



Case Study

AYURVEDIC SUCCESSFUL MANAGEMENT OF NODULAR EPISCLERITIS WITH PROLONGED PERIOD FOLLOW UP-A CASE REPORT

Shantala Priyadarshini^{1*}, Pannaga N Terragundi², Pooja Gangadkar³, Priyanka⁴

¹Director and Senior Consultant, ⁴Research Associate, Dr. Vijay's Ayurveda Research & Therapy centre, Mysore, India.

^{2,3}PG Scholar, Sri Dharmasthala Manjunatheshwara Ayurvedic Medical College, Bengaluru, Karnataka.

Article info

Article History:

Received: 01-09-2021

Revised : 12-09-2021

Accepted: 26-09-2021

Published: 16-10-2021

KEYWORDS:

Nodular
Episcleritis,
Prolonged Period
Follow Up,
Mahayogaraja
guggulu, Balarista.

ABSTRACT

Episcleritis, an acute unilateral or bilateral inflammation, usually idiopathic or autoimmune condition with or without underlying systemic condition is a troublesome manifestation of red eye reported. It manifests as red or pinkeye, varied mild pain to foreign body sensation, tender discomfort on touch, commonly recurs. As an acute condition patient seeks medical assistance. Ayurveda recognised this either as *Sirajala*, *Siraharsha*, *Sirajapidika* and a *Shuklabhagaroga*. Here a young lady with painful repeated manifestation of episcleritis is reported seeking Ayurveda for holistic management of the condition after repeatedly trying other systems in vain. Patient was treated with suitable *Shodhana*, *Kriyakalpa* followed by necessary *Dinacharya* and *Rasayana* ensuring non recurrence; *Deepan pachana*, *Anulomana*, *Kriyakalpa*, *Rasyana* chosen were all *Chakshushyadravyas*. To add up to synchronize the effect of yoga therapies advised, to achieve non recurrence of symptoms.

Trikatu, *Trivrt*, *Triphala*, *Yashtimadhu*, *Madhu*, *Ghrta* known *Chakshushyadravya* having vitamins and trace elements known to be highly beneficial to the eye and all sense organs was advocated, *Kriyakalpa* play a major role in immediate mitigation of symptoms and also prevents recurrence. *Seka* is most accepted *Kriyakalpa* for enhancing quick relief, non recurrence, cost effective Ayurveda management reported after a prolonged period of follow up for a year. Yoga therapy included *Suryanamaskar*, *Anulomaviloma pranayama* and *Trataka*, Ayurveda and yoga when added to management ensured non recurrence.

INTRODUCTION

Episcleritis, idiopathic and self limiting or as an autoimmune condition. Any underlying general systemic conditions as causative factor is reported and prevalent more in female adults. Also has types viz, nodular, diffuse and simple. manifest in single or both eyes ,could be with no symptoms and tender and painful manifestation.^[1-3].

Benign inflammation of the conjunctival and superficial episcleral vascular plexi is also known as subconjunctivitis, phlegmatous conjunctivitis, episcleritis periodica fugax.

In Ayurveda, Episcleritis is similar to a condition called as *Sirajala*, a type of *Shuklagathanetraroga* (Disease of sclera) as explained by *Acarya Susruta*. It is a *Raktaja Chedana Sadhyavyadhi* (curable through excision). It presents with symptoms like *Jalabha* (network of vessels), *Katina sira Mahan* (tough raised vessels). The general line of management for *Sirajala* is *Bheshaja* (*Abhishyandavat*- similarly treated like Conjunctivitis management) as a first line of treatment, *Abhishyandha* as it's said to be the *Purvarupa* of most eye diseases. If not cured by *Bheshaja* then *Chedana* (excision) is indicated^[4].

It is usually benign but few cases recur so frequently needing continued medications and may result in complications like various uveitis, visual disturbances, glaucoma and advance to cataracts. Medications include non -steroidal anti inflammatory drugs to relieve pain and other symptoms but to stop recurrence Ayurveda can be of immense assistance

Access this article online

Quick Response Code



<https://doi.org/10.47070/ijapr.v9i9.2010>

Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

with various herbal formulations. Many stalwarts shalakii s have reported case studies.^[5-9]

