

AYURVEDA MANAGEMENT OF VERNAL KERATOCONJUNCTIVITIS – A CASE REPORT

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ABSTRACT

Vernal Keratoconjunctivitis (VKC) is an allergic eye disease that is recurrent, bilateral, interstitial and self-limiting. The most common symptoms are itching, photophobia, burning and tearing. The most common signs are giant papillae, superficial keratitis and conjunctival hyperaemia. Males are more likely to acquire the disease, but this gender gap is less pronounced in tropical climates. VKC can be treated in a stepwise manner depending on the severity of the disease like cool compresses and saline rinses, preservative-free artificial tears, mast cell stabilizers, antihistamines and topical corticosteroids. This condition can be co-related to pitta pradhana tridoshaja abhishyanda explained under sarvagatha netra rogas which is characterized by daha, prapaka, ushna ashru, peeta netrata, shyava vartma, vartma shopha and shishirabhinanda. **Material and Method-** A 35yrs female patient came to OPD of Shalakya Tantra, GAMC, Mysuru, Karnataka with complaints of severe itching, redness, pricking pain, burning sensation, watering of both the eyes, oedema and discolouration of both eyelids. She was previously diagnosed with a case of VKC and was on topical corticosteroids with temporary relief for 5 years. She was treated with sadhya virechana, seka, one sitting of tarpana, Anu taila prathimarsha nasya and saphthamrutha louha with madhu and ghrita. **Result** - At the end of the study, there was remarkable improvement in both signs and symptoms. **Conclusion** - Ayurvedic approach has its own significance which is very effective with a very good response.

Keywords: Abhishyanda, Prapaka, Shyava vartma, Shishirabhinanda.

INTRODUCTION

Vernal Keratoconjunctivitis or spring catarrh is a severe inflammatory eye disease, more common in boys than girls aged between 4-20 years¹. It is considered a hypersensitivity reaction to some exogenous allergen, viz, grass pollens. The association with springtime represents a seasonal increase in the condition's signs and symptoms, which are most extreme in humid, arid environments but may occur at any time of year. It is more prevalent in the tropics, less in temperate zones and almost non-existent in cold climate². It is characterised by marked burning and itching sensation which is usually intolerable associated with mild photophobia, lacrimation, ropy discharge and heaviness of lids³. This condition (VKC) constitutes the features of vata, pitta and kapha dosha with a predominance of pitta lakshana. Hence, in the present study Pittaja abhishyanda treatment was adopted. Virechana is one of the Panchakarma therapies and it specifically aims at the elimination of excessive pitta dosha from the body. Seka is one of the netra kriya kalpa most commonly adopted in amavas-

ta and can be done during the manifestation of symptoms or till the disease subsides. *Tarpana* is exclusively indicated in abhishyanda⁴. There are no clear contra-indications for *nasya* in *netra rogas*. Saphthamrutha louha is having both *chashushya* and *rasayana* properties.

CASE HISTORY

A 35-year female patient, previously diagnosed with a case of VKC came with a complaint of severe burning sensation, itching, pricking pain, redness, tearing and photophobia of both eyes for 5 years. The patient gives a history of topical corticosteroids usage for 5 years with temporary relief. Also due to frequent re-occurrence of symptoms the patient wants a permanent cure from alternative medicines. No significant family history was found. **Personal History:** food - vegetarian, bland food, appetite - good, bowel - regular, micturition - normal, sleep-disturbed sleep.

Clinical Findings-BP-130/80, Pulse-72/min and systemic examination were within normal limits.

Ocular examination:

External ocular examination:

Inspection in diffuse light

SL.NO	Particulars	RE	LE
1.	Eyelids	Oedematous	Oedematous
2.	Eyelashes	Rough	Rough
3.	Lacrimal Apparatus	Normal	Normal
4.	Eyebrows	Normal	Normal
5.	Pupil	Normal Reflex	Normal Reflex
6.	Cornea	Clear	Clear
7.	Conjunctivae(bulbar)	Dusky red triangular congestion, gelatinous limbal membrane, tantra's spots seen.	Dusky red triangular congestion, gelatinous limbal membrane, tantra's spots seen.
	Conjunctiva(palpebral)	Severe congestion	Severe congestion
8.	Discharge	Watering Eye	Watering Eye
9.	Face	Normal	Normal
10.	Head	Normal	Normal

Focal illumination examination (Direct Ophthalmoscopy):

Fundus examination:

SL.NO	Observations	RE	LE
1.	Fundal media	NAD	NAD
2.	Optic disc	NAD	NAD
3.	Macula	NAD	NAD
4.	Retinal blood vessels	NAD	NAD
5.	General background	NAD	NAD

