryocystitis is the commonest one -an inflammation of the lacrimal sac which is characterized by simple watering of the eyes followed by redness, swelling of the sac. This starts with chronic low grade infection and takes up any stage without any limitations. It is caused by Staphylococcus epidermidis, Staphylococcus aureus, Streptococcus pneumoniae and Pseudomonas aeruginosa which have risk factors almost always related to nasolacrimal duct obstruction. Ayurveda seers have explained Netra srava which are of 4 types and the prognosis varies from sadhya to asadhya. Based on the stages of Chronic Dacryocystitis and analysing the doshic involvement the condition can be simulated to Srava explained under Sandigata rogas. Ayurveda treatment modalities especially local treatment procedures are efficient in treating such vulnerable cases. One such case was reported in early stage with the symptom, watering of the eyes and successful outcome was observed both subjectively and objectively.

KEYWORDS: Chronic dacryocystitis, Kaphajasrava, Prakshalana, Bidalaka, Pratisarana.

INTRODUCTION

Watering of eyes may occur either due to excessive secretion of tears (hyperlacrimation) or due to inadequate drainage of tears (epiphora). Hyper lacrimation occurs due to the direct stimulation of the lacrimal gland or from the stimulation of sensory branches of fifth nerve due to irritation of cornea or conjunctiva. Epiphora may occur due to physiological and anatomical causes like lacrimal pump failure or any obstruction in the lacrimal passages which may lie at the level of punctum, canaliculus, lacrimal sac or nasolacrimal duct. The most common cause for mechanical obstruction is chronic dacryocystitis which starts from partial to complete obstruction.^[2] Chronic dacryocystitis is a multifactorial disorder which is mainly established due to the vicious cycle of stasis and mild infection of long duration which is commonly seen between the age group of 40 to 60 years.

On Lacrimal syringing, either clear fluid or fibrinous mucoid flakes can regurgitate in the stage of chronic cataral dacryocystitis. Further due to chronic stagnation and chronic infection it may go to stage of mucocele and in later stages due to pyogenic infection it will land up in

pyocele wherein it requires surgery.^[3] In this paper a special case report of a 67 years old male patient with complaints of continuous watering of the eyes with slimy discharge in the wee hours of morning along with other associated symptoms was taken for the study.

The condition was correlated to *kaphaja Srava* due to its congruent characters like *shweta pichila niruja srava*.

To manage the condition *Kaphaja Srava, Prakshalana, Bidalaka, Anjana* are said to be the best owing to its actions. Analysing the *Nidana Samprapti* to achieve reverse pathology *Lekhana* and *Kaphahara* treatment was given wherein mainly *Prakshalana* of *Ashruvahasrotas* along with *Pratisarana, Bidalaka* and *Nasyawas* administered with a set of internal medications. By opting these procedures improvement in both subjective and objective parameters was appreciated.

MATERIALS AND METHODS

Case Report

A moderately built male patient aged about 67 years presented to the *Shalaky Tantra* OPD of SKAMCH &

RC with chief complaints of watering of both eyes for 6 months and associated complaints of mild itching in both eyes for 4 months and blurriness of vision for 2 months.

Complaint History

- The patient was not having any complaints pertaining to eye before 6 months.
- The patient started developing watering of eyes especially in the morning hours more in the right eye when compared to the left eye which was persisting throughout the day without any other complaints. For the same he consulted an Eye care hospital and was told as mild infection and was prescribed eye drops for two weeks and didn't find any relief and on follow up medications were changed and found no relief with that medicines as well. After 2 months of initial complaints he developed itching in the inner canthus of both the eyes with thick discharge in the early morning hours only. For this he started using medicine available over the counter just for a temporary relief. Two months later, he developed blurriness of vision in both the eyes and felt more in the Right eye when compared to left eye. Since there was no relief in complaints and patient wanted to seek an alternative approach he came to SKAMC and RC, Bengaluru.

OCULAR EXAMINATION

VISUAL ACUITY

Visual acuity	Distant vision	Near vision
BE	6/18	N9
OD	6/24	N18
OS	6/18	N18

On External Ocular examination

- ✓ Congestion of lacrimal sac in both the eyes
- ✓ Lenticular opacity was present in both the eyes.

TREATMENT OUTCOME

BEFORE TREATMENT	AFTER TREATMENT
On lacrimal syringing, regurgitation of fluid, soft blockage (Complete obstruction) in both the eyes. Patient did not felt the syringing fluid in nose or mouth.	After 3 sittings of Lacrimal syringing, was able to push the needle completely. Patient was able to feel <i>Kwathadravya</i> in both nostrils in drops, more in left nose. After 5 sittings Lacrimal duct was completely patent in both the eyes, patient was able to feel the <i>Kwathadravya</i> in both nostrils in a force followed by throat.
Watering of the eyes Itching Thick discharge in the morning hours Congestion of Lacrimal sac.	Relief in all these clinical symptoms was gradual and there was complete relief by 8 th day of treatment.

