



AYURVEDIC MANAGEMENT OF VERNAL KERATO CONJUNCTIVITIS- A CASE REPORT

Dr. Sandeep Anand P.^{1*} and Dr. Hamsaveni²

¹PG Scholar, Department of PG Studies in Shalakyatantra, SKAMCH & RC, Bengaluru.

²Guide Professor, Department of PG Studies in Shalakyatantra, SKAMCH & RC, Bengaluru.

*Corresponding Author: Dr. Sandeep Anand P.

PG Scholar, Department of PG Studies in Shalakyatantra, SKAMCH & RC, Bengaluru.

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ABSTRACT

A 22 year old male patient, giving a history of yellowish and reddish discoloration of bulbar conjunctiva in both eyes since 12 years associated with pain and burning sensation presented in OPD. On examination with slitlamp presence of pappillae and hypereamia in palpebral conjunctiva and Triangular congestion in the limbal area where observed. Owing to the signs and symptoms the case was taken as Vernalkerato conjunctivitis. According to ayurveda can be correlated Vataja Abhishyanda with paittika involvement and vata- pittahara treatment was given where mainly shodhana and kriyakalpa procedurs like Bidalaka, Seka was administered. After one week of treatment pappilla, congestion and Hypereamia was reduced. Ayurvedic treatment modalities especially Shodhana chikithsa followed by sthanika treatment showed marked improvement. If the Same is not treated at time it may lead to complication such as corneal damage, scar, perforation and loss of vision.

KEYWORDS: VKC, Kriyakalpa, Virechana.

INTRODUCTION

Vernal Kerato Conjunctivitis is a recurrent bilateral conjunctivitis occurring with the onset of hot weather and therefore rather a summer than a spring complaint, found in young children and adolescents, usually boys.^[1] It is relatively a rare, chronic form of ocular allergy that can cause severe visual complications. VKC is more frequent in warmer, arid, windy climates, in the mediterranean area, central africa, Japan, India, and south America but is also reported in North America, China, Australia, Great Britain and Sweden. VKC appears mainly seasonally but can be perennial, chronic or with acute exacerbations.^[2] Pathogenesis of VKC is characterised by T-h2 lymphocyte alteration and the exaggerated IgE response to common allergens.^[3] Mast cell stabilizers, topical nonsteroidal anti inflammatory drugs (NSAIDS), and steroids are the available treatment options that too with symptomatic relief and potential side effects, which limits the long term use of these medicines. Thus, there is an increasing demand to understand the disease in view of Ayurveda and to establish the management through Ayurvedic system of medicine. In Ayurveda it is correlated with vata associated with pittaja abhishyanda.

CASE REPORT

Chief complaint: Pt C/O reddish discoloration, watering, grittiness & difficulty in opening both the eyes since 12 years.

History of present Illness: 12 years before, The patient had no complaints pertaining to eyes. Gradually he developed yellowish discoloration and watering of eyes and he consulted in a hospital where he was diagnosed as a case of jaundice. He was given some eye drops which on instillation in the morning he was getting some relief but again by evening symptoms were aggravating. Later had consulted in various other hospitals, of which the details are not available. In 2017 May he developed redness and severe burning sensation along with the above complaints and consulted GEF eye hospital where he was diagnosed as a case of vernal kerato conjunctivitis and was given treatment. But he didn't find any relief on taking the treatment and later on 6/7/17 he approached SKAMC hospital for the same complaints and got admitted.

Occupational History

Patient is a driver.

- Personal History: diet-mixed
- Appetite – Good
- Bowel – once in one day.
- Bladder – 3-4 times/day.

