

EFFICACY OF *KRIYAKALPA* IN *ANJANA NAMIKA* (STYE) WITH CHRONIC  
BLEPHARITIS: AN *AYURVEDIC* STUDY BASED ON *KRIYAKALA*<sup>1</sup>Dr. Priyana T. V., <sup>2</sup>Dr. Sujathamma K.<sup>1</sup>PG. Scholar, Department of Shalakyatantra, Professor & HOD, Department of Shalakyatantra.<sup>2</sup>Sri Kalabyraveswara Swamy Ayurvedic Medical College, Hospital and Research Centre, Bengaluru.**\*Corresponding Author: Dr. Priyana T. V.**

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**ABSTRACT**

The prevalence of stye is relatively high among patients presenting with various eyelid disorders, accounting for approximately 4–5% of all external ocular infections. Recurrence is frequently observed in individuals with chronic blepharitis. In *Ayurveda*, this condition can be correlated with *Anjananamika*, a *Raktapradhana Vartmagata Sadhya Netra Vikara* caused by the vitiation of *Rakta* and *Mamsa Dhatu* of the *Vartma* due to improper *Ahara* and *Vihara*. The Lakshanas of *Anjananamika* closely resemble those of an external hordeolum (stye), an acute suppurative inflammation involving the eyelash follicles and the associated glands of Zeis or Moll. The line of treatment of *Anjananamika* (Stye) includes *Swedana* (hot fomentation), *Nishpidana* (gentle pressure to drain pus), *Bhedana* (incision), *Pratisarana* (application of medicated paste over the eyelids), and *Anjana* (collyrium application). Moreover, *Anjananamika* is considered as *Netra Roga*, occurring in the *Ama Avastha* (immature stage of pathogenesis). *Kriyakalpa* such as *Seka*, *Aschyotana*, *Bidalaka*, and *Pindi* can also be effectively employed. The objective of the present study is to evaluate the efficacy of *Bidalaka* and *Seka* along with *Pratisarana* in the management of *Anjananamika*, and to assess the stand-alone effect of *Kriyakalpa* procedures in its treatment.

**KEYWORDS:** *Anjananamika*, *Kriyakala*, Stye, *Krimigranthi*.**INTRODUCTION**

*Kriyakala* is a fundamental concept in *Ayurveda* that explains the progressive stages of disease development.<sup>[1]</sup> It also guides the choice of therapeutic measures suitable for each stage of an illness. Unlike modern medicine, which generally classifies disease progression into two phases of disease and its complications, *Ayurveda* identifies *Shatkriyakala* (six distinct stages), *Sanchaya* (accumulation), *Prakopa* (aggravation), *Prasara* (spread), *Sthanasamsraya* (localization), *Vyakta* (manifestation), and *Bheda* (differentiation or complication). The first three are *Dosha Kriyakala*, while the latter three are *Vyadhi Kriyakala*. In the present case, a 10-year-old boy has been experiencing persistent itching in both eyes for the past three years, which can be correlated with *Sthanasamsraya Avastha*, the stage where vitiated *Doshas* localize in a *Khavaigunya* tissue (susceptible), producing *Poorvarupa* (premonitory symptoms). Subsequently, chronic blepharitis developed,

corresponding to *Vyakta Avastha*, the stage where the disease becomes clearly manifested. Over the past year, the child developed recurrent bilateral styes, representing *Bheda Avastha*, the stage of disease differentiation or complication clinically correlating to *Anjananamika* in *Ayurveda*. Thus, persistent itching reflects *Sthanasamsraya*, chronic blepharitis denotes *Vyakta Avastha*, and the occurrence of recurrent styes represents *Bheda Avastha*, which can be viewed as the *Utharakalina Phala* (later outcome) of the long-standing *Kapha-Pitta* vitiation. Modern ophthalmic studies support this understanding, noting that styes frequently occur in children and young adults with habitual eye rubbing, chronic blepharitis, and eye strain<sup>[2]</sup>, conditions comparable to the *Ayurvedic* description of *Bheda Avastha*.

## METHODS OF STUDY – CASE REPORT

### Presenting illness

A 10-year-old male complaints of pain, swelling, watering of the left eye, and pain during left eyelid movements since past two days.

### History of Present illness

The patient is a 10-year-old male child who had no significant ocular complaints previously. Around three years ago, he started experiencing intermittent itching initially in the left eye, which later involved both eyes. As the symptom was mild and did not interfere with his routine activities, no treatment was sought at that time. After about one year, he began to develop recurrent episodes of Small nodular swelling in the eye involving the upper and lower eyelid margins. During these episodes, he was taken to a modern medical practitioner

and was prescribed topical eye drops (details unknown). The medication provided temporary relief however, the episodes continued to recur frequently, indicating persistence of the underlying condition.