VISUAL ACUITY:

DV	BE	RE	LE
Without glass	6/18	6/24	6/18
With glass	6/9	6/9	6/9
PH	6/6	6/6	6/6
NV	N6	N6	N6

Dashavidha pariksha

1. Pracruthi-pitta pradhana
2. Vikruti- Pittaja
3. Vaya (avastha)-yavana
4. Sara-madhyama
5. Satwa-avara
6. Samhanana-madhyama
7. Ahara shakthi-madhyama

8. Vyayama shakthi-madhyama
9. Pramana-madhyama
10. Satmya-madhyama

SROTAS: Rasa, raktha and mamsavaha srotas are involved.

TREATMENT PROTOCOL

Sadya virechana – 1 day, Seka- 07 days, Tarpana-05 days, Pratimarsha nasya-15 days

INTERVENTION

Sl. No	Procedures	Medicines	Duration	Quantity
1	Sadya virechana	Trivrit lehya	01 day	30 gms
2	Seka	Triphala kashaya	07 days	as required
3	Tarpana	Triphala ghritha	05 days	as required
4	Prathimarsha nasya	Anu taila	15 days	2 drops
5	Internal medicine	Sapthamrutha louha	15 days	1 tab 2 times with unequal quantity of madhu and ghritha.

RESULT

There was a significant improvement in both signs and symptoms. The patient could appreciate the reduction in severe pricking pain and grittiness after seka. Also, a considerable relief from itching which persisted for many years was observed after tarpana. Likewise, conjunctival congestion was decreased markedly. No adverse effects were reported during the study.

DISCUSSION

VKC is thought to be an atopic allergic disorder in many cases, in which IgE-mediated mechanisms play an important role⁵. Abhishyanda is an important disease explained in sarvagatha rogas and if neglected leads to other complicated eye diseases. Likewise, pittaja abhishyanda is a severe inflammatory condition characterised by burning sensation, excessive hot lacrimation, itching etc. which was evident in this present case. The bodily doshas are eliminated either by shodhana or shamana chikitsa. Virechana karma is a specific process for the elimination of vitiated pitta

dosha⁶. Also, dusti of all 3 doshas are checked by virechana⁷. The eye is the seat of alochaka pitta responsible for the perception of vision, any imbalance in alochaka pitta leads to netra vyadhi lakshanas. In the present study, it was pitta pradhana abhishyanda and the aim was to eliminate bahudosha from netra before adopting netrakriya kalpas. Seka is one of the kriya kalpa indicated in inflammatory conditions of an eye. In this study, triphala kashaya seka was done wherein amalaki acts as a natural antioxidant that promotes healthy eyes. Harithaki portrays strong anti-bacterial, anti-viral, and anti-fungal properties and on the other hand, bhibhithaki acts as an antioxidant and anti-inflammatory. Thus, maximum relief from itching, pain and swelling was achieved after triphala kashaya seka. This was followed by triphala ghrita tarpana. Ghrita is effective in subsiding pittaja and vataja disorders and considerably improves dhatus. Also, ghrita due to its sansakaranuvartana quality easily imbibes the properties of other drugs processed with it without leaving its own properties. Ghrita being sheeta veerya can effectively manage alochaka pitta and due to its balya, brimhana and rasayana properties, it gives strength to the overall tissues of the eyeball. Anu taila nasya being both vairechanika and rasayana checks the vitiation of doshas and relieves avarodha and this could be achieved by prathimarsha anu taila nasya done for 15 days in this study. The probable mode of action occurs as the nose is connected to the ophthalmic branch of the trigeminal nerve⁸. Saptamrita loha is a multi-beneficial compound herbomineral formulation commonly used in eye ailments. It is both chashushya (excellent for eyesight) and raktavardhaka (haematinic) and helps to improve eyesight and haemoglobin⁹.

CONCLUSION

This diagnosed case of VKC, under close clinical observation and patient's history it is co-related to pitta pradhana tridoshaja abhishyanda. Since it was a chronic case with temporary relief of symptoms with the usage of corticosteroids, it was challenging to treat this case with an alternative system of medicine. There were neither complications nor adverse reac-

tions seen during and after treatment. Follow up of the patient is very much required if any recurrence of symptoms occurs and must undergo appropriate Netra kriya kalpas. In resolved cases of VKC, the patient should be monitored annually for any recurrence. Thus, with proper diagnosis, treatment and education VKC could be controlled. Further clinical research on a large scale could be taken up and this would benefit many patients suffering from VKC.

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