Case Report

A young lady aged 18 years presented with severe ciliary congestion in both eyes, elevated bulbar conjunctiva and complained of painful gritty sensation, headache, intermittent mild fever and malaise. Medical history as below made the patient turn towards Ayurveda management. Medical history -Patient had similar episodes of acute pain, ciliary congestion and was on the following medications. 1.800 mg ibuprofen three times daily and after a week was advised flurbiprofen 100 mg three times daily-relief from pain and redness was evident. Patient developed nausea and stomach pain after dosage was reduced. Redness

cleared and the patient developed the above side effects. So the medicines were stopped. P, allergic conjunctivitis, visual problems and was treated in vein. Patient was advised topical ophthalmic 0.5% prednisolone. Was diagnosed as episcleritis. 5th episode 2 weeks after medications have been stopped. Symptoms recurred. After 15 days of stopping medicines, gradually symptoms recurred. These symptoms kept repeating. So blood tests and chest Xray was advised. Negative Mantoux test, raised ESR. So was advised ATT- Isoniazid (INH), Rifampicin (RIF), Ethambutol (EMB), pyrazinamide (PZA). Patient stopped all medications and opted for holistic management. Repeated monthly episodes.

Table 1: Symptoms Scale Admission, Discharge, Follow up

Symptoms	Scale Management admission	Scale after management day of discharge	Scale after management 9 months after discharge
Redness	+++++	-----	-----
Tender	+++	+	-----
Lacrimation	-----	---	---
FB sensation	+++	Nil	Nil
Headache	++++	occasional	Rarely
Photophobia	++	Nil	Nil
Dryness	+++++	+	+

Differential Diagnosis- conjunctivitis, phlyctenular conjunctivitis, scleritis were considered. Diagnosis- Recurrent episcleritis with mild RA Assessment Slit lamp examination- Sectorial slightly elevated bulbar conjunctiva, engorged episcleral vessels bright red, no foreign body present, no blepharitis or trichiasis. Cornea and lids normal Dryness checked using Schirmer strip indicates dryness Objective assessment visual analog scale (VAS) Symptom Universal pain assessment scale 0--10 scale patient assessment^[10] was adopted. Activity tolerance scale --No pain, Can be ignored, Interferes with task, Interferes with concentration, Interferes with basic needs, bed rest required. Assessment in Dry Eye^[11] Schirmer strip indicates dryness *Shushkatha* (mild dryness -greater than 15) *Shushakshipaka* (moderately dry eye) 10 to 15

Table 2: Symptoms Reduction Scale- During, After management

Symptoms	Before	During management	After management
Subjective			
Redness	+++++	+++	-----
Pain	+++	+	---
Lacrimation	+	+	---
FB sensation	+++++	++	---
Headache	+++	+	---
Photophobia	+	+	---
Objective			
Dryness	Moderate 12	Mild 18	Mild 18
Tenderness	++++	++	---

Table 3: Balarista- Balarishta ref Bhaishajya Ratnavali Vatavyadhi pp.567-572

Ingredient	Quantity	Ingredient	Quantity
<i>Bala</i>	1 Tula	<i>Eranda</i>	2 Pala
<i>Ashwagandha</i>	1 Pala	<i>Rasna</i>	1 Pala
<i>Guda</i>	3 Pala	<i>Ela</i>	1 Pala
<i>Jala</i>	4 Drona	<i>Prasarini</i>	1 Pala
<i>Dhataki Pushpa</i>	16 Pala	<i>Usheera</i>	1 Pala
<i>Payasya</i>	2 Pala	<i>Gokshura</i>	1 Pala

Table 4: Mahayogaraja guggulu- Sharangdhara Samhita Madhyamakhandha 7/56-69

Ingredients	Quantity	Ingredients	Quantity
<i>Nagaradi (20) Prakshepaka</i>	20 Parts	<i>Vanga Bhasma</i>	1 Pala
<i>Amalaki</i>	40 Parts	<i>Raupya Bhasma</i>	1 Pala
<i>Haritaki</i>	40 Parts	<i>Naga Bhasma</i>	1 Pala
<i>Vibhitaki</i>	40 Parts	<i>Loha Bhasma</i>	1 Pala
<i>Suddha Guggulu</i>	140 Parts	<i>Abhraka Bhasma</i>	1 Pala
<i>Guda</i>	QS	<i>Mandura Bhasma</i>	1 Pala
<i>Gritha</i>	QS	<i>Rasa Sindura</i>	1 Pala