Two days prior to the current OPD visit, the patient developed pain, Uniform swelling in the upper eyelid and lower eyelid, and watering of the left eye, along with pain during eyelid movements. The discomfort gradually increased, causing difficulty to open his eyes. The recurrent nature of the condition and worsening symptoms prompted the parents to seek further evaluation. Therefore, the patient was brought to the Shalakya Tantra OPD of Sri Kalabyraveswara Swamy Ayurvedic Medical College, Hospital and Research Centre, Bengaluru, on 27/08/2025, for comprehensive assessment and Ayurvedic management.

**Table 1: Ocular examination.**

### Visual Acuity

	Distant vision
Both eye	6/6
Right eye	6/6
Left eye	Difficulty to open his eyelids

### Slit lamp examination

Structures	Right eye	Left eye
Head posture	Normal	Normal
Eye brows	Normal	Normal
Eye lid	Dry scales in upper eyelids	Dry scales in upper eyelids Uniform Swelling at the upper and lower eye lid. Pus point was noticed on the lid margin in the centre cilia of upper and lower eyelid
Palpebral Conjunctiva	Normal	congestion present
Cornea	Transparent	Transparent
Pupil	RRR	RRR

### Diagnosis

From the above findings the final diagnosis was made as blepharitis associated with external hordeolum. The ayurveda diagnosis can be made as Anjana namika.

### Therapeutic Intervention

Treatment was adopted for 8 days based on the clinical presentation as per table 2.

Day	Presentation	Treatment adopted	Clinical response
1	Uniform lid Swelling & Redness in the upper and lower lid margin.	<i>Bidalaka - Triphala, Yashti, Shunti</i> <i>Seka -Triphala, Yashti</i> <i>Kashaya</i>	Pain and swelling reduced after treatment. Patient still unable to fully open the eye
2	Swelling and pain reduced	<i>Bidalaka - Triphala, Yashti, Shunti</i> <i>Seka -Triphala, Yashti</i> <i>Kashaya</i>	Patient able to open his eyes. swelling and redness further reduced
3	Patient able to open his eye. Mild lid swelling present	<i>Bidalaka - Triphala, Yashti, Shunti</i> <i>Seka -Triphala, Yashti</i> <i>Kashaya</i>	Swelling reduced completely

		<i>rana -Triphaladi rasakriya</i>	
4-5	No symptoms Treatment continued	<i>Bidalaka - Triphala, Yashti, Shunti Seka -Triphala, Yashti Kashaya Pratisarana -Triphaladi rasakriya</i>	No symptoms
6-7	No symptoms	<i>Pratisarana -Triphaladi rasakriya</i>	Completely resolved the problem



Figure 1: Swelling present in the upper and lower eyelid Before treatment.



Figure 2: 2nd day of treatment.



Figure 3: After treatment 7th day.

## RESULTS

The signs and symptoms like swelling in the upper and lower eyelids, watering of eyes, conjunctival congestion subsided by seven days (figure 2) No adverse reactions and recurrence were found during the treatment and follow up period of 1 month.

## Follow – up and Outcomes

Follow up of the patient was done till one month. There was no recurrence reported.

## DISCUSSION

The findings of the present case suggest the clinical efficacy of *Kriyākalpa* in the management of *krimigranthi* associated with *Anjananamika* which is of *Kapha–Pitta* predominance along with *Rakta Dushṭi*. In this patient, the disease had progressed to the *Bheda*

*Avastha*, And presents as a chronic form of blepharitis which lead to acute suppurative inflammation of the glands of Zeis. The above mentioned pathology of blepharitis act as predisposing factor for recurrent sty formation. As described by *Adhamalla*, the *Anjananamika* *Pidakas* are *komala* (fragile), necessitating careful and precise therapeutic intervention.<sup>[3]</sup> The meticulous application of *Kriyākalpa* procedures contributed to significant symptomatic relief and helped prevent further recurrence. The therapeutic approach was designed to achieve *Doṣha Śhamana*, *Raktha Śhodhana*, *Shotha Śhamana*, and restoration of *Twak–Mamsa* through the procedures *Seka*, *Bidalaka*, and *Pratiśāraṇa*. *Seka* with *Triphala–Yaṣṭimadhu* *Kashaya* provided marked *Śotha Śhamana* and *Raktha Prasādana* effects. *Triphala*, with its *Tridoshaghna*, *Ushna Veerya*, *Chakṣhuṣya*, and *Ropaṇa* properties,

