

A CASE STUDY – MANAGEMENT OF EPISCLERITIS WITH JALAUKAVACHARAN

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ABSTRACT

Hirudo therapy has been mentioned in *Ayurveda* by the name of *jalaukavacharan*. It is one of the process of *raktamokshan* (bio-purification method) mentioned in *Ayurveda*. In present era leeches are used in the treatment of various diseases - areas from head to foot, where leeches are evident to give successful results in respective diseases. So, here case report is presented of a patient diagnosed as episcleritis having symptoms of redness, foreign body sensation, pain, rarely photophobia & lacrimation. Episcleritis is benign recurrent inflammation of episclera involving overlying tenon capsule but not underlying sclera. Treatment given is steroid, NSAID and tear substitute eye drop. Episcleritis runs a limited course of 10 days to 3 weeks & resolve spontaneously. However, recurrences are common. Episcleritis can be treated as *Sirajal*, though there is no exact correlation mentioned in *Ayurvedic Samhita*. According to *Ayurveda* vitiated *Vata* and *Rakta* plays important role in development of *Sirajal*. Owing to above fact *jalaukavacharan* is found effective in treatment of episcleritis. So five sittings of *jalaukavacharan* were done on given patient with the interval of 3 days and follow-up taken after 15 days. It is observed that patient recovered faster and had no recurrence.

Keywords: *Jalaukavacharan*, *Sirajal*, *Sirajpidika*, Episcleritis

INTRODUCTION

In *ShalakyaTantra* *Netraroga* is important branch of science as eye is an important sense organ of human body. Because of high technology life style the possibility of developing various micro-vascular and neurodegenerative diseases has also increased. In spite of great technological advances and up gradation in

field of ophthalmology there are numerous challenging problems existing in front of ophthalmologists that required special attention to knowledge which is hidden in ancient text.

Episcleritis is one of such disease which is mainly characterized by redness, foreign body

sensation, burning with rarely occurring photophobia, watering of eyes and other symptoms which lead to difficulty in vision. Episcleritis is cured by modern medicines but there are chances of recurrences of disease. It is correlated with disease *Sirajaal in Ayurveda*.

Jaloukavacharana is taken for study in the management of Episcleritis (*sirajaal*). It is one of the processes of *Raktamokshan*. Expulsion or removal of vitiated blood from the body is known as *Raktamokshan*. This can be done either through the prominent superficial veins with the help of simple scalp vein canula (*siravedha*) or with the help of leech (*jaloukavacharan*) or by taking multiple incision on particular site (*prachhankarma*) or by sucking blood with the help of animal horn (*shring*) from the site where prior incision is taken or removing blood with the help of empty dried bottle gourd (*Alabu*).²

Raktamokshan or Bloodletting has been given prime importance in *Panchakarma* or *Shodhan Chikitsa*. It is said that a number of diseases which are otherwise incurable can easily and effectively be cured only by *Raktamokshan*. *Acharya Sushruta* says that this is the only therapy which helps in eliminating all the three vitiated *doshas* (*vata*, *pitta* and *kapha*) at a time. He further advocates that if all the five-fold purifactory procedures not performed due to lack of time then even *Raktamokshan* can serve the purpose.

But, why I chose *Jaloukavacharan in Episcleritis*? Because, this method is more unique and most effective technique of bloodletting, where *Raktamokshan* is done with the help of

'Leeches' i.e. leeches are applied on the desired site for blood letting. Here, the vitiated *doshas* are removed from the body without using any cutting instruments. Hence, *raktamokshan* was my first treatment of choice.³

In *sirajaaldushya* is *Raktadhatu*. By the *jaloukavacharana* impure blood (*dushtaRakta*) is removed from outer *canthus* (*ApangPradesh*) of eye and this treatment breaks the pathology of disease.

AIM AND OBJECTIVES:-

A) Aim:

To evaluate the effect of *JALOUKAVACHARANA* in EPISCLERITIS

B) Objectives:

- 1) To evaluate the effect of *jaloukavacharana* in Episcleritis.
- 2) To evaluate *Ayurvedic* principles.
- 3) To evaluate efficacy of *jaloukavacharana* in *Sirajaal*.
- 4) To provide better and effective treatment for Episcleritis.
- 5) To establish new remedy in Episcleritis.

MATERIALS:-

Jaloukavacharan

Apang Pradesh (Outer Canthus)

Duration -15 days

(5 sitting at the interval of 3 days)

SUBJECTIVE AND OBJECTIVE PARAMETERS:-

The study of subject will be based on clinical-ophthalmological examinations, fundoscopic findings and patient's narration.

Table 1: Subjective and objective parameters:-

Subjective	Objective
1) Red eye	1) Torch light examination.
2) Mild discomfort / foreign body sensation.	2) Visual acuity
3) Burning sensation of eyes	3) Slit lamp examination
4) Photophobia.	