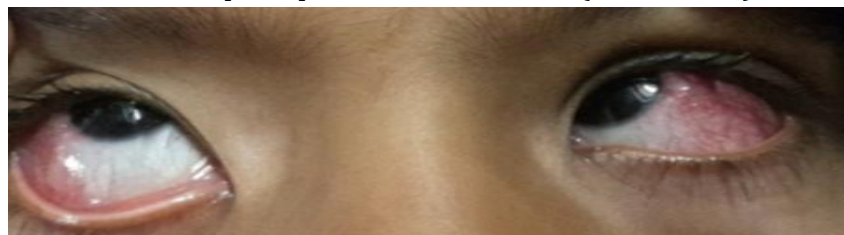
Table 5: Timeline Management

Date	Management	Details
12.06.2018	<i>Deepana, Pachanaanulomana</i> 3days	<i>Trikatu</i> ¼ teaspoon + honey twice a day <i>Triphala churna</i> ¼ teaspoon in hot water bedtime administered.
15.06.2018	<i>Pratimarshanasyaanutaila</i> <i>Seka</i> twice a day	Twice a day for 1 week continued once a day for a month. 20mins <i>Seka</i> – <i>Yastimadhu churna</i> + <i>Sariva churna</i> + <i>Ksheera</i> + <i>Jatpatra Swarasa</i> not warm continued full time
22.06.2018	<i>Shoolashotaharabidalaka</i> twice a day for a 6 weeks <i>Charaka Trimarmeyya chikitsa</i>	<i>Nimbhapatra</i> paste ½ teaspoon + <i>Nagara churna</i> ½ teaspoon + 3 grains <i>Saindavalavan</i> continued full time
12.01.2019	Oral medication as in table as in table below	<i>Mahayogarajaguggulu</i> 500gm crushed added to 10ml <i>Balarishta</i> + equal water twice a day after food for 6months
21.06.2019	<i>Trataka, Yoga, Pranayama</i> -whole 4months daily once	Patient was taught ghee lamp <i>Jyotiratak</i> <i>Suyanamskara, Sarvangasana, Shavasana</i> <i>Anulomaviloma pranayama</i>
21.06.2019	<i>Keshamasianajana</i> prepared as per <i>Vagbhata</i> in <i>Shuskashipaka</i>	Was started after 1 week, once a day. Advised to be continued for 6 months

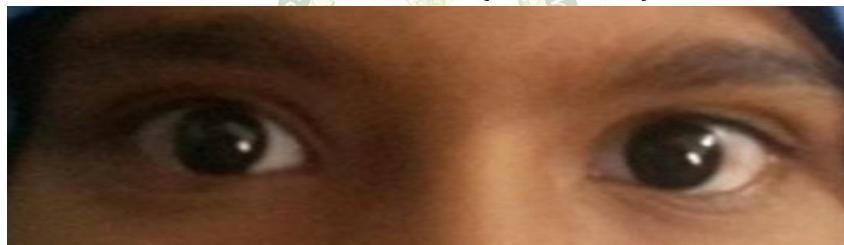
Day of Admission (12.06.2018)



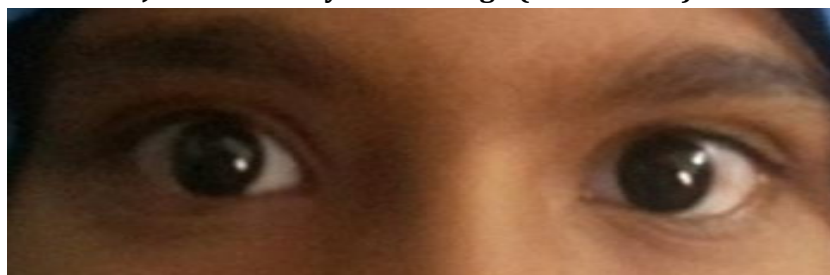
After *Deepana pachana anulomana* (15.06.2018)



After *Seka, Bidalaka* (22.06.2018)



Just on the day of discharge (22.07.2018)



6months follow up after discharge - no recurrence (12.01.2019)



9months- No Recurrence (21.06.2019)

RESULTS

Patient got total relief from pain, tenderness, photophobia and redness in 4 weeks but dryness though reduced was still not totally normal so medications were continued for almost 6 months and when no recurrence was noted all medications were stopped and patient follow up next three months was uneventful as no recurrence was reported.

