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A CASE REPORT OF EPISCLERITIS AND ITS MANAGEMENT THROUGH AYURVEDA

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ABSTRACT

Episcleritis is a benign, and recurrent inflammatory condition of the episclera. Episcleritis is characterized by acute onset of redness, mild or no pain, with mild ocular discomfort. Here is a diagnosed case of episcleritis, a 48year old male patient, presents with the symptoms of severe redness in left eye, had its extension from nasal to temporal towards cornea, associated with burning sensation, and mild pain. The patient was diagnosed with sirajaala(episcleritis) and was Treated with nasya, bidalaka with triphala churna for 7days, bidalaka with triphala churna and yasthimadhu churna for 7days followed by yasthi ksheeerapaka seka for 7days with oral medicines for 14 days. After 14days of treatment, redness and discomfort in the left eye was reduced.

KEYWORDS: Sirajaala, diffuse episcleritis, seka, bidalaka.

INTRODUCTION

In shalakya tantra sirajaala is a disease of shuklagata roga. This condition mimics the symptoms of episcleritis in modern science. In the present work simple episcleritis is correlated to sirajaala.

Simple episcleritis accounts for about 75% of cases.[1] It is characterized by inflammation of episclera. The engorged episcleral vessels are large and runs in radial direction beneath the conjunctiva. The extensive network of rigid *sira(veins)*filled with blood is called sirajaala.[2] As per vagbhata[3] sirajaala is network of vessels filled with blood(brihad raktam), which are

rigid(ghana), engorged/raised(unnata), i.e, Shukla mandala is entirely covered with engorged vessels.[4]

The cluster of blood vessels which progresses continuously in vertical, horizontal, oblique directions is observed on Shukla mandala forms a network which is the main feature of sirajaala. Episcleritis is a benign inflammatory condition affecting deep subconjunctival connective tissues including the scleral lamellae.[5] It is usually a bilateral condition though the involvement may not be simultaneous, often affecting females than the males. Episcleritis may be associated with systemic diseases, most commonly the connective tissue diseases. Like rheumatoid arthritis, psoriasis, gout, tuberculosis, syphilis etc. The common presenting symptoms of episcleritis includes redness, mild ocular discomfort, foreign body sensation. Photophobia and lacrimation may occur in rare cases. Clinically episcleritis is divided into simple or diffuse episcleritis and nodular episcleritis. In diffuse episcleritis there is sectorial/diffuse redness of one or both eyes due to engorgement of large episcleral vessels. Nodular episcleritis is characterised by a pink/ purple flat nodule[6] which is firm and tender. Episcleritis is usually treated by topical NSAIDS, mild topical steroids and artificial tears. In ayurveda both the medical and surgical management are advised for sirajala based on the nature of siras. Lekhana anjanas can be given for smooth and fragile blood vessels. The kathina (hard/stiff)siras should be excised like arma.

CASE REPORT

CHIEF COMPLAINTS

A 48year old nonalcoholic, nonsmoking male patient approached to shalakya opd of SJIIM Bengaluru, with complaints of redness of left eye, mild pain, burning sensation, watering from eye since 1week.

HISTORY OF PRESENT ILLNESS

Patient was said to be normal 5years back, then he suddenly developed redness, burning sensation, irritation and lacrimation in the left eye, with no history of joints pain and every 3months the symptoms appear for which he consulted nearby ophthalmologist and was prescribed with topical NSAIDs and corticosteroids eye drops, the symptoms were relieved with the usage of these medicines but later again the symptoms reccured. So he approached shalakya OPD of SJIIM Bengaluru seeking ayurvedic management for this condition.

HISTORY OF PAST ILLNESS: Nothing significant.

FAMILY HISTORY: Nothing significant.

PERSONAL HISTORY

Appetite- loss of appetite

Sleep- sound

Bowel- regular

Micturition- 5-6 times/ day

General Examination

Ashtasthanapareeksha

- Nadi: 76/min
- Mutra: 5-6 times/day
- Mala: prakruta(1t/d)
- Jihwa: lipta
- Shabda: prakruta
- Sparsha: prakrutha
- Druk: Avila darshana
- Akruthi: Madhyama

Vitals

- Pulse rate:- 76/min
- Respiratory rate:- 24/min
- BP:- 130/80 mm0f Hg

Systemic examination

Respiratory system, cardiovascular system, gastrointestinal system, central nervous system and musculoskeletal system has shown no abnormality.