VISUAL ACUITY

BCVA	Distant Vision		Near Vision	
Phase	BT	AT	BT	AT
Both Eye	6/18	6/12p	N9	N9
Right Eye	6/24	6/18	N18	N9
Left Eye	6/18	6/18	N18	N12

On Slit lamp bio microscopy

- ✓ Right eye-White wedge shaped opacities in periphery, indicating immature cortical cataract.
- ✓ Left eye-Yellowish color of nucleus part of lens indicating Grade I nuclear sclerosis.

Clinical examination for watering eye

Regurgitation test- Positive

Jones dye test - Negative

Lacrimal syringing test

- ✓ While inserting, the cannula complete obstruction was present at proximal to the junction of common canaliculus.
- ✓ There was slow regurgitation of fluid from the same punctum.

TREATMENT INTERVENTION

INTERNALLY

- *Triphalachoorna + Trikatuchurna*
½ tsp – ½ tsp – ½ tsp with honey before food * 15 days

SHODHANA

- *Nasya* with *Guda+Nagara* (6 drops to each nostril)⁴ *4 days
- *Nasya* with *BhringarajadyaTaila*(8 drops to each nostril)^[5]*5 days
- **KRIYAKALPA**
- *Bidalaka* with *Triphala*(3 parts), *Saindhava* (1 part) *Rasanjana* (1 part)* 7 days
- *Pratisarana* with *Eladi choorna* with *Madhu*⁶* 7days
- Lacrimal syringing with *panchavalkala kwatha**5 sittings.

(The lacrimal syringing was performed with interval of 3 days for first 3 sittings and with an interval of 5 days for next 2 sittings).

Further following medications were advised for a period of one month for the opalescence changes due to aging:

- *TriphalaChurna*-1tsp with honey at bedtime^[7] * 1 month
- *Krishnadi Vartianjana*^[8]- once/ day in morning hours *1 month

DISCUSSION**UNDERSTANDING THE DISEASE**

- ❖ The age factor i.e., *Jaranimittaja* and *Vihara* like *Rajodhumanishevana* are the chief causative factors which can be elicited in this patient.
- ❖ During this *Vayakala*, *Mandagnian* and *Vatavridhhi* persists which further does *Dhatvagnimandya*.
- ❖ To advocate an appropriate treatment analyzing *Samprati* plays a pivotal role.
- ❖ *Vata* which is aggravated takes a *Pratilomagati* through *siras*, does *dushana* of *Kapha* and *Pitta dosha* in *Netra* and lodges (*sthanasamsraya*) in *Ashruvahasrotas*.
- ❖ Due to *VruddhaVata srotosankocha* takes place and due to *Kapha* and *Pitta Dushana*, *srotosanga* occurs in *Ashrumarga* followed by *Vimargagama* of *doshas* due to *Sanga* and *Srava* from *Kaninikasandhi* appears *Pratyatmalakshana*.
- ❖ Along with this *Viharajanidana* contributes as additional factors.

SAGACITY BEHIND SELECTING THE DRUGS AND TREATMENTS

- *Bidalakawith Triphala, Saindhava* and *Rasanjana* eliminates *Asru*, *Shopha* and *Raga* as mentioned by *Acharya Charaka*.
- *Triphala* has *Chakshushya* properties and the contents tanins, polyphenols opts for the radio protective ability in eye diseases.
- *Rasanjana* and *Saindhava* in combination possess *Srotoshodhaka* and *Sravahara* properties.
- The *Shodhananasya* was given with *Guda* and *Nagara* has *Lekhana* and *Graahi* properties and thus helped in relieving the thick discharge.
- *Bhringarajadyataila nasya* is having *Vatapittahara* properties and is also said to be *Sadyodrulikara*.
- Phytoconstituents present in *Bhringaraja* act as immunomodulator by inhibiting cell death and also promotes cell regeneration.
- *Pratisarana* with *Eladichoorna* is done as *Ela* is *Krimihara*, *Vatapittahara* and *Kandugna* and *Ajamootra* used in preparation possess *Shodhana* and *Shamana* properties.
- In modern science lacrimal syringing is the treatment of choice with antibiotic solution to make the lacrimal passage patent.
- *Netraprakshalana* in the management of *Netrasrava* is indicated by *Acharyas* and was adopted in the form of syringing which helps in *Prakshalana* of *Ashruvahasrotas*.
- Here *Prakshalana* with *Panchavalkalakawatha* was chosen by virtue of its properties, *Shodhana* and *Ropana* with antiseptic, anti-inflammatory, antimicrobial properties and acts best in gram positive bacteria especially in *staphylococcus aureus*.
- By the above mentioned treatment procedures, the lacrimal duct had regained its patency and the symptoms like *Raga*, *Kandu* and *Ashru* was completely relieved.

CONCLUSION

- Chronic dacryocystitis mentioned earlier is mainly due to obstruction of outflow of tears due to many reasons and in this case it was due to obstruction in common canaliculi which can be implicit as *Srotosanaga*.
- Though the condition appears very simple, the prognosis has no limitations.
- *Ayurvedic* line of management has shown marked improvement in this particular case.
- The treatment modalities like *Pratisarana*, *Bidalaka* and *Nasya* has shown their efficacy in overcoming the stenosis.
- Timely management after proper evaluation with analyzing the *Nidanapanchaka* to achieve the *Vighatana* of *Samprati* is need for the hour.

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