DISCUSSION

Normal status of *Agni* is very important so *Deepana*, *Pachana* and *Anulomana* was initiated in the beginning as Ayurveda believes all conditions start due to errors in metabolism.^[26]

Seka, *Bidalaka* have been adopted in many eye conditions to mitigate pain, inflammation and here too such *Kriyakalpas* have been found beneficial.

Anutaila is best for application as *Pratimarshanasya* as it is also known as anti-inflammatory, effective in *Urdwajatratarogas* it is beneficial for daily application.^[27]

Management included anti-inflammatory therapies, immunomodulators and it was holistic management to ensure no recurrence.

Ophthalmic Uses and Indications: *Neem Netrarbadhahara* (analgesic ophthalmic action), *Netrakanduhara* (anti-allergic action), *Netra sotha hara* (indicated in ocular inflammations) *Netrya* (conductive in ocular conditions) (Srikanth; N. 2000).

Holistic management includes oral medication like *Mahayogaraja guggulu* 500gm crushed and dissolved in *Balarista* 20ml with equal water to be taken after meals as it is best absorbed and acts faster.

REFERENCES

- Schonberg S, Stokkermans TJ. Episcleritis. [Updated 2021 Aug 11]. In: Stat Pearls [Internet]. Treasure Island (FL): Stat Pearls Publishing; 2021 Jan-. PMID: 30521217.
- <https://www.ncbi.nlm.nih.gov/books/NBK534796>
- Sainz de la Maza M, Molina N, Gonzalez-Gonzalez LA, Doctor PP, Tauber J, Foster CS. Clinical characteristics of a large cohort of patients with scleritis and episcleritis. *Ophthalmology*. 2012 Jan; 119(1):43-50.
- Watson PG, Hayreh SS. Scleritis and episcleritis. *Br J Ophthalmol*. 1976 Mar; 60(3): 163-91. [PMC free article] [PubMed]
- Murthy Srikantha K R. Illustrated *Susruta Samhita Uttara tantra* 15/21. Varanasi: Chaukhamba Orientalia; 2010.
- Namboothiri P. Sreekanth, et al: Management of Scleritis Through Ayurveda- A Case Report. *International Ayurvedic Medical Journal* {online} 2019 {cited February, 2019} Available from: http://www.iamj.in/posts/images/upload/291_29
- 5.pdf Martin Grueterich, Edgar Espana, EikiGotoClin *Ophthalmol*. 2008 Mar; 2(1): 31-55. doi: 10.2147/opth.s1496 PMID: PMC2698717
- Schiffman RM, Christianson MD, Jacobsen G, et al. Reliability and validity of the Ocular Surface Disease Index. *Arch Ophthalmol*. 2000; 118: 615-621.
- Vardhan P, Dhiman KS, Sharma SK. Shimla: HPU; A clinical study on the effect of Keshanjana and Parisheka in the management of Sushkakshipaka w.s.r. to Dry Eye Syndrome; p. 2005.
- Dhiman KS, Vyas M, Prajapati PK. Standard operational procedures of Keshanjana. *Int J Ayu Med*. 2012; 3:152-5.
- <https://onlinelibrary.wiley.com/doi/epdf/10.1111/aos.14484>
- Choudhury ry C, Manjusha R, Bavalatti N. A clinical success in Sirapidika (episcleritis) with Saindhavadi Bidalaka yoga and oral medications – A Case Report. In t. J. AYUSH CaRe. 2019; 3(3): 197-200
- Priyadarshini ST, Remitha K K, Priyanka S. Ayurvedic management of co-infection of Herpes zoster ophthalmicus in COVID-19 patient: A case report. *J Ayurveda Case Rep* 2021; 4: 44-9
- Clinical Observation of Nimba (*Azadirachta Indica* A. Juss.) And Sirisha (*Albizia Lebbeck Benth.*) In Simple Epidemic Viral Conjunctivitis.
- S, Lokeshwar T, Mukesh B & Vishnu B, Review on neem (*Azadirachta indica*) Thousand problems one solution. *Int Res J Pharm*, 2 (2011) 97.
- Topical Ginger Treatment With a Compressor Patch for Osteoarthritis Symptoms
- Tessa Therkluson J *Holist Nurs*. 2014 Sep; 32(3): 173-182. doi: 10.1177/0898010113512182
- PMCID: PMC4230973 Afzal M al-hadidi D, Menon M, Pesek J, Dhimi MS (2011). Ginger: An Ethnomedical, Chemical and Pharmacological Review. *Drug Interact*. 18:159-190.
- Muzaffer Alam, K.K Shanmuga Dasan, Susan Thomas, Joy Suganthan, Anti-Inflammatory Potential of Balarishta and Dhanvantara Gutika In Albino Rats, *Anc Sci Life*. 1998 Apr-Jun; 17(4): 305-312. PMID: PMC3331117
- H.K Amarnath: Ayurvedic Management of Sirajala (Episcleritis)– A case report; *ayurpub*; IV(4): 1305-1309
- Choudhury, C., Rajagopala, M., & Bavalatti, N. (2019, October 3). A clinical success in Sirapidika (episcleritis) with Saindhavadi Bidalaka yoga and oral medications – A Case Report. *International Journal of AYUSH Case Reports*, 3(3), 197-