reduced inflammation and supported tissue healing, while *Yashṭimadhu*, possessing *Sheeta Veerya*, *Śothahara*, and *Sandhāniya* actions, alleviated pain and aided tissue repair. As one of the *Shāṣṭī Upakrama*, *Seka* acts as a form of *Bahir-Parimarjana*, stimulating *Bhrajaka Pitta*, improving local metabolism, enhancing *Tvak Prasādana*, and facilitating deeper absorption of active principles. *Bidalaka* with *Triphala*, *Yashṭimadhu*, and *Śunṭhi Chūrṇa* further supported healing by reducing *Raga*, *Shopha*, and *Toda* and promoting regeneration of *twak* and *mamsa*. The mild heat generated during *Bidalaka* activates *Bhrajaka Pitta*, induces *Vilayana* of vitiated *Kapha*, and clears accumulated secretions. Increased vascularity improves local circulation and supports *Srotomukha Viśhodhana*, enhancing drug absorption through *Romakoopa* and *Srotomukha*, ensuring deeper penetration into the *Vartma*. These mechanisms help clear blocked meibomian glands, glands of zeis and reduce bacterial colonization, liquefy retained secretions, and restore normal oil flow crucial in chronic blepharitis and recurrent stye formation. *Netra Pratiśāraṇa* with *Triphalādi Rasakriyā*<sup>[4]</sup> consisting of *Triphala*, *Gomutra*, *Rasañjana*, *Kasisa*, and *Saindhava* was employed for enhanced cleansing and tissue strengthening. The gentle friction during *Pratiśāraṇa* exfoliates eyelid debris, removes crusts, and opens obstructed glandular ducts. Each ingredient contributed specific therapeutic actions *Triphala* provided *Ropana* and anti-inflammatory benefits *Gomutra* acted as *Krimighna* and *Raktha-Śhodhaka* *Rasañjana* promoted epithelial healing and reduced pain; *Kasisa* supported *Rakta Shuddhi* and *Saindhava* enhanced *Srotovishodhana* and microcirculation. As a form of *Gharṣaṇa*, *Pratiśāraṇa* produces a mild rise in local temperature, activating *Bhrajaka Pitta* and improving *Tvak-Prasādana*. The friction facilitates *Vilayana* of vitiated *Kapha*, clears secretions, enhances blood circulation, and aids in *Srotomukha Viśodhana*.<sup>[5]</sup> Improved vascularity and open channels promote efficient absorption of active drugs through *Srotomukha* and *Romakoopa*, reaching the *Swedavaha Srotas*. This effectively reduces bacterial load, stabilizes the tear film, and promotes normal meibomian gland function. Collectively, the integrated actions of *Seka*, *Bidalaka*, and *Pratisaraṇa* resulted in a marked reduction of *Raga*, *Shopha*, and *Toda*, restoring the structural and functional integrity of the eyelids and preventing recurrence. These therapies achieved *Kapha-Pitta Shamana*, *Rakta Prasādana*, and *Srotovishodhana*, ultimately re-establishing *Netra Swasthya* in the patient. Thus, this case demonstrates that even in the *Bheda Avastha* of *krimigranthi* with *Anjananamika*, *Kriyakalpa* procedures selected on the basis of *Veerya*, *Guna*, and *Karma* can effectively control local inflammation, purify *Rakta*, enhance glandular function, and prevent recurrence. The outcomes affirm the relevance of classical *Ayurvedic* principles in contemporary ophthalmic care, proving that localized, *Dravya*-specific, and stage-appropriate therapies can yield both curative and preventive benefits in chronic eyelid disorders.

## CONCLUSION

The present case illustrates that understanding disease progression through *Kriyakala Siddhanta* can guide effective management of *Anjananamika* (stye) associated with chronic blepharitis. Stage-wise intervention using *Kriyakalpa* therapies *Seka*, *Bidalaka*, and *Netra Pratisaraṇa* over seven days helped reduce inflammation, swelling, and discomfort, while promoting healing and preventing recurrence. Timely recognition of *Sthanasamsraya*, *Vyakta*, and *Bheda Avastha* allowed targeted treatment, ensuring resolution of symptoms and restoration of ocular function. This case demonstrates that integrating *Ayurvedic* principles with structured *kriyakalpa* procedures provides a safe, practical, and effective approach for managing recurrent ocular disorders in pediatric patients.

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