CRITERIA OF ASSESSMENT

Table 2: Redness

Grades	Redness	Symptoms
0	Normal	No redness
1	Mild	Restricted to 1/4 th part of anterior sclera
2	Moderate	Restricted to 1/2 th part of anterior sclera
3	severe	Occupying the whole anterior sclera

Table 3: Burning Sensation

Grades	Burning	Symptoms
0	Normal	Absent
1	Mild	1-2 episodes per day
2	Moderate	Present intermittently throughout day
3	severe	Present continuously throughout day

Table 4: Foreign Body Sensation

Grades	Foreign body sensation	Symptoms
0	Normal	Absent
1	Mild	Occasionally foreign body sensation
2	Moderate	Intermittent foreign body sensation
3	Severe	Continuous sensation of foreign body throughout day

Table 5: Photophobia

Grades	Photophobia	Symptoms
0	Normal	Absent
1	Mild	Slightly open in bright light
2	Moderate	Immediate blink in bright light
3	Severe	Eye can not open in bright light

Table 6: (Case 1)

Patient's name	Age	Sex	Occupation	Address
XY	32yrs	Female	Teacher	BDD Chal, Worli

C/O- Pricking Sensation in Left eye (since 3 days)

Redness and Burning in Left eye (since 3 days)

H/O – No h/o Typhoid, Malaria, Jaundice. Or any major illness

K/C/O- RA (since 3 yrs)

H/O same episodes before 1 month

Family History-NAD

Table 7: (Local examination of eye)

LE	Rt	Lt
Eyelashes	N	N
Eyelid	N	N
Conjunctiva	N	Congestion (temporal)
Sclera	N	N
cornea	Transparent	Transparent
Iris	N	N
AC	N	N
Pupil	RTL	RTL
Lens	N	
Vision		
Distance	6/6p	6/9
Near	N/6	N/6
Pin Hole	6/6	6/6

S/L Examination-Tortuous episcleral vessels Congestion

Table 8: (Fundoscopic Finding)

Fundoscopy Finding	Rt	Lt
Anterior Chamber	N	N
Lens	N	N
Retinal Blood Vessels	N	N
Cup Disc Ratio	N	N
Optic Disc	N	N
Macula	N	N
Foveal Reflex	N	N

Investigations:

ESR-34mm/hr

Other parameters are within normal limits.

Apang Pradesh (Outer Canthus)

Duration -15 days

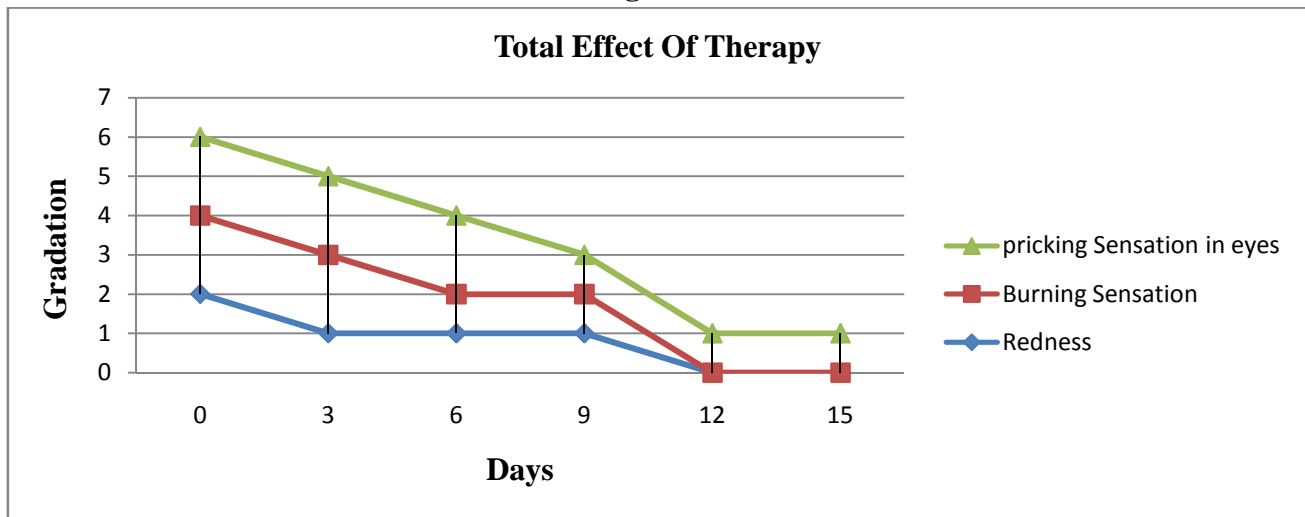
(5 sitting at the interval of 3 days)

Treatment:-*Jalaukavacharan*

Table 9: Observation:-

SUBJECTIVE PARAMETERS	DAYS					
	0	3	6	9	12	15
Redness	2	1	1	1	0	0
Burning Sensation	2	2	1	1	0	0
Foreign Body Sensation	2	2	2	1	1	1
Photophobia	0	0	0	0	0	0

Figure 1



Objective Parameter: Slit Lamp Examination –N

DISCUSSION

The ultimate emphasis of any clinical study would be the discussion where in all the actual facts are presented in a combine format. The present case study was aimed to evaluate the management of episcleritis with *jalaukavacharan*

Selection of problem:

Though there is not exact correlation between Episcleritis & *Sirajal*, I chose *jalauka* for study because *jalauka* by its natural property of sucking impure blood decreases tortousity of episcleral vessels and reduces all the symptoms; Hence breakdown pathology of *Sirajal*. Repeated sitting of *jalauka* can avoid the recurrence of disease.