- 200.<https://doi.org/https://doi.org/10.52482/ijacare.v3i3.95>
21. Shital S. Bolkuntwar: A Case Study – Management of Episcleritis with Jalaukavacharan. International Ayurvedic Medical Journal {online} 2017 {cited September, 2017} Available from:http://www.iamj.in/posts/images/upload/3649_3655.pdf
 22. Anju D, Pushpa RP, Ashwini MJ. Ayurvedic management of Episcleritis (Sira Pidaka)- A Case Study. J AyurvedaIntegr Med Sci 2017; 1:254-257. The challenge of dry eye diagnosis Giacomo Savini, Pinita Prabhawasat, Takashi Kojima.
 23. G. Gopinathan, Kartar Singh Dhiman, R. Manjusha, A clinical study to evaluate the efficacy of Trataka Yoga Kriya and eye exercises (non-pharmacological methods) in the management of Timira (Ammetropia and Presbyopia) Ayu. 2012 Oct-Dec; 33(4): 543-546. doi: 10.4103/0974-8520.110534 PMID: PMC3665208
 24. Gopal KS, Bhatnagar OP, Subramanian N, Nishith SD. Effect of yogasanas and pranayamas on BP, pulse rate and some respiratory functions. Indian J PhysiolPharmacol. 1973; 17: 273-6.
 25. Bhutkar MP, Bhutkar VM, Taware BG, Doijad V, Doddamani BR. Effect of suryanamaskar practice on cardio-respiratory fitness parameters: A Pilot Study. Al Ameen J Med Sci. 2008; 1: 126-9.
 26. Charaka S, Sashtri Kashinath, Pt, Chaturvedi Gorakhnath., Dr.Ibid verse 15/4. Varanasi: Chaukhamba Bharti Academy; 2004. Chikitsasthana, 15/4; p. 452)
 27. Das Nabanita, Choudhary Kuldeep, Kanika Goswami. Trikatu Churna in the Management of Hypothyroidism. International Journal of Ayurveda and Pharma Research. 2018; 6(4):71-74.
 28. Dr. Nidhi Gupta, Dr. Kshiteeja Choudhary, & Dr. Gopesh Mangal. (2020). Conceptual study on Partimarsha Nasya- A Review Article. Journal of Ayurveda and Integrated Medical Sciences, 5(04), 367-372.
 29. Tanwar SR, Thakar AB, Ramteke R. Clinical evaluation of Nasya Karma in cervical spondylosis: Case series. Indian J Health Sci Biomed Res 2017; 10: 335-9
 30. Effect of Suryanamaskar on han healthy volunteers in http://statperson.com/journal/science_and_technology/Article/Volume12Issue2/12_2_5.pdf
 31. Hedaoo MM, Bhole TP. Narrative review of guggulu formulations of Ayurveda reflecting their percentage of guggulu, pharmaceuticals and pharmacology. IP Int J Comprehensive Adv Pharmacol 2020; 5(4):151-157.

Cite this article as:

Shantala Priyadarshini, Pannaga N terragundi, Pooja Gangadkar, Priyanka. Ayurvedic Successful Management of Nodular Episcleritis With Prolonged Period Follow Up- A Case Report. International Journal of Ayurveda and Pharma Research. 2021;9(9):74-79. <https://doi.org/10.47070/ijapr.v9i9.2010>

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Shantala Priyadarshini
Director & Senior consultant,
Dr. Vijay's Ayurveda Research
& therapy centre, 1st main,
18th cross, Jayanagar. Mysore,
Karnataka.
Email:
shantala301@gmail.com

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.