Ocular examination

Visual acuity	Bilateral	OD(right eye)	OS(left eye)
Distant visual acuity	6/6	6/6	6/6
Near visual acuity	N10	N12	N10

STRUCTURE	RIGHT EYE	LEFT EYE
Eyebrows	Normal	Normal
Eyelids	Normal	Normal
Conjunctiva	Normal	Normal

Sclera	Normal	Episcleral vessels engorged.
Cornea	Normal	Normal
Iris	Normal	Normal
Pupillary reaction	Reactive	Reactive
Lens	Normal	Normal

Examination and investigations

Routine haematological and urine investigations were carried out and findings were not of any pathological significance.

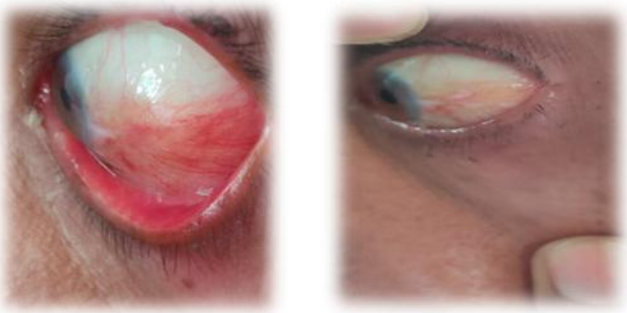
RA- negative.

Treatment

Patient was given avipattikara churna 1tbsp at bed time after food for 3days, nasya with anutaila 10 drops in each nostril for 7days, bidalaka with triphala and yastimadhu churna. Ksheera seka with yastimadhu churna, haridra, and a pinch of saindhava lavana followed by annalepa with shashtika shali cooked in milk processed with balamoola Kashaya for 7days . Oral medications which were given are saptamrutaloha 1bd after food, tab laghusutashekhara rasa 1bd before food, tab gandhaka rasayana 2bd after food, tab triphala guggulu 2bd after food. Were given for 15days.

RESULTS

Slight reduction in redness, burning sensation, pain and inflammatory changes in the eyes was seen after 7days of bidalaka. Total relief in signs and symptoms was noticed after completion of the overall treatment protocol. Total duration of the treatment was given for 21days. The patient was asked to visit the hospital after 3months. No reappearance of the symptoms was seen after 3months. The changes noticed before and after treatment is shown in figure 1 below.



Before treatment **After treatment**

Fig. 1: Showing Changes Before and After Treatment.

DISCUSSION

In this case initially mridu virechana with avipattikara churna was given at night time for three days for expulsion of aggravated doshas and removing pitta and kapha dosha through the anal route. To remove systemic doshas nasya with anutaila was instilled into the nose for 7days. Simultaneously bidalaka was given in the afternoon. Bidalaka with triphala and yastimadhu churna helps in removal of sthanika dosha. Ksheerapaka seka along with yastimadhu, haridra, and a pinch of saindhava lavana was given for 7days. Yastimadhu helps in reducing the inflammation, and it has vedanasthapana property. Madhura rasa and sheeta virya property of Ksheera helps in alleviation of vata, pitta and rakta dosha. Haridra is having anti-inflammatory, anti-oxidant, immunomodulator, blood cleansing action. Reduces the itching sensation from eyes. Saindhava lavana is chakshushya in nature, helps to relieve inflammation(shothahara), reduces eye infection. Annalepa with shashtika shaali cooked with balamoola Kashaya helps in reducing vata dosha nourishes ocular and periocular structures. It does fomentation (svedana) of eye and thereby reducing inflammation in the eye. Nasya given for 7days help in urdhwajatrugata dosha harana. Gandhaka rasayana helps in preventing itching and burning sensation, as it is endowed with healing properties like anti-inflammatory, antioxidant, analgesic (reduces pain in the soft tissues of eye). Triphala guggulu, helps in balancing all the tridoshas, and helps in flushing of toxins from eyes as it is a potent detoxifier.

CONCLUSION

Episcleritis is a condition which has probable correlation with sirajaala. The treatment modality like nasya, and kriyakalpas like bidalaka, ksheera seka, annalepa adopted in this case has reduced symptoms of redness of sclera, lacrimation, photophobia. The patient felt significant relief in symptoms after undergoing the treatment.

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