Disease Review:

Episcleritis is benign recurrent inflammation of episclera involving the overlying tenon's capsule but not underlying sclera. It is the disease in which impure blood accumulates in episcleral vessels causing tortousity of vessels which leads to symptoms like pricking sensa-

tion, burning and redness. On examination two clinical types of episcleritis simple and nodular may be recognized. Treatment of episcleritis is artificial tear drop, Topical NSAID, Topical mild corticosteroid eye drop. Long term use of steroid can cause complication like glaucoma, cataract.⁵

It runs a limited course of 10 days to 3 weeks and resolve spontaneously, But recurrence are common & tend to occur in bouts. According to *Sushruta* in *Sirajal* there is formation of *kathin*, *bruhat*, *sarakta jalikavat sira* over *shuklamandal*. It is very much similar to simple episcleritis which is characterized by sectoral inflammation of episclera. Engorged episcleral vessels are large & run in radial direction beneath the conjunctiva. Nodular episcleritis characterized by pink or purple flat nodule surrounded by injection usually situated 2-3 mm away from limbus. The nodule is firm, tender can be moved separately from sclera & overlying conjunctiva also moves freely. Nodular episcleritis can be correlated with *Vagbhatokta Sirajpidika*⁶.

Effect of therapy:

Effect of therapy was assessed on the basis of subjective & objective parameter

1. Redness of eyes-

With the 1st sitting redness decreased from moderate to mild grade which remains constant for further two sitting and became normal in fourth and fifth sittings. Local application of *jalauka* reduces tortousity of episcleral blood vessel thus reduces congestion.

2. Burning sensation in eyes-

With the 1st two sitting Burning sensation decreases from moderate to mild grade which remains constant for three consecutive sittings and became normal in last two sitting.

Raktadhatu itself is *ushna gunatmaka*, so with *jalaukavacharan* impure blood is removed from outer canthus of eye and thus help in reducing local temperature.

3. Foreign body sensation-

Foreign body sensation decreased from moderate to mild grade with the 3rd sitting and remains constant for the last two sittings. Engorgement of blood vessels causes gritty sensation in eyes. *Jalaukavacharan* reduces tortousity of vessels and retains blood vessels in normal condition thus help in minimizing foreign body sensation.

CONCLUSION

The condition referred to as Episcleritis in modern science has no definite comparison in *Ayurvedic* classical texts. Diagnosis was made on the basis of Signs and Symptoms as per the Literature.

Total effect of therapy:-

Jalaukavacharan is found effective in the treatment of Episcleritis.

Scope for further study

Present case report showed that *Jalaukavacharan* is effective in the management of episcleritis, However as the sample size was small the obtained results can't be generalized. It is hoped that further study is required to evaluate with the reverse pharmacology and recent advances with modern medical science.

REFERENCES

1. Sushrutsamhita of Maharshisushruta, edited with Ayurveda-tatva-sandipika, Hindi commentary, Scientific Analysis, Notes etc. by Kaviraja Ambikadatta Shastri, AMS Part || (Uttartantra), Chaukhamba Sanskrit Samsthan, Varanasi (4/8), page no.21.
2. Sushrutsamhita of Maharshisushruta, edited with Ayurveda-tatva-sandipika, Hindi commentary, Scientific Analysis, Notes etc. by Kaviraja Ambikadatta Shastri, AMS Forwarded by Dr. Pranjivan Manikch and Mehta, Part | (Purvardha), Chaukhamba Sanskrit Samsthan, Varanasi (13/4), page no. 43.
3. Kaychikitsa (chaturthbhag) Prof. Ajay Kumar Sharma, Chaukhamba Publisher. ISBN:978-81-89469-06-1
4. Ayurvediya Panchakarma Vidyan, Vd.Y.G. Jhoshi, PuneSahityaVitarana, PrathamAvritti.
5. Comprehensive Ophthalmology Fourth Edition by A.K. Khurana, New Age International (p) Limited, Publishers.(page no.128-131)
6. Sushrutsamhita of Maharshisushruta, edited with Ayurveda-tatva-sandipika,

Hindi commentary, Scientific Analysis, Notes etc. by Kaviraja Ambikadatta Shastri, AMS Part || (Uttartantra), Chakhamba Sanskrit Samsthan, Varanasi (4/8), page no.22.

7. Netrarog Vidnyan Prof. NarayanVidwans, Chakhamba Publishers 2004
 8. Parson's disease of the eye by Ramanjitsihota, Radhika Tandon, Elsevier publication 21 st edition
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