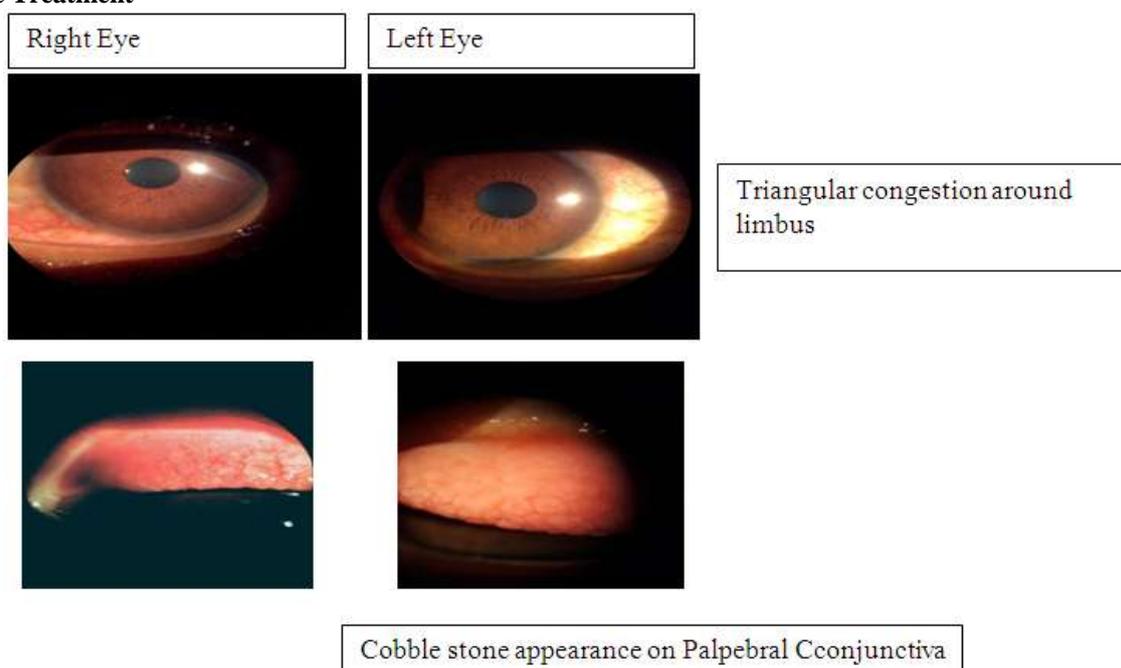
Ocular examination

- Head posture: Head is erect with normal Facial Symmetry.
- Visual axis: Light falls at centre of the pupil parallel to eyes, no squint.
- Extra ocular Movement: There is full range of movement with no double vision.
- Fore head & Eyebrow: Fore head is normal with no wrinkles. Eye brow are in symmetrical level & shape.

Structure	Examination	Right Eye	Left Eye
Eye lids	Position Movements	Normal Normal	Normal Normal
Lacrimal Apparatus	Lacrimal sac Puncta	Normal Patent	Normal Patent
Eye Ball	Position Visual Axis	Normal	Normal
Conjunctiva	Bulbar conjunctiva	Triangular congestion near the limbus	Triangular congestion near the limbus
	Palpebral Conjunctiva	Hypereamia and presence of giant papilla	Hypereamia and presence of giant papilla
Sclera	Discoloration Inflammation	Yellowish discoloration Absent	Yellowish discoloration Absent
Cornea	Transperancy Reflex	Normal Normal	Normal Normal
Pupil	Colour	Grayish black	Grayish black
	Consensual light reflex	Normal	Normal
	Swinging light reflex	Normal	Normal
Lens	Transperancy	Normal	Normal

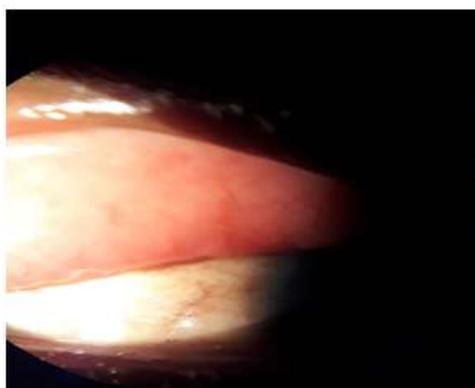
Visual Acuity

	Distant vision	Near vision
Both Eye	6/6P	N6
Right Eye	6/9P	N6
Left Eye	6/6P	N6

Before Treatment

Treatment

Date	Advice	Observation
7/7/17	Snehapana with Mahatriphaladi ghrita ^[4] 30ml	-
8/7/17	Snehapana with mahatriphaladi grita 70ml	-
9/7/17	Snehapana with Mahatriphaladi ghrita 110ml	Pt felt reduced pain
9/7/17 to 13/7/17	Bidalaka with Triphala, Yashti, Kumuda and sariva	Triangular congestion and burning sensation reduced
	Seka with Triphala, Yashti, Sariva and Haridra	-
	Ajadugdha ^[5] aschyotana 8 drops/daily.	-
10/7/17 to 12/7/17	Sarvanga abhyanga and bashpasweda with ksheera bala taila ^[6] and maha narayana taila ^[7]	-
13/7/17	Virechana with trivrit leha ^[8] 70 gms	5 vegas, Pappille are very much reduced on both eyes
14/7/17	Bidalaka with triphala and yashti Yashti madhu ksheera paka jeevanthyadi ghrita ^[9] seka	Completely relieved from his complaints.

After Treatment**Right****Left****DISCUSSION**

Vernal kerato conjunctivitis is a unique disorder among a spectrum of allergic eye diseases. It is a chronic bilateral, inflammatory condition most commonly affects young, male patients, but it is frequently observed in tropical regions where it may affect both sexes equally.^[10] As per our acharyas Drishti is pitta sthana and thus virechana is the treatment of choice in relieving the vitiated pitta. Virechana karma acts on tridoshas in genaral and pitta and rakta in particular. Virechana has pittasodhana and rakta prasdana property.^[11]

Bidalaka is indicated in early stages of diseases. Tiryak dhamanias which are present in skin of lids, when the medicine comes in contact with it & brajaka pitta present in lids does pachana through veerya of drugs.^[12] The skin present over the lids is extremely thin and the subcutaneous fat is absent, so the medicine is absorbed easily. Drugs used in bidalaka are triphala, yashti, kumuda and sariva. Triphala-Yashti is anti bacterial and anti microbial in action, and more over both are chakshushya. Kumuda and Sariva are sheethaveerya drugs and are pittahara in action. Thus Bidalaka helps to reduce shopha, Raga and ashru.

Acharya Charaka says, drava sweda is best in relieving the pitta samsrusta vyadhi which is indirectly called as Seka. Sushruta says it is the virya, Karma and Prabhava of the drugs which acts, when it comes in to contact with the skin (netra vartma), and siras of netra and bhrajaka pitta over vartma. By these quality Pachana and shamana of netra gata dosha can be attained. Principally corneal epithelium is lipophilic and Stroma is hydrophilic. Agents that reduce the surface tension increase the corneal wetting and therefore present more drug for absorption. When irrigation is done on closed eyes only small amount of the drugs enters to ocular surface through fissure which is sufficient for the absorption from cornea. The drugs used in seka are Triphala, Yashti, Sariva and Haridra. These all have antiinflammatory property, which helps to reduce the inflammation due to allergic reaction.

When the drugs are administered topically in the eyes, the pathway of penetration is through cornea (trans corneal pathway) or the conjunctiva, it is known that most of the active substances for topical absorption are absorbed through transcorneal pathway. The corneal epithelium allows, the passage of water repellent active substances through epithelial cells by diffusion

(transcellular- cellular pathway) & of hydrophilic substances between the spaces.^[13]

Ajadugdha is chakshushya, laghu, rakta-pittahara, madhura rasa, snigdha guna and seetha veerya. There by reducing burning sensation, redness. Due to its snigdha guna and prasadana action relives grittiness.^[14] Ajaksheera contains high levels of zinc which helps in removing necrosed collagen and promotes repair of the cells.

CONCLUSION

Vernal kerato conjunctivitis or spring catarrh as mentioned earlier is having a periodic seasonal incidence. Ayurvedic mode of management has shown drastic change in this condition. The procedures opted like shodhana proceduers and kriyakalpa opted like Bidalaka has shown their efficacy in overcoming the main complaints. In the modern era, toxins due to air pollution is linked with the vision problem as per studies so proper knowledge of eye health, hygien and proper management at earliest can reduce the level of risks seen. Here with our ayurvedic treatment we could manage the signs and symptoms of VKC. Continued research is necessary to better understand the complex nature of